

Immigrant Health—Insurance Status and Access to Preventive and Primary Care in New York City

In 2013, nearly half (45%) of New York City (NYC) adults reported being foreign-born, originating from more than 154 countries worldwide. NYC’s foreign-born adults report lower rates of insurance coverage and are more likely to go without needed medical care, compared with adults born in the United States (U.S.). Although insurance does not guarantee access to care, it can help facilitate it. After acquiring health insurance, access to care improves, and the use of clinical preventive services increases.¹⁻⁴

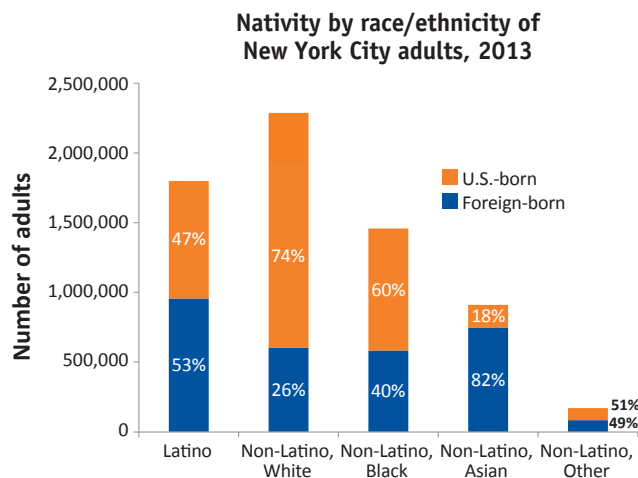
The 2010 Patient Protection and Affordable Care Act (ACA) has increased access to affordable and comprehensive health insurance for many NYC residents through financial subsidies and the expansion of public health insurance eligibility. However, for many foreign-born New Yorkers, accessing health insurance coverage remains challenging—most unauthorized immigrants are legally excluded from purchasing coverage on the Health Insurance Marketplace and remain ineligible for public health insurance.

An additional challenge is that families, particularly those with mixed citizenship and authorization statuses, may remain reluctant to sign up eligible members for coverage due to fear of negative repercussions for the ineligible members.⁵

Because nearly half of NYC adults report being foreign-born, examining insurance status, access to care and health conditions among NYC immigrant adults is essential to understanding how this population may be disproportionately affected by barriers to care. Recommendations to help improve these conditions for this population are included.

DEFINITIONS: *Foreign-born* is defined as being born outside of the U.S., Puerto Rico or other U.S. territories, as per the U.S. Census classification. *Authorized immigrants* are individuals who are in the United States legally. *Unauthorized immigrants* do not have legal status in the U.S.⁶

Three million adult New Yorkers are immigrants

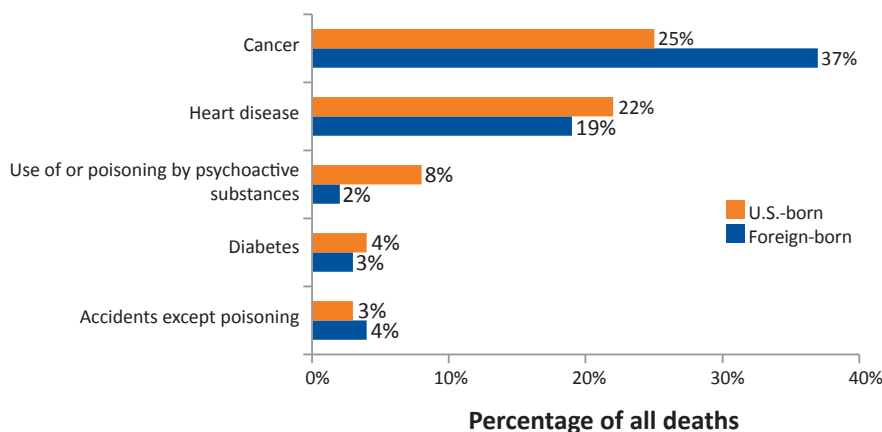


Source: American Community Survey, U.S. Census Bureau, 2013

- Two-thirds of foreign-born adults in NYC lived in Queens (35%) or Brooklyn (31%). Only 15% of foreign-born adults lived in Manhattan.
- Foreign-born adults reported having less education than U.S.-born adults: 28% had some high school education or less compared with 12% of U.S.-born adults.
- Among adults who did not speak English exclusively, 39% of foreign-born adults reported speaking English “not well” or “not at all” compared with only 8% of U.S.-born adults.
- Most of the foreign-born population have lived in the U.S. for 10 or more years (78%).

