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Refugee Health in the US: Identifying Prevalence of Chronic Disease and Uninsurance

WHAT WE ASKED:

What are the health and health insurance status of refugees in the US?

Healthcare for refugees in the US often focuses on screening and treatment of infectious diseases, although the prevalence of chronic disease has risen in low- and middle-income countries. Moreover, our understanding of refugees' health status and insurance coverage has been limited to the period immediately after individuals' arrival in the US. To close this knowledge gap and promote healthcare policies appropriate for the refugee population, we sought to document the **prevalence of chronic disease** and the **level of health insurance coverage** in the refugee population several years after their arrival in the US.

WHAT WE DID:

Using data from the 2003 National Immigrant Survey (a nationally representative survey of immigrants who had recently become **legal permanent residents***), we first determined the prevalence **of chronic conditions and the levels of insurance** coverage among refugees (n=490) who had been in the US for at least one year. We then **compared their health status** to that of other non-refugee immigrants (n=3,715). Median length of stay was 6 years for refugees and 8 years for all other immigrants.**

WHAT WE FOUND:

- ***Worse health status***: In comparison to other immigrants, refugees were more likely to rate their health status as "fair" or "poor" (15% vs. 9%).
- ***Greater risk of chronic disease***: In comparison to other immigrants, refugees were more likely to report having a chronic condition (25% vs. 16%). In particular, refugees also reported significantly higher rates of arthritis (7% vs. 3%), behavioral health problems (5% vs. 3%), heart disease (3% vs. 1%), and hypertension (12% vs. 6%).
- ***More disabling pain***: Pain that limited participation in usual activities (such as household chores or work) was also more common among refugees than other immigrants (12% vs. 4%).
- ***High rates of uninsurance***: Nearly half of refugees in this study were uninsured (49%). A similarly large proportion (47%) of refugees with any chronic condition reported being uninsured and almost one-quarter (23%) of uninsured refugees reported having at least one chronic condition. Refugees were also less likely to have private insurance and more likely to have public insurance when compared to other immigrants.

WHAT IT MEANS:

- Health care provision for refugees should integrate chronic disease screening and management as an ongoing and important component of health care, in addition to screening for and treating infectious disease.
- Proactive policies should ensure that programs targeting the uninsured are successful in reaching refugees and other immigrants.

* For key terms and definitions, see back of this sheet.
** For detailed study methods, see the back of this sheet.

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KEY TERMS:

Legal Permanent Residents (LPRs): Legal Permanent Residency qualifies individuals to live and work in the US permanently. Having met waiting period and other requirements, an LPR may apply for US Citizenship. We considered two types of pre-LPR immigrants for this study: refugees and other non-refugee immigrants.

Refugees: Refugees are individuals unable to return to their home countries due to persecution or fear of persecution based on race, religion, or particular group membership. Asylees, who differ in the way that they undergo immigration status determination, have also been included in the refugee group for our analysis.

Other Non-Refugee Immigrants: For the purpose of this study we defined "other immigrants" as individuals who lived in the US as temporary students, workers, or visitors; undocumented immigrants; immigrant spouses, fiancés, or children of US citizens or Legal Permanent Residents.

STUDY METHODS:

The 2003 New Immigrant Survey (NIS) Adult Sample[1] was used. The NIS is a nationally representative, cross-sectional, self-reported survey and includes a multistage probability sample of all adults admitted to legal permanent residence from May through November of 2003. We limited the NIS dataset to the subgroup of respondents who were 18-64 years old and who had been living in the US for at least 1 year prior to the survey (n=4,205). Individuals were then categorized as refugees and non-refugees based on their pre-LPR visa category. Overall health status was assessed using self-rated general health (excellent, very good, good, fair, or poor); information about the prevalence of chronic disease was determined using self-reported information on previous diagnoses. Health insurance status was based on current insurance coverage. Sociodemographic differences between refugees and other immigrants were assessed using t-tests (for continuous variables) and chi-square tests (for categorical variables). Bi-variate analyses were performed to compare the prevalence of chronic conditions and insurance status between refugees and other immigrants. For each dependent variable, we fit a multivariable logistic regression model that included refugee status and controlled for sociodemographic variables significant at the 0.20 level in bivariate analyses.

[1] Jasso, Guillermina, Douglas S. Massey, Mark R. Rosenzweig and James P. Smith. "The New Immigrant Survey 2003 Round 1 (NIS-2003-1) Public Release Data." March 2006. Funded by NIH HD33843, NSF, USCIS, ASPE & Pew. http://nis.princeton.edu.

PUBLICATION:

Yun K, Fuentes-Afflick E Desai MM. Prevalence of Chronic Disease and Insurance Coverage among Refugees in the United States. *Journal of Immigrant and Minority Health*. Published online on May 1, 2012. DOI 10.1007/s10903-012-9618-2

Also see: Yun K, Hebrank K, Graber LK, Sullivan MC, Chen I, Gupta J. High Prevalence of Chronic Non-Communicable Conditions Among Adult Refugees: Implications for Practice and Policy. *Journal of Community Health.* Published online on March 2, 2012. DOI 10.1007/s10900-012-9552-1

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