

INTRODUCTION

Immigrants are at increased risk of developing chronic disease within the first year of arrival, even though it is well documented that they are still generally healthier at arrival. (Venter & Gany 2011 and Stimpson, Wilson, & Eschbach, 2010).

Contributing factors include social exclusion as a result of prejudice, unequal access to health care, and stress induced by personal experiences of racial bias (Pumariega, Rothe & Pumariega, 2005).

Immigrants often report more unmet medical needs, bias and lack of respect and dignity in health care seeking. Consequently, frequently progressive chronic diseases such as type 2 diabetes often lead to pain, functional impairment, social and emotional dysfunction, and premature loss of wage earnings (Chen, Rizzo & Rodriguez, 2011).

Rationale. Understanding the intersection of the Health Care Act (ACA) and the needs of immigrants is paramount in reaching this vulnerable population. Further complicating the issue is the often limited English proficiency and lower education achievement and literacy that may be present among immigrants from vulnerable communities.

This study aimed to explore the relationship between demographic variables, literacy and numeracy and health care access decision making among immigrants as it relates to utilizing the ACA marketplace.

METHOD

A subsample of immigrants residing in the USA and who participated in the 56 item 2013 Urban Institute's Health Reform Monitoring Survey (HRMS) was selected for secondary data analysis (Holahan & Long, 2014).

The Internet-based survey covered topics such as self-reported health status, access to and use of health care, affordability and awareness of key provisions, in addition to current health care coverage along with selected sources of information about the ACA marketplace.

Comparisons among the sample of respondents were made to assess the relationship between demographical variables, self-reported literacy and numeracy and health care access and selection processes and factors.

Procedure. The SPSS data file was downloaded from the Inter-university Consortium for Political and Social Research (ICPSR) database website following registration as a researcher and obtaining permission. A subsample of 369 respondents who self-identified as non-US Citizens was utilized.

Observed Variables

- Age, gender, employment status, race/ethnicity, education level, insurance status
- Barriers to health care access
- Self-reported ability to read and work with numbers
- ACA Marketplace utilization patterns & reported concerns

Participant Demographics

- 40.41 average age (SD=10.073), 35% less than High School & 22% HS
- 66% Hispanic, 16.8% White, 11.4% other Non-Hisp, 4.1% Black NonHs
- 55% Female, 60.7% married & 56% employed
- 67.8% had Household Internet access.

RESULTS

Health Status & Medical Coverage

- 82.1% reported Good, Very Good or Excellent health
- On average there were 4.33 days of physical illness (SD=8.493) and 3.38 days of mental illness (SD=7.605)
- 86.4% (n=133) reported having no insurance coverage at all
 - Of those insured, 25% reported forgoing needed care due to cost
- 15.0% (n=35) reported purchasing insurance through Marketplace.gov
- 75.4% (n=282) reported needing medical care, of these 10.8% (n=40) reported difficulty finding a doctor who would see them.
- The average respondent rated their life as a 4.26 on a scale of 1-10 with 10 being their 'best life' and the average prediction for 5 years was lower at 3.52.

Literacy & Numeracy

As expected respondents who were:

- of color (Lit. $F=10.509, df=4, p<.000$ & Num. $F=18.183, df=4, p<.000$)
 - unemployed (Lit. $F=2.206, df=6, p=.042$ & Num. $F=3.542, df=6, p=.002$)
 - uninsured (Num. $F=9.702, df=1, p=.002$)
 - lower income (Lit. $F=2.819, df=18, p<.000$ & Num. $F=3.930, df=18, p<.000$)
 - lower education (Lit. $F=24.296, df=3, p<.000$ & Num. $F=37.916, df=3, p<.000$)
 - or reported lower health status (Lit. $F=153.624, df=4, p<.000$ & Num. $F=201.859, df=4, p<.000$)
- were more likely to report difficulty with reading or numeracy. There were no statistical differences based on gender, age, home ownership status.

