

## Research Article

# Undocumented Older Latino Immigrants in the United States: Population Projections and Share of Older Undocumented Latinos by Health Insurance Coverage and Chronic Health Conditions, 2018–2038

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## Abstract

**Objectives:** This article focuses on the older Latino undocumented population and anticipates how their current demographic characteristics and health insurance coverage might affect future population size and health insurance trends.

**Methods:** We use the 2013–2018 American Community Survey as a baseline to project growth in the Latino 55 and older undocumented population over the next 20 years. We use the cohort component method to estimate population size across different migration scenarios and distinguish between aging in place and new immigration. We also examine contemporary health insurance coverage and chronic health conditions among 55 and older undocumented Latinos from the 2003–2014 California Health Interview Survey. We then project health insurance rates in 2038 among Latino immigrants under different migration and policy scenarios.

**Results:** If current mortality, migration, and policy trends continue, projections estimate that 40% of undocumented Latino immigrants will be 55 years or older by 2038—nearly all of whom will have aged in place. Currently, 40% of older Latino undocumented immigrants do not have insurance. Without policies that increase access to insurance, projections estimate that the share who are uninsured among all older Latinos immigrants will rise from 15% to 21%, and the share who is both uninsured and living with a chronic health condition will rise from 5% to 9%.

**Discussion:** Without access to health care, older undocumented immigrants may experience delayed care and more severe morbidity. Our projections highlight the need to develop and enact policies that can address impending health access concerns for an increasingly older undocumented Latino population.

**Keywords:** Chronic conditions, Health care access, Latino immigrants, Population projections, Undocumented immigrants

The growth of the U.S. older adult population over the next 30 years is expected to drastically change demographic and health trends for the nation overall. While most demographic groups will see their proportion of older adults

grow, the population of older U.S. immigrant adults has been growing more rapidly than the general population. Between 1990 and 2010, the number of immigrants aged 65 or older rose from 2.7 million to 4.0 million, an increase

of 48%. The percent increase for the general population during the same time period was 29% (Federal Interagency Forum on Aging-Related Statistics, 2012).

An important subgroup among U.S. immigrants is undocumented persons, who comprise approximately 25% of all foreign-born in the United States (Budiman, 2020). Currently, the undocumented population is younger than their documented counterparts (Ro & Van Hook, 2021) with only an estimated 7% of the undocumented population older than the age of 55 as of 2015 (Baker, 2018). The continuous arrival of working-age immigrants has historically kept the undocumented population younger, on average (Megan & Brown, 2017), but population growth has stalled since the Great Recession of the late 2000s (Passel & Cohn, 2018). In addition, circular migration patterns have declined among undocumented immigrants during the last few decades, shifting them from a temporary to a more settled population (Massey et al., 2015). Because U.S. policy has not created a pathway to citizenship for undocumented immigrants, this group is likely to age in place, creating a rapidly aging population of undocumented immigrants. These trends collectively portend significant shifts in the age distribution of the undocumented immigrant population, but we know very little about their population growth over the coming decades.

A growing population of older undocumented immigrants is likely to have a disproportionate impact on health care costs and family caregivers. Undocumented immigrants in general have high levels of poverty, low incomes (Gelatt & Zong, 2018), and low access to health care (Ortega et al., 2018), due in large part to their ineligibility to receive federally funded health insurance. Among the nonolder adults, nearly 90% of low-income undocumented immigrants are uninsured compared to 11% of their low-income documented counterparts (Pourat & Martinez, 2019). This gap in health care coverage is likely to become even more pronounced as the immigrant population ages, because many documented immigrants who previously lacked insurance will qualify for Medicare while undocumented immigrants will not. As a result, older undocumented immigrants will have had less access to preventive health care or long-term care during their life course and be at higher risk for chronic health conditions as they enter older adulthood. Not only could this lead to greater reliance on emergency room visits—a more expensive source of care—but also to delays in diagnosis and possible health complications. Lack of access to long-term care insurance will also place the caregiving and financial burden on family members when older adults are no longer able to live independently or care for themselves (Mendez-Luck et al., 2016; Vallejo, 2012).

