

DOI: <https://doi.org/10.34921/amj.2025.3.24>**ABŞ-DA SAĞLAMLIQ SİYASƏTİ: AZƏRBAYCANLI MİQRANTLARIN  
SƏHİYYƏ XİDMƏTLƏRİNƏ ƏLÇATANLIĞI****A.R.Şahbazlı<sup>1</sup>, R.J.Əhmədov<sup>2</sup>, R.O.Şahbazov<sup>3</sup>**<sup>1</sup>Şeyker ali məktəbi, Albani, Nyu-York; <sup>2</sup>Cənubi Maine Universiteti, Falmouth, Maine;<sup>3</sup>Albani Tibb Mərkəzi, Albani, ABŞ

**Xülasə.** Məqalədə ABŞ-da yaşayan Azərbaycanlı miqrantların tibb xidmətlərinə əlçatanlığını araşdırmaq məqsədilə aparılmış tədqiqatın nəticələri təqdim edilir. Azərbaycanlı miqrantlar ABŞ-da kiçik, lakin sürətlə böyüyən bir icma təşkil edir. ABŞ-da yaşayan Azərbaycanlı yetkin şəxslər üzərində aparılmış (cross-sectional) sorğunun nəticələri təhlil edilmişdir. Bu sorğu demografik məlumatlar, sığorta təminatı, vətəndaşlıq/mühacirət statusu, əsas səhiyyə xidmətləri, vaksinasıya, iş, gəlir, mənzil vəziyyəti və ABŞ səhiyyə sisteminə münasibət barədə məlumatları əhatə edir. Deskriptiv statistikalar tərtib edilmişdir və Statistik Təhlil Sistemindən (SAS) istifadə edilmişdir.

İştirakçıların əksəriyyəti işləyən yaş qrupuna (18-39 yaş) aid olub, 41,5%-i qadın, 58,5%-i kişi olmuşdur. Ümumilikdə, sığorta təminatı 82,9%-dir (72,9%-i özəl sığorta, 15,7%-i Medicaid və digər dövlət sığortası, 11,1%-i isə Medicare (ABŞ-ın Dövlət Səhiyyə Sığortası) ilə təmin olunmuşdur), 17,1%-i isə sığortasızdır. İştirakçıların 39%-i ABŞ-da 5 ildən az müddətdə yaşamışdır; 54,9%-i ABŞ vətəndaşıdır; vətəndaş olmayanlardan 43,8%-i sənədləşdirilmiş, 5%-i isə qeyri-qanuni olaraq yaşayır.

Azərbaycanlı miqrantlar orta səviyyədə sığorta təminatına malikdirlər və əsas səhiyyə xidmətləri ilə təmin edilirlər. Lakin sağlamlıq xidmətlərinə dair məlumatlılıq və mədəni amillər kimi bəzi maneələr mövcuddur. Sağlamlıq məlumatlılığını artırmaq, səhiyyə xidmətlərinə yönləndirmə dəstəyi və uyğun qiymətli sığorta xidmətləri xüsusən yeni gələnlər və sığortasız olanlar üçün profilaktik müayinələrin və integrasiyanın yaxşılaşdırılmasına kömək edə bilər.

**Açar sözlər:** ABŞ-da yaşayan Azərbaycanlı miqrantlar, miqrantların sağlamlığı, sağlamlıq sığortası, əsas səhiyyə xidmətləri, səhiyyə xidməti haqqında, vaksinasıya

**Ключевые слова:** Азербайджанские иммигранты в США, иммигрантское здоровье, медицинское страхование, первичная медицинская помощь, осведомленность о здоровье, вакцинация

**Keywords:** Azerbaijani immigrants in USA, immigrant health, health insurance, primary care, health literacy, vaccination

**HEALTHCARE POLICY IN THE USA: ARE AZERBAIJANI IMMIGRANTS'  
HAVE ADEQUATE ACCESS?****A.R.Shahbazli<sup>1</sup>, R.J.Ahmadov<sup>2</sup>, R.O.Shahbazov<sup>3</sup>**<sup>1</sup>Shaker High School, Albany, New York;<sup>2</sup>University of Southern Maine, Falmouth, Maine;<sup>3</sup>Albany Medical Center, Albany, USA

