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An analysis of welfare and health policy changes on the health seeking behavior of Taiwanese immigrants residing in the United States

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AN ANALYSIS OF WELFARE AND HEALTH POLICY CHANGES ON THE HEALTH SEEKING BEHAVIOR OF TAIWANESE IMMIGRANTS RESIDING IN THE UNITED STATES

by

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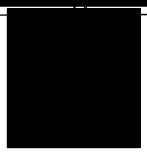

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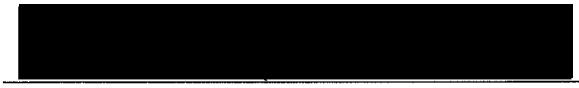

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DEDICATION

I would like to dedicate this dissertation to my loving parents, my sisters and my younger brother.

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AN ANALYSIS OF WELFARE AND HEALTH POLICY CHANGES ON THE HEALTH SEEKING BEHAVIOR OF TAIWANESE IMMIGRANTS RESIDING IN THE UNITED STATES

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ABSTRACT

Due to recent policy changes in the United States and Taiwan, Taiwanese immigrants residing in the United States now face a choice of continuing to receive health care in the United States or returning to Taiwan for treatment care. This study uses a mixed method approach including a quantitative survey with 583 respondents and a qualitative study comprised of 14 interviews conducted by this researcher to explore the association between recent welfare and health policy changes and the health seeking behaviors of Taiwanese immigrants residing in the United States.

The survey findings show that 47.5% of the respondents stated that they were strongly considering returning to Taiwan for health care under the new Taiwanese national health insurance plan (2nd NHIA). Logistic regression methods were used to address the primary research question --"Why do legal Taiwanese immigrants residing in the United States strongly consider or reject returning to Taiwan for health care under the new legislation?"

These findings indicate that there are statistically significant associations between a variety of factors and the Taiwanese immigrants' desire to return to Taiwan for health care under the new national health insurance plan (2nd NHIA). The variables positively associated with a desire to return to Taiwan for health care include the length of domicile and residence required to receive benefits, a nostalgic desire to return to Taiwan, the lower cost of health care in Taiwan, and if the respondents had come to the U.S. before 1996. The negatively associated variables include having a job in the U.S., having a desire to return to Taiwan to live after retirement, the language preference in communications with a doctor, and a preference about the best place to receive dental treatment. Age and self-reported health were mediating variables. The study reveals the dynamics behind the health care decision-making of Taiwanese immigrants and particularly their choice of whether to seek care in the United States or in Taiwan.

Key words: Affordable Care Act, national health care, assimilation, and immigrants.

PREFACE

In Taiwan, the second generation National Health Insurance Act (2nd NHIA) was signed by Executive Yuan on October 30, 2012 and became effective on January 1, 2013. This act addresses the issue of Taiwanese immigrants' access to the coming national health insurance system when they go abroad. The policy change requires that beneficiaries stay in Taiwan for at least six months in order to receive health care coverage. In addition, for overseas Taiwanese immigrants, the legislation allows Taiwan citizens living abroad the choice to continue to be covered under Taiwan's national health insurance or leave the insurance system temporarily when they go abroad for over six months.

The health care reform in Taiwan caused many overseas Taiwanese citizens to seek assistance from the Overseas Community Affairs Council (OCAC), with many asking for information about the legislation and whether it would allow them to receive health care in Taiwan. There were also many complaints about the new law. At that time, I was working as an official at the OCAC during 2011-2012 and was in charge of responding to such questions. We received many different complaints and arguments by phone calls, email and letters from overseas Taiwanese immigrants as well as from domestic Taiwanese people to express their concerns and disagreement with this policy change.

As the government office assigned to address the concerns of overseas Taiwanese immigrants, OCAC was instructed to defend the policy of temporary suspension of health care for overseas Taiwanese citizens. Many Taiwanese citizens called the OCAC to

complain about this policy, some of them stating that they wanted to have the right to have temporary suspension, but others did not support the temporary suspension for 2nd NHIA because they did not believe it was fair that overseas Taiwanese immigrants could return to Taiwan to use and share the national health care resources in Taiwan. After serious policy debates and meetings within different departments, Executive Yuan decided to maintain the temporary suspension for overseas Taiwanese citizens.

However, as a social researcher and policy designer, I was intrigued by the many reasons why Taiwanese immigrants would want to return to Taiwan for health care, an opportunity provided them by passage of the new law. On the one hand, for Taiwanese immigrants who have access to health care in the United States, there must be strong economic incentives pushing Taiwanese immigrants to pay for the costs of returning to Taiwan for health care; on the other hand, there may be cultural or non-economic reasons that encourage Taiwanese immigrants to return to Taiwan. These are some of the main reasons that I chose this topic for my dissertation. My study seeks to examine this basic question.

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LIST OF ABBREVIATIONS

ACA	Affordable Care Act
AFDC	Aid to Families with Dependent Children
CHIP	Children's Health Insurance Program
NELIG	New Era Life Insurance Group
NHIA	National Health Insurance Act
2nd NHIA	Second Generation National Health Insurance Act
OCAC	Overseas Community Affairs Council
PPACA	Patient Protection and Affordable Care Act
PRWORA	Personal Responsibility and Work Opportunity Reconciliation Act
TANF	Temporary Aid for Needy Families

CHAPTER 1. INTRODUCTION

With globalization, international boundaries are increasingly permeable. International migration and the presence of immigrants within many different countries has become increasingly common. The welfare benefit of immigrants is one of the emerging issues that many governments now face. One example of this tendency is the possibility of Taiwanese immigrants residing in the United States to return to Taiwan to make use of the national health insurance system even if they are already covered by U.S. health insurance.

Increasingly numbers of Taiwanese immigrants choose to return to Taiwan in order to get access to the health insurance and services during their vacations and to receive annual health examinations. This study will review the existing literature on immigrant groups' use of health insurance and health care within the US and in their home country. In this research, I will analyze the case story of Taiwanese immigrants who live in the United States to see what factors determine why they chose to use health insurance in the U.S. or Taiwan.

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was signed by President Bill Clinton in 1996 as the signature welfare reform legislation of that time. More recently, two major national health care reform proposals – one in the United States and one in Taiwan – might be expected to have profound influences on the health seeking behavior of older Taiwanese immigrants living in the United States. In the United States, President Barack Obama's Patient Protection and

Affordable Care Act (PPACA) was signed into the law on March 23, 2010, and that was subsequently upheld by the U.S. Supreme Court in June 28, 2012. In Taiwan, the second Generation National Health Insurance Act (2nd NHIA) was signed by Executive Yuan on October 30, 2012 and became effective on January 1, 2013. This act addresses the issue of Taiwanese immigrants' access to national health insurance when they go abroad. The policy change requires that beneficiaries stay in Taiwan for at least six months in order to receive health care coverage. In addition, for overseas Taiwanese immigrants, the legislation allows Taiwan citizens living abroad the choice of whether continue to be covered under Taiwan's national health insurance or leave the insurance system temporarily when they go abroad for more than six months.

As a result of this legislation, Taiwanese immigrants residing in the United States, many of whom have lived in the United States for decades, now have a choice between receiving health care in the United States or in Taiwan. Taiwanese immigrants considering a return to Taiwan must weigh the benefits of receiving health care in the United States in light of changes in welfare programs and the promise of the new health care law reform versus the national health care insurance and benefits now available in Taiwan. Recent statistics show that more and more Taiwanese immigrants residing in the United States are choosing to return to Taiwan for health care according to the Overseas Community Affairs Council (OCAC, 2011). The goal of this study is to analyze the relationship between these two changing health care systems and Taiwanese immigrants' health care seeking behavior. This will be done by adapting Andersen's behavioral model

of health services use (Andersen, 1995) and considering a variety of theories of assimilation.

The study will explore the possible factors behind the Taiwanese immigrants' choices by considering environmental variables, population characteristics, enabling resources, health needs, and the degree of assimilation in the United States. The findings of why Taiwanese immigrants choose to return to Taiwan or remain in the United States will test the applicability of Andersen's model when health care choices span two national health care systems. It will also help us to understand the processes by which people make complex health care decisions. The research findings also have important implications for Taiwanese government policy which is interested in knowing the impact of the new health care legislation.

CHAPTER 2. BACKGROUND AND SIGNIFICANCE

1. Declining Immigrant Welfare Recipients because of PRWORA

The Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) was launched to "end welfare as we know it" by President Clinton in 1996 and its related amendments have changed and limited some qualification for non-citizen welfare recipients (Kretsedemas and Aparicio, 2004). One important change of PRWORA was that it eliminated individual and familial entitlement to federal income assistance, replacing Aid to Families with Dependent Children (AFDC) with Temporary Aid for Needy Families (TANF). The other major impact of PRWORA was a new five years residency requirement for legal immigrants that has restricted immigrants' access to public health benefits until after they have lived in the United States for that length of time.

Other important changes affecting immigrants in PRWORA include the definition of citizenship status, the timing of arrival in the United States and the length of residence requirement. Those immigrants arriving after the date of the passage of PRWORA would be ineligible for federal benefits including SSI, food stamps, Medicaid, and TANF in their first five years in the United States (Zimmermann and Fix, 1998; Morse, 1999; Borjas, 2002) and many researchers have found that welfare reform has decreased caseloads on TANF and Medicaid for immigrants' recipients by PRWORA (Kretsedemas and Aparicio, 2004; Bitler, Gelbach, and Hoynes H. W., 2005; Warner, 2012). The PRWORA has restricted most public assistance and social services for noncitizen immigrants, unless individual states are willing to pay for the costs (Choi, 2006). As a

result, newly arrived older immigrants are no longer eligible for the SSI and Medicaid benefit in most states until they achieve citizenship (Choi, 2006: 149). The consequence of this change is that immigrant welfare recipients have been declining after the welfare reform. Bitler, Gelbach, and Hoynes (2005) estimated the impact of welfare reform on health insurance coverage and healthcare utilization and found that welfare reform was associated with a reduction in insurance coverage. They also pointed out that reform is associated with a reduction in healthcare utilization and an increase in the likelihood of needing care but finding it unaffordable.

The Barriers Against Immigrants' Health Insurance Use

Many researchers (Choi, 2006; Ma, 2000; Kuo and Torres-Gil, 2001; Damron-Rodriguez, Wallas, Kington, 1994) have documented the barriers facing newly arrived older immigrants in gaining access to health care, including individual barriers such as poor English proficiency, lower education, barriers of employment and structural barriers. These last impediments include the problems related to the lack of cultural competency among care providers and the lack of financial means and health insurance which are considerable obstacles among older immigrants since disproportionately high percentages of them are uninsured.

Medicare is the main health care plan for adults over 65 in the U.S., covering approximately 98% of older adults. Older immigrants, however, are less likely to be entitled to Medicare due to a lack of work history in the U.S. (Choi, 2006). Those who are immigrants with less than five years of residence in the U.S. are more vulnerable compared to the older immigrants. Due to a lack of work history in the U.S., the only

source of health insurance of newly older immigrants are Medicaid and state health care benefits through private coverage (Choi, 2006:150). In addition, if they have the need for more insurance coverage, they have to buy private health insurance. Choi's suggests that the alternative health insurance or inexpensive alternative health care services in the ethnic enclaves, such as community health centers which provide preventative services, would promote better access to health care among older immigrants. Choi (2006) takes the example of the Taiwanese community in Los Angeles, where there are emergency funds established by ethnic community organizations to help those who are uninsured but need urgent hospitalization.

Private health insurance is the most important source of health care in the United and over 80 percent of all Americans have private health care coverage, and the predominant source of private insurance is employer-provided health insurance (Gruber, 2008:573). Thus, the status of employment becomes one of the barriers for older Taiwanese immigrants which they face in accessing health insurance care. Blewett, Ziegenfuss, and Davern (2008) note that the United States' health care system has traditionally relied on safety net providers to meet the health care needs of people who do not have health insurance or who may have some coverage but still encounter financial barriers to getting the health care they need. However, the most serious problems for new immigrants wishing to purchase private insurance is the cost of this insurance for individuals which is prohibitively expensive for many older adults with moderate incomes. This makes private insurance beyond the reach of all but very wealthy (Choi, 2006:150).

2. Health Care Reform in the United States

To reduce health care costs and give 95 percent of non-elderly Americans access to affordable health insurance, President Barack Obama launched and signed The Patient Protection and Affordable Care Act (ACA) on March 23, 2010 (Davison and Stavich, 2011). The ACA stops the worst practices of private insurance companies by ending life-time caps and pre-existing conditions, and gives uninsured individuals and small business owners more choice of private health insurance plans. The goal of this landmark legislation is to bring down the cost of health care for families and businesses while also reducing Federal budget deficits (Cited from Democratic Policy Committee, March 23, 2010).

In addition, before the Affordable Care Act started on October 1, 2013, the Center for Medicare and Medicaid Services, in the Department of Health and Human Services, considered its regulatory impact on the Medicaid program and the eligibility changes under the ACA of 2010 (2012). According to this analysis, after the ACA's implementation, people who are in Medicaid program have the free choice and pursue their health insurance program on the Affordable Insurance Exchanges to supplement their Medicaid coverage.

Although the ACA has been passed, Warner (2012) has criticized the impact on immigrants because it may actually reduce access to care for many undocumented immigrants by isolating them from the general, formerly uninsured, population. He points out that the impact of PRWORA in 1996 on immigrants has been to deny undocumented immigrants' access to Medicaid and food stamps; and now requires documented

immigrants to wait five years before they become eligible for Medicaid. He compares these restrictive effects with the Children's Health Insurance Program (CHIP) which was expanded in 1997 to cover children, including the children of immigrants, living up to 200 percent above the poverty live with an enhanced federal match. The impact on immigrants of CHIP is that many immigrants' children became eligible.

New Health Insurance Options for Immigrants in the United States

Some American insurance companies have started to develop a new type of insurance for dual citizens; that is, health insurance companies offer a new program for the elderly immigrant to access both domestic insurance in the United States and insurance in their home country. Warner (2012) calls these types of plans "cross-border health insurance and health care for immigrants." (p. 49). Mexico, for example, created a program that allows residents of the United States to obtain health care coverage for their families in Mexico. This coverage is offered by the Mexican Institute for Social Security, which is the largest source of private health insurance for workers in Mexico.

Another example of cross-border health insurance is the U.S. Central Health Plan Group developed by the U.S. Taiwan Health Care Company especially for Taiwanese immigrants in the United States that allows policyholders to receive health care in the U.S. but also receive medical services at certain hospitals in Taiwan. The new policy connects the U.S. insurance system to Taiwan's medical services. The U.S. insurance firm New Era Life Insurance Group (NELIG) also offers medical insurance benefits coverage for service at four Taiwan hospitals. According to one report "An American insurance company signed a groundbreaking agreement with four local hospitals to

provide coverage for U.S. policyholders who obtain medical treatment in Taiwan. (OCAC, 2011)" The report stated that the new cooperation model would help bring more overseas patients, especially those of Asian descent, to Taiwan to access its medical service. Under the agreement, individuals insured with NELIG will be reimbursed for health treatment received at four hospitals in Taiwan.

There is also a new type of health insurance for international travelers in the United States; for example, Anthem Blue Cross Blue Shield has developed an insurance policy which is called "Blue Card" and members will receive coverage outside of the United States. It provides worldwide and emergency coverage when the subscribers travel outside the United States. That is the coverage for insured members who travel abroad. When the insured members encounter a medical emergency outside the U.S., they can go directly to the nearest hospital or doctor. The coverage is divided into "Emergency Care", "Other Covered (non-emergency) Services" or "Reimbursement for Any Covered Services that Members Paid for Out-of-Pocket" (http://www.bluecrossma.com/bluelinks-for-employers/whats-new/special-announcements/guide-to-coverage.html). This kind of insurance provides a worldwide service for frequent travelers. The Taipei Economic and Cultural Office has also provided this type of policy for their employees from Taiwan.

3. The Second Generation National Health Insurance Act Reform in Taiwan

The National Health Insurance Act (NHIA) in Taiwan was promulgated on October 3, 1994 and became law on March 1, 1995. After 18 years, in order to improve the health insurance system and strengthen the financial basis for the NHIA, the Taiwanese government decided to amend the NHIA. After much policy debates by

different interest groups, the second generation National Health Insurance Act (2nd NHIA) was signed into law by Executive Yuan on October 9, 2012, and all articles became effective on January 1, 2013. Based on the spirit of the NHIA system, this health insurance system is compulsory social insurance that is enacted to promote the health of all nationals, to administer national health insurance, and to improve health services. The goal of NHIA is to offer affordable and universal medical benefits to all beneficiaries in case of illness, injury, or maternity needs during the insured term under the provisions of NHIA (Cited from Bureau of National Health Insurance, Department of Health, Executive Yuan, the Republic of China (Taiwan), 2013).

The 2nd NHIA has made substantial changes to the eligibility requirements in the original NHIA, some of which impact those Taiwanese residing in the United States. For Taiwanese Americans, the new law has instituted a prolonged waiting time to become eligible for coverage. Beneficiaries need to wait from six months to become eligible for benefits. According to article 8 of the Act "*Those who have previously subscribed to this Insurance within the last two years and have a registered domicile in Taiwan, or having established a registered domicile for at least six consecutive months in Taiwan prior to subscription of this Insurance are eligible* (Department of Health, Executive Yuan, 2013)." The amended articles will have an effect on those Taiwanese immigrants who currently live abroad. Taiwanese immigrants need to have been insured under the previous Act within the last two years prior to being insured in 2nd NHIA and must have at least six months residency or registered domicile in Taiwan before they can claim the new benefits. These new regulations would potentially affect those Taiwanese

immigrants residing in the United States for many years because they might not have insured records or registered domicile in Taiwan within the last two years.

During the process of proposing and amending the new Act in 2012, one of the most important new articles involved "temporary suspension from NHIA" for Taiwanese who go abroad. At first, the Taiwan Department of Health (DH) proposed to delete the regulation of temporary suspension when the beneficiary goes abroad for over six months; however, many overseas Taiwanese immigrants sought the assistance of the Overseas Compatriot Affairs Commission's (OCAC) to maintain the regulation of the temporary suspension under the new Act. After much debate between the Department of Health and OCAC, the government decided to maintain the regulation of temporary suspension when beneficiaries go abroad for more than six months. Those affected will have to re-apply for suspension of coverage three months after resuming coverage on returning to Taiwan. This policy of temporary suspension not only provides a chance for overseas Taiwanese immigrants to keep their beneficiary status, but also limits those who travel frequently between Taiwan and their country of residence.