This article focuses on the aging of the Latino undocumented population. We focus on Latino immigrants because they comprise the largest proportion of the undocumented population. We first projected the growth in the 55 and older Latino foreign-born documented and undocumented populations over the next two decades, using data

from the American Community Survey (ACS) as a baseline. These projections represented one possible outcome if current levels of immigration and mortality continue, and no policies were enacted to make it easier for undocumented immigrants to attain legal status. We distinguished between two sources of population growth: aging in place and new migration from older immigrants. These separate phenomena represent two opposing immigrant health patterns: New older immigrant adult arrivals benefit from being positively selected on health and display better health than their U.S.-born and longer duration immigrant counterparts (Riosmena et al., 2013). Immigrants who age in place often lose this health advantage as they accumulate greater exposure to U.S. society (Cho et al., 2004; Ro & Gee, 2012).

We then explored the implications of projected growth in the 55 and older undocumented population for insurance coverage and unmet medical need among older Latino immigrants. We specifically examined two outcomes among Latino older adults using contemporary data from the California Health Interview Survey (CHIS): (a) the share with health insurance coverage and (b) the share who lack health insurance and live with at least one chronic health condition. We combined the CHIS information with the ACS-based population projections to simulate the percent of older Latino immigrants who will be uninsured in 20 years, and the percent uninsured and living with a chronic health condition in 20 years, if age-specific rates of uninsurance and chronic health conditions for undocumented and legally resident immigrants remained at current levels. The projected share who are uninsured and have at least one chronic condition represents the potential scope of unmet needs, because this group may be at risk of having untreated medical conditions. We also considered how these trends might differ over the next 20 years under scenarios of increasing versus decreasing migration rates or if President Biden's proposal to grant legal status to nearly all undocumented immigrants was enacted, thus making them eligible for Medicare and Medicaid. These analyses provide the potential population health impact of immigration policy on a key health-promoting factor, insurance coverage.

## Method

Population projections are models of population growth and composition. They are not predictions, but rather scenarios of the future that rest on a baseline population and inputs (i.e., "assumptions") about subsequent levels of mortality, fertility, and migration. For our work, the baseline population consisted of the number of undocumented and legally resident Latino immigrants (i.e., those born in Mexico, Central America, South America, Caribbean; see Author Note 1) living in the United States in 2018, the latest year for which we have data, by year of birth, year of arrival, and country or region of birth. We employed the residual method,

a well-tested approach, to estimate the size and composition of the undocumented and legally resident immigrant population (Baker, 2018; Bean et al., 2001; Warren & Passel, 1987). This method subtracts an estimate of the lawfully present foreign-born population, based primarily on administrative immigrant admissions data, from the total foreign-born population recorded in the ACS (Ruggles et al., 2020) to obtain an estimate of the number of undocumented immigrants (see Author Note 2). For a full explanation of this method, see the work of Van Hook et al. (2021). Based on this method, our estimate of the size and composition of the total undocumented population (11 million) falls between those produced by the Pew Hispanic Center (10.5 million; Passel & Cohn, 2018) and the Department for Homeland Security (DHS; 11.4 million; Baker, 2021), and the estimated number from Latin America (8.6 million) is 5% higher than the Pew estimate (8.1 million; DHS does not produce comparable estimates for Latin America).

We next projected the baseline population of Latino immigrants from 2018 to 2038 using the cohort component method. The method ages forward each immigrant entry cohort for each year of the projection, subtracts the estimated number of deaths and departures due to emigration, accounts for transfers due to legalization, and adds newly arrived undocumented and legal immigrants. The projections were stratified by birth cohort and year of entry. We used the estimated and projected data to assess the size and share of the Latino undocumented population aged 55 and older and the share of older undocumented adults who are projected to have aged in place (i.e., arrived prior to age 55) from 2018 through 2038.