**Summary.** The article presents the results of a study conducted to examine the accessibility of healthcare services for Azerbaijani immigrants in the United States (U.S.). Azerbaijani immigrants represent a small but growing community in the U.S. A cross-sectional survey (n=82) of Azerbaijani adults residing in the U.S. was analyzed, capturing demographics, insurance coverage, citizenship/immigration status, primary care access, vaccination, employment, income, housing, and attitudes toward the U.S. healthcare system. Descriptive statistics were generated; statistical Analysis System (SAS) with sampling weights was specified by the investigators.

Participants were predominantly working-age (18–39 years), 41.5% female and 58.5% male. Insurance coverage was 82.9% overall (72.9% private; 15.7% Medicaid/other public; 11.1% Medicare), leaving 17.1% uninsured. Thirty-nine percent had <5 years of U.S. residence; 54.9% were U.S. citizens; among noncitizens, 43.8% were documented and 5% were undocumented.

Azerbaijani immigrants demonstrate moderate coverage and primary-care access. However, some factors like limited health system literacy, and cultural factors still exists. Tailored outreach to improve health

Azerbaijani immigrants represent a small but rapidly growing community within the United States. As of 2023, the U.S. hosts approximately 47.8 million foreign-born residents, making it one of the largest immigrant-receiving countries in the world [1]. While a substantial body of research exists on immigrant health, particularly concerning larger immigrant groups such as Mexican and Chinese populations, little is known about the healthcare experiences of Azerbaijani Americans. This lack of focus is particularly concerning, as the healthcare needs of immigrant communities are often shaped by their unique cultural, linguistic, and legal statuses, which can create significant barriers in accessing and navigating the U.S. healthcare system [2, 3].

Unlike other immigrant populations, Azerbaijani immigrants are not widely studied in the context of their healthcare utilization and attitudes. This under-researched community often faces challenges such as limited health system literacy, language barriers, and concerns related to their immigration status. These challenges can hinder their ability to access timely and adequate healthcare, making it crucial to understand how Azerbaijani immigrants in the U.S. interact with the healthcare system [4, 5].

The healthcare access, utilization, and attitudes of Azerbaijani immigrants have not been thoroughly explored, leaving a significant gap in the literature. While other studies have examined healthcare barriers faced by immigrants in general, there is a lack of data specific to Azerbaijani immigrants. This study, therefore, aims to fill this gap by focusing specifically on their healthcare access, insurance coverage, primary care relationships, vaccination status, and attitudes toward the healthcare system.

By analyzing these aspects, this study will not only contribute to a deeper understanding of the healthcare challenges faced by Azerbaijani immigrants but will also highlight the unique factors affecting their healthcare experiences. This research will add to the broader discourse on immigrant health, offering insights into policy improvements that could better address the needs of Azerbaijani and similar immigrant

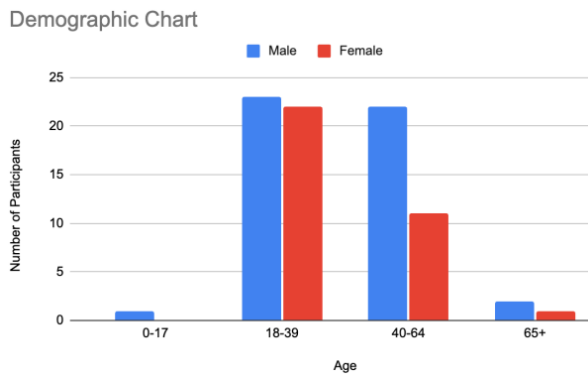
communities in the U.S [6].

The aim of this study is to assess the healthcare status of Azerbaijani immigrants in the U.S., focusing on key factors such as health insurance coverage, access to primary care, healthcare utilization, vaccination rates, and overall health attitudes. By examining these aspects, this research seeks to identify the specific challenges and barriers faced by Azerbaijani immigrants in accessing healthcare services. Additionally, the findings will be contextualized within the broader landscape of immigrant healthcare in the U.S., highlighting both commonalities and unique issues faced by this particular community. The study aims to provide insights that can inform targeted healthcare policies and interventions to improve the healthcare outcomes of Azerbaijani immigrants and contribute to the larger discourse on immigrant health in the U.S.