In addition, the national health insurance (NHI) in Taiwan provides international travellers health coverage when they encounter medical emergences outside Taiwan, but are only limited to emergency care outside Taiwan (http://www.nhi.gov.tw/english/index.aspx). Therefore, Taiwanese who are insured by NHI could receive reimbursement for expenses when they need health care outside of Taiwan. Thus, the NHI provides good health benefits for the insured people when they travel worldwide.

Reasons Why Taiwanese Immigrants Consider Returning to Taiwan

According to statistics from the Longitudinal Survey of Migrants to the U.S. from Taiwan conducted by the Overseas Compatriot Affairs Commission (OCAC, 2010) it was reported that 57% of Taiwanese immigrants between the age of 45 and 64 years are considering and willing to return to Taiwan to live and 49.8% of those over 65 years are intending to return to Taiwan. Some of the main reasons why Taiwanese immigrants consider returning to Taiwan to live is "a wish to return to their homeland" (53.3%), "economic factors" (20.8%) and "medical and health factors" (18.3%). The statistics demonstrate the importance of medical health concerns for Taiwanese immigrants.

The Statistics of Taiwanese Immigrants Residing in the United States

According to the U.S. Census Bureau, 2010, 196,691 people reported themselves to be Taiwanese immigrants residing in the United States. This compares to 3,137,061 who described themselves as Chinese immigrants (except Taiwanese), the largest Asian immigrant group in the United States. However, according to the 2011 Statistics Yearbook of the Overseas Chinese Affairs Council (OCAC, 2011), the number of Taiwanese immigrants in the United States is 926,000. One reason why the estimate of Taiwanese immigrants in the census is less than the estimate from the OCAC is that the race/ethnicity categories in the census do not include Taiwanese as an option; those who are Taiwanese have to identify themselves as Taiwanese and do so in the "other" category. The OCAC estimates many Taiwanese immigrants would select the Chinese category when they fill out the census. It is unclear from the available data how many Taiwanese immigrants are undocumented aliens or how many have been in the United

States since 1996, when changes in the U.S. welfare law were made, but I believe that the majority of the 196,691 persons who reported themselves as Taiwanese immigrants on the 2010 U.S. Census will be affected by the policy changes described above.

CHAPTER 3. THEORETICAL FRAMEWORK

This study adapts Andersen's health care utilization model (Andersen and Newman, 2005; Andersen, 1995) and also employs assimilation theory (Choi, 2006; Waters and Jimenez, 2005; Alba and Nee, 2003; Kibria, 2002; Mouw and Xie, 1999; Gordon, 1964) to address the relationship between welfare and health policy changes in the United States and in Taiwan, and Taiwanese immigrant's choice to return to Taiwan for health care under 2nd NHIA. The research question of this study is: "What factors are associated with the decision of Taiwanese immigrants' residing in the United States to return to Taiwan to receive health care under 2nd NHIA?"

Andersen's theory provides a framework and structure to analyze when an individual faces a health care problem and which factors are associated with health care seeking behaviors. This study utilizes Andersen's concepts and adds elements of assimilation theory to explore the possible factors influencing decision-making among Taiwanese immigrants making choices concerning health care services. Assimilation theory would predict that Taiwanese immigrants who are less assimilated, the more likely they choose to return to their home country to access health care.

1. Andersen's Theory

Andersen's model is constructed of four key components: environment, population characteristics, health behavior and outcomes. The first component of Andersen's model is the environment, which includes the health care system and the more general external environment such as the type of health policy changes in the

United States and Taiwan. This study analyzes health policy changes in the United States as well as the health care system in Taiwan for Taiwanese immigrants residing in the U.S. As far as I can determine, this study will be the first such application of Andersen's health care model to health decisions that address two distinct national health systems.

Andersen's model suggests that people's overall use of health services is a function of their predisposition to use services, the factors which enable or impede use, and their need for care (Andersen, 1995). In Andersen's model, predisposing influence include demographic characteristics, social structure and health beliefs. This study includes variables from all three categories for a sample of Taiwanese immigrants and examines whether these characteristics influence Taiwanese immigrant's health seeking behaviors in the United States or their decisions to return to Taiwan for health care. The demographic characteristics explored including gender, age, and resident status in the U.S., marital status, and religion. Andersen also proposed that both community and personal resources influence an individual making health service decision. Health personnel and facilities must be available where people live and work. People then must have the means and knowledge to get to those services and make use of them (Andersen, 1995). The personal resources that will be included in my analysis include income, occupation, education, the type of health insurance coverage, and whether a person is paying for health care privately.

In my adaptation of Andersen's model, I am using social structure and health beliefs as enabling resources and I am using them as mediating variables. This study will include variables on Taiwanese Americans' social networks with family and friends'

support in the United States or in Taiwan as enabling resources. The study will also include questions on health beliefs, including beliefs about the quality of health care in both countries and whether Taiwanese immigrants have a preference to ask for a Taiwanese or American doctor for their health care services.

Andersen also considered the difference between "perceived need" and "evaluated need". An example of a perceived need would be a person who believes she is sick and decides to seek health care; an evaluated need is based on a medical and professional diagnosis by a medical care provider; for example, an annual physical examination, vaccinations, dental check-ups, or specialized health services. This study examines these concepts by including variables of perceived health needs and evaluated health needs as enabling resources in my conceptual framework.

I not only borrow the concept of Andersen's "health beliefs," but also use "cultural health beliefs" as the conceptual label because Taiwanese immigrants' cultural beliefs are considered as an important pull factor persuading Taiwanese immigrants to go back to Taiwan for health services. For some Taiwanese immigrants, they may want to return to their home countries' doctors and medical resources because of the confidence and sense of trust they possess in their original health care system. That situation seems to reflect not only a discrepancy between perceived and evaluated needs but also greater confidence in Taiwan's medical systems, relative cost or a nostalgic desire to return to the home country.

Andersen also discusses the financial and organization resources in his health service use model. For Taiwanese immigrants, the cheaper medical costs would be the

enabling resources in their health services use comparing to the U.S. private health insurance. The private-oriented health care system in the U.S. is more expensive than the Taiwan national health insurance for Taiwanese immigrants who are residing in the U.S. and also have legal citizenship in Taiwan. Therefore, health care costs could be seen as enabling resources affecting Taiwanese immigrants considering returning to Taiwan to utilize the national health insurance system there, which only costs 25 US $ per month and which is much cheaper than in the U.S.

Finally, Andersen's model examines the effects of environmental factors and predisposing characteristics on health behaviors and outcomes. In this study, the health behavior that is the focus of the research is the basic decision to seek health care in Taiwan or in the United States. This is the primary dependent variable in the study.

2. Assimilation Theory

The study also adapts assimilation theory to explore Taiwanese immigrants' health services utilization between the United States and their home country of Taiwan. This study incorporates the variables "length of staying in the United States", "English proficiency", "preference language to communicate with doctor", and "intermarriage" to explore whether the degree of assimilation in the United States is an important enabling resource that influences Taiwanese immigrants' health choice in the US or in Taiwan. According to Mouw and Xie's (1999) research findings that support the transitional theory of bilingualism -- there is evidence that native language use between parents and children is important when the parents have not yet completed their linguistic assimilation. The longer they reside in the United States, the more older Taiwanese

immigrants face the identity issue of the extent of assimilation into the mainstream of the United States.

Alba and Nee (2003) proposed that the process of assimilation occurs through "boundary crossing", "boundary blurring" and "boundary shifting." For these theorists, answers to the types of boundary patterns determine the degree of assimilation: "Will the narrowing of social distance lead to boundary blurring, implying some decline in the salience of racial/ethnic boundaries, or to boundary shifting, which might bring the new groups, or at least large portions of them, into the mainstream society? Or will assimilation be limited to boundary crossing?"(2003:286).

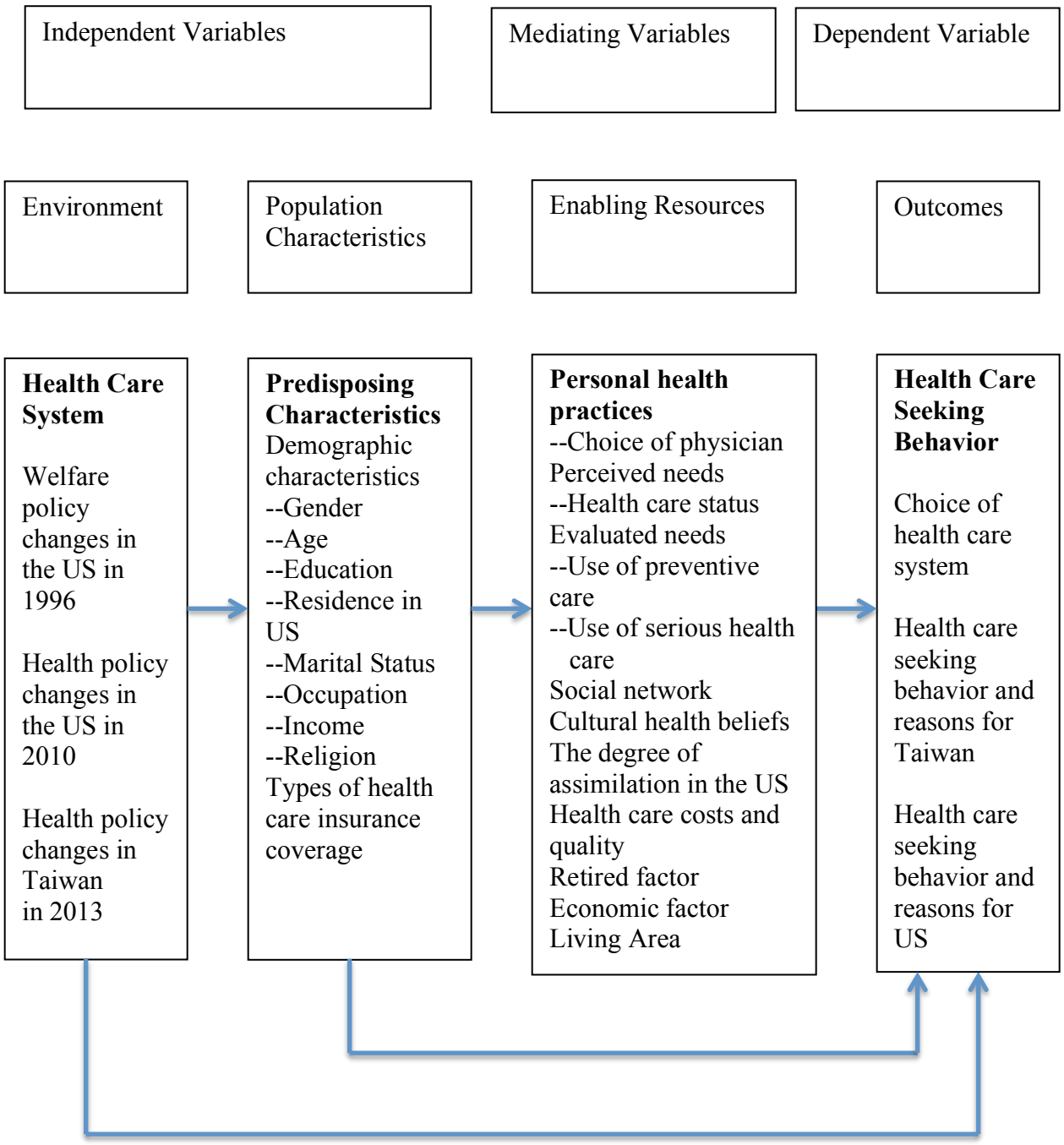
Waters and Jimenez (2005) used the core measurable aspects of assimilation to understand immigrant assimilation. The key variables of immigrant assimilation are socioeconomic standing, residential segregation, language use, and intermarriage. The first generation (the foreign-born) were less assimilated and less exposed to American life than were their American-born children (the second generation), and this was even more the case for their grandchildren (the third generation) who were increasingly like the core American mainstream than their parents. Applying this research to the current study, it is likely that older, first generation Taiwanese Americans will be less assimilated than their younger counterparts, and this will influence the decision about whether to return to Taiwan for health care.

3. Conceptual Framework

This study uses Taiwanese immigrants as the target population to understand their health seeking behaviors and their decision to return to Taiwan for health care or to

receive health care in the U.S. Based on Andersen's behavioral model of health services utilization and theories of assimilation, Taiwanese immigrants' health care seeking behavior could be illustrated by the pull and push factors associated with personal characteristics, environment factors, health care system, policy changes, and enabling resources including preference language use, costs of health care in the U.S. and in Taiwan, and the degree of assimilation for Taiwanese immigrants. The conceptual framework for the study is illustrated below in Figure 1.

Figure 1. The Conceptual Framework



CHAPTER 4. METHODS

This study employs largely quantitative methods to understand the factors -- demographic characteristics; policy changes; health beliefs; and the degree of assimilation -- to address the relationship between recent welfare and health policy changes on the health seeking behaviors of Taiwanese immigrants residing in the United States. The principal component of the research analyzes responses to a structured survey that I have distributed by mail, online or personally administered to 583 Taiwanese immigrants residing in the United States who meet the study criteria. The survey contains a mix of structured and open-ended responses that address the study's research questions and hypotheses. Logistic regression is the primary method I used to understand the association between health care policy changes and respondent decisions about where to receive health care. The principal dependent variable is the answer to the question: "Are you considering returning to Taiwan in next 2 years to receive health care under the 2nd NHIA?" The study sample was obtained through the Directors of the Cultural Center of Taipei Economic and Cultural Offices in the following areas: Boston, New York, Washington, D.C., Chicago, Houston, Los Angeles, and Seattle. In addition, I also interviewed 14 of the survey respondents in depth to gain a better understanding of their health seeking behavior. These qualitative interviews were used to complement the primary quantitative analysis.

1. Study Subjects

The quantitative survey sample consists of 583 Taiwanese immigrants who come from Taiwan and are currently residing in the United States. To participate in the study, participants had to meet the following criteria: a) be at least 40 years of age; b) come from Taiwan; c) are strongly considering returning to Taiwan for health care; d) have been to Taiwan for health care treatment covered by the Taiwan National Health Insurance or by personal private insurance; and e) have obtained permanent residency or US citizens in the United States. A convenience sample of 14 respondents who completed the survey and met study criteria participated in more in-depth interviews.

Research Questions

The following research questions guided the development of the survey questionnaire.

- What factors are associated with the decision of Taiwanese immigrants' residing in the United States to remain in the U.S for health care or to consider a return to Taiwan for health care under the new law (2nd NHIA)?
- To what extent does the degree of assimilation including English proficiency, and the length of staying in the US influence the health care decisions of Taiwanese immigrants?
- How well does Andersen's model of health care access apply when health care decisions involve two national health care systems?

- Are recent changes in health policy in the United States (Affordable Care Act) and Taiwan (2nd NHIA) understood by Taiwanese immigrants and, if so, to what extent are these policies related to their decision to seek health care in the United States or Taiwan?
- Are recent changes in health policy in the United States (Affordable Care Act) and Taiwan (2nd NHIA) understood by Taiwanese immigrants and, if so, to what extent are these policies related to their consideration of returning to Taiwan for health care purposes?

Research Hypotheses

The following hypotheses were developed based on the review of the literature and helped guide the study.

1. Taiwanese immigrants with lower incomes will be more likely to choose to return to Taiwan to receive health care than those with higher incomes.
2. The longer Taiwanese immigrants have been in the United States, the more likely they will choose to remain in the United States for health care.
3. Older Taiwanese immigrants will be more likely to stay in the United States for health care than younger Taiwanese immigrants.
4. Taiwanese immigrants who live in the Eastern United States will more likely to remain in the country for health care than Taiwanese immigrants who live in the Western States.

5. Those Taiwanese immigrants who are more understanding of welfare and policy changes for Taiwanese immigrants will be more likely to consider to return to Taiwan for health care under 2nd NHIA.
6. Taiwanese immigrants who have stronger cultural health beliefs are more likely to consider returning to Taiwan for health care under 2nd NHIA.
7. Taiwanese immigrants who have stronger social networks in Taiwan are more likely to consider returning to Taiwan for health care under 2nd NHIA.

Research Instruments

A survey questionnaire including both closed and open-ended questions was administrated to a sample of participants living in Boston, New York, Washington DC, Chicago, Houston, San Francisco, Los Angeles, and Seattle to explore their health utilization choices and decision-making and to assess their understanding of welfare and health policy changes. The surveys were conducted primarily by mail or online but some were conducted and distributed in-person. The survey questions were developed by the author to represent Andersen's health care model and incorporating assimilation theory. The survey also incorporated selected questions from the survey of the 10th Longitudinal Survey of Migrants to the U.S. from Taiwan, conducted by the Overseas Chinese Affairs Council (2012); additional questions were selected and revised from the Chicago Southeast Diabetes Community Action Coalition Form A.10 (Reviewed and Approved) "Access to Healthcare Questionnaire-Short Version". (Cited from http://www.uic.edu/jaddams/csdcac/REACH-forms/A10_Access-Ques-Short-REV.pdf, 2004). A copy of the survey questionnaire is included in Appendix A -- Informed

consent and survey questionnaire and Flyer A—Invitation for Survey. A copy of the qualitative interview guide is included in Appendix B -- Informed consent and interview questions and Flyer B—Invitation for Interview.

A summary of the variables included in the survey is shown in Table 1 below. The relation of the variables to the conceptual framework and also the origin of the variables (whether created by me or taken from other sources) is also shown.