We also projected the percentage of older Latino immigrants without health insurance by applying age-specific rates of uninsurance among undocumented and legally resident Latino immigrants, as observed in the 2003–2014 CHIS. We used the restricted version of the survey, which provides detailed information on immigration status. We limited our sample to respondents who were aged 55 or older and reported being Latino or Hispanic ( $n = 118,289$ ). In the restricted CHIS files, respondents were categorized into four groups: U.S.-born, naturalized, green card, or no green card. We assumed that those with no green card were undocumented immigrants, following previously published work (Ortega et al., 2018; Pourat et al., 2014; Ro & Van Hook, 2020). Respondents were asked if they currently had health insurance, which we coded as a binary variable. In a similar manner, we calculated the percentage of older Latinos with both chronic health conditions and without insurance and therefore would be at risk of having untreated medical conditions. We identified respondents who both reported that a physician told them they had at least one chronic health condition (type 2 diabetes, heart disease, asthma, or a disability) and who lacked health insurance.

We developed multiple projection scenarios. The “status quo” scenario assumes that rates of mortality, departures from the undocumented population due to legalization or

emigration, and new immigration persist at contemporary levels. That is, deaths were estimated by applying 2018 age-, sex-, and race/ethnic-specific rates (see Author Note 3). Net migration rates are those implied by observed declines in undocumented and legally resident foreign-born cohorts in the ACS between 2015 and 2019 after accounting for mortality (Leach, 2017; Leach & Jensen, 2013). Finally, new undocumented and legal immigrants were added each year, which is the average annual level of new migration observed between 2015 and 2019. Importantly, the status quo projection does not factor in economic or policy changes that could potentially affect the size of the undocumented population or their access to health insurance, such as legalization programs.

We compared the results of the status quo scenario with two alternative scenarios that consider different levels of unauthorized migration flows from Latin America: the “high immigration” scenario (50% higher than 2015–2019 rates) and the “low immigration” scenario (half of 2015–2019 rates). These scenarios provide upper and lower bounds of the proportion of older undocumented Latino immigrants if migration rates were to increase or decrease over the 20-year period. We chose to vary migration and not mortality trends because the latter is unlikely to change much within 20 years or have a substantial impact on the projection estimates (Van Hook et al., 2021).

For our health insurance projections, we also compared the status quo projection with a projection that assumes “legalization” under the Biden Administration’s immigration proposal that would make nearly all undocumented immigrants eligible for green cards by 2025 (Bolter et al., 2021). Under this scenario, nearly all undocumented immigrants (95%) would gain legal permanent residence within 5 years, childhood arrivals would gain legal status immediately, and newly legalized immigrants would have health insurance coverage at the same rates as their legally resident immigrant counterparts.

## Results

### Population Projections

Figure 1 depicts the current and projected changes in the age composition of the Latino undocumented immigrant

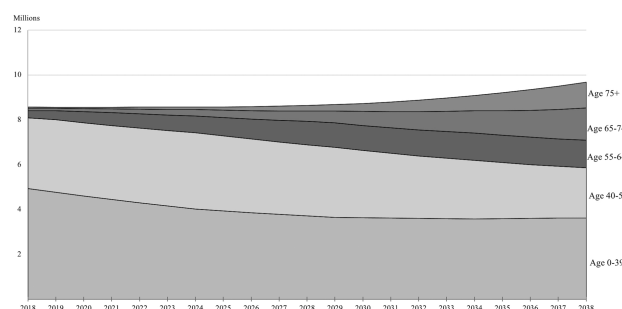


Figure 1. Projected number of Latino undocumented immigrants by age under the status quo scenario, 2018–2038.

population from 2018 to 2038, according to the status quo scenario (estimates for detailed age groups are depicted in [Supplementary Figure 1](#)). In 2018, only a small proportion of Latino undocumented immigrants were older than 55 years old. About 491,000 (5.7%) were aged 55 or older, 161,000 (1.9%) were 65 or older, and only 61,000 (0.7%) were 75 or older ([Supplementary Table 1](#)). Eighty-seven percent of the 55-or-older population arrived in the country before age 55 and therefore aged in place ([Supplementary Table 2](#)).

If mortality and migration rates remained the same and there were no major policy changes over the next two decades, the number of Latino undocumented immigrants in the United States would be relatively stable for the next decade before slowly increasing, reflecting declines in undocumented immigration from Mexico that were offset by recent increases in undocumented immigration from Central America and South America ([Passel & Cohn, 2018](#)). However, the age composition of the Latino undocumented population would shift dramatically according to the status quo scenario. By 2038, 3.8 million (40%) would be of age 55 or older, 2.6 million (27%) would be of age 65 or older, and 1.1 million (12%) would be of age 75 or older. Nearly,

all (95%) of the 55-and-older undocumented population are projected to have aged in place.