**Materials and methods.** A cross-sectional survey was conducted targeting Azerbaijani adults residing in the U.S. to assess their healthcare access and experiences. Data were collected on several key variables, including demographics (age, sex), immigration and citizenship status, insurance type, healthcare utilization (e.g., number of physician visits per year, primary care access), vaccination status, and socioeconomic factors (e.g., household income, employment status, housing tenure). Additionally, attitudinal items were included to assess participants' trust in U.S. versus Azerbaijani physicians and perceived barriers to care. The primary outcomes of the study included: Insurance coverage and type (private, Medicaid/other public, Medicare, or uninsured); Presence of a primary care physician (PCP); Frequency of physician visits in the past year; Self-reported vaccination status; Identified barriers to care (e.g., cost, lack of information); Trust in healthcare providers (U.S. vs. Azerbaijani physicians); Socioeconomic covariates such as employment status, household income, and housing tenure were also considered.

Descriptive statistics were used to summarize the data, and SAS software was employed for data analysis, with appropriate sampling weights applied to adjust for the complex survey design. A significance level of  $p=0.05$  was used for all analyses, though due to the sample size, no between-group hypothesis tests were conducted. All data used in this analysis was de-identified, ensuring that no protected health information was included.

**Results.** The sample consisted of 82 respondents, with a higher proportion of males (58.5%) compared to females (41.5%). The majority of participants were aged between 18 and 39 years, comprising 54.9% of the sample. A small percentage of participants were aged 65 years or older (3.7%), and children under 18 represented 1.2% of the respondents (Figure 1).



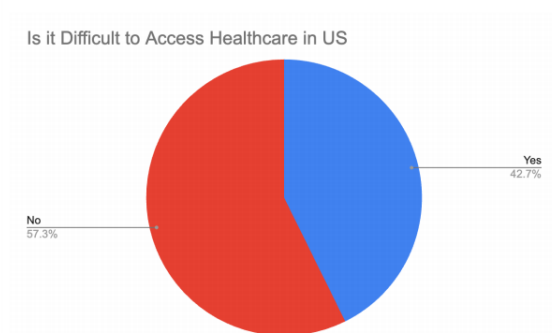
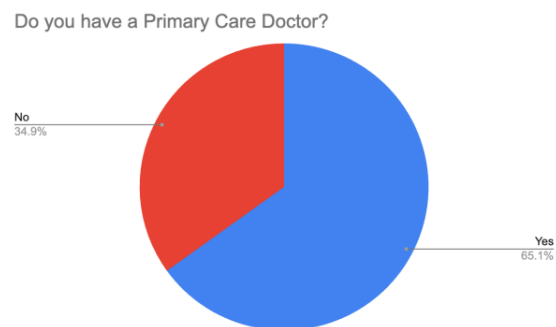
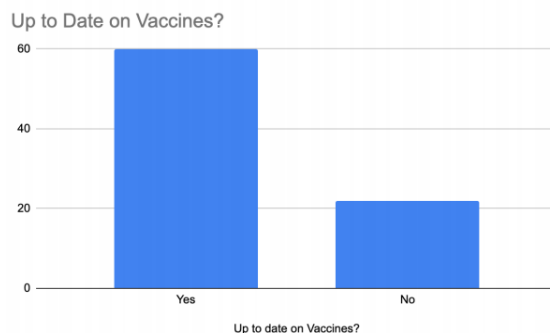
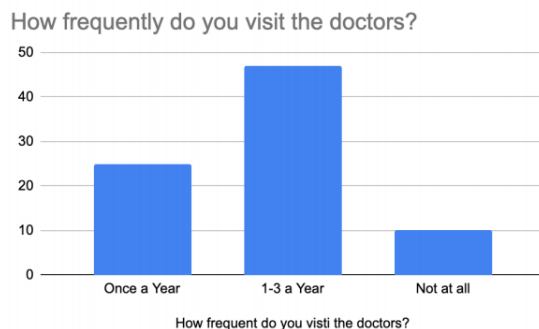
**Figure 1. Distribution of study participants by sex and age group**