Table 1. Variables Included in the Survey and Interview

Theoretical Construct	Variable Name	Description	Variables included in survey and interview	Source of Survey
	Dependent Variables			
Health Care Seeking Behavior	Choice of health care system	The choice of Taiwanese immigrants to return to Taiwan or remain in the US for health care.	Q19 Q20 Q21	Self-designed
		Strongly considering to return to Taiwan for health care	Q10 Q10-1	Self-designed
	Health care seeking behavior and reasons in Taiwan	Has returned to Taiwan for health care	Q7	Self-designed
		In the last five years, has ever returned to Taiwan for health care	Q9	Self-designed Open questions
	Health care seeking behavior and reasons in the United States	In the last five years, remain in the US for health care	Q10	Self-designed Open questions
	Independent Variables			
Environment				
Health Care System Welfare policy changes in the US in 1996	The understanding of welfare reform in 1996	The degree of understanding 5 years limit of PRWORA	Q2 Q5	Self-designed
		The effect of the 5 years limit of PRWORA in 1996	Q3	Self-designed Open questions

(to be continued)

Table 1. Variables Included in the Survey and Interview (continued)

Theoretical Construct	Variable Name	Description	Variables included in survey and interview	Source of Survey
Health policy changes in the US in 2010	The understanding of health care reform in 2010	The degree of understanding of the ACA	Q2-1	Self-designed
		The perceived benefits of ACA to respondents	Q4	Self-designed Open questions
Health policy changes in Taiwan in 2013	The understanding of Taiwan2nd NHIA in 2013 Eligibility for National health insurance	The degree of understanding 2nd NHIA Requirements: o At least 6 months residence for 2nd NHIA o Suspension of 2nd NHIA	Q2-3 Q2-4 Q2-5 Q2-6 Q2-7	Self-designed
		The eligibility of 2nd NHIA	Q5	Self-designed Open questions
Population Characteristics				
Predisposing Characteristics	Demographic characteristics	Gender, age, education, resident status in the US, come from Taiwan or not, stayed before 1996, marital status, occupation, income, religion	Q22, Q23, Q24, Q25, Q26, Q27, Q31, Q32, Q33 Q34	OCAC dept. of statistics (2011)

(to be continued)

Table 1. Variables Included in the Survey and Interview (continued)

Theoretical Construct	Variable Name	Description	Variables included in survey and interview	Source of Survey
Predisposing Characteristics	Types of Health Care Insurance Coverage	Types of health care received in the US: o Uninsured o Medicare, Medicaid, o Private health insurance Types of health care received in Taiwan: o Eligibility for 2nd NHIA o Pay privately to access health care in Taiwan Types of health care both received in the US and Taiwan: o Private international insurance policy in the US that lets you receive health care in Taiwan. o Other types of insurance	Q1 Q1-1 Q1-2, Q1-3 Q1-4 Q1-5 Q14 Q1-6 Q1-7	Self-designed
	Mediating Variables			
Enabling resources				
Personal health practices	Choice of physician	The preference to ask for Taiwanese doctor or an American doctor for medical treatment	Q15	Self-designed
Perceived health needs	Health care status	Self-health assessment	Q30	Self-designed

(to be continued)

Table 1. Variables Included in the Survey and Interview (continued)

Theoretical Construct	Variable Name	Description	Variables included in survey and interview	Source of Survey
Evaluated health needs	Use of preventive care	The Health condition o Report of health examination	Q11-10	Self-designed
		Annual check-ups: o Annual check-ups in US o Annual check-ups in Taiwan	Q19	Self-designed Open questions
		Annual dental health check-ups: o in Taiwan o in the US	Q20	Self-designed Open questions
	Use of serious health care	Serious health care treatment (Cancer or surgery)	Q21	Self-designed Open questions
	Social network	Job factors in Taiwan	Q8-5	Self-designed
		Job factors in the US	Q11-6	
		Retired in Taiwan	Q11-7	
		Retired in the US	Q8-6	
		Family support system o Family or relatives in Taiwan	Q8-7,	
		o Family or relatives in the US	Q11-8	
	Cultural health beliefs	Nostalgia about Taiwan	Q8-9	Self-designed
		A sense of trust with Taiwanese doctor	Q8-3	
		A sense of trust with American doctor	Q11-5	
		Language preference to communicate with the doctor in the US	Q16	Referenced from Chicago Southeast Diabetes Community Action Coalition Form A.10 (2004)

(to be continued)

Table 1. Variables Included in the Survey and Interview (continued)

Theoretical Construct	Variable Name	Description	Variables included in survey and interview	Source of Survey
	The degree of assimilation in the US	Length of staying in the US	Q28	Self-designed
		English proficiency	Q29, Q11-9	
		Native language use	Q8-8	
		Intermarriage	Q29-1	
	Health care costs and quality	Taiwan health care is cheaper compared to the US	Q8-4	Self-designed
		Health care quality in Taiwan	Q8-2	
		Coverage by Taiwan 2nd HNIA	Q8-1	
		Obama health care reform	Q11-1	
		US Medicare	Q11-2	
		US Medicaid	Q11-3	
		The quality of health care in the US	Q11-4	
	Retirement	Considering to return to Taiwan to live after retired in the US	Q12	Self-designed
	Annual per capita spending on health care	Annual spending on health care in the US	Q17	Self-designed
		Annual spending on health care in Taiwan	Q18	
	Location of residence	Taiwanese immigrants live in US east, central, and west	Q35	Self-designed

Note. Q 3, Q4, Q5, Q9, Q10, Q19, Q20, and Q21 are open questions in the survey and also were asked in the in-person interviews conducted.

2. Data Collection for the Quantitative Survey

Pre-Test for Survey

Before the surveys were distributed by the Directors of TECO, the researcher went to the Culture Center of TECO office in Boston and asked for seven Taiwanese immigrants who met study criteria who would be able to fill out the pre-test survey. The first pre-test was on June 2, 2013. Comments from these respondents helped me to revise the survey questions. The final survey questionnaire was written in English and includes a translation in Traditional Chinese (Mandarin).

Survey Distribution and Completion

The Institutional Review Board (IRB) at Boston University approved this research proposal on July 25, 2013. The online survey was conducted from July 26, 2013 to September 8, 2013. The mail survey and distributed survey occurred between July 27, 2013 and September 20, 2013.

The survey was conducted primarily by mail, online and distributed through agencies. In order to get enough and diverse Taiwanese-immigrant respondents who met study criteria in the East, Central and West, I contacted the Culture Center of Taipei Economic and Cultural Offices (TECO) in the United States in Boston, New York, Chicago, Houston, Los Angeles and Seattle. The directors of the Cultural Center of TECO in the above six areas are familiar with and in close contact with the major Taiwanese associations in each area; for example, some local affiliates and associations for Taiwanese immigrants, churches, religion association and senior groups. I had

previously contacted all of the TECO directors and explained the purpose of the study and the study inclusion criteria, and the directors agreed to help me complete the study. Each director assured me that there are ample numbers of people in each area who met my study criteria.

Directors offered to help in a variety of ways: 1) to mail the survey to Taiwanese immigrants directly who meet study criteria, or to enlist the help of local Taiwanese associations and agencies in their areas to mail the survey to Taiwanese immigrants; 2) to email the link to the online survey (I provided the link to the survey) to prospective respondents who met the study criteria; and 3) to distribute printed copies of the questionnaire to local Taiwanese associations and agencies which would distribute them to Taiwanese immigrants who meet study inclusion criteria.

To be included in the analysis, respondents had to meet the following criteria:

1) The respondents must have agreed to participant in the survey by online or mail informed consent.
2) The respondents must self-report that they come from Taiwan before completing the survey.

The total number of surveys obtained for the quantitative analysis was 605. This included 64 completed mail surveys, 152 who completed the online survey, and 389 who completed the paper survey distributed by the directors of TECO and myself. Details on the collection of survey responses through each mode of administration are described below.

Mail Surveys

I distributed 200 questionnaires by mail in the areas represented by the Culture Center of Taipei Economic and Cultural Office (TECO) in Boston, New York, Chicago, Houston, and Los Angeles. The number of completed mail surveys totaled 64. The response rate for this mode of administration is 64/200, or 32%. Directors at each TECO mailed copies of the survey directly to Taiwanese immigrants in their areas or distributed the survey to area Taiwanese associations to mail copies of the survey to prospective participants who meet study inclusion criteria. Each survey that was mailed to a potential participant included the recruitment information, informed consent, and a self-addressed stamped envelope (SASE) so that the survey could be returned easily.

Online Surveys

The online survey questionnaire in English and Traditional Chinese was placed on the Boston University Qualtrics website. I distributed the link to access the survey to the directors of the Culture Centers of TECO. The directors directly sent the link to Taiwanese immigrants or sent the link to the local directors of Taiwanese-American associations in Boston, New York, Chicago, Houston, Los Angeles, and Seattle, which in turn emailed the survey link to prospective participants. Overall, 224 online surveys were distributed. Each potential participant in the online surveys was contacted up to 3 times, a one-time mailing of the survey and two reminder emails were sent to online participants with the link to the survey. Among 224 who started the online survey, 152 agree to participant in the survey and completed online survey within the period of survey,

so the online response rate is 152/224=67.8%. The email with the survey link included recruitment information and the online survey included a copy of the informed consent.

Distributed Surveys

In Boston, New York, Chicago, and Los Angeles, I arranged with the local TECO directors to personally distribute the survey questionnaire at the Culture Center of TECO and to members of local Taiwanese associations, churches and non-profit agencies. In some cases, respondents completed the survey using printed copies that I distributed when visiting a Taiwanese immigrants' association. In other cases, the agencies had Taiwanese immigrants complete the survey. In these cases, I worked with local agencies to be sure they understood the study inclusion criteria and agreed to send completed questionnaires back to me. The distributed surveys also clearly stated the study inclusion criteria. The agencies collected the completed questionnaires and mailed them back to me. In all cases, the printed questionnaire included the recruitment information, informed consent, and a return address so that the survey could be returned easily to me by the association or agency. Overall, I distributed 850 surveys in this way. A total of 389 printed surveys were completed, resulting in a response rate of 389/850=45.7%.

Missing Data

Of the 605 surveys obtained, 22 cases were deleted because of missing substantial data. In these cases, respondents answered less than 50% of questions on the survey or were missing responses to 17 or more questions in the survey. As a result, the total valid sample size for the quantitative study was 583 cases.

Several reasons for missing data were identified.

The Survey Instrument

1) Questionnaire design—some questions were difficult for some respondents to answer. For example, several questions asked respondents to rate the importance of an item the question "I have a new job in Taiwan". However, a review of surveys where these data were missing suggests that respondents who did not have jobs in Taiwan did not think it was necessary to address the importance ratings. Another question, "My health condition would not allow me to take a long flight" also resulted in cases where respondents did not answer the importance ratings.
2) Over 10% of the cases with missing values were due to two questions: "I am retired from a Job in Taiwan" (missing n= 65, 11.1%) and "What is your current annual income (in USD)?" (missing n=60, 10.3%). It is possible that respondents did not know how to answer these questions or were reluctant to answer them. In my qualitative interviews, I learned that respondents were reluctant to answer personal questions about their work status and income.
3) Surveys printed on both sides – some respondents did not complete questions on the reverse page.
4) Some respondents became tired or did not have the patience to complete the survey.

Analyzing Missing Data

Within the 583 cases included in the quantitative study, a detailed analysis of the missing data was conducted. For each variable that contained missing data, a comparison

was made between respondents who were missing data for the variable with respondents with completed data. All bivariate analyses were repeated with missing cases and compared with the bivariate results based on completed cases. These data (not shown) revealed no significant differences between respondents who were missing data and those who had completed surveys. To analyze the effect of missing data on the final logistics regression, mean imputation and multiple imputation methods were used. Missing data in category variables were recoded as a new category or combined into the "other" item (Allison P., 2002; Graham, J.W., 2012). Results for these analyses showed that the analysis with imputed data were highly comparable to the analysis based on the completed cases with similar significance on the same variables. For this reason, the bivariate and multivariate presented in this dissertation are based on the 583 completed cases.

3. Data Collection for Qualitative Interviews

In order to better understand the reasons for respondent answers on the survey, I selected 14 Taiwanese immigrants who completed the survey for personal interviews. The purpose of these open-ended interviews was to gain more insight into the primary research question of how changing health and welfare policy in the U.S. and Taiwan may influence the choice of Taiwanese immigrants to receive health care in the United States or in Taiwan. Selected respondents had to have completed the survey first and after they had given their consent for interview. I conducted in-person interviews in Boston, New York, New Jersey, Chicago, and Los Angeles where the researcher had personal connections with the local Taiwanese associations and agencies. They were randomly

selected from non-profit organizations, Taiwanese restaurants and culture centers of TECO in Boston, New York and Los Angeles. I also received an email from one Taiwanese immigrant who completed the mail survey and was living in Houston; but who asked to be interviewed by phone.

The total number of interviews conducted was 14. Of these14 Taiwanese immigrants, eight are male, six are female; three are living in San Francisco, six are living in New York, one is living in Chicago, one is living in New Jersey, one is living in Los Angeles, one is living in Houston, and one is living in Boston. A description of the interviewees is shown in Table 2.

Table 2. Description of Interviewee's Characteristics

No	Gender	Area	Age	Job
I01	Female	San Francisco	50-60 years old	A director of non-profit association
I02	Female	San Francisco	50-60 years old	An employee of non-profit association
I03	Male	New York City	50-60 years old	A director of senior center
I04	Male	New York City	50-60 years old	Unknown
I05	Male	New York City	60-70 years old	A Buddhist volunteer
I06	Female	Chicago	50-60 years old	A part-time worker at restaurant
I07	Female	San Francisco	60-70 years old	A principal
I08	Male	New York State	50-60 years old	An engineer
I09	Male	New Jersey	50-60 years old	An researcher in University lab
I10	Male	New York City	101 years old	A veteran from Taiwan
I11	Female	New York City	50-60 years old	A manager at insurance company
I12	Male	Los Angeles	50-60 years old	Unknown
I13	Male	Houston	50-60 years old	A small business owner
I14	Female	Boston	60-70 years old	A retired nurse in the U.S.

4. Data Analysis

Survey data was coded and entered in SPSS software for analysis. Descriptive and bivariate statistics were conducted for all variables in the study, including as

appropriate, frequency, percentages, mean, standard deviation, Chi-square and ANOVA. The major analysis conducted was a logistics regression to address the key study questions and hypotheses listed above. To better understand the rationale and decision-making process that respondents give for their health care choices, I reviewed the 14 qualitative interviews and open-ended responses on the surveys and reviewed answers to key questions and variables.

5. Human Subjects

The protection of human subjects was a priority in this study. Strict guidelines for volunteer confidentiality were adhered to. The Institutional Review Board (IRB) at Boston University approved this research proposal on July 25, 2013. Access to the qualitative interview data and survey results were restricted: I did not allow others access to the dataset. In the survey and interviews, respondents were treated fairly and ethically as described by Boston University IRB guidelines. All of the questions and procedures were reviewed by the Boston University CRC (CRC IRB). Due to the nature of the subject of health policy changes, there may be topics and questions that may evoke strong emotions. In order to reduce discomfort to respondents, respondents were informed that they may choose not to answer any question, and could terminate the survey or interview at any time. Although it was not necessary, I had prepared a list of local Taiwanese immigrant associations if respondents asked about resources. All data were coded to prevent any identifying information from being revealed and all survey responses were kept confidential, stored in a locked cabinet, and were only accessible to myself.

CHAPTER 5.

DESCRIPTIVE FINDINGS OF SAMPLE PARTICIPANTS

This chapter presents descriptive statistics for the survey responses. In the first section, demographic information about the sample respondents is presented. In the second part, descriptive statistics are presented for the other independent variables -- including types of health insurance, health care system, the effects of health policy changes; the mediating variables – including possible reasons for health care choice for Taiwan and for the United States, frequency returning to Taiwan and for health care, language and ethnic doctor preference, and the dependent variable --whether respondents are strongly considering returning to Taiwan for health care under 2nd NHIA.

1. Sample Description

The sample for the study consists of 583 Taiwanese immigrants who are residing in the United States. The sample demographic information is described in Table 3. These independent variables represent predisposing characteristics in Andersen's theory of health care access (see Figure 1). Of all sample respondents, 60.5% are women, 38.3% are men. The age distribution of the sample indicates that 35.3% are 50-59 years, 31.9% are 60-69 years, 14.6% are above 70 years old. In terms of educational level, the sample is well-educated: 44.3% of the sample has a college or university degree; 32.6% have a Master's degree, and 10.6% have a Doctorate degree. Overall, 90.4% are U.S citizens; and 7.9% have permanent resident status in the United States. Almost all (95.4%) of the respondents or their parents (either one) come from Taiwan. In terms of

their length of stay in the U.S., 82.5% of respondents have lived in the United States since before 1996. Overall, 35.3% have remained in the United State between twenty and twenty-nine years; and 31.9% have lived in the United States for 30-39years; and 12.5% have been in the United States for over 40 years.

In terms of English proficiency, 38.8% self-report that they speak English "OK", 37.6% self-report that their spoken English is "Good". In terms of their self-assessed of their health status, 33.3% described their health as "Good"; and 30.5% described their health as "Very Good." Overall, 83% of respondents are married and, among the married, 58.1% of respondents' spouses are ethnic Taiwanese, 14.9% respondents' indicated that their spouse is ethnic Chinese, and only 4.1% respondents' spouses are non-ethnic Taiwanese and Chinese. When asked about their work status, 36.7% of respondents reported they are "employees" or still working, and 33.6% are "retired". Although some respondents did not answer the question of "income" with 10.3% of cases with missing data, 18.2% answered their annual income is "less than USD $10,000", 12.9% has "100,000-149,999", and 12.0% has "50,000-74,999". The majority of respondents are "Buddhist" with 36.4% and 30.7% are "Christian." Most are of respondent live in "New York and New Jersey" (29.8%); 22.8% of respondents live in Los Angeles, and 16.5% live in the Chicago area.