The projected proportion of age 55 and older Latino undocumented immigrants does not vary greatly under either the low or high migration scenarios ([Table 1](#)). In the high migration scenario, the proportion of age 55 and older in 2038 is projected to be 34%. In a low migration scenario, the projected proportion is 49%. The lower proportion in a high migration scenario likely reflects the younger age of incoming migrants; while they do not affect the absolute number of older immigrants in the population, they do reduce the share of the undocumented population that is older.

### Health Insurance Coverage Projections

We next explore the implications of population aging of undocumented immigrants for insurance coverage among older Latino immigrants. During the time period from 2003 to 2014, undocumented Latino immigrants in California had very low levels of insurance coverage; only 60% were currently insured compared to nearly 96% of the U.S.-born and 92% of the documented immigrants. If this situation continued into the future, the share of older immigrants

**Table 1.** Projected Population Size and Percentage of Latino Undocumented Immigrants Aged 55 and Older Years Under the Status Quo, High Immigration, and Low Migration Scenarios, 2018–2038

	Number age 55+ (1,000s)			Percentage age 55+		
	Status quo	High immigration (+50%)	Low immigration (half)	Status quo	High immigration (+50%)	Low immigration (half)
2018	491	491	491	5.7	5.7	5.7
2019	555	560	551	6.5	6.4	6.5
2020	693	700	686	8.1	8.0	8.2
2021	820	829	811	9.6	9.3	9.8
2022	939	950	927	11.0	10.6	11.4
2023	1,047	1,062	1,033	12.2	11.7	12.9
2024	1,153	1,170	1,135	13.5	12.7	14.3
2025	1,299	1,321	1,277	15.1	14.1	16.3
2026	1,448	1,474	1,421	16.9	15.6	18.4
2027	1,596	1,629	1,564	18.5	17.0	20.6
2028	1,748	1,786	1,709	20.2	18.3	22.7
2029	1,904	1,950	1,859	21.9	19.7	25.0
2030	2,096	2,149	2,043	24.0	21.3	27.7
2031	2,291	2,353	2,230	26.0	23.0	30.3
2032	2,489	2,559	2,420	28.0	24.5	33.0
2033	2,692	2,770	2,612	30.0	26.1	35.7
2034	2,898	2,987	2,808	31.9	27.6	38.3
2035	3,114	3,214	3,014	33.8	29.1	41.0
2036	3,340	3,452	3,227	35.7	30.6	43.6
2037	3,574	3,700	3,448	37.6	32.1	46.2
2038	3,817	3,958	3,678	39.5	33.5	48.7

Notes: Residual estimate for 2018 and projections for 2019–2038. The status quo scenario assumes that rates of mortality, other departures from the undocumented population, and new immigration persist at their current levels and do not account for economic or policy changes that could potentially affect the size of the undocumented population. The high immigration and low immigration scenarios are identical to the status quo except for new immigration. The high immigration scenario assumes that new immigration is 50% higher than the status quo scenario, and the low immigration scenario assumes that new immigration is half that of the status quo scenario.

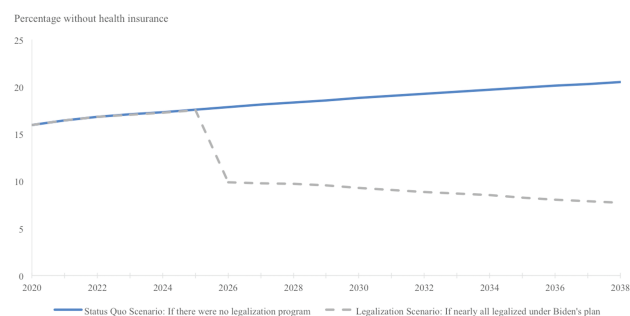


without health insurance could rise substantially. Figure 2 displays the projected proportion of Latino immigrants aged 55 and older who are uninsured, using baseline rates from the 2003–2014 CHIS. The solid line shows the status quo scenario in which undocumented migration and current mortality continue at the present rate and there are no changes in policy that permit undocumented immigrants to legalize. The dashed line shows the results of the legalization scenario akin to the one proposed by the Biden Administration. Both scenarios assume that age-specific insurance coverage rates for undocumented and legally resident immigrants continue as observed in the CHIS. According to the status quo scenario, 21% of older Latino immigrants would be uninsured by 2038, an increase from 15% in 2020. But if undocumented immigrants were legalized and received access to Medicaid or Medicare, the percent uninsured by 2038 would drop to around 8%.