The survey revealed that 82.9% of Azerbaijani immigrants had some form of health insurance, a figure that surpasses national averages for immigrants (KFF, 2025). However, 17.1% remained uninsured, which highlights the ongoing barriers in access to

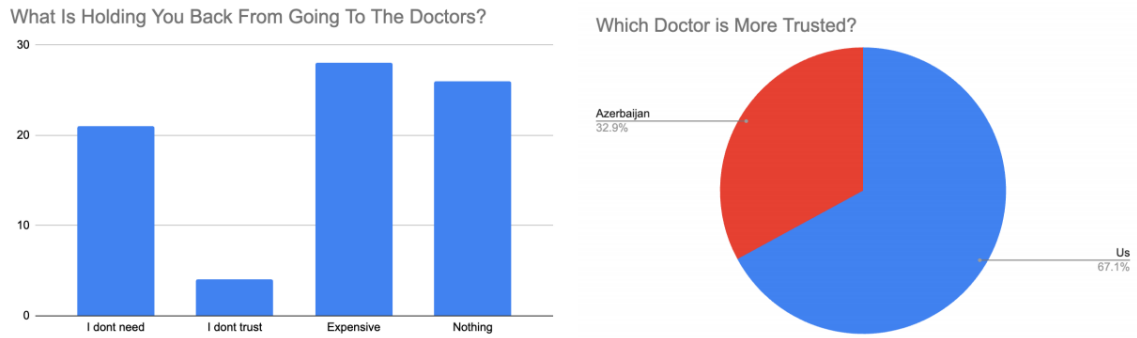
healthcare, particularly for newcomers and noncitizens. Among those insured, 72.9% had private coverage, 15.7% were covered by Medicaid or other public programs, and 11.1% reported Medicare coverage.

Regarding the length of time participants had lived in the U.S., 39% had resided in the country for less than 5 years, 24% for 5–10 years, and 36.6% for more than 10 years. In terms of citizenship status, just over half of the participants (54.9%) were U.S. citizens. Among the noncitizens, 43.8% reported having a documented immigration status, while 5% were undocumented, highlighting a potential barrier to accessing healthcare services for some individuals in the sample.

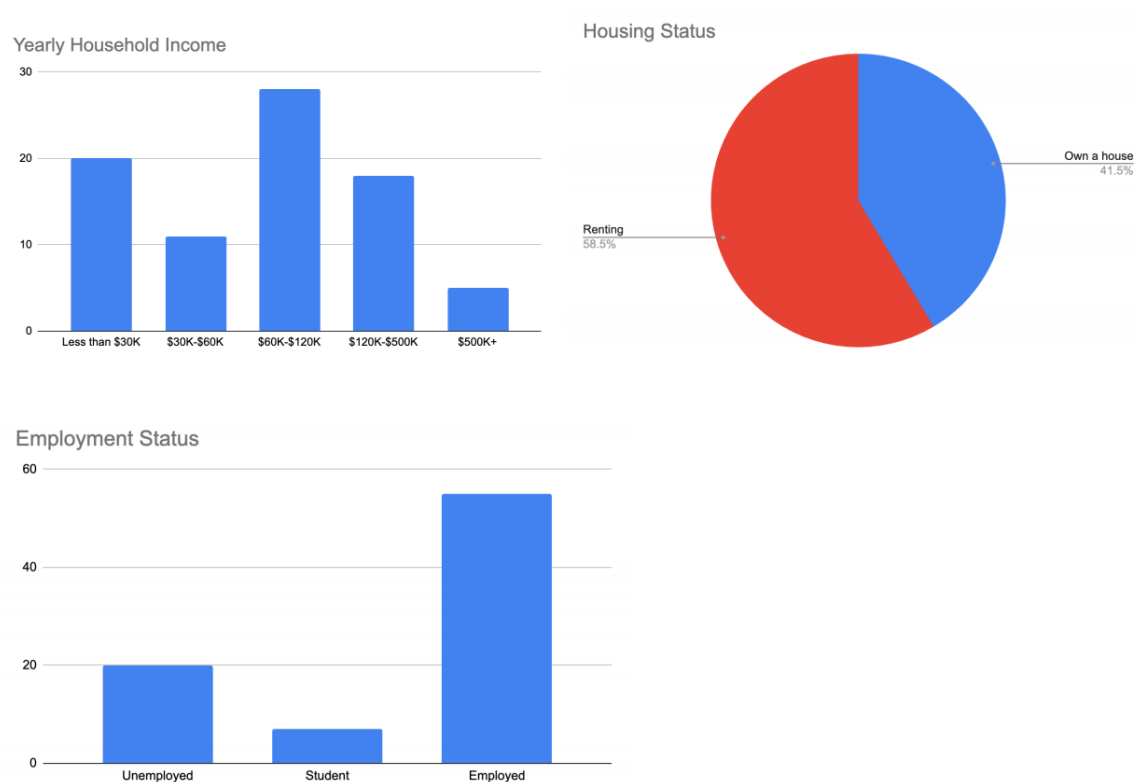
In the previous year, 57.3% of participants reported visiting a physician between 1 and 3 times, while 30.5% had a single physician visit and 12.2% had no physician visits at all. The majority (64.6%) of participants had a primary-care physician (PCP), indicating a relatively high level of access to primary care. In terms of preventive care, 73.2% reported being up-to-date on vaccinations, and 57.3% indicated that accessing healthcare in the U.S. was not difficult (Figure 2).