Heart disease and cancer are leading causes of premature death among both foreign- and U.S.-born New Yorkers

Leading causes of premature death (age less than 65 years old) among New York City adults, 18 to 64 years old, 2014



Source: NYC DOHMH Bureau of Vital Statistics, 2014

- The premature mortality rate, defined as death before age 65, was higher for U.S.-born than foreign-born adults (293.0 vs. 149.3 per 100,000 adults, respectively) overall and across the five leading causes of death, with the exception of the categories “accidents except poisoning” and “cancer.”
- Cancer accounted for a larger proportion of premature deaths among the foreign-born compared with the U.S.-born (37% vs. 25%). Lung cancer, breast cancer and colon cancer were the leading types of cancer deaths in both groups.

Insurance coverage increased for immigrant New Yorkers

- The prevalence of adults without insurance decreased for both U.S.-born and foreign-born adults from 2013 to 2014, reflecting the impact of the ACA. The percentage of foreign-born adults without insurance decreased from 30% in 2013 to 21% in 2014, and the percentage of U.S.-born adults without insurance decreased from 12% in 2013 to 7% in 2014.
- In 2014, 3 in 10 foreign-born Latinos were uninsured compared with 1 in 10 U.S.-born Latinos. Foreign-born non-Latino Whites and foreign-born non-Latino Blacks were twice as likely to be uninsured as their U.S.-born counterparts (12% vs. 6%, and 17% vs. 9%, respectively).
- Foreign-born adults were more likely to report that they went without needed care than U.S.-born adults in 2014 (12% vs. 8%).
- In 2014, regardless of insurance status, U.S.-born adults were more likely than foreign-born adults to have a primary care provider (89% vs. 79%).

Data Sources:

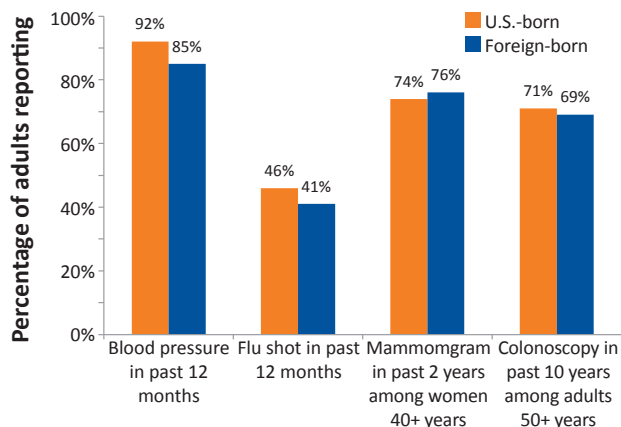
The American Community Survey is an ongoing survey conducted by the U.S. Census Bureau that provides vital information on a yearly basis about the U.S. population. Single-year estimates were generated from the Public Use Microdata Sample (PUMS) to describe the demographic and social characteristics of NYC adult residents.

The Community Health Survey (CHS) is a survey conducted annually by the Health Department of approximately 9,000 NYC residents ages 18 and older. Presented findings on insurance coverage, preventive care, and health conditions are from 2013 and 2014 and are age adjusted to the U.S. 2000 standard population. CHS 2014 data are weighted to the adult residential population per the 2013 American Community Survey. CHS 2013 data are weighted to the adult residential population per the 2012 American Community Survey. Starting in 2009, the CHS included adults with landline as well as cell phones. For more survey details, visit nyc.gov/health/survey.

Vital Statistics data are collected by the Health Department’s Bureau of Vital Statistics from birth and death certificates.

Immigrant New Yorkers are less likely to receive some form of preventive care

Prevalence of preventive service use among U.S.-born vs. foreign-born New York City adults, 2014

