

The American Dream Can Be Shattered By Barriers to Accessing Healthcare for Refugee Children and Youths: Systematic Review

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Abstract:

Background: The United States (US) has been, and will always be, a place for dreamers. Every year, the US welcomes over 80,000 refugees. The majority of those refugees are children and in need of healthcare to thrive and prosper.

Methodology: This study was set to summarize the English-published literature from 1980-2025. Multiple databases were explored to find published articles using 24 keywords, including PubMed, Medline, Cochrane Review, EBSCO, Scopus, and Google Scholar. To screen articles, a team of paired investigators reviewed each article, and the principal investigator (PI) resolved any conflicts.

Results: The initial search yielded 1225 articles. Duplicates were mounted to 124 articles, and the remaining 1101 articles went through a title screen. Next, 277 articles qualified for abstract screening. The next stage of screening filtered studies down to 109 articles. Later, a full article screen allowed 17 studies to be included. The majority of studies focused on systematic barriers faced by families and children. Lack of insurance was recognized as the most prominent barrier, followed by inadequate primary care coverage. Financial barriers and living in poverty were additional barriers. Language and poor health literacy were identified as significant barriers. However, refugee children are not a homogeneous group. There were racial and gender disparities in access to healthcare identified among refugee children in the US. Furthermore, refugee children differ in vulnerability. Unaccompanied refugee minors arrive with profound mental health trauma. Despite high needs, mental health access comes with additional barriers. Stigma and cultural insensitivity hurdle access to mental health services. School-based programs, outreach initiatives, and cultural sensitivity training for providers can improve access to care. The current literature has not addressed the role of telemedicine in improving access to care or xenophobia as a possible barrier.

Conclusion: Refugee children and youths face many challenges and barriers in accessing healthcare in the US. Insurance coverage remains the leading barrier to access to healthcare among refugee children and their families. Additional barriers often hinder mental health access. School-based programs and outreach initiatives can improve access to care. Future research should address the impact of telemedicine and xenophobia on access to healthcare.