Health Status and Healthcare Utilization of Zimbabwe-born Immigrants in the US

*Clara M. Gona, PhD, RN
Tendai Lupafya MSN, RN, Natsai Zhou, PhD, RN
Philimon N. Gona PhD

Sigma Theta Tau Biennial Conference, Indianapolis, October 28-Nov 1st 2017
Conflict of interest

• None to report
Background

– Over 3 million Zimbabweans have migrated to other countries since 2000
– The US is a popular destination, the number of Zimbabweans living in the US increased by 210% since 1980
  • Zimbabwe has a high burden of infectious and non-infectious diseases
– Not much is known about the Zimbabwean immigrants health status or healthcare utilization
Study Purpose

• To assess the feasibility of conducting health studies in Zimbabwean-born immigrant community in the US
• To examine the self-reported prevalence of chronic disease in the population
• To examine health care utilization patterns
Methods

• Conducted a cross-sectional needs assessment pilot

• Questionnaires
  – Demographic survey
  – Health utilization
  – Health behavior
  – HIV risk perception
  – 2-item depression screen
  – Measured BP, weight, and height
Study Design and Procedures

• Institutional IRB
  – Participation was consent
  – Anonymous survey
• Participants recruited at 4 religious festivals
• Convenience sample
• Free health screening
  – Voluntary participation
  – Self-administered Questionnaires
  – Small gifts – candy, lunch boxes
Results: Participants

• 23 men, 75 women
• Median age
  – 45 yrs for men
  – 48 yrs for women
• Age range (23-74 yrs)
• Average yrs in the US 12.12
• Marital status
  – 23 single, 62 married, 7 widowed, 4 divorced

• Education
  – 56 (58%) grad degrees
  – 19 Bachelors
  – 20 High school
  – 2 <high school
• Employment
  – 75 work fulltime
  – 8 work part time
  – 12 unemployed
Results: Current Health Conditions

- Hypertension
  - 33 (35%) Diagnosed HTN
  - 28 taking BP meds
  - Median SBP 134 (range 102-190)
  - 29 participants SBP>140

- Mental health status
  - 55 (56%) had PhQ 2 score ≥2
  - 3 (4%) had talked to a psychiatrist in the previous 12 months
Results: Weight

- Weight in lbs
  - All sexes median 192
    - range: 115.4 to 300
  - Men: Median 177.7
    - Range: 145-222
  - Women –median 192
    - Range 115.4 to 300
Results: BMI

Women were more likely to be obese
Results: Access to Care

- Health Insurance and Health Utilization
  - 78 (81%) had health insurance coverage
  - 85 (88%) had seen a PCP in the previous 12 mos
  - 42 (44%) seen their PCP ≥3 times in the previous 12 months
  - 25 (26%) had been to the ER previous 12 mos
Results: HIV testing and perceived risk

<table>
<thead>
<tr>
<th>Consider self at Risk for HIV (n=87)?</th>
<th>At Risk</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>82</td>
<td>94.3</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>5</td>
<td>5.7</td>
<td></td>
</tr>
</tbody>
</table>

94% did not consider themselves to be at risk

<table>
<thead>
<tr>
<th>Ever Tested for HIV (n=90)</th>
<th>YES</th>
<th>Frequency</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>66</td>
<td>73.3</td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>24</td>
<td>26.7</td>
<td></td>
</tr>
</tbody>
</table>

27% had never been tested for HIV
Discussion

• Highly educated sample
• High rates of diagnosed HTN
• High systolic BP
• High rates of Obesity
• High utilization of both PCP and ER services
• Mental health is an issue
• Less likely to have had a recent HIV test
• Low perception of HIV risk despite originating for high prevalence country
So what does this mean?

• High usage of health services but still not in good health
• Sample derived from religious festival not representative of general population.
• More research is needed
Feasibility of conducting studies in this population

- It is possible to conduct studies in this population
- Women easier to reach than men
- Collaboration with religious institutions provides access to the population
- Concerns about confidentiality and immigration
- Short questionnaires are preferred
- Need to provide incentives
References