The ACA Marketplace

Awareness:

- How much have you heard about the marketplace?
 - 18.9% A lot; 39.9% some; 26.0% only a little; 16.2 nothing at all
- 60.0% have only heard A Little or Nothing At All about subsidies
- 73.2% reported thinking they would not have to pay a fine
- 19.9% thought it would be <\$100 and 24.1% <\$500

Attitudes:

- 30.3% favorable attitude toward ACA (46.3% neutral, 22.4% negative)

Sources of information:

- #1 (66.6%) Radio/TV/Newspaper
- #2 (33.4%) Family/Friends &
- #3 (22.9%) Website

Action:

- 46.9% have not and do not plan to seek ACA marketplace info.
- Of which 9.7% do not want insurance, 11.8% can not afford it & 57.6% did not because they are satisfied with their current insurance

Fear as a Barrier:

- 22.5% (n=82) report personally knowing someone who did not seek health insurance through the Marketplace *due to fear* that it would negatively affect their immigration status or that of a relative.

Inferential Statistics

- Numeracy and Literacy were correlated with each other ($r=.659, p<.000$) and with education levels ($r=.479, p<.000$) & ($r=.404, p<.000$) respectively
- Better numeracy were correlated with higher awareness of general ACA ($r=.277, p<.000$), specific requirements ($r=.187, p<.000$) as was literacy (awareness: $r=.273, p<.000$ & requirements: $r=.197, p<.000$)
- Hispanic Ethnicity & Being of color were correlated with poor literacy ($r= -.155, p=.009$) and trouble finding a doctor ($r=-.117, p=.003$) when needed
- People who report having difficulty accessing health care were also more likely to personally knowing someone afraid of seeking HI at ACA due to immigration status.
- Participants who had higher awareness of the ACA in general ($r=.241, p<.000$), and of the mandatory requirements ($r=.585, p<.000$), and of the possible fines ($r=.267, p<.000$) were also more likely to have used the Marketplace to look insurance.

DISCUSSION

Public Health professionals endeavoring in community health education with immigrant communities encounter a multitude of questions regarding eligibility, coverage and affordability of health care through the ACA's marketplace. Utilizing data from a national sample of immigrant participants, the relationship between decision making strategies, preferred sources of information, and selection criteria was explored.

Based on the results it appears as if cost above other issues is a major barrier. In addition lack of knowledge in selected SES strata is problematic. There are significant gaps in insurance coverage, utilization of the marketplace and overall access to health care among this immigrant subsample. Populations who lacked awareness included the poor, minorities, those with lower education and income.

Another factor that is noteworthy is Fear-Based-Avoidance. Nearly 23% reported personally knowing someone who did not seek HI through ACA Marketplace due to fear. This is important because there are many misconceptions preventing eligible family members from seeking coverage.

Sources of information most utilized included radio TV and Newspapers. Attitudes were favorable for just under 1/3 with 46% being neutral on this issue. Numeracy and Literacy were associated with higher awareness of ACA and mandatory requirements, as well as financial fines.

These results can enrich the educational and resource services provided to immigrants as these can be better targeted and specifically address current and relevant concerns, question and needs of community members seeking health care access plans. Further, nearly 50% had not used or planned to use the ACA marketplace.

Specifically by looking at the impact of literacy and numeracy, relevant information on the aforementioned factors and demographic data points a better picture of their needs can be obtained. Thus improving our ability to reach the community in a more efficient manner.

LIMITATIONS

This is a secondary data analysis based on self-report by people with access to the Internet who self-selected to participate in the survey. Although the sample is large, results presented here should be interpreted with caution as this is an exploratory look at the data in an effort to identify possible roles for health educators in this conversation about ACA and the Marketplace.

RECOMMENDATIONS

Future studies should continue to assess awareness, knowledge and attitudes of the ACA and issues relevant to immigrants. They should also include a qualitative look at these issues and a more comprehensive study to identify and validate relevant issues. The role of the health educator as a resource person in this issue is very important and relevant. Studies addressing this specific role would help inform relevant professional preparation.

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