

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

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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

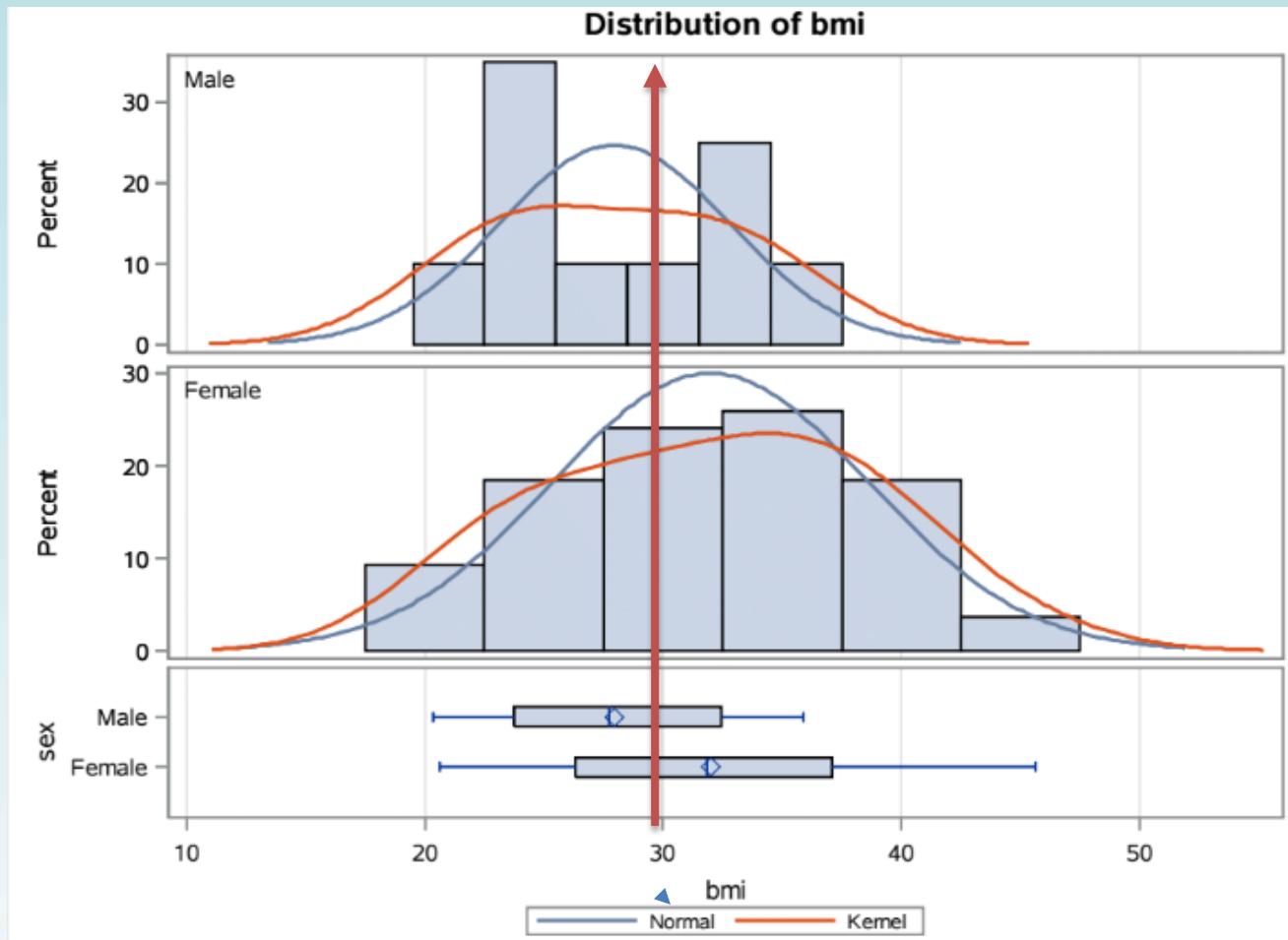
- Hypertension
 - 33 (35%) Diagnosed HTN
 - 28 taking BP meds
 - Median SBP 134 (range 102-190)
 - 29 participants SBP>140
- Mental health status
 - 55 (56%) had PhQ 2 score ≥ 2
 - 3 (4%) had talked to a psychiatrist in the previous 12 months

Results: Weight

- Weight in lbs
 - All sexes median 192
 - range: 115.4 to 300
 - Men: Median 177.7
 - Range: 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

Consider self at Risk for HIV (n=87)?		
At Risk	Frequency	%
YES	82	94.3
NO	5	5.7
94% did not consider themselves to be at risk		
Ever Tested for HIV (n=90)		
YES	66	73.3
NO	24	26.7

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

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