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 (Pumariaje, Rofte & Pumariaje, 2005).

Participants demographics are presented as follows: 66% Hispanic, 16.8% White, 11.4% other Non-Hispanic, 4.1% Black Non-Hispanic, 55% Female, 60.7% married & 56% employed. 67.8% had Household Internet access.

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 second analysis of preferences. It was found that 40.41 average age (SD=10.073), 35% less than High School & 22% HS, 66% Hispanic, 16.8% White, 11.4% other Non-Hispanic, 4.1% Black Non-Hispanic, 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=7.695)
- 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 10.9% (n=40) reported difficulty finding a doctor where they lived
- The average respondent rated their health as a 4.26 on a scale of 1-10 with 10 being their best life and the average prediction 5 years lower was at 3.52.

Literacy & Numeracy

As expected respondents who were:

• Of color (L=10.50 & H=2.46, p=.00 & Num. F=18.120, p<.00)
• unemployed (L=2.26, H=4.47, Num. F=1.340, p=.02)
• Uninsured (num. F=970.014, p<.00)
• Lowered income (L=2.26, H=2.01, p=.00 & Num. F=100.01 , p<.00)
• Lowered education (L=2.26, H=3.47, Num. F=200, p<.00)
• of color (L=153.624, H=4.47, Num. F=261.509, p<.00)

were more likely to report difficulties with numeracy and literacy.

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
- 60.3% 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 they 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/News
#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<.00) and with education levels (r=.479, p<.00) & (r=.404, p<.00) respectively
- Better numeracy were correlated with higher awareness of general ACA (r=.277, p<.00), specific requirements (r=.187, p<.00) as was literacy (awareness: r=.273, p<.00) & requirements: r=.197, p<.00)
- 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 of seeking Ht at ACA due to immigration status.
- Participants who had higher awareness of the ACA in general (r=.241, p<.00), of the mandatory requirements (r=.585, p<.00) and of the possible fines (r=.287, p<.00) were also more likely to have used the Marketplace to look insurance.

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.

REFERENCES