

## Role of Financial Resources and Perceptions on Health: Differences among Immigrants and Native-Born

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Significant health disparities exist between immigrants and native-born populations in the United States, often shaped by differing levels of financial well-being and access to resources. Immigrants often face distinct financial challenges (Schumacher et al., 2023). This study explores how different factors contribute to differences in self-reported health status across these two groups. To frame our analysis, we implemented an adapted version of the ABC-X model of family stress (Hill, 1949). The ABC-X model explains how stressors (A), resources (B), and perceptions (C) interact to determine outcomes (X). Nativity stands as the stressor, affecting financial and health-related resources and perceptions. Using data from the 2016 National Well-Being Survey conducted by the Consumer Financial Protection Bureau (CFPB), we investigate how financial skills, behaviors, and access to resources mediate health status among immigrants and native-born individuals.

H1: Self-reported health will be different based on nativity status.

H2: Financial resources will be positively related to self-reported health.

H3: Perceptions of financial resources will be positively related to self-related health status.

H4: The relationship between financial aspects and general health would be different by immigrant status.

The dependent variable is self-reported health status, and independent variables include a set of financial variables (e.g., financial literacy, financial management behavior, credit use, alternative financial services use) along with access and bank experiences and healthcare access. Immigrant status was determined indirectly through a question regarding residence at age 17. To compare the health and financial differences between the immigrants and native samples, we used independent t-tests, and for multivariate analyses, we used ordinal logit regression to capture the ordinal nature of our dependent variable, self-reported health. Additionally, subgroup analyses by race/ethnicity were used to ensure robustness of the findings.

The findings indicate that immigrants generally reported worse health outcomes than native-born individuals (3.23; 3.45). While immigrants scored lower on financial knowledge, they reported stronger budgeting behaviors but had higher experiences of financial insecurity. Among immigrants, age, income, financial skills, credit hesitance, and the ability to absorb financial shocks were significantly associated with better self-reported health. On the other hand, the native-born population was influenced by a broader range of financial factors, including employment, financial well-being, and subjective knowledge.

This research highlights the importance of integrating financial education, inclusive policies, and emergency savings initiatives into public health interventions, especially for immigrant and underserved communities. Ultimately, improving financial well-being should be a major focal point in legislation to address longstanding health disparities in the United States.

Keywords: financial well-being, immigrant health, National Financial Well-Being Study, health disparities

## References

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