**Figure 2. Healthcare utilization and access among participants**



**Figure 3. Reported barriers for healthcare access**



**Figure 4. Socioeconomic status of the participants**

The most commonly cited barriers to healthcare access were related to cost (37.1%) and insufficient information (37.1%), indicating challenges in understanding and navigating the healthcare system. A lack of perceived need for care was reported by 25.6% of participants. When asked about trust in healthcare providers, 67.1% of respondents expressed greater trust in U.S. physicians, while 32.9% showed more trust in Azerbaijani physicians, suggesting that cultural and linguistic factors may influence trust in healthcare providers (Figure 3).

Employment status varied among participants, with 67.1% employed, 24.1% unemployed, and 8.1% being students. Regarding housing, 58.5% rented their homes, while 41.5% owned their homes. The majority of participants (24.4%) had a household income between \$60,000 and \$120,000, though a smaller proportion earned less than \$30,000 (24.4%) or more than \$500,000 (6.1%) (Figure 4).

**Discussion.** This first quantitative snapshot of Azerbaijani immigrants' healthcare status highlights several key findings, including

moderate insurance coverage and primary-care attachment, but with notable barriers related to affordability and health information. The overall insurance coverage rate of 82.9% exceeds national estimates for immigrants, yet the 17.1% uninsured share reflects preventable access gaps that persist within this community. The presence of such a significant uninsured population suggests that more targeted interventions are necessary to address these disparities [2, 4, 7, 8].

Cost barriers are a critical issue, echoing national patterns where immigrants—especially recent arrivals and noncitizens—encounter stricter eligibility criteria for public programs, limited employer-based coverage, and higher exposure to out-of-pocket costs

These barriers are particularly concerning given that healthcare access is a well-established determinant of health outcomes. Roughly two-thirds of participants in this study reported having a primary-care physician (PCP), a finding that aligns with existing literature showing that having a usual source of care is associated with better health outcomes and reduced avoidable healthcare utilization. However, national trends indicate that primary-care capacity is declining, and there are significant geographic and workforce distribution issues that may undermine continued access to primary care for underserved communities [9-12].

Health literacy and navigation challenges are likely contributing factors to the 37.1% of participants who cited “insufficient information” as a barrier to accessing care. This finding is consistent with broader studies linking limited English proficiency (LEP) and low health literacy to poorer healthcare access, misunderstandings, and medical errors. In addition, the policy context for undocumented immigrants remains a significant barrier. Public benefit restrictions often limit coverage options to emergency Medicaid, excluding them from comprehensive healthcare access [13].