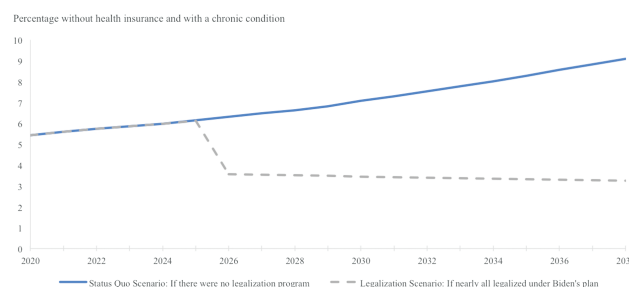
To consider the potential scope of unmet medical need from the rising levels of the uninsured over time, we projected the population of Latino immigrants older than 55 years without health insurance and with at least one chronic condition in 20 years, using baseline data from the CHIS (Figure 3). In 2018, 7% of the older Latino immigrant population was in this category, which represents the population with the greatest health needs but with the least access to care. If current migration, mortality, policy, and chronic disease trends continued, the percentage would rise to 9% by 2038. If Biden's proposed immigration policy were enacted, however, the percentage would fall to 3%. This 6% difference from the status quo scenario represents 697,000 older Latino immigrants with chronic conditions who would gain health insurance.

## Discussion

Researchers and policymakers are deeply concerned about the aging of the U.S. population and what it means for the economy and the health sector. Despite this, the aging of the immigrant population, particularly undocumented immigrants, has been vastly understudied. This article projected population estimates among older Latinos, the largest subgroup of this population, to anticipate their future



**Figure 2.** Projected percentage of older Latino immigrants aged 55 and older without health insurance under the status quo and legalization scenarios, 2018–2038. Full color version is available within the online issue.



**Figure 3.** Projected percentage of older Latino immigrants aged 55 and older without health insurance and with a chronic condition under the status quo and legalization scenarios, 2018–2038. Full color version is available within the online issue.

demographic and health insurance trends. While the rapid aging of global populations is largely driven by declining fertility, the source of population aging among undocumented immigrants is unique. First, the large cohorts of undocumented immigrants who arrived as young adults in the 1980s, 1990s, and 2000s are settling in the United States as they age but are unable to legalize. Second, rates of unauthorized immigration have slowed, which means that there are fewer young undocumented immigrants to counteract the aging population. Our projections suggest that in 20 years, 40% of undocumented Latino immigrants will be older than age 55 and 27% will be older than age 65 if current trends in mortality, migration, and policy continue. The proportion of older than 65 is higher than the expected share of 65 and older adults in the general U.S. population, which is projected to be around 20% in 20 years (Vincent & Velkoff, 2010). Nearly all of these older undocumented immigrants will have aged in place, meaning that most would have spent a substantial portion of their adult lives in the United States.

The aging of the undocumented population is likely to be accompanied by growth in the share of the older population that is poor and without health insurance. Our status quo scenario projects that 21% of older Latino immigrants will be uninsured in 20 years if current mortality, migration, and policy trends continue. The growth in the uninsurance rate stems from the projected growth in the share of undocumented immigrants among older Latinos; if all were legalized, the percent uninsured could drop to 8%. Public programs such as Social Security and Medicare/Medicaid provide significant support to the older population in the United States and have dramatically increased independence and quality of life for this population. The small share of undocumented immigrants who are currently insured are likely receiving coverage through their employer; as they age and stop working, more will become uninsured and without access to federal safety-net programs. Growing numbers of those who are without these basic supports could increase hardship among older Latinos and shift caregiving responsibilities to family members.

