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The Health Care of Recent Immigrants in Dutchess County, New York

New research funded by the Foundation for Community Health sheds additional light on the numerous barriers to health care for immigrants in the New York Hudson Valley region. In “The Immigrant Health Initiative: A Study of Health Care of Recent Immigrants in Dutchess County, New York,” researchers Hank Schmidt, MD, PhD, Audrey M. Waltner, MPH, and Solange T. Muller, MPH, used an interview-based survey between August 2009 and June 2010 to collect data on 290 foreign-born adults regarding their health, health-care-seeking behaviors, and the barriers they encounter. Participants were located in Eastern Dutchess County and the City of Poughkeepsie, which are among areas in southern New York State that have seen a dramatic rise in immigration over the last decade.

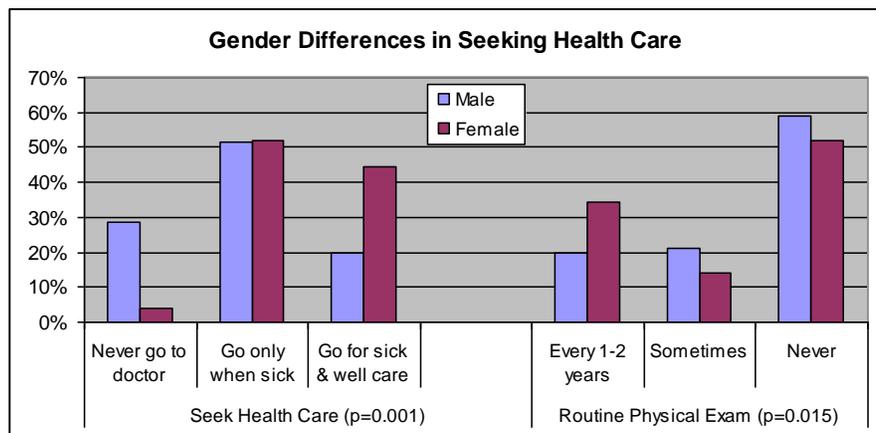
BACKGROUND

The foreign-born in Dutchess County increased from 8.4 percent of the population to about 11 percent between 2000 and 2008, according to U.S. Census. In 2008, nearly half of the immigrants were not U.S. citizens. Given this exponential growth, the barriers to providing routine, preventive, and specialty care have become more critical, perpetuating a disparity in services.

Previous studies have documented the health care challenges that recent immigrants face. For example, delayed or foregone care is much more common among immigrants due to financial burden, language barriers, traditional beliefs, and residence outside a major urban area. Other widely reported obstacles include a lack of health insurance, transportation problems, difficulty communicating with health care providers, and discrimination based on

legal status. In a 2007 survey of seven counties in the lower Hudson Valley, New York Medical College recommended that health departments participate in further research on specific barriers to health care access for immigrants. This recommendation prompted the study by Schmidt et al. (www.fchealth.org/images/pdfs/Healthcare_Recent_Immigrants_Dutchess_County.pdf).

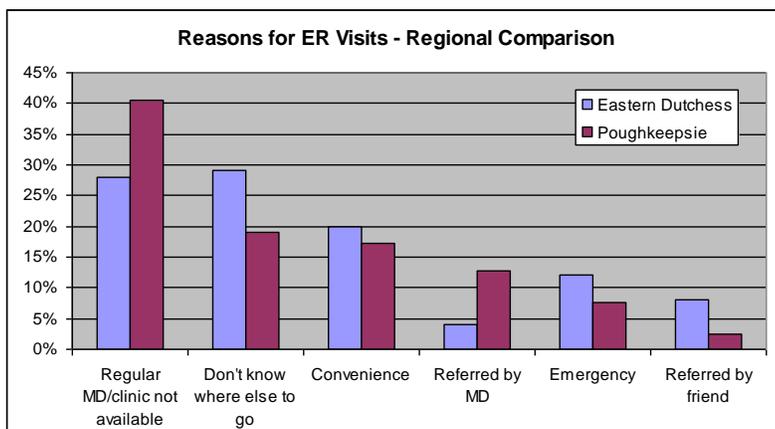
In addition to further investigating such challenges, the researchers hypothesized that health-seeking behaviors among recent immigrants (those in the U.S. for 10 years or less) are related to individual perceptions of health status and immigrants’ use of health care resources in their homeland. The researchers also wanted to learn if access barriers directly cause immigrants to use emergency services for primary care and limit the cancer-screening services and specialty care they receive.



FINDINGS

Among the study's major findings:

- A large population of recent immigrants living and working in the Hudson Valley, many of them from Mexico or Central America, encounter numerous obstacles in obtaining basic health care. The obstacles include health insurance, language, the cost of care, and the availability and awareness of services.
- Female gender is the most significant factor associated with seeking health care (see previous chart). Females are 8.7 times more likely than males to seek medical care, probably due in part to readily available entryway programs for women, especially prenatal care



and child health programs. Women are more likely to be insured, visit a health care provider, participate in some preventive screening, and, as a result, to report one or more chronic diseases.

- Length of time in the U.S. and health insurance are the second most significant factors associated with seeking health care. Immigrants who have been here more than five years are 3.3 times more likely to seek care—both acute care and preventive services—than are those who have been here fewer than five years. Insured individuals, compared with the uninsured, are 3.2 times more likely to seek services.
- Individuals who can speak some English are 2.4 times more likely than non-English speakers to participate in regular physical exams. Those who speak

English well are 2.5 times more likely to have health insurance.

- Feelings of sadness or depression are widespread among recent immigrants. Eighty-one percent of those interviewed described such feelings, which were primarily related to separation from family in their country of origin.
- Immigrants in urban areas are more likely to participate in health screening for infectious diseases. They also use emergency services more often.

RECOMMENDATIONS

Based on these findings, the researchers recommended:

- The development of novel pathways to engage entire immigrant families in affordable, easily accessible primary care—specifically, by leveraging females' greater health-care-seeking behavior.
- A focus on preventive care, especially in rural areas where screening for sexually transmitted diseases and tuberculosis is deficient.
- Making clinical specialists more aware of the importance of language interpretation services for patients who speak limited English.
- Strategies, such as extended hours at doctor offices and enhanced immigrant awareness of affordable primary care providers, to minimize unnecessary emergency room visits, particularly in urban areas.
- A focus on engaging more recent immigrants—those who have been in the U.S. for fewer than five years—in their health care.
- Improving access to dental services.
- Promoting dialogue between health care providers and recent immigrants about herbal remedies because most immigrants do not discuss the use of these therapies with their providers.
- Making health care providers aware of the higher risk of mental health issues among recent immigrants, who endure considerable stresses when they relocate to and survive in a new culture under difficult conditions.

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The Foundation for Community Health is a non-profit public charity dedicated to improving the health of the people living in its community through funding, advocacy, outreach, and collaboration.

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