The relatively high rate of self-reported up-to-date vaccination (73.2%) is promising, but it should be interpreted cautiously. Immigrant groups tend to report lower vaccination rates and utilize preventive care less frequently than U.S.-born populations, largely due to

access barriers and cultural perceptions of healthcare. Additionally, while the majority (67.1%) of participants expressed greater trust in U.S. physicians, the role of transnational healthcare-seeking care from home-country providers or traveling for healthcare – is common in migrant communities. This may complicate access to care in the U.S., especially when cost barriers are a factor [14].

Findings of authors align with broader national evidence suggesting that immigrants tend to use less healthcare and face significant coverage gaps compared to U.S.-born populations, even though they are often younger and healthier. This highlights the need for policy improvements, including expanding access to affordable coverage options for recent immigrants and noncitizens through Medicaid-like programs, marketplace subsidies, or navigator assistance.

Furthermore, investments in language access services – such as interpreter services, translated materials, and culturally tailored navigation programs are essential to improving health literacy, reducing medical errors, and improving adherence.

Our study contributes to the understanding of Azerbaijani immigrants' healthcare patterns and attitudes, making it, to our knowledge, the first U.S. survey to focus specifically on this group. By reporting on multiple access domains, including insurance coverage, primary-care access, barriers to care, and trust in providers, our study provides a comprehensive snapshot of this under-researched community. However, it is important to note that our study has limitations, including a modest sample size, potential selection bias due to web or network sampling, lack of regional stratification, and reliance on self-report data for vaccination status. Consequently, our findings should be interpreted as descriptive and hypothesis-generating. Future studies should include larger sample sizes, comparative groups, and multivariable analyses to provide a more nuanced understanding of the factors influencing healthcare access for Azerbaijani immigrants.

In conclusion, the study demonstrates that Azerbaijani immigrants in the U.S. report moderate levels of insurance coverage and primary-care access, but face persistent

affordability and health information barriers. These findings add valuable insights to the broader literature on immigrant health in the U.S. and emphasize the need for targeted community outreach, including leveraging Azerbaijani community organizations, diaspora leaders, and faith-based networks to im-

prove healthcare access, enrollment, and vaccination rates within this community.

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## ЗДРАВООХРАНИТЕЛЬНАЯ ПОЛИТИКА В США: ДОСТУП К МЕДИЦИНСКИМ УСЛУГАМ ДЛЯ АЗЕРБАЙДЖАНСКИХ ИММИГРАНТОВ

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**Резюме.** В статье представлены результаты исследования, проведенного с целью изучения доступности медицинских услуг для азербайджанских иммигрантов в США. Азербайджанские иммигранты составляют небольшую, но быстро растущую общину в США. Опрос среди азербайджанских взрослых, проживающих в США (n=82), был проанализирован с целью изучения демографических данных, покрытия страхованием, статуса гражданства/иммиграции, доступа к первичной медицинской помощи, вакцинации, занятости, дохода, жилищных условий и отношения к системе здравоохранения США. Были составлены описательные статистики; для анализа данных использовалась статистическая система анализа (SAS) с учетом весов выборки, заданных исследователями.

Большинство участников были в трудоспособном возрасте (18–39 лет), 41,5% женщин и 58,5% мужчин. Общий уровень покрытия страхованием составил 82,9% (72,9% частное страхование; 15,7% Medicaid/другие государственные программы; 11,1% Medicare), при этом 17,1% участников не имели страховки. 39% участников проживали в США менее 5 лет; 54,9% имели гражданство США; среди неграждан 43,8% были документированы, а 5% — без документов.

Азербайджанские иммигранты имеют средний уровень покрытия страхованием и доступа к первичной медицинской помощи. Однако существуют некоторые барьеры, такие как ограниченная осведомленность о системе здравоохранения и культурные факторы. Повышение осведомленности о здоровье, поддержка навигации по системе здравоохранения и доступное страхование — особенно для новоприбывших и не застрахованных — могут улучшить профилактическую помощь и интеграцию.

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