The aging of the undocumented population is also likely to be accompanied by looming public health challenges. Under the status quo scenario, we found that the vast

majority of older Latino undocumented immigrants will have aged in place, as opposed to being new arrivals. For older undocumented immigrants, in particular, the accumulation of immigration-related stressors over their life course can negatively affect their health (Flores Morales, 2021). Across multiple representative data sources, older immigrant adults show higher or similar levels of mental and physical health conditions than their U.S.-born counterparts (Hummer et al., 2015; Lum & Vanderaa, 2010). If policy changes are not enacted, nearly one in 10 older Latino immigrants could have a chronic condition and also be uninsured. This may actually be a conservative estimate, as we did not account for growing chronic disease incidence with longer U.S. duration in the projections. State-level efforts, such as California's proposal to extend Medi-Cal to all undocumented immigrants older than the age of 50, would make a significant difference in addressing the unmet medical need in this population.

Our study has some limitations. First, our status quo population projections assume that current trends in migration and mortality remain constant for the next 20 years. Yet our results show substantial population aging among undocumented immigrants even when we modify the level of immigration. Regardless of the level of new immigration, undocumented immigrants older than the age of 55 are projected to make up at least one third of the undocumented Latino population in 20 years. We also examined individuals 55 years and older as opposed to 65 years and older, to ensure an adequate undocumented Latino immigrant sample. This may have underestimated the prevalence of chronic conditions, as midlife adults may not yet exhibit some of these health problems. Additionally, we did not consider other racial/ethnic groups beyond Latinos. Although Asians comprise 11% of the undocumented population, the coding of immigration categories in the CHIS does not allow us to identify the Asian undocumented population with strong validity (Ro & Van Hook, 2020). Finally, we calculated current insurance status based on California data, which may underestimate levels of uninsured compared to the rest of the country, as some undocumented low-income immigrants in the state may have health coverage through locally administered programs.

Despite these limitations, our study is the first of which we are aware that explicitly considers the demographic and health insurance trends of the older undocumented Latino immigrant population. Our findings provide important baseline information on this understudied population. The lack of health insurance among older undocumented immigrants is striking and highlights the need to develop policies that can address potential impending health concerns.

## Author Note

1. We use Latino American place of birth rather than self-reported ethnicity to identify Latinos because our method for estimating the undocumented population requires the use of administrative records on immigrant admissions, and

these records include information on place of birth but not ethnicity. In the 2018 American Community Survey, 98% of Latino foreign-born were born in Latin America, and 87% of those born in Latin America identified as Latino.

2. The estimation process occurs in four steps. First, the lawfully present population is constructed by summing the number of lawful permanent resident (LPR) admissions from 1982 to 2018, legal nonimmigrants, and refugees and asylees who have not yet adjusted to LPR status. Each admission cohort is aged forward to 2018 and adjusted downward for deaths and emigration. Data on pre-1982 arrivals are obtained from the American Community Survey, and all pre-1982 arrivals are assumed to be legally residents because they would have qualified for legalization under the Immigration Reform and Control Act of 1986. Second, the undocumented immigrant population is calculated by subtracting the lawfully present population estimate from the total foreign-born population who arrived after 1981 recorded in the ACS. Third, the estimated number of undocumented immigrants is adjusted upward slightly assuming that the ACS and other Census Bureau surveys undercount them. Fourth, large increases and declines in undocumented population estimates over time for various groups are smoothed.
3. We used mortality rates obtained from the [U.S. Human Mortality Database \(2018\)](#), which are broken down by age, sex, and year. We adjusted these rates by race and ethnicity to match the mortality differentials for Hispanics, Asians, and other groups observed in the National Health Interview Survey (Blewett et al., 2019).

## Supplementary Material

Supplementary data are available at *The Journals of Gerontology, Series B: Psychological Sciences and Social Sciences* online.

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## Conflict of Interest

The authors do not have any conflicts of interest or competing interests to declare.

## Author Contributions

A. Ro conceptualized the project, conducted data analysis, interpreted data analysis, and wrote the manuscript. J. Van Hook conceptualized the project, conducted data analysis, interpreted data analysis, and wrote the manuscript. K. M. Walsemann conceptualized the project, interpreted data analysis, and wrote the manuscript.

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