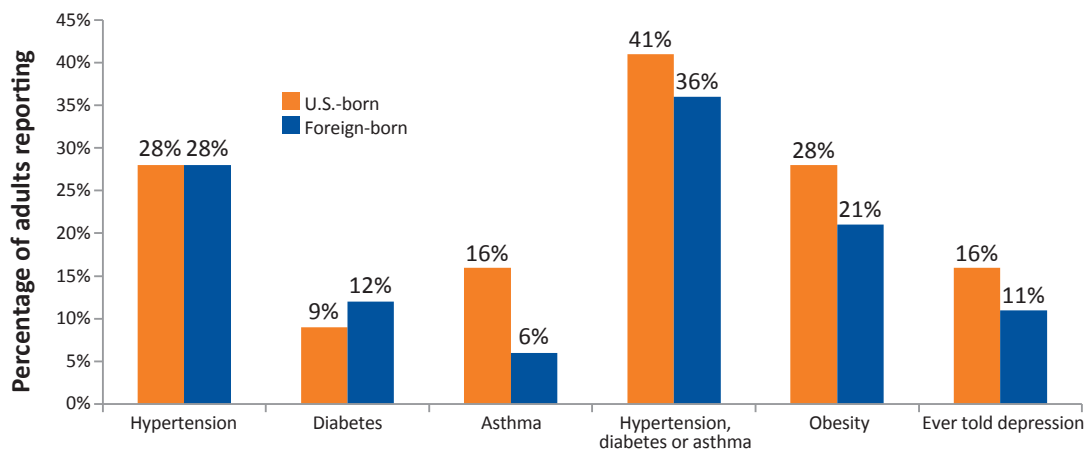


Source: Community Health Survey, NYC DOHMH, 2014

- In 2014, foreign-born adults were less likely than U.S.-born adults to receive some routine preventive services in the past 12 months, such as having their blood pressure checked (85% vs. 92%) or receiving a flu shot (41% vs. 46%). After accounting for insurance status, there were no differences between foreign- and U.S.-born adults in receiving a flu shot.
- There were no differences between U.S.-born and foreign-born women 40 years and older having a mammogram in the past two years or adults 50 years and older having a colonoscopy in the past 10 years.

Immigrants with chronic health conditions are more likely to be uninsured than U.S.-born adults

Prevalence of health conditions among U.S.-born vs. foreign-born New York City adults, 2014



Source: Community Health Survey, NYC DOHMH, 2014

- The prevalence of foreign-born and U.S.-born adults who have ever been told they have high blood pressure or hypertension was similar.
- Diabetes was more common in foreign-born adults compared with U.S.-born adults (12% vs. 9%).
- Some conditions were more common in U.S.-born adults compared with foreign-born adults: asthma (16% vs. 6%); hypertension, diabetes or asthma (41% vs. 36%); obesity (body mass index of 30 kg/m² or greater) (28% vs. 21%); or having ever been told they have depression (16% vs. 11%).
- A larger proportion of foreign-born adults with chronic health conditions reported being uninsured compared with U.S.-born adults with chronic health conditions: hypertension (19% vs. 5%); asthma (17% vs. 6%); hypertension, diabetes or asthma (18% vs. 6%); obesity (25% vs. 8%); or having ever been told they have depression (16% vs. 7%).

Recommendations

All New Yorkers should:

- Obtain all provider-recommended preventive and chronic care, including cancer screenings and treatment for high blood pressure, heart disease, diabetes and asthma.
 - If you are insured and don't have a regular health care provider, contact your health plan.
 - If you are uninsured,
 - Call 311 or text "CoveredNYC" (or "SeguroNYC," for help in Spanish) to 877877 to find the closest free in-person insurance enrollment assister who can help you explore your options.
 - Visit nyc.gov/health and search "insurance" for information about where you can get health care services and medications at low or no-cost.
- Know that regardless of immigration status:
 - Information about immigration status will be kept private by enrollment assistors and the New York State of Health Marketplace and will not be used for purposes of immigration enforcement.
 - Applying for health insurance through the New York State of Health Marketplace will not affect your ability to get a green card, become a citizen or sponsor a relative.
 - Children 19 or younger can get low or no-cost health insurance through Child Health Plus, and pregnant women may also qualify for free prenatal, delivery and postnatal care.
- Be aware of the Emergency Medical Treatment and Labor Act, which gives people the chance to seek emergency medical care regardless of immigration status or ability to pay. For more information see <https://medicalrepatriation.files.wordpress.com/2012/04/emtala-fact-sheet3.pdf>

Health care systems and providers should:

- Make language services readily available to those who have limited English-language proficiency and make sure providers have received the Culturally and Linguistically Appropriate Services training.
- Ensure that providers know how to refer patients to low-cost medication access programs.
- Make preventive services available on-site or through a referral to all patients regardless of ability to pay

Federal and state policymakers should:

- Explore options to provide all uninsured immigrant populations with improved access to comprehensive health care coverage.

REFERENCES

1. Wilper AP, Woolhandler S, Lasser KE, McCormick D, Bor DH, Himmelstein DU. Health insurance and mortality in U.S. adults. *Am J Public Health* 2009;99(12):2289-2295.
2. Institute of Medicine. *America's uninsured crisis: Consequences for health and health care*. Washington, DC: National Academies Press. 2009.
3. Fowler-Brown A, Corbie-Smith G, Garrett J, Lurie N. Risk of cardiovascular events and death - does insurance matter? *J Gen Intern Med* 2007;22(4):502-507.
4. Sommers BD, Gunja MZ, Finegold K, Musco T. Changes in self-reported insurance coverage, access to care, and health under the Affordable Care Act. *JAMA* 2015;314(4):366-374.
5. Perreira KM, Crosnoe R, Fortuny K, Pedroza J, Ulvestad K, Weiland C, et al. Barriers to immigrants' access to health and human services programs. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation 2012; <http://www.urban.org/publications/413260.html>; Accessed Dec 8, 2015.
6. U.S. Census Bureau. Foreign-born Population Frequently Asked Questions; <https://www.census.gov/population/foreign/about/faq.html>; Accessed Dec 8, 2015.



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