Table 3. Description of Respondent's Demographic Characteristics

Respondent's Demographic Characteristics	**Respondents**	**Percentage**
What is your gender?	Respondents	Percentage
Male	223	38.3%
Female	353	60.5%
Missing	7	1.2%
Total	583	100.0%
What is your age?		
Under 20	0	0%
20 -29	2	0.3%
30-39	11	1.9%
40-49	91	15.6%
50-59	206	35.3%
60-69	186	31.9%
Above 70	85	14.6%
Missing	2	0.3%
Total	583	100%
What is your level of education?		
No formal schooling	3	0.5%
Grades 1-8	10	1.7%
Grades 9-12	53	9.1%
College /university	258	44.3%
Master	190	32.6%
Doctorate	62	10.6%
Missing	7	1.2%
Total	583	100%
What is your current resident status?		
U.S. Citizen	527	90.4%
Permanent resident	46	7.9%
Non-permanent resident	6	1.0%
Missing	4	0.7%
Total	583	100%
Do you or your parents (either one) come from Taiwan?		
Yes	556	95.4%
No	22	3.8%
Missing	5	0.8%
Total	583	100%
Have you lived in the United States since before 1996?		
Yes	481	82.5%
No	96	16.5%
Missing	6	1.0%
Total	583	100%

(to be continued)

Table 3. Description of Respondent's Demographic Characteristics (continued)

Respondent's Demographic Characteristics	Respondents	Percentage
How many years have you stayed in the United States?		
Under 9 years	31	5.3%
10-19 years	87	14.9%
20-29 years	206	35.3%
30-39 years	186	31.9%
Above 40 years	73	12.5%
Total	583	100%
How well do you speak English?		
Not at all	2	0.3%
Not well	33	5.7%
OK	226	38.8%
Good	219	37.6%
Very Well	93	16.0%
Missing	10	1.7%
Total	583	100%
How would you describe your health?		
Poor	13	2.2%
Fair	122	20.9%
Good	194	33.3%
Very good	178	30.5%
Excellent	68	11.7%
Missing	8	1.4%
Total	583	100%
What is your marital status?		
Married: Ethnicity of your spouse:	484	83.0%
Single	28	4.8%
Divorced	31	5.3%
Widow/er	37	6.3%
Missing	3	0.5%
Total	583	100%
Married: Ethnicity of your spouse		
Ethnic Taiwanese	339	58.1%
Ethnic Chinese	87	14.9%
Non-Ethnic Taiwanese and Chinese	24	4.1%
No spouse	133	22.8%
Total	583	100%
In your job, which response best describes you?		
Employer with employees	72	12.3%
Business owner or in a partnership with no employees	39	6.7%
Employee	214	36.7%
Assigned overseas by business or government in Taiwan	5	0.9%
Unpaid family business worker	47	8.1%
Retired	196	33.6%
Missing	10	1.7%
Total	583	100%

(to be continued)

Table 3. Description of Respondent's Demographic Characteristics (continued)

Respondent's Demographic Characteristics	Respondents	Percentage
What is your current annual income (in USD)?		
Less than 10,000	106	18.2%
10, 000-14,999	32	5.5%
15, 000-24,999	45	7.7%
25, 000-34,999	42	7.2%
35, 000-49,999	50	8.6%
50, 000-74,999	70	12.0%
75, 000-99,999	53	9.1%
100,000-149,999	75	12.9%
150,000-199,999	23	3.9%
200,000 or more	27	4.6%
Missing	60	10.3%
Total	583	100%
What is your religion?		
None	155	26.6%
Buddhist	212	36.4%
Christian	179	30.7%
Catholic	17	2.9%
Muslim	0	0%
Other	6	1.0%
Missing	14	2.4%
Total	583	100%
Which city/area do you live in now?		
Boston	50	8.6%
New York (including New Jersey)	174	29.8%
Washington, DC	11	1.9%
Chicago	96	16.5%
Houston (including Dallas)	62	10.6%
San Francisco and Seattle	39	6.7%
Los Angeles	133	22.8%
Other	16	2.7%
Missing	2	0.3%
Total	583	100%

2. Other Independent Variables

Current Types of Health Insurance

As the Table 4 below shows, 61.4% of respondents' current health care insurance is "private health insurance in the United States"; 30.2% of respondents use Medicare, and 23% of respondents are members of the National Health Insurance in Taiwan.

Table 4. Description of Respondent's Current Health Care Insurance

What types of health care insurance do you have now? (Please check the insurance that you have and check all that apply)	**Respondents**	**Percentage**
None	27	4.6%
Medicare	176	30.2%
Medicaid	30	5.1%
Private health insurance in the US	358	61.4%
National Health Insurance in Taiwan	134	23.0%
Private international insurance policy in the US that lets you receive health care in Taiwan	16	2.7%
Other (please describe)	29	5.0%
(N=583)		

Environment –Health Care System

Several other environmental variables were included to assess the effects of health policies in the U.S. and Taiwan. These questions were included to understand the effect of welfare and health policy changes for Taiwanese immigrants including welfare reform in 1996, the Affordable Care Act in 2010 and Taiwan 2nd NHIA in 2013. As shown in Table 5 below, only 3.1% of respondents answered that they are been affected by the five years residency requirement of the welfare reform legislation in 1996. Approximately 14% of respondents think the Affordable Care Act will benefit them. Finally, 12.3% of

respondents reported that their eligibility for health care maybe affected by the 2nd NHIA in Taiwan.

Table 5. Description of Independent Variables

	Respondents	Percentage
Effect of Welfare and Health Policy Changes		
Have you been affected by changes in U.S. welfare reform law in 1996 that requires immigrants to stay in the US for at least 5 years before receiving Medicare or Medicaid?		
Yes	18	3.1%
No	426	73.1%
Don't Know	131	22.5%
Missing	8	1.4%
Total	583	100.0%
Do you think that the health care you receive will be improved because of the Affordable Care Act (Obama Care)?		
Yes	80	13.7%
No	239	41.0%
Don't Know	258	44.3%
Missing	6	1.0%
Total	583	100.0%
Have you affected by any of the changes in eligibility in the 2nd NHIA?		
Yes	72	12.3%
No	258	44.3%
Don't Know	246	42.2%
Missing	7	1.2%
Total	583	100.0%

Understanding of Welfare and Policy Changes

To assess respondents' understanding of welfare and policy changes, I included several items designed to assess the respondents' understanding of the policy changes in 1996, Affordable Care Act in 2010, and Taiwan 2nd National Health Insurance Act in 2013. The questions included: (1) U.S. welfare reform law in 1996 that requires immigrants to stay in the US for at least 5 years before receiving Medicare or Medicaid; (2) President Barack Obama's health care reform law that was passed in 2010; (3) Taiwan's 2nd generation National Health Insurance Act (2nd NHIA) that was

implemented on January 1, 2013; (4) The New requirement in 2nd NHIA that requires those who have previously subscribed to this Insurance within the last two years and have a registered domicile in Taiwan, or having established a registered domicile for at least six consecutive months in Taiwan prior to subscription of this Insurance; (5) The New requirement in 2nd NHIA that requires a foreign person to spend at least 6 months of residency in Taiwan before being allowed to receive health care; (6) The New requirement in 2nd NHIA that requires people who stay overseas for more than six months to apply for a temporary suspension.; and (7) The New requirement in 2nd NHIA that any person who has applied for a temporary suspension has to wait and pay three monthly payments before he/she can re-apply for another temporary suspension of NHIA payments.

Table 6 below shows the items, mean and standard deviations. The highest mean of understanding health policy changes is "Affordable Care Act in 2010" (Mean= 3.76, SD=1.300). The second highest mean is " The 5 years residency of welfare reform in 1996 " (Mean 3.39, SD= 1.532), and the third is "New requirements for the suspension of Taiwan 2nd NHIA" (Mean= 3.37, SD=1.589).

Table 6. Description of Understanding of Welfare and Health Policy Changes

Never heard	Do Not understand at all	Understand only a little	Moderate Understanding	Pretty good Understanding	Fully Understanding	Missing	Total (%)	Mean	SD
1) U.S. welfare reform law in 1996 that requires immigrants to stay in the US for at least 5 years before receiving Medicare or Medicaid.									
79	92	135	139	58	73	7	583	3.39	1.532
13.6%	15.8%	23.2%	23.8%	9.9%	12.5%	1.2%	100.0%		
2) President Barack Obama's health care reform law (also known as the Affordable Care Act or Obama care) that was passed in 2010.									
21	75	153	175	84	71	4	583	3.76	1.300
3.6%	12.9%	26.2%	30.0%	14.4%	12.2%	0.7%	100.0%		
3) Taiwan's 2nd generation National Health Insurance Act (2nd NHIA) that was implemented on January 1, 2013.									
78	141	143	118	57	42	4	583	3.11	1.423
13.4%	24.2%	24.5%	20.2%	9.8%	7.2%	0.7%	100.0%		
4) New requirement in 2nd NHIA that requires those who have previously subscribed to this Insurance within the last two years and have a registered domicile in Taiwan, or having established a registered domicile for at least six consecutive months in Taiwan prior for enrollment in the Insurance.									
78	117	110	140	81	55	2	583	3.33	1.510
13.4%	20.1%	18.9%	24.0%	13.9%	9.4%	0.3%	100.0%		
5) New requirement in 2nd NHIA that requires a foreign person to spend at least 6 months of residency in Taiwan before being allowed to receive health care.									
77	117	116	134	75	59	5	583	3.33	1.517
13.2%	20.1%	19.9%	23.0%	12.9%	10.1%	0.9%	100.0%		
6) New requirement in 2nd NHIA that requires people who stay overseas for more than six months to apply for a temporary suspension.									
83	115	110	117	80	72	6	583	3.37	1.589
14.2%	19.7%	18.9%	20.1%	13.7%	12.3%	0.1%	100.0%		
7) New requirement in 2nd NHIA that any person who has applied for a temporary suspension has to wait and pay three monthly payments before he/she can re-apply for another temporary suspension of NHIA payments.									
97	143	102	111	71	48	11	583	3.10	1.539
16.6%	24.5%	17.5%	19.0%	12.2%	8.2%	1.9%	100.0%		

Possible Reasons for Returning to Taiwan for Health Care

I included several items in the study to measure the respondents' ratings of the importance of the possible reasons for Taiwanese immigrants returning to Taiwan for health care. These items include: (1) Coverage by Taiwan 2nd National Health Insurance Act (2nd NHIA); (2) The quality of Taiwan's medical care; (3) I trust Taiwanese doctors more than American doctors; (4) Taiwan's health care is cheaper compared to health care in the United States; (5) I have a new job in Taiwan; (6) I retired from my job in the U.S.; (7) Family or relatives in Taiwan; (8) Fluent in Mandarin, Taiwanese or Hakka; and (9) Nostalgia to return to Taiwan. The description of the items and descriptive statistics for the items is shown in Table 7. As Table 7 shows, the top four highest mean of these possible reasons are "Taiwan health care is cheaper compared to health care in the United States" (Mean=4.06, SD= 1.260); "The quality of Taiwan medical care" (Mean=4.03, SD=1.197); "Family or relatives in Taiwan" (Mean=3.79, SD=1.409); "Fluent in Mandarin, Taiwanese or Hakka" (Mean=3.79, SD=1.398).

Table 7. Description of the Degree of Importance on Possible Reasons for Taiwanese Immigrants Returning to Taiwan for Health Care

Not important	Less important	Moderate	Important	Very important	Missing	Total	Mean	SD
1) Coverage by Taiwan 2nd National Health Insurance Act (2nd NHIA)								
85	59	90	149	190	10	583	3.52	1.418
14.6%	10.1%	15.4%	25.6%	32.6%	1.7%	100.0%		
2) The quality of Taiwan medical care								
47	21	58	190	261	6	583	4.03	1.197
8.1%	3.6%	9.9%	32.6%	44.8%	1.0%	100.0%		
3) I trust Taiwanese doctors more than American doctors								
83	52	195	137	107	9	583	3.23	1.266
14.2%	8.9%	33.4%	23.5%	18.4%	1.5%	100.0%		
4) Taiwan health care is cheaper compared to health care in the United States								
51	30	49	156	295	2	583	4.06	1.260
8.7%	5.1%	8.4%	26.8%	50.6%	0.3%	100.0%		
5) I have a new job in Taiwan								
334	76	61	42	46	24	583	1.91	1.320
57.3%	13.0%	10.5%	7.2%	7.9%	4.1%	100.0%		
6) I retired from my job in the U.S.								
221	54	91	88	107	22	583	2.65	1.574
37.9%	9.3%	15.6%	15.1%	18.4%	3.8%	100.0%		
7) Family or relatives in Taiwan								
76	36	74	130	256	11	583	3.79	1.409
13.0%	6.2%	12.7%	22.3%	43.9%	1.9%	100.0%		
8) Fluent in Mandarin, Taiwanese or Hakka								
73	34	86	121	253	16	583	3.79	1.398
12.5%	5.8%	14.8%	20.8%	43.4%	2.7%	100.0%		
9) Nostalgia to return to Taiwan								
85	45	132	116	185	20	583	3.48	1.406
14.6%	7.7%	22.6%	19.9%	31.7%	3.4%	100.0%		

Possible Reasons for Remaining in the United States for Health Care

Table 8 below shows items included in the study that examine possible reasons for Taiwanese immigrants remaining in the United States for health care. These items include: (1) Because of President Obama's new health care reform; (2) Because I receive Medicare; (3) Because I receive Medicaid; (4) The quality of the US health care; (5) I trust my American doctor; (6) I have a job in the U.S.; (7) I am retired from a job in Taiwan; (8) Family or relatives in the U.S.; (9) Fluent in English; and (10) My health condition does not allow me to take a long flight. As Table 8 shows, the five highest mean of these possible reasons are "The quality of the US health care" (Mean=3.95, SD=1.064); "I trust my American doctor" (Mean=3.69, 1.087); "Family or relatives in the United States" (Mean=3.87, SD=1.320); "Because I receive Medicare" (Mean=3.43, SD=1.597), and "I have a job in the U.S "(Mean=3.43, SD=1.589).

Table 8. Description of the Degree of Importance on Possible Reasons for Taiwanese Immigrants Remaining in the United States for Health Care

Not important	Less important	Moderate	Important	Very important	Missing	Total	Mean	SD
1) Because of President Obama's new health care reform								
105	90	188	76	93	31	583	2.93	1.317
18.0%	15.4%	32.2%	13.0%	16.0%	5.3%	100.0%		
2) Because I receive Medicare								
128	40	81	90	225	19	583	3.43	1.597
22.0%	6.9%	13.9%	15.4%	38.6%	3.3%	100.0%		
3) Because I receive Medicaid								
260	53	80	52	86	52	583	2.34	1.542
44.6%	9.1%	13.7%	8.9%	14.8%	8.9%	100.0%		
4) The quality of the US health care								
23	19	139	166	218	18	583	3.95	1.064
3.9%	3.3%	23.8%	28.5%	37.4%	3.1%	100.0%		
5) I trust my American doctor								
26	40	170	173	153	21	583	3.69	1.087
4.5%	6.9%	29.2%	29.7%	26.2%	3.6%	100.0%		
6) I have a job in the U.S.								
130	34	64	120	207	28	583	3.43	1.589
22.3%	5.8%	11.0%	20.6%	35.5%	4.8%	100.0%		
7) I am retired from a job in Taiwan								
339	44	66	31	38	65	583	1.81	1.284
58.1%	7.5%	11.3%	5.3%	6.5%	11.1%	100.0%		
8) Family or relatives in the U.S.								
62	25	80	148	244	24	583	3.87	1.320
10.6%	4.3%	13.7%	25.4%	41.9%	4.1%	100.0%		
9) Fluent in English								
63	49	175	144	130	22	583	3.41	1.248
10.8%	8.4%	30.0%	24.7%	22.3%	3.8%	100.0%		
10) My health condition does not allow me to take a long flight								
294	66	85	55	38	45	583	2.03	1.323
50.4%	11.3%	14.6%	9.4%	6.5%	7.7%	100.0%		

3. Mediating Variables

Several questions were developed for the study to represent mediating variables. The items, item means and standard deviations are listed in Table 9 and described below.

Returning to Taiwan and for Health Care

As Table 9 shows, only 10.5% of respondents answered that they had not returned to Taiwan within the last five years, while 29.7% of respondents had returned to Taiwan 5 or more times. Overall, 63.6% of respondents said they have not returned to Taiwan for health care within the last five years, but 34.7% stated they had returned to Taiwan for health care within the last five years.

Considering Returning Taiwan to Live After Retirement in the U.S.

As shown in Table 9, 21.8% of the respondents who answered "Yes" to the question of "Considering returning Taiwan to live after retired in the U.S."; 28.5% answered "Maybe" on this question, indicating that over 70.7% of respondents are considering returning Taiwan to live after they have retired in the U.S.

Returning to Taiwan for Health Care Paid by Own Expenses

Overall, 25.0% of respondents answered "Yes" to the question of "returning Taiwan for health care paid by their own money", and 35.5 % answered "Maybe". Combined, this shows that 60.5% of respondents are considering returning to Taiwan for health care at their own expense.

Preference for Taiwanese or American doctor

When asked about their preference for a Taiwanese or American doctor, 44.8% of respondents preferred to seek health care from an Ethnic Taiwanese/Chinese doctor and only 10.3% of respondents preferred to receive care from an American doctor (Table 9). There were also 44.8% of respondents who had no ethnic preference for a doctor for health care.

Preferred Language to Communicate with Doctor

In a question about their preferred language to communicate with their doctor, 48.2% of respondents stated they had no preferred language and could speak both Taiwanese/Chinese and English with their doctor. But also 42.7% of respondents preferred to speak to their doctor in Taiwanese/Chinese (see Table 9).

Annual Per Capita Spending on Health Cost in the United States and in Taiwan

Overall, 38.8% of respondents' annual spending health cost in the United States is USD $1,000-4,999, and 41.7%of respondent's annual spending health cost in Taiwan is under USD $1,000. Also, 47.5% of respondents said they never returned to Taiwan for health care.

Location for Regular Check-up, Dental Care and Surgery for Serious Medical Condition

When respondents were asked where they have their regular health check-up, 52.1% answered that they have their regular health check-up in the United States; 21.8% stated they receive their regular health care in Taiwan, and 25.2 % answered, "It depends". Overall, 52.8% of respondents indicated that they have dental treatment in the United States; 22.8% in Taiwan, 24.4 % answered, "It depends". Most respondents

(53.5%) answered that they would have surgery for a serious medical condition in the United States; 13.2% answered that they would have surgery in Taiwan, and 32.8 % answered, “It depends”.

Table 9. Description of Mediating Variables

Description of Mediating Variables	Respondents	Percentage
How many times have you returned to Taiwan in the last five years？		
None	61	10.5%
Once	88	15.1%
2 times	104	17.8%
3 times	94	16.1%
4 times	56	9.6%
5 or more times	173	29.7%
Missing	7	1.2%
Total	583	100.0%
How many times have you returned to Taiwan for health care in the last five years？		
None	371	63.6%
Once	60	10.3%
2 times	54	9.3%
3 times	28	4.8%
4 times	15	2.6%
5 or more times	45	7.7%
Missing	10	1.7%
Total	583	100.0%
Are you considering returning to Taiwan to live after you get retired in the United States?		
Yes	127	21.8%
No	166	28.5%
Maybe	285	48.9%
Missing	5	.9%
Total	583	100%
If you were not eligible for coverage in Taiwan under the 2nd NHIA, would you consider paying for your health care in Taiwan with your own money?		
Yes	146	25.0%
No	191	32.8%
Maybe	207	35.5%
Missing	39	6.7%
Total	583	100%
When you have a health problem in the United States, do you prefer to have an ethnic Taiwanese/Chinese doctor or an American doctor?		
Ethnic Taiwanese/Chinese doctor	261	44.8%
American doctor	60	10.3%
No preference	261	44.8%
Missing	1	0.2%
Total	583	100%

(to be continued)

Table 9. Description of Mediating Variables (continued)

Description of Mediating Variables	Respondents	Percentage
In what language do you prefer to speak to your doctor?		
Taiwanese/ Chinese	249	42.7%
English	48	8.2%
Both Taiwanese/Chinese and English	281	48.2%
Other	1	.02%
Missing	4	0.7%
Total	583	100%
On average, how much is your annual spending on your health care cost (including insurance, deductible, and medicine) in the United States?		
Less than $1,000 (in US dollar)	204	35.0%
1, 000-4,999	226	38.8%
5, 000-9,999	91	15.6%
10, 000-14,999	30	5.1%
15, 000-19,999	14	2.4%
Above 20, 000	10	1.7%
Missing	8	1.4%
Total	583	100%
On average, how much is your annual spending on your health cost (including insurance, deductible, and medicine) in Taiwan? (If you have ever returned to Taiwan for health care.)		
Less than $1,000 (in US dollar)	243	41.7%
1, 000-4,999	30	5.1%
5, 000-9,999	5	0.9%
10, 000-14,999	1	0.2%
15, 000-19,999	1	0.2%
Above 20, 000	0	0%
None, I never returned to Taiwan for health care.	277	47.5%
Missing	26	4.5%
Total	583	100%
If you needed to see a doctor for regular check-up or a minor health problem, where do you go?		
Taiwan	127	21.8%
The United States	304	52.1%
Depends	147	25.2%
Missing	5	0.9%
Total	583	100%
If you needed to see a dentist for a dental treatment, where do you go for health care?		
Taiwan	133	22.8%
The United States	308	52.8%
Depends	142	24.4%
Total	583	100%
If you needed surgery for a serious medical condition (e.g., cancer or heart surgery), where would you go for health care?		
Taiwan	77	13.2%
The United States	312	53.5%
Depends	191	32.8%
Missing	3	0.5%
Total	583	100%

4. Dependent Variable

The dependent variable is Taiwanese immigrants' health care choice to receive health care in Taiwan under second generation National Health Insurance Act (2nd NHIA). Two questions on the survey relate to the dependent variable. One question asks: "Are you considering returning to Taiwan in next 2 years to receive health care under the 2nd NHIA?" Overall, 33.4% of respondents said "Yes" to this question; 26.9% responded "Maybe" and 38.4% of respondents answered "No" to this question. Among the respondents who answered, "Yes" and "Maybe", 18.5% are "very strongly considering it"; 29.0% stated "I am thinking about it but haven't made up my mind", 10.6% of them "have thought about it but don't think I'll do it". The answers to these questions are shown in Table 10 below.

Table 10. Description of Dependent Variable

	Respondents	Percentage
Are you considering returning to Taiwan in next 2 years to receive health care under the 2nd NHIA?		
Yes	195	33.4%
No	224	38.4%
Maybe	157	26.9%
Missing	7	1.2%
Total	583	100.0%
If "Yes" or "Maybe", how strongly have you considered returning to Taiwan for health care?		
I'm very strongly considering it.	108	18.5%
I'm thinking about it but haven't made up my mind.	169	29.0%
I've thought about it but don't think I'll do it	62	10.6%
No	224	41.9%
Total	583	100.0%

I created the dependent variable used in the quantitative analysis from the second of these questions, and recoded a dichotomous dependent variable as follows: 1= *Strongly or actively thinking about considering returning to Taiwan for health care under*

2nd NHIA (n=277, 47.5%), and 0= *NOT considering returning to Taiwan for health care under 2nd NHIA (n=286, 52.5%).*

5. Summary

In this study, the Taiwanese immigrants included in the sample are mostly legal immigrants, women, with college or university degrees, who have lived in the United States for over 20 years. Overall, 13.7% of respondents think the ACA would be beneficial to them; 12.3% of respondents reported that their health care eligibility may be affected by the 2nd NHIA. Interestingly, 47.5% of respondents indicated they are strongly considering or actively thinking about returning to Taiwan for health care. In the following chapter, I will use the bivariate statistics and multivariate logistic regression to analyze the relation between the respondents' characteristics and possible reasons for health care in Taiwan or in the United States.

CHAPTER 6.

BIVARIATE AND LOGISTIC REGRESSION RESULTS

The first section of this chapter shows the results of bivariate analyses, including Chi-square analyses and one-way ANOVA tests, to determine significant relationships between the independent and mediating variables and the dependent variable --strongly or actively thinking about considering returning to Taiwan for health care under 2nd NHIA. The second section of the chapter shows the results of multivariate logistic regression analyses to identify significant predictors of the respondents' decision to return to Taiwan for health care.

1. Bivariate Results

This section discusses the results of bivariate analyses between the independent and mediating variables in the study and the dependent variable. All significant variables are included in the logistic regression analyses.

Types of Health Insurance Coverage in U.S. and Taiwan

As shown in Table 11 below, the respondents' type of health care insurance influenced their decision to return to Taiwan to receive health care under 2nd NHIA. For example, of the 358 respondents who reported they do have health insurance in the United States, a smaller percentage of respondents indicated they are they are strongly considering returning to Taiwan for health care (43.9% compared to 53.3%) who said they are not considering returning to Taiwan for health care. Similarly, among all

respondents who said they have national health insurance in Taiwan (N=134), 72.4% stated they are strongly considering returning to Taiwan for health coverage compared to 40.1% of respondents who stated they are not considering returning. Other data not shown indicate that there was no significant difference between having no insurance in the U.S., having Medicare or Medicaid, and having an insurance policy that allows respondents to receive health care in either the U.S. or Taiwan.

Table 11. Descriptive and Bivariate Statistics

	1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%)
None insurance in the U.S. (Chi-Square=.005, p=.946)		
Yes 27 (4.6%)	13 (48.1%)	14 (51.9%)
No 556 (95.4%)	264 (47.5%)	292 (52.5%)
Total 583(100.0%)	277 (47.5%)	306 (52.5%)
Having Medicare in the U.S. (Chi-Square=.625, p=.429)		
Yes 176 (30.2%)	88 (50.0%)	88 (50.0%)
No 407 (69.8.%)	189 (46.4.%)	218 (53.6%)
Total 583(100.0%)	277 (47.5%)	306 (52.5%)
Having Medicaid in the U.S. (Chi-Square=.430, p=.512)		
Yes 30 (5.1%)	16 (53.3%)	14 (46.7%)
No 553 (94.9.%)	261 (47.2.%)	292 (52.8%)
Total 583(100.0%)	277 (47.5%)	306 (52.5%)
Have private health insurance in the U.S. (Chi-Square=4.978, p=.026)*		
Yes 358 (61.4%)	157 (43.9%)	201 (56.1%)
No 225 (38.6%)	120 (53.3%)	105 (46.7%)
Total 583(100.0%)	277 (47.5%)	306 (52.5%)
Have National Health Insurance in Taiwan (Chi-Square=43.171, p=.000) ***		
Yes 134 (23.0%)	97 (72.4%)	37 (27.6%)
No 449 (77.0%)	180 (40.1%)	269 (59.9%)
Total 583(100.0%)	277 (47.5%)	306 (52.5%)
Having private international insurance policy in the U.S. that lets you receive health care in Taiwan (Chi-Square=.661, p=.416)		
Yes 16 (2.7%)	6 (37.5%)	10 (62.5%)
No 567 (97.3%)	271 (47.8%)	296 (52.2%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
(*p<.05,**p<.01,***p<.001)		

Knowledge of Taiwan Health Care under 2nd NHIA

As presented in Table 12, those who have a better understanding of health policy in Taiwan and specifically a better understanding of Taiwan 2nd NHIA policy changes are

significantly more likely to strongly consider returning to Taiwan for health care under 2nd NHIA. For example, respondents who stated they have a "full understanding" or a "pretty good understanding" that the 2nd NHIA was implemented on January 1, 2013 were much more likely to report they are strongly considering returning to Taiwan for health care (69.0% and 59.6%) than stating they were not considering returning (31.0% and 40.4%; F=45.177, p=.000). Similarly, those who stated they had "never heard of it" (N=78) were much more likely to report they were not considering returning to Taiwan for health care (74.4%) than to indicate they were considering returning to Taiwan for health care (25.6%). Similarly, respondents who stated a full understanding of the two years limit for registered domicile and six months residency requirement of Taiwan 2nd NHIA were more likely to indicate a strong desire to return to Taiwan for health care (69.1% vs. 30.9%; F=50.032, p=.000). This pattern holds for the 2nd NHIA requirement for a six months residency requirement before becoming eligible for health benefits. Overall, respondents who had a moderate to full understanding of this regulation were much more likely to state they considered returning to Taiwan for health care (F=24.243, p=.000). Similar significant differences were found for variables addressing the suspension and reinstatement of benefits, and the coverage policy of the 2nd NHIA (see Table 12).

Table 12. Descriptive and Bivariate Statistics

	1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)
Taiwan 2nd generation National Health Insurance Act (2nd NHIA) that was implemented on January 1, 2013 (Mean=3.11, SD=1.423, F=45.177, p=.000) ***		
Never heard of it 78 (13.5%)	20 (25.6%)	58 (74.4%)
Don't understand it at all 141 (24.4%)	50(35.5%)	91 (64.5%)
Understand only a little 143 (24.7%)	69 (48.3%)	74 (51.7%)
Moderate 118 (20.4%)	75 (63.6%)	43 (36.4%)
Pretty good understanding of it 57 (9.8%)	34 (59.6%)	23 (40.4%)
Full understand it 42 (7.3%)	29 (69.0%)	13 (31.0%)
Total 579 (100.0%)	277 (47.8%)	302 (52.2%)
2 years limit registered domicile and 6 months residency of Taiwan 2nd NHIA (Mean=3.33, SD=1.510, F=50.032, p= p=.000) ***		
Never heard of it 78 (13.4%)	23 (29.5%)	55 (70.5%)
Don't understand it at all 117 (20.1%)	34 (29.1%)	83 (70.9%)
Understand only a little 110 (18.9%)	44 (40.0%)	66 (60.0%)
Moderate 140 (24.1%)	94 (67.1%)	46 (32.9%)
Pretty good understanding of it 81 (13.9%)	44 (54.3%)	37 (45.7%)
Full understand it 55 (9.5%)	38 (69.1%)	17 (30.9%)
Total 581 (100.0%)	277 (47.7%)	304 (52.3%)
6 months of residency of Taiwan 2nd NHIA for foreigners (Mean=3.33, SD=1.517, F=24.243, p=.000) ***		
Never heard of it 77 (13.3%)	20 (26.0%)	57 (74.0%)
Don't understand it at all 117 (20.2%)	47 (40.2%)	70 (59.8%)
Understand only a little 116 (20.1%)	53 (45.7%)	63 (54.3%)
Moderate 134 (23.2%)	83 (61.9%)	51 (38.1%)
Pretty good understanding of it 75 (13.0%)	39 (52.0%)	36 (48.0%)
Full understand it 59 (10.2%)	35 (59.3%)	24 (40.7%)
Total 578 (100.0%)	277 (47.9%)	301 (52.1%)
New requirement for suspension of Taiwan 2nd NHIA (Mean=3.37, SD=1.589, F=27.631, p=.000) ***		
Never heard of it 83 (14.4%)	26 (31.3%)	57 (68.7%)
Don't understand it at all 115 (19.9%)	35 (30.4%)	80 (69.6%)
Understand only a little 110 (19.1%)	56 (50.9%)	54 (49.1%)
Moderate 117 (20.3%)	70 (59.8%)	47 (40.2%)
Pretty good understanding of it 80 (13.9%)	48 (60.0%)	32 (40.0%)
Full understand it 72 (12.5%)	40 (55.6%)	32 (44.4%)
Total 577 (100.0%)	275 (47.7%)	302 (52.3%)
New requirement for reapply suspension of Taiwan 2nd NHIA (Mean=3.10, SD=1.539, F=30.828, p=.000) ***		
Never heard of it 97 (17.0%)	31 (32.0%)	66 (68.0%)
Don't understand it at all 143 (25.0%)	49 (34.3%)	94 (65.7%)
Understand only a little 102 (17.8%)	49 (48.0%)	53 (52.0%)
Moderate 111 (19.4%)	76 (68.5%)	35 (31.5%)
Pretty good understanding of it 71 (12.4%)	38 (53.5%)	33 (46.5%)
Full understand it 48 (8.4%)	29 (60.4%)	19 (39.6%)
Full Total 572 (100.0%)	272 (47.6%)	300 (52.4%)

(*p<.05,**p<.01,***p<.001)

Association of Policy Changes on Respondents' Decision to Return to Taiwan

Table 13 below shows that respondents' understanding that they were affected by policy changes in the United States or Taiwan had little association with their choice to consider returning to Taiwan for health care under 2nd NHIA.

Table 13. Descriptive and Bivariate Statistics

		1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%)
Effects of Welfare Reform in 1996 (Chi-Square=3.418, p=.332)			
Yes	18 (3.1%)	10 (55.6%)	8 (44.4%)
No	426 (73.1%)	193 (45.3%)	233 (54.7%)
Don't know	131 (22.5%)	69 (52.7%)	62 (47.3%)
Missing	8 (1.4%)	5 (62.5%)	3 (37.5%)
Total	583(100.0%)	277 (47.5%)	306 (52.5%)
Effects of Affordable Care Act in 2010 (Chi-Square=4.445, p=.217)			
Yes	80 (13.7%)	46 (57.5%)	34 (42.5%)
No	239 (41.0%)	105 (43.9%)	134 (56.1%)
Don't know	258 (44.3%)	123 (47.7%)	135 (52.3%)
Missing	6 (1.0%)	3 (50.0%)	3 (50.0%)
Total	583(100.0%)	277 (47.5%)	306 (52.5%)
Effects of Taiwan 2nd NHIA in 2013 (Chi-Square=2.603, p=.457)			
Yes	72 (12.3%)	38 (52.8%)	34 (47.2%)
No	258 (44.3%)	128 (49.6%)	130 (50.4%)
Don't know	246 (42.2%)	108 (43.9%)	138 (56.1%)
Missing	7 (1.2%)	3 (42.9%)	4 (57.1%)
Total	583(100.0%)	277 (47.5%)	306 (52.5%)
(*p<.05,**p<.01,***p<.001)			

Attitudes about Taiwan Health Care

As shown in Table 14, several attitudes about Taiwanese health care are significantly associated with the decision to return to Taiwan for health care under 2nd NHIA. Respondents who believe that coverage of the 2nd NHIA is important; those who believe that the quality of Taiwanese health care is important; those who trust Taiwanese doctors more than American doctors; and those who believe that health care in Taiwan is cheaper than in the U.S. – are more likely to consider returning to Taiwan for health care.

Table 14. Descriptive and Bivariate Statistics

	1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)
Coverage by Taiwan 2nd NHIA (Mean=3.52, SD=1.418, F=100.062, p=.000) ***		
Not important 85 (14.8%)	9 (10.6%)	76 (89.4%)
Less important 59 (10.3%)	15 (25.4%)	44 (74.6%)
Moderate 90 (15.7%)	42 (46.7%)	48 (53.3%)
Important 149 (26.0%)	80 (53.7%)	69 (46.3%)
Very important 190 (33.2%)	126 (66.3%)	64 (33.7%)
Total 573 (100.0%)	272 (47.5%)	301 (52.5%)
The quality of Taiwan medical care (Mean=4.03, SD=1.197, F=78.520, p=.000) ***		
Not important 47 (8.1%)	2 (4.3%)	45 (95.7%)
Less important 21 (3.6%)	2 (9.5%)	19 (90.5%)
Moderate 58 (10.1%)	20 (34.5%)	38 (65.5%)
Important 190 (32.9%)	92 (48.4%)	98 (51.6%)
Very important 261 (45.2%)	159 (60.9%)	102 (39.1%)
Total 577 (100.0%)	275 (47.7%)	302 (52.3%)
I trust Taiwanese doctors more than American doctors (Mean=3.23, SD=1.266, F=84.773, p=.000) ***		
Not important 83 (14.5%)	10 (12.0%)	73 (88.0%)
Less important 52 (9.1%)	16 (30.8%)	36 (69.2%)
Moderate 195 (34.0%)	87 (44.6%)	108 (55.4%)
Important 137 (23.9%)	87 (63.5%)	50 (36.5%)
Very important 107 (18.6%)	71 (66.4%)	36 (33.6%)
Total 574 (100.0%)	271 (47.2%)	303 (52.8)%
Taiwan health care is cheaper compared to the U.S.(Mean=4.06, SD=1.260, F=73.112, p=.000) ***		
Not important 51 (8.8%)	3 (5.9%)	48 (94.1%)
Less important 30 (5.2%)	6 (20.0%)	24 (80.0%)
Moderate 49 (8.4%)	17 (34.7%)	32 (65.3%)
Important 156 (26.9%)	74 (47.4%)	82 (52.6%)
Very important 295 (50.8%)	176 (59.7%)	119 (40.3%)
Total 581 (100.0%)	276 (47.5%)	305 (52.5%)
(*p<.05,**p<.01,***p<.001)		

Attitudes about U.S. Health Care

Similarly, respondent attitudes about health care in the United States are also significantly associated with considering returning to for health care. As Table 15 below shows ANOVA results with several variables assessing respondent attitudes about health care in the United States and the dependent variable. The results indicate that respondents who are strongly considering returning to Taiwan for health care were more likely to rate as important the following variables: (1) President Obama's new health care reform (F=14.399, p=.000); and (2) Because I have Medicaid (F=8.711, p=.003). Respondents who state "I trust my American doctor" is important to them, were significantly less likely to consider returning to Taiwan for health care (F=5.412, p=.020). Three other health-related variables -- "Because I receive Medicare", "the quality of the U.S. health care" and "I am too sick to travel for health care" -- show no significant association between respondent ratings of importance on these items and the decision to return to Taiwan for health care.

Table 15. Descriptive and Bivariate Statistics

	1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)
Because of President Obama health care reform (Mean=2.93, SD=1.317, F=14.399, p=.000) ***		
Not important 105 (19.0%)	29 (27.6%)	76 (72.4%)
Less important 90 (16.3%)	43 (47.8%)	47 (52.2%)
Moderate 188 (34.1%)	100 (53.2%)	88 (46.8%)
Important 76 (13.8%)	35 (46.1%)	41 (53.9%)
Very important 93 (16.8%)	53 (57.0%)	40 (43.0%)
Total 552 (100.0%)	260 (47.1%)	292 (52.9%)
Because I receive Medicare (Mean=3.43, SD=1.597, F=.093, p=.760)		
Not important 128 (22.7.%)	50 (39.1%)	78 (60.9%)
Less important 40 (7.1.%)	21 (52.5%)	19 (47.5%)
Moderate 81 (14.4%)	50 (61.7%)	31 (38.3%)
Important 90 (16.0%)	45 (50.0%)	45 (50.0%)
Very important 225 (39.9%)	98 (43.6%)	127 (56.4%)
Total 564 (100.0%)	264 (46.8%)	300 (53.2%)
Because I receive Medicaid (Mean=2.34, SD=1.542, F=8.711, p=.003) **		
Not important 260 (49.0%)	102 (39.2%)	158 (60.8%)
Less important 53 (10.0%)	26 (49.1%)	27 (50.9%)
Moderate 80 (15.1%)	51 (63.8%)	29 (36.2%)
Important 52 (9.8%)	27 (51.9%)	25 (48.1%)
Very important 86 (16.2%)	45 (52.3%)	41 (47.7%)
Total 531 (100.0%)	251 (47.3%)	280 (52.7%)
The quality of the U.S. health care (Mean=3.95, SD=1.064, F=1.755, p=.186)		
Not important 23 (4.1%)	8 (34.8%)	15 (65.2%)
Less important 19 (3.4%)	9 (47.4%)	10 (52.6%)
Moderate 139 (24.6%)	76 (54.7%)	63 (45.3%)
Important 166 (29.4%)	87 (52.4%)	79 (47.6%)
Very important 218 (38.6%)	88 (40.4%)	130 (59.6%)
Total 565 (100.0%)	268 (47.4%)	297 (52.6%)
I trust my American doctor (Mean=3.69, SD=1.087, F=5.412, p=.020) *		
Not important 26 (4.6%)	10 (38.5%)	16 (61.5%)
Less important 40 (7.1%)	22 (55.0%)	18 (45.0%)
Moderate 170 (30.2%)	93 (54.7%)	77 (45.3%)
Important 173 (30.8%)	84 (48.6%)	89 (51.4%)
Very important 153 (27.2%)	55 (35.9%)	98 (64.1%)
Total 562 (100.0%)	264 (47.0%)	298 (53.0%)
My health condition does not allow me to take a long flight (Mean=2.03, SD=1.323, F=1.067, p=.302)		
Not important 294 (54.6%)	124 (42.2%)	170 (57.8%)
Less important 66 (12.3%)	44 (66.7%)	22 (33.3%)
Moderate 85 (15.8%)	47 (55.3%)	38 (44.7%)
Important 55 (10.2%)	26 (47.3%)	29 (52.7%)
Very important 38 (7.1%)	16 (42.1 %)	22 (57.9%)
Total 538 (100.0%)	257 (47.8%)	281(52.2%)

(*p<.05,**p<.01,***p<.001)

Location for Regular Check-up, Dental Care and Surgery for Serious Medical Condition

Bivariate results on the location for regular physician check up, dental care, and surgery for serious medical condition are shown in Table 17. The Chi-square results in Table 17 show that respondents who report they receive their regular health care in Taiwan are much more likely to state they are considering returning to Taiwan for health care (71.7%), while respondents who state they receive their regular health care in the U.S. are much more likely to state they are not considering returning to Taiwan for health care (70.1%, Chi-Square=81.037, p=.000).

Similar significant correlations between location of regular dental care and location of surgical care were found. In the case of dental care, respondents 75.9% of respondents who have dental treatment in Taiwan compared to 30.2% of those who have dental treatment in the U.S. are strongly considering returning to Taiwan for health care under 2nd NHIA (Chi-Square=86.951, p=.000).

Lastly, 76.6% of respondents who have a surgery for a serious condition in Taiwan compared to 33.3% of those who have a surgery for a serious condition in the U.S. are significantly strongly considering returning to Taiwan for health care under 2nd NHIA (Chi-Square=61.165, p=.000).

Table 16. Descriptive and Bivariate Statistics

	1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%)
Place to have regular check-up (Chi-Square=81.037, p=.000) ***		
Taiwan 127 (21.8%)	91 (71.7%)	36 (28.3%)
The United States 304 (52.1%)	91 (29.9%)	213 (70.1%)
Depends and missing 152 (26.1%)	95 (62.5%)	57 (37.5%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Place to get a dental treatment (Chi-Square=86.951, p=.000) ***		
Taiwan 133 (22.8%)	101 (75.9%)	32 (24.1%)
The United States 308 (52.8%)	93 (30.2%)	215 (69.8%)
Depends 142 (24.4%)	83 (58.5%)	59 (41.5%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Place to have a surgery for serious medical condition (Chi-Square=61.165, p=.000) ***		
Taiwan 77 (13.2%)	59 (76.6%)	18 (23.4%)
The United States 312(53.5%)	104 (33.3%)	208 (66.7%)
Depends and missing 194 (33.3%)	114 (58.8%)	80 (41.2%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
(*p<.05,**p<.01,***p<.001)		

Work Status

Variables related to the respondents' work status in Taiwan and the United States are shown in Table 17 below. Respondents who rated their retirement in the U.S. or Taiwan as important were significantly more likely to be strongly considering returning to Taiwan for health care. Overall, 59.1% of respondents rated as "important" their retirement in the U.S., compared to 38.0% of respondents rated this variable as "not important" (F=16.081, p=.000). Similarly, respondents who rated as important their retirement from a job in Taiwan were more likely to consider of returning to Taiwan for health care (F=11.700, p=.001). Of those currently working, the relation between the item "I have a job in the U.S." and the decision to return to Taiwan for health care was also significant. Overall, 66.2% of respondents who rated as "very important" the item "I have a job in the U.S." indicated they were NOT considering returning to Taiwan for health care, while only 38.2% of those rated their job in the U.S. as very important

indicated they were strongly considering returning to Taiwan for health care (F=21.094, p=.000). There was no significant relation between having a new job in Taiwan and the decision to consider returning to Taiwan for health care.

Table 17. Descriptive and Bivariate Statistics

	1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)
I have a new job in Taiwan (Mean=1.91, SD=1.320, F=2.217, p=.137)		
Not important 334 (59.7%)	147 (44.0%)	187 (56.0%)
Less important 76 (13.6%)	41 (53.9%)	35 (46.1%)
Moderate 61 (10.9%)	32 (52.5%)	29 (47.5%)
Important 42 (7.5%)	21 (50.0%)	21 (50.0%)
Very important 46 (8.2%)	24 (52.2%)	22 (47.8%)
Total 559 (100.0%)	265 (47.4%)	294 (52.6%)
I retired from my job in the U.S. (Mean=2.65, SD=1.574, F=16.081, p=.000) ***		
Not important 221 (39.4%)	84 (38.0%)	137 (62.0%)
Less important 54 (9.6%)	21 (38.9%)	33 (61.1%)
Moderate 91 (16.2%)	52 (57.1%)	39 (42.9%)
Important 88 (15.7%)	52 (59.1%)	36 (40.9%)
Very important 107 (19.1%)	59 (55.1%)	48 (44.9%)
Total 561 (100.0%)	268 (47.8%)	293 (52.2%)
I have a job in the U.S. (Mean=3.43, SD=1.589, F=21.094, p=.000) ***		
Not important 130 (23.4%)	75 (57.7%)	55 (42.3%)
Less important 34 (6.1%)	21 (61.8%)	13 (38.2%)
Moderate 64 (11.5%)	36 (56.2%)	28 (43.8%)
Important 120 (21.6%)	60 (50.0%)	60 (50.0%)
Very important 207 (37.3%)	70 (33.8%)	137 (66.2%)
Total 555 (100.0%)	262 (47.2%)	293 (52.8%)
I am retired from a job in Taiwan (Mean=1.81, SD=1.284, F=11.700, p=.001) ***		
Not important 339 (65.4%)	142 (41.9%)	197 (58.1%)
Less important 44 (8.5%)	24 (54.5%)	20 (45.5%)
Moderate 66 (12.7%)	41 (62.1%)	25 (37.9%)
Important 31 (6.0%)	19 (61.3%)	12 (38.7%)
Very important 38 (7.3%)	22 (57.9%)	16 (42.1%)
Total 518 (100.0%)	248 (47.9%)	270 (52.1%)
(*p<.05,**p<.01,***p<.001)		

Cultural Beliefs

As shown in Table 18, there was a strong relation between several cultural variables and the decision to return to Taiwan for health care. Of the 256 respondents who stated it was "very important" to have "Family or relatives in Taiwan", 55.5% indicated they were strongly considering returning to Taiwan for health care; however, of the 76 respondents who stated it was "not important" having family or relatives in Taiwan, only 23.7% indicated they were strongly returning to Taiwan for health care (F=25.310, p=.000). Similarly, of 253 respondents who stated it was "very important" to be "Fluent in Mandarin, Taiwanese or Hakka", 54.4% of respondents indicated that they are strongly considering returning to Taiwan for health care, compared to 30.1% of those who indicated it was "not important" to be fluent in these languages (F=19.435, p=.000). In the variable "Nostalgia to return to Taiwan", 67.0% of respondents who stated their nostalgia for Taiwan was "very important" to them strongly indicated they were considering returning to Taiwan, compared to 14.1% of those indicated that nostalgia for Taiwan was "not important" to them (F=94.568, p=.000).

Two other related variables showed no significant relationship with the dependent variable. While 59.4% of respondents who stated it was "very important" for them to have "family or relatives in the U.S." indicated they were NOT considering returning to Taiwan for health care, there was no significant relation between the variable "family or relatives in the U.S." and the decision to consider returning to Taiwan for health care. Similarly, although 62.3% of respondents who indicated it was "very important" to them to be "Fluent in English" indicated they were NOT considering returning to Taiwan for

health care, the analysis found no significant relation between the variable "Fluent in English" and the decision to consider returning to Taiwan for health care.

Table 18. Descriptive and Bivariate Statistics

	1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)
Family or relatives in Taiwan (Mean=3.79, SD=1.409, F=25.310, p=.000) ***		
Not important 76 (13.3%)	18 (23.7%)	58 (76.3%)
Less important 36 (6.3%)	14 (38.9%)	22 (61.1%)
Moderate 74 (12.9%)	33 (44.6%)	41 (55.4%)
Important 130 (22.7%)	64 (49.2%)	66 (50.8%)
Very important 256 (44.8%)	142 (55.5%)	114 (44.5%)
Total 572 (100.0%)	271 (47.4%)	301 (52.6%)
Fluent in Mandarin, Taiwanese, or Hakka (Mean=3.79, SD=1.398, F=19.435, p=.000) ***		
Not important 73 (12.9%)	22 (30.1%)	51 (69.9%)
Less important 34 (6.0%)	11 (32.4%)	23 (67.6%)
Moderate 86 (15.2%)	35 (40.7%)	51 (59.3%)
Important 121 (21.3%)	64 (52.9%)	57 (47.1%)
Very important 253 (44.6%)	138 (54.5%)	115 (45.5%)
Total 567 (100.0%)	270 (47.6%)	297 (52.4%)
Nostalgia to return to Taiwan (Mean=3.48, SD=1.406, F=94.568, p=.000) ***		
Not important 85 (15.1%)	12 (14.1%)	73 (85.9%)
Less important 45 (8.0%)	13 (28.9%)	32 (71.1%)
Moderate 132 (23.4%)	52 (39.4%)	80 (60.0%)
Important 116 (20.6%)	69 (59.5%)	47 (40.5%)
Very important 185 (32.9%)	124 (67.0%)	61 (33.0%)
Total 563 (100.0%)	270 (48.0%)	293 (52.0%)
Family or relatives in the U.S.(Mean=3.87, SD=1.320, F=3.349, p=.068)		
Not important 62 (11.1%)	30 (48.4%)	32 (51.6%)
Less important 25 (4.5%)	11 (44.0%)	14 (56.0%)
Moderate 80 (14.3%)	50 (62.5%)	30 (37.5%)
Important 148 (26.5%)	78 (52.7%)	70 (47.3%)
Very important 244 (43.6%)	99 (40.6%)	145 (59.4%)
Total 559 (100.0%)	268 (47.9%)	291 (52.1%)
Fluent in English (Mean=3.41, SD=1.248, F=3.113, p=.078)		
Not important 63 (11.2%)	30 (47.6%)	33 (52.4%)
Less important 49 (8.7%)	23 (46.9%)	26 (53.1%)
Moderate 175 (31.2%)	97 (55.4%)	78 (44.6%)
Important 144 (25.7%)	68 (47.2%)	76 (52.8%)
Very important 130 (23.2%)	49 (37.7%)	81 (62.3%)
Total 561 (100.0%)	267 (47.6%)	294 (52.4%)
(*p<.05,**p<.01,***p<.001)		

Frequency of Returning to Taiwan and Retirement

Bivariate results of Chi-square analyses on the frequency of respondents' returning to Taiwan and their decision to consider returning to Taiwan specifically *for health care* are shown in Table 19. Respondents who returned to Taiwan more than three times are significantly more likely to indicate a strong desire to return to Taiwan for health care than those who return less often to Taiwan (Chi-Square=31.455, p=.000) (57.3% vs. 24.6% respectively). The results are similar when respondents were asked if they had returned to Taiwan for health care. Respondents who have returned to Taiwan for health care more than three times are significantly more likely to indicate a strong desire to return to Taiwan for health care than respondents who did not return to Taiwan for health care (68.2% vs. 37.7%, Chi-Square=40.144, p=.000).

Bivariate results on the intention of returning to Taiwan to live and self-payment of health care in Taiwan are shown in Table 19. Respondents who are considering retuning to Taiwan to live after their retirement in the U.S. compared to those who are considering returning to Taiwan to live after their retirement in the U.S. are with significantly difference (Chi-Square=120.857, p=.000) to indicate a strong desire to return to Taiwan for health care (81.1% vs. 18.1% respectively). Similarly, respondents who are willing to return to Taiwan for health care at their own expense compared to those who are not are significantly different (Chi-Square=56.187, p=.000) to indicate a strong desire to return to Taiwan for health care (66.4% vs. 27.2% respectively).

Table 19. Descriptive and Bivariate Statistics

	1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)
The frequency of returning to Taiwan (Chi-Square=31.455, p=.000) ***		
None 61 (10.5%)	15 (24.6%)	46 (75.4%)
1-2 times 192 (32.9%)	74 (38.5%)	118 (61.5%)
Above 3 times 323 (55.4%)	185 (57.3%)	138 (42.7%)
Missing 7 (1.2%)	3 (42.9%)	4 (57.1%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
The frequency of returning to Taiwan for health care (Chi-Square=40.144, p=.000) ***		
None 371 (63.6%)	140 (37.7%)	231 (62.3%)
1-2 times 114 (19.6%)	70 (61.4%)	44 (38.6%)
Above 3 times 88 (15.1%)	60 (68.2%)	28 (31.8%)
Missing 10 (1.7%)	7 (70.0%)	3 (30.0%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Considering returning Taiwan to live after retired in the U.S. (Chi-Square=120.857, p=.000) ***		
Yes 127 (21.8%)	103 (81.1%)	24 (18.9%)
No 166 (28.5%)	30 (18.1%)	136 (81.9%)
Maybe 285 (48.9%)	139 (48.8%)	146 (51.2%)
Missing 5 (0.9%)	5 (100.0%)	0 (0%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Returning Taiwan for health care paid by their own expenses (Chi-Square=56.187, p=.000) ***		
Yes 146 (25.0%)	97 (66.4%)	49 (33.6%)
No 191(32.8%)	52 (27.2%)	139 (72.8%)
Maybe 207(35.5%)	104 (50.2%)	103 (49.8%)
Missing 39 (6.7%)	24 (61.5%)	15 (38.5%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
(*p<.05,**p<.01,***p<.001)		

Language Preference Use and Ethnic Doctor

Table 20 below shows the preference of respondents for an ethnic Taiwanese or Chinese doctor and their preference of language to communicate with their doctors are significantly related to the dependent variable. For Taiwanese immigrants in this study, 52.9% of respondents preferred to seek an ethnic Taiwanese or Chinese doctor and are strongly considering returning to Taiwan for health care under 2nd NHIA compared to 28.3% of those who preferred to seek an American doctor (Chi-Square=11.952, p=.003). Overall, 56.6% of respondents who prefer to communicate with their doctor in Taiwanese or Chinese are strongly considering returning to Taiwan for health care under 2nd NHIA

compared to 25.0% of those who prefer to communicate with their doctor in English (Chi-Square=22.770, p=.000).

Table 20. Descriptive and Bivariate Statistics

	1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)
Preference ethnic Taiwanese or American doctor (Chi-Square=11.952, p=.003) **		
Ethnic Taiwanese/Chinese doctor 261 (44.8%)	138 (52.9%)	123 (47.1%)
American doctor 60 (10.3%)	17 (28.3%)	43 (71.7%)
No preference 262 (44.9%)	122 (46.6%)	140 (53.4%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Preference language to communicate with doctor (Chi-Square=22.770, p=.000) ***		
Taiwanese/Chinese 249 (42.7%)	141 (56.6%)	108 (43.4%)
English 48 (8.2%)	12 (25.0%)	36 (75.0%)
Both 281 (48.2%)	120 (42.7%)	161 (57.3%)
Missing 5 (0.9%)	4 (80.0%)	1 (20.0%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
(*p<.05,**p<.01,***p<.001)		

Cost of Health Care

Table 21 below presents the results of two cost-related variables and the decision to return to Taiwan for health care. Total per capita expenses of respondents for health care in the United States is not significantly related to their decision to return to Taiwan for health care. However, there is a significant relationship between the amount of money respondents spend on health care in Taiwan and their decision to consider returning to Taiwan for health care. Overall, 80.0% of respondents who spend between $1,000-4,999 in Taiwan are strongly considering returning to Taiwan for health care under 2nd NHIA compared to 35% of those who never returned to Taiwan for health care.

Table 21. Descriptive and Bivariate Statistics

	1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%) or mean (SD)
Annual health cost in the US (Chi-Square=.570, p=.903)		
Under 1,000 204 (35.0%)	99 (48.5%)	105 (51.5%)
1,000-4,999 226 (38.8%)	109 (48.2%)	117 (51.8%)
Above 5,000 145 (24.9%)	65 (44.8%)	80 (55.2%)
Missing 8 (1.4%)	4 (50.0%)	4 (50.0%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Annual health cost in Taiwan (Chi-Square=42.007, p=.000) ***		
None, I never returned to Taiwan for health care 277 (47.5%)	97 (35.0%)	180 (65.0%)
Under 1,000 243 (41.7%)	142 (58.4%)	101 (41.6%)
1,000-4,999 30 (5.1%)	24 (80.0%)	6 (20.0%)
Above 5,000 7 (1.2%)	3 (42.9%)	4 (57.1%)
Missing 26 (4.5%)	11 (42.3%)	15 (57.7%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
(*p<.05,**p<.01,***p<.001)		

Demographic Characteristics

The bivariate statistics of Chi-Square results show that age, education, lived in the U.S. before 1996, length of staying in the U.S., English proficiency, self-reported health, income and area of residence are significantly related to the dependent variable. The data indicate that older respondents are more likely to consider returning to Taiwan for health care. Overall, 59.1% of respondents who are 60- 69 years, compared to 31.9% of those who are 40-49 years old, stated they are strongly considering returning to Taiwan for health care under 2nd NHIA. In terms of education, respondents who have college or university degree are *more likely* to strongly consider returning to Taiwan for health care under 2nd NHIA than other age groups. Length of residency in the United States also is related to the dependent variable. Overall, 62.5% of respondents who have NOT lived in the U.S. before 1996, compared to 44.5% of those who have lived in the U.S. before 1996

are *more likely* to be strongly considering returning to Taiwan for health care under 2nd NHIA. Also, 74.2% of respondents who have stayed in the U.S. less than 9 years, compared to 37.0% of those who have stayed in the U.S. more than 40 years are *more likely* to be strongly considering returning to Taiwan for health care under 2nd NHIA.

Less English proficiency, poor health, and location of residency in the U.S. are also significantly related to respondent's decision to return to Taiwan for health care under 2nd NHIA. Overall, 52.7% of respondents who self-reported English proficiency as " OK", compared to 42.3% of those who self-reported English proficiency as "Good/ Very Well" are *more likely* to be strongly considering returning to Taiwan for health care under 2nd NHIA. Respondents who self-reported health as " Poor/Fair", compared to of those who self-reported health condition as "Very Good/ Excellent", are *more likely* to be strongly considering returning to Taiwan for health care under 2nd NHIA (57.7% vs. 41.9%). In terms of income, 52.9% of respondents who have an income under USD $14,999, compared to 36.0% of those who have income above $15,000, are *more likely* to be strongly considering returning to Taiwan for health care under 2nd NHIA. Finally, 58.2% of respondents who live in the Central States (IL, MI, TX), compared to 41.6% of those who live in the East (NY, NJ, DC), are *more likely* to be strongly considering returning to Taiwan for health care under 2nd NHIA.

The significant variables are illustrated below in Table 22.

Table 22. Descriptive and Bivariate Statistics

	1=Strongly considering returning to Taiwan for health care under 2nd NHIA Frequency (%)	0=Not considering returning to Taiwan for health care under 2nd NHIA Frequency (%)
Age (Chi-Square=25.475, p=.000) ***		
20-39 13 (2.2%)	6 (46.2%)	7 (53.8%)
40-49 91 (15.6%)	29 (31.9%)	62 (68.1%)
50-59 206 (35.3%)	102 (49.5%)	104 (50.5%)
60-69 186 (31.9%)	110 (59.1%)	76 (40.9%)
Above 70 85(14.6%)	29 (34.1%)	56 (65.9%)
Missing 2 (0.3%)	1 (50.0%)	1 (50.0%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Education (Chi-Square=10.963, p=.027) *		
Under College/ University 66 (11.3%)	33 (50.0%)	33 (50.0%)
College/ University 258 (44.3%)	139 (53.9%)	119 (46.1%)
Master 190 (32.6%)	74 (38.9%)	116 (61.1%)
Doctorate 62 (10.6%)	29 (46.8%)	33 (53.2%)
Missing 7 (1.2%)	2 (28.6%)	5 (71.4%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Have lived in the United States since before 1996 (Chi-Square=10.423, p=.005) **		
Yes 481 (82.5%)	214 (44.5%)	267 (55.5%)
No 96 (16.5%)	60 (62.5%)	36 (37.5%)
Missing 6 (1.0%)	3 (50.0%)	3 (50.0%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Length of staying in the U.S. (Chi-Square=12.832, p=.012) *		
Under 9 years 31 (5.3%)	23 (74.2%)	8 (25.8%)
10-19 years 87 (14.9%)	43 (49.4%)	44 (50.6%)
20-29 years 206 (35.3%)	93 (45.1%)	113 (54.9%)
30-39 years 186 (31.9%)	91 (48.9%)	95 (51.1%)
Above 40 years 73 (12.5%)	27 (37.0%)	46 (63.0%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
English Proficiency (Chi-Square=13.040, p=.005) *		
Not well/ Not at all 35 (6.0%)	17 (48.6%)	18 (51.4%)
OK 226 (38.8%)	119 (52.7%)	107 (47.3%)
Good/ Very well 312 (53.5%)	132 (42.3%)	180 (57.7%)
Missing 10 (1.7%)	9 (90.0%)	1 (10.0%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Self-report health (Chi-Square=8.442, p=.038) *		
Poor/ Fair 135 (23.2%)	77 (57.0%)	58 (43.0%)
Good 194 (33.3%)	94 (48.5%)	100 (51.5%)
Very Good/ Excellent 246 (42.2%)	103 (41.9%)	143 (58.1%)
Missing 8 (1.4%)	3 (37.5%)	5 (62.5%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Income (Chi-Square=12.223, p=.032) *		
Under 14,999 138 (23.7%)	73 (52.9%)	65 (47.1%)
15,000-34,999 87 (14.9%)	46 (52.9%)	41 (47.1%)
35,000-74,999 120 (20.6%)	49 (40.8%)	71 (59.2%)
75,000-14,999 128 (22.0%)	55 (43.0%)	73 (57.0%)
Above 150,000 50 (8.6%)	18 (36.0%)	32 (64.0%)
Missing 60 (10.3%)	36 (60.0%)	24 (40.0%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)
Area (Chi-Square=10.703, p=.030) *		
Boston 50 (8.6%)	23 (46.0%)	27 (54.0%)
East (NY, NJ, DC) 185 (31.7%)	77 (41.6%)	108 (58.4%)
Mid (IL, MI, TX) 158 (27.1%)	92 (58.2%)	66 (41.8%)
West (SF, LA, WA) 172 (29.5%)	76 (44.2%)	96 (55.8%)
Missing 18 (3.1%)	9 (50.0%)	9 (50.0%)
Total 583 (100.0%)	277 (47.5%)	306 (52.5%)

(*p<.05,**p<.01,***p<.001)

2. Logistic Regression Results

To explore the relationship between the independent and mediating variables and the dependent variable, a logistic regression analysis was conducted using the completed cases (***n=459***) in this study. The final logistic regression model, as showed in Table 2, included all variables significant at the bivariate level with p-value less than .01. In the binomial models, all variables were entered as a single block. The dependent variable is a dichotomous, categorical variable: 1= *Strongly or actively thinking about considering returning to Taiwan for health care under 2ndNHIA*, and 0= *NOT considering returning to Taiwan for health care under the 2nd NHIA*.

The multivariate logistic regression analysis examines whether the presence of environmental, population characteristics and enabling resources are independent predictors of a respondent's decision to return to Taiwan for health care after controlling for demographic characteristics and all other variables.

As the logistic regression results show, the multivariate model created accounts for high proportion of the total variability of the outcome variable. The Nagelkerke R-Square value from this model is equal to .64 which indicates that the variables in this model account for 64% of the variability in the dependent variable.

Variables Predicting Returning to Taiwan for Health Care Under 2nd NHIA

As shown in Table 23, there are five variables in the logistics regression model that are significantly associated with strongly considering or actively thinking about returning to Taiwan for health care under 2nd NHIA. These five variables include a mix of

variables that address understanding of the 2nd NHIA, nostalgic for Taiwan, per capita costs of health care, and whether the respondent arrived in the U.S. after 1996.

The first significant predictor variable is "2 years limit registered domicile and 6 months residency in Taiwan 2nd NHIA" (B=.602, p=.007**, Exp (B)=1.826). This finding indicates that for every one unit increase in understanding on the new requirement of "2 years limit registered domicile and 6 months residency of Taiwan 2nd NHIA", the log odds of considering returning to Taiwan for health care increases by 0.602. And Exp (B) coefficient indicates that respondents with a better understanding of the regulation for 2 years limit registered domicile and 6 months residency to be eligible for health care benefits under the Taiwan 2nd NHIA are *1.8 times more likely* to be considering returning to Taiwan to receive health care under 2nd NHIA compared to respondents who have less understanding of the regulation.

The variable "Nostalgia to return to Taiwan" is also significant (B=.374, p=.034*, Exp (B)=1.453). This finding indicates that for every one unit increase in "nostalgia to return to Taiwan", the log odds of considering returning to Taiwan for health care increases by 0.374. And Exp (B) coefficient indicates that respondents with a higher degree of nostalgia to return to Taiwan, compared to those who with lower degree of nostalgia, are *1.5 times more likely* to be considering returning to Taiwan to receive health care under 2nd NHIA.

The variable "Annual health cost in Taiwan" is significantly related to the dependent variable (B=1.489, p=.049*, Exp (B)=4.434). This finding indicates that respondents whose annual health care spending is USD $1,000-4,999 are *4.4 times more*

likely to consider returning to Taiwan to receive health care under 2nd NHIA, compared to those who never returned to Taiwan for health care.

Lastly, the variable "lived in the U.S. before 1996" is also a significant predictor of returning to Taiwan for health care under 2nd NHIA (B=1.282, p=.032*, Exp (B)=3.603). This finding indicates that respondents who have NOT lived in the U.S. before 1996, compared to those who have lived in the U.S. before 1996, are *3.6 times more likely* to be considering returning to Taiwan to receive health care under 2nd NHIA.

Variables That Predict Not Returning to Taiwan for Health Care

As also shown in Table 23, there are six variables in the logistics regression model that are significantly associated with NOT considering returning to Taiwan for health care under 2nd NHIA. These six variables include a mix of variables -- "I have job in the U.S." "Considering returning Taiwan to live after retired in the U.S." "Preference language to communicate with doctor", "Place to get a dental treatment", "Age", and "Self-reported health condition" – that indicate that respondents are *less likely* to be considering returning to Taiwan for health care under 2nd NHIA.

The variable "I have a job in the U.S." is significantly associated with the dependent variable (B=-.381, p=.006**, Exp (B)=.683). Respondents with a job in the U.S. are *68% less likely* to be considering returning to Taiwan to receive health care under 2nd NHIA.

Retirement decisions also are significantly related to the dependent variable. Logistic regression results with the variable "Respondents are considering returning to Taiwan to live after retired in the U.S." indicate that respondents who state they are NOT

or MAYBE not returning to Taiwan after retirement in the U.S. *are 8.5 % or 23% less likely* respectively to consider returning to Taiwan to receive health care under 2nd NHIA (NOT, B=-2.461, p=.000***, Exp (B)=.085), (MAYBE, B=-1.466, p=.001**, Exp (B)=.231).

The variable "Preference language to communicate with doctor" is also significantly related to the dependent variable (B=-1.905, p=.030*, Exp (B)=.149). Respondents who prefer to communicate with their doctor in English, compared to those who prefer to communicate with their doctor in Taiwanese or Chinese, are 15% *less likely* to be considering returning to Taiwan to receive health care under 2nd NHIA.

When the response to the variable "Place to get a dental treatment" was the United States, respondents were significantly less likely to profess an interest in returning to Taiwan for health care (B=-1.319, p=.008*, Exp (B)=.267; Depends, B=-1.107, p=.031*, Exp (B)=.331). Overall, respondents who chose to get dental treatment in the U.S. or Depends, were *27% or 33% less likely* to be considering returning to Taiwan to receive health care under 2nd NHIA compared to those who chose to get a dental treatment in Taiwan.

The logistic regression analysis also indicates that respondents' age is also significantly related to the choice to return to Taiwan for health care (B=-2.418, p=.008*, Exp (B)=.089). Specifically, the results indicate that respondents between 40-49 years old, compared to those who are 20-39 years old, are *9% less likely* to be considering returning to Taiwan to receive health care under 2nd NHIA.

Finally, the variable "Self-reported health condition" is also significantly related to respondents' decision to return to Taiwan for health care (GOOD: B=-1.153, p=.007** Exp (B)=.316; VERY GOOD/EXCELLENT: B=-1.048, p=.015* Exp (B)=.350). Respondents with self-reported health as "good" or "very good, or excellent," compared to those who self-reported health as poor or fair, are *32% or 35% respectively less likely* to be considering returning to Taiwan to receive health care under 2nd NHIA.

Table 23. Logistics Regression Model: Taiwanese Immigrants' Understanding Policy Changes, Mediating Variables, Attitudes and Personal Characteristics Associated with Strongly Considering Returning to Taiwan for Health Care under 2nd NHIA (*n*=459) Controlling for Age, Education, Length of Staying in the U.S., Lived in the U.S. before 1996, Self-reported Health Condition, Income and Area.

(Nagelkerke R Square=.640, *p<.05, **p<.01, ***p<.001, (r)=reference group)

					95% C.I.for EXP(B)	
Independent Variables	**B**	**S.E.**	**Sig.**	**Exp (B)**	**Lower**	**Upper**
Having private health insurance in the U.S.	-.108	.418	.796	.898	.396	2.037
Having National Health Insurance in Taiwan	-.571	.446	.201	.565	.236	1.354
Taiwan 2nd NHIA was implemented on 2013	-.006	.198	.976	.994	.675	1.464
2 years limit registered domicile and 6 months residency of Taiwan 2nd NHIA **	.602	.225	.007	1.826	1.176	2.835
6 months of residency of Taiwan 2nd NHIA for foreigners	-.123	.186	.509	.884	.614	1.274
New requirement for suspension of Taiwan 2nd NHIA	-.279	.183	.128	.756	.528	1.083
New requirement for reapply suspension of Taiwan 2nd NHIA	-.054	.185	.768	.947	.659	1.360
Coverage by Taiwan 2nd NHIA	.268	.153	.079	1.308	.970	1.764
The quality of Taiwan medical care	.370	.222	.096	1.448	.937	2.240
I trust Taiwanese doctors more than American doctors	-.029	.187	.875	.971	.673	1.401
Taiwan health care is cheaper compared to the U.S.	.192	.202	.341	1.211	.816	1.798
I retired from my job in the U.S.	.083	.110	.452	1.086	.876	1.348
Family or relatives in Taiwan	-.297	.178	.095	.743	.524	1.054
Fluent in Mandarin, Taiwanese, or Hakka	.054	.158	.734	1.055	.774	1.440
Nostalgia to return to Taiwan *	.374	.177	.034	1.453	1.028	2.054
Because of President Obama health care reform	.090	.140	.522	1.094	.831	1.440
Because I receive Medicaid	.134	.119	.262	1.143	.905	1.444
I trust my American doctor	-.159	.183	.384	.853	.596	1.220
I have a job in the U.S. **	-.381	.137	.006	.683	.522	.894
I am retired from a job in Taiwan	-.061	.142	.666	.940	.712	1.243
The frequency of returning to Taiwan—None (r)			.534			
(1) 1-2times	.348	.632	.582	1.416	.410	4.888
(2) Above 3 times	.643	.642	.317	1.902	.540	6.696
(3) Missing	2.003	1.604	.212	7.413	.320	171.790
The frequency of returning to Taiwan for health care_ None (r)			.818			
(1) 1-2 times	-.371	.478	.438	.690	.270	1.762
(2) Above 3 times	-.220	.611	.719	.802	.242	2.659
(3) Missing	.988	1.900	.603	2.685	.065	111.274

(to be continued)

Table 24. Logistics Regression Model (continued)

Independent Variables	B	S.E.	Sig.	Exp (B)	95% C.I.for EXP(B) Lower	Upper
Considering returning Taiwan to live after retired in the U.S_ Yes (r)			.000			
(1) No	-2.461	.570	.000	.085	.028	.261
(2) Maybe **	-1.466	.427	.001	.231	.100	.533
(3) Missing	15.059	40192.970	1.000	3467198.382	.000	.
Returning Taiwan for health care paid by their own expenses_ Yes (r)			.085			
(1) No	-.843	.498	.091	.431	.162	1.143
(2) Maybe	.284	.427	.505	1.329	.576	3.067
(3) Missing	.243	.889	.785	1.275	.223	7.275
Preference ethnic Taiwanese or American doctor_ Ethnic Taiwanese/Chinese doctor (r)			.617			
(1) American doctor	.749	.770	.331	2.115	.467	9.566
(2) No preference	.144	.425	.734	1.155	.502	2.658
Preference language to communicate with doctor_ Taiwanese/Chinese (r)			.123			
(1) English *	-1.905	.876	.030	.149	.027	.828
(2) Both	-.879	.457	.054	.415	.170	1.016
(3) Missing	17.757	25839.359	.999	51498853.475	.000	.
Annual health cost in Taiwan_ None, I never returned to Taiwan for health care (r)			.159			
(1) Under 1,000	.245	.417	.557	1.277	.565	2.889
(2) 1,000-4,999 *	1.489	.757	.049	4.434	1.005	19.562
(3) 5,000-9,999	-3.047	2.218	.170	.048	.001	3.670
(4) Missing	-.642	1.151	.577	.526	.055	5.019
Place to have regular check-up _Taiwan (r)			.382			
(1) The U.S.	-.206	.477	.665	.814	.319	2.073
(2) Depends and missing	.351	.484	.468	1.420	.550	3.666
Place to get a dental treatment_ Taiwan (r)			.026			
(1)_the U.S. **	-1.319	.499	.008	.267	.101	.711
(2)_Depends *	-1.107	.514	.031	.331	.121	.905
Place to have a surgery for serious medical condition_ Taiwan (r)			.492			
(1) The U.S.	.104	.630	.869	1.110	.323	3.814
(2) Depends and missing	-.363	.602	.547	.696	.214	2.266
Age_20-39 (r)			.009			
(1) 40-49 **	-2.418	.911	.008	.089	.015	.531
(2) 50-59	-1.325	.872	.129	.266	.048	1.469
(3) 60-69	-.239	.970	.806	.788	.118	5.278
(4) Above 70	-.645	1.146	.574	.525	.056	4.958
(5) Missing	-19.174	40192.970	1.000	.000	.000	.

(to be continued)

Table 25. Logistics Regression Model (continued)

Independent Variables	B	S.E.	Sig.	Exp (B)	95% C.I.for EXP(B) Lower	Upper
Education_ under College/university (r)			.859			
(1) College/university	.098	.801	.903	1.103	.230	5.300
(2) Master	-.200	.908	.826	.819	.138	4.851
(3) Doctorate	.273	.994	.784	1.313	.187	9.221
(4) Missing	-.746	1.620	.645	.474	.020	11.354
Live in the US_before1996_Yes (r)			.100			
(1) No *	1.282	.598	.032	3.603	1.116	11.634
(2) Missing	.032	1.727	.985	1.032	.035	30.488
Length of staying in the US_ under 9 years (r)			.911			
(1) 10-19 years	-.014	.810	.986	.986	.202	4.822
(2) 20-29 years	.399	.871	.647	1.491	.270	8.218
(3) 30-39 years	.547	.925	.554	1.728	.282	10.585
(4) Above 40 years	.191	1.109	.863	1.211	.138	10.636
English Proficiency Not well/Not at all (r)			.532			
(1) OK	.893	.789	.257	2.443	.521	11.464
(2) Good/ Very Well	1.298	.914	.156	3.663	.610	21.990
(3) Missing	1.826	2.078	.380	6.209	.106	364.817
Self-reported health_ Poor/Fair (r)			.043			
(1) Good **	-1.153	.431	.007	.316	.136	.734
(2) Very Good/Excellent *	-1.048	.430	.015	.350	.151	.814
(3) Missing	-1.276	1.409	.365	.279	.018	4.418
Income_ under 14,999(r)			.031			
(1) 15,000-34,999	-.411	.547	.453	.663	.227	1.939
(2) 35,000-74,999	.010	.540	.986	1.010	.350	2.911
(3) 75,000-149,999	1.067	.598	.074	2.907	.901	9.383
(4) Above 150,000	.826	.723	.253	2.285	.554	9.430
(5) Missing *	1.623	.724	.025	5.068	1.226	20.951
Area_ Boston (r)			.133			
(1) East (NY, NJ, DC)	-.597	.698	.393	.551	.140	2.163
(2) Central States (IL, MI, TX)	-.022	.658	.973	.978	.269	3.549
(3) West (SF, LA, WA)	-1.101	.681	.106	.332	.088	1.262
(4) Missing	-.066	1.074	.951	.936	.114	7.673
Constant	.310	2.148	.885	1.363		

3. Summary

According to the results of the multivariate logistics regression, the variables presented above that have a significantly positive association with a desire to return to Taiwan for health care include the length of domicile and residence required to receive

benefits, a nostalgic desire to return to Taiwan, the lower cost of health care in Taiwan, and if the respondents had come to the U.S. before 1996. Conversely, the variables that have significantly negative association with NOT returning to Taiwan for health care include: having a job in the U.S., having a desire to return to Taiwan to live after retirement, the language preference in communications with a doctor, age, and a preference about the best place to receive dental treatment. In the following chapter, I will review these findings using some of the respondent interview material to provide more information about respondents' decision-making to supplement the quantitative findings.

CHAPTER 7. QUALITATIVE INTERVIEWS

The quantitative analysis of the survey results confirmed and validated some of the research hypotheses suggested by based on Andersen's health care utilization model (Andersen and Newman, 2005; Andersen, 1995) and those linked to a variety of theories of assimilation (Choi, 2006; Waters and Jimenez, 2005; Alba and Nee, 2003; Kibria, 2002; Mouw and Xie, 1999; Gordon, 1964). However, the logistic regression analyses did not demonstrate a significant relationship between policy changes (including the welfare reform of 1996, the health care reform of 2010 in the United States and the health policy changes of 2013 in Taiwan) and shifts in the health seeking behavior of Taiwanese immigrants residing in the United States.

This study examined some of the factors associated with the decision of Taiwanese immigrants' residing in the United States to move to Taiwan to receive health care under the 2nd NHIA. A key finding is that among legal Taiwanese immigrants over 47.5% of respondents are strongly or actively think about considering the option of returning to Taiwan to participate in the Taiwan 2nd National Health Insurance. The trend of returning to Taiwan for health care for legal Taiwanese immigrants residing in the United States reflects important policy changes explored in my research.

First of all, the reasons why legal Taiwanese immigrants tend to return to Taiwan, as the logistic regression results suggest, is revealed by the positive significant relationship between the dependent variable and the following variables: (1) "two years limit on registered domicile and six months residence in Taiwan 2nd NHIA", "Nostalgia

to return to Taiwan", "Annual health cost in Taiwan" and "Lived in the US before1996". The variables negatively associated with predicting the dependent variables are "I have a job in the U.S.", "Considering returning to Taiwan to live after retirement in the U.S", "Preference language to communicate with doctor", "Place to get dental treatment in Taiwan", "Age" and "Self-reported health". In the section below I will review the main categories of variables derived from the conceptual model based on Andersen's health care and assimilation theory, and provide excerpts from the respondent's interviews to help explain the quantitative results and provide greater understanding of respondents' perspectives.

1. The Effects of Health Care System

According to the statistics of the bivariate and the logistics regression analyses, there are no significant associations between welfare and health policy changes and the dependent variable.

The Effects of the Welfare Reform in 1996

Table 1 shows that only 3.1% of survey respondents answered that they have been affected by the five years residence requirement of the welfare reform in 1996. I interviewed one respondent who is a director at a senior center in New York City. He pointed out the difficulty that elderly immigrants faced when trying to take the U.S. citizenship exam in the following manner:

"For me, there is no effect, because my employer provides my health insurance. In general, social welfare reform in 1996 launched by President Clinton's reform bill

will have an influence on new immigrants and low-income households. This law changed the regulations for qualifying for benefits and now those who receive benefits must be a U.S. citizen. To be a U.S. Citizen, it is not automatic if you stay for 5 years, you have to take the US citizenship exam. That would be more difficult for the elderly to take the citizenship exam, especially for the elderly with poor learning ability." (I03)

The Effect of the Affordable Care Act in 2010

As Table 1 shows, 13.7% of survey respondents think that the Affordable Care Act would be beneficial for them. Some survey respondents' opinions about the effects of ACA include the following:

- *U.S. health insurance costs have been monopolized by insurance companies, medical providers and for-profit hospitals. That has been the capitalist model; the government must have legislation to control this system. Despite some flaws in Obama Care, it is the first step! In the 1960s, President Johnson was criticized and Johnson's plight is very similar to Obama's now! But Johnson launched Medicare system, which benefited many older people!*
- *Currently I am employed with group insurance offered by my company. The Affordable Care Act is supposed to provide health insurance to people with low incomes and make it affordable to everybody.*
- *I am a new immigrant. The health care law will improve my Medicare.*
- *Obama's health reform has set a limit on how much patients have to pay that will help patients not to go bankrupt because of health care.*

- *The Affordable Care Act would be helpful for those who cannot afford health insurance. In contrast, for those who can buy private insurance, this would put more burdens on taxpayers.*
- *The ACA will be helpful for the elderly. Certainly, that maybe not good for some people. But for me, for the elderly it is good. Obama is nice to the elderly.*
- *I think the quality of Medical service would be more equalized.*
- *Although I do not know the details of the Affordable Care Act, but I think "health reform" will be improved by it and I believe that it will be helpful.*

In the qualitative interviews, some respondents expressed their support for the Affordable Care Act as follows:

- *"Obama Care is helpful, very helpful! Because there are some benefits for those over 65 years old who must work in the United States for ten years with 40 points, the previous provisions were very strict. Now Obama Care does not have this concern, so that will be better. Because some housewives did not work, they would lose the rights to have insurance."* (I07)*"That is very helpful for my health care! Obama Care helps not only me, but also is good for all people in general! I think some people do not understand this issue; they have to understand this issue. This problem is not a personal issue, but is about welfare provided by the country"* (I10)

Another female respondent who is working for a private insurance company pointed out:

"The most important value of Obama Care is its help to all Americans. Although the elderly have Medicare, because Medicare only covers 80% of medical expenses, and 20% remain uncovered, they need to take another insurance policy. I want Obama Care to reform this issue in Medicare. Everyone must know how to deal with his income in the future when they getting old, each person must carry out financial planning, and also why Medicare is important." (I11)

She also pointed out the relationship between Obama Care and Medicare:

"Now Obama's policy is tightening Medicare, make those who work and have had financial contribution in the U.S. for 10, 20 or 30 years need to think about this issue. No matter where they are local people, outsiders, or the people who really work here, they contribute up to 15 % of their income to Medicare, but Medicare does not actually make good use of it. Many people may not be eligible for Medicare and many elderly people may not need Medicare, they may just need Medicaid. Obama in promoting the Affordable Care Act, and I think it is good, there is a lot of positive things, because we have to stop the bleeding, and I think this will stop escalating costs, I think this will do it. If he can stop it from Medicare, this will be very important from a universal health care point of view." (I11)

Finally, she said *"Obama has launched the first step toward health care reform; the second step is that the bill requires a lot of research and help with the implementation of the program."* (I11)

Effects of Taiwan 2nd NHIA in 2013

Overall, 12.3% of survey respondents reported that their eligibility maybe affected by the 2nd NHIA in Taiwan as shown in Table 1.

As a female who is working at Chinese language stated:

"That is very influential for me! I go back to Taiwan every year, and because I am a housewife. I can freely arrange my appointments, but in order to meet the residency requirements of the United States, I cannot often go back to Taiwan. My Taiwan national health often was careless be allowed to expired, which caused me a lot of trouble." (I07)

A male researcher work in the university lab, responded as follows:

"It would have some influence on me, and if I would go back to Taiwan in the future, because Taiwan 2nd NHI requires three months or six months residence, I could not join the Taiwan 2nd NHI immediately." (I09)

Some respondents described the effects of 2nd NHIA in 2013 as follows:

- *"For those who work abroad for a long term, the new regulations make it more difficult because of the suspension and re-application."*
- *"It is difficult for me to meet the new requirements of 2nd NHIA because of the six months residence issue."*
- *"2nd NHIA requires us to have a registered domicile for six months, now I have insurance in the U.S. if I return to Taiwan, I will have a six months "window period" without insurance."*

- *"If 2nd NHIA asks for the requirement of a registered domicile for six months, then it is difficult to get the NHI for young overseas Taiwanese Americans*."

2. The Significant Variables in Logistics Regression

This section will review the variables that were significantly associated with respondent's decisions to strongly consider returning to Taiwan for health care. As in the above section, qualitative comments from respondent interviews will be used to provide greater depth of understanding of the quantitative findings.

Two Years Limit Registered Domicile and 6 Months Residence Requirement of Taiwan 2nd NHIA

In the logistic regression, the most important aspects of 2nd NHIA for Taiwanese immigrants residing in the United States is "the two years limit for registered domicile and 6 months residence." This is because it affects those who have lived in the United States for many years but when they want to return to Taiwan to live after retirement.

However, in addition to these practical restrictions on 2nd NHIA, this is also a moral issue as perceived by some study respondents. This moral issue is described by the following interviewee:

> "*About the new six month rule, if I do not often go back to Taiwan, it is impossible for me to meet this requirement! But I believe that this is a loophole, because some people will have a way of doing this and then join the National Health Insurance! From the point of view of the entire people of Taiwan, I think that this is a loophole and that the health care provided by Taiwan's national health*

insurance is too cheap! So the medical resources will be abused. In the United States, when we are sick, we are hesitant to see a doctor, because we have to pay a lot of money for health care." (I06)

The new requirement of 2nd NHIA also is perceived to be unfair to the people living in Taiwan, while also being unfair and inconvenient for the overseas Taiwanese immigrants who want to return to Taiwan in the future. One of my survey respondents stated that:

"I left Taiwan for over fifteen years, and I never asked for the suspension of my Taiwan NHI; because I feel that is unfair to those who are continuing to pay for the costs of the NHI in Taiwan. But if you left Taiwan for over 2 years and lost your registered domicile in Taiwan when you go back to Taiwan you are without 2nd NHIA for six months, that is also unfair."

Nostalgia to Return to Taiwan

Based on bivariate analyses, some of the possible reasons for considering returning to Taiwan for health care include: (1) Coverage by Taiwan 2nd National Health Insurance Act (2nd NHIA); (2) The quality of Taiwan medical care; (3) Trust in Taiwanese doctors more than American doctors; (4) The fact that Taiwan health care is cheaper than health care in the United States; (6) Retirement from a job in the U.S.; (7) Family or relatives in Taiwan; (8) fluent in Mandarin, Taiwanese or Hakka, and (9) Nostalgia to return to Taiwan. These are all significantly associated with the dependent variable. According to the logistics regression results, "Nostalgia to return to Taiwan" is the most positive significantly on predicting the dependent variables. One of the survey

respondents was 101 years old, born in China, and a veteran from Taiwan. For him, getting home to Taiwan is a dream linked to a sense of homesickness and nostalgia.

> *"A: I want to back to Taiwan! Maybe I 'll go back to Taiwan in the future, and I really did not have a good time here.*
>
> *Q: China, Taiwan, the United States, in which one would you choose to stay?*
>
> *A: Actually, I cannot say. If you want me to choose one, I want to say I still like China, but China does not allow me to go back.*
>
> *A: When I went back to Taiwan, the sense of human relationships and a feeling of being home is still closer in China, even now America is not our home."* (I10)

One of the survey respondents answered the question of why he chose to return to Taiwan for health care by giving a Chinese idiom – "Falling Leaf Return to Roots" -- which means the traveller away from home would one day get home.

I Have A Job in the U.S.

According to the logistics regression results, respondents who stated "I have a job in the U.S." were *68% less likely to be* considering going to Taiwan to receive health care under 2nd NHIA. Respondents I08 and I12 gave the following explanations for this finding:

> *"I will choose to remain in the United States, because I live and work in the United States now, I could not go back to Taiwan for a general health checkup.* (I08)
>
> *"Because I work in the U.S., so I make an appointment to have annual check once a year in the U.S. My HMO insurance almost covers all check ups."* (I12)

Annual Health Cost in Taiwan

As the logistics regression analyses find that respondents spend $1,000-$4,999 on annual health cost, compared to those who never returned to Taiwan for health care. They are *4.43 times more likely* to consider returning to Taiwan to receive health care under 2nd NHIA. One of the respondents who lived in Los Angels said that:

> *"But if I were really sick, I might return to Taiwan for medical treatment. Two or three years ago, we paid a total of NT 70 or 80 thousand (equal to less than $2000 U.S. dollars), compared to the United States, where it would cost so much more. For surgery and hospitalization, we paid NTD 10 thousands (equal to USD$ 2,000-3,000 dollars), Taiwan's NHI is very good!"(I12)*

Compared to those who have never returned to Taiwan for health care, the relative cost of health care in the United States and Taiwan is an empirical issue. Whether Taiwanese immigrants seek cheaper health costs depends on where they are and how much money they have to spend on health cost.

Lived in the U.S. Before1996

Those respondents who have NOT lived in the U.S. before 1996, compared to those who have are *more likely* to consider returning to Taiwan to receive health care under 2nd NHIA. That means those who have lived in the US longer are more likely to remain in the United States. Especially for some Taiwanese immigrants' the purpose of living in the United States is for their children's education, but when they get old, they want to return to Taiwan. As a female director working at a non-profit organization said,

"Because we have a home in Taiwan, we do not necessarily need to be in the U.S., we came for my young children to be educated in the United States in the past few years, but now my children are studying in college, there is no need for me to stay in the United States." (I01)

Considering Returning Taiwan to Live After Retirement in the U.S.

The study results indicated that 81.1% of respondents who are considering returning to Taiwan to live after retirement in the U.S. are strongly considering returning to Taiwan for health care under 2nd NHIA compared to 18.1% of those who are NOT considering retuning to Taiwan to live after retirement in the U.S. In contrast, 85% of respondents who do not wish or are uncertain about considering returning Taiwan to live after retirement in the U.S are *31% less likely* to consider returning to Taiwan to receive health care under 2nd NHIA. The interview findings also illustrate Taiwanese immigrants' strong wish to return to Taiwan. An engineer working in New York gave the following statements that reflected the views of many respondents:

"After retirement, I would like to return to Taiwan! …"

"Yes, I may stay in Taiwan for the long term, or go back half time to Taiwan, because my family and my brother are in Taiwan…."

"Actually, I am very confident of the quality of medical care in Taiwan, so I'm not sure where I will stay after my retirement…."

"Yes, but also because it is the place where I grew up, anyway, returning to Taiwan is a feeling of going home. In fact, Now, I am between 55-60 years old, I will probably do it in less than 10 years." (I08)

Language Preference in Communication with One's Doctor

According to the logistics regression analyses, respondents "who prefer to communicate with their doctor in English", compared to those who prefer to communicate with their doctor in Taiwanese or Chinese, are 15% *less* likely to consider returning to Taiwan to receive health care under 2nd NHIA." Those people who prefer to communicate with their doctor in English are more likely to remain in the United States. As a female employee working at a non-profit organization in San Francisco said,

> *"I have lived in the U.S. for over ten years, but I cannot speak English very well and cannot communicate with an American doctor very well in the United States. If I got sickness, I do not know where I could seek for a good doctor, and I must be able to say very clearly what are my symptoms. If I do not know how to clearly to speak about my symptoms, the doctor there is no way to take care of me in a timely manner, I still hope to return to Taiwan which would be better for me."* (I02)

According to the survey, respondents indicated that "convenience and better understanding… easy communication, and language communication" are the reasons why they choose to return to Taiwan for health care. Therefore, our research question has been satisfied that with higher levels of English proficiency, they are more likely to remain in the United States. These results are expected from assimilation theory.

Place to Get Dental Treatment in Taiwan

As the logistics regression analyses revealed, respondents who chose to get their dental treatment in the U.S., compared to those who chose to get dental treatment in

Taiwan, are *less likely* to consider returning to Taiwan to receive health care under 2nd NHIA. The interviews provide some detail on the importance of dental care. As one respondent stated:

> *"In my family, only my husband also went back to Taiwan to see the dentist, because the dentist in the United States is very slow progress, and you have to wait for an appointment for a long time, so we would prefer to return to Taiwan to see a dentist which is quicker than the U.S."* (I02)

Another respondent who lived in Los Angeles stated:

> "*It seems to be paid a portion by NHI, I am not very sure that but I know all of my Taiwanese friends return to Taiwan to have dental care because Taiwan NHI covers the dental care. Tooth extraction is very cheap in Taiwan. Many of my friends say, if you want to pull teeth, you could buy a round trip air ticket and go back to Taiwan, then return to the United States and it is still worthwhile."* (I12)

Age

Respondents who are 40-49 years old, compared to those who are 20-39 years old, are *less likely* to consider returning to Taiwan to receive health care under the 2nd NHIA. So, compared to older adults, younger Taiwanese immigrants are more likely to return to Taiwan for health care.

Self-reported Health

Respondents who self-reported their health as "Good, Very Good/Excellent", compared to those who self-reported health as "Poor/ Fair", are *less likely* to consider returning to Taiwan to receive health care under 2nd NHIA.

3. Health Care Seeking Behavior and Reasons in Taiwan or in the U.S.

Most respondents list of the reasons for seeking health care in Taiwan include cost, convenient, good facilities, better dentists, and easy to make an appointment. One respondent stated: "*I got a cold when I travelled to Taiwan, which was bad for my health, the total fees were no more than NT$10,000 (USD$333). I feel safe because I had Taiwan NHI during my stay in Taiwan*."

Most of survey respondents expressed their reason for remaining in the United State as working and living in the United States, being covered by private health insurance provided by their employers, convenient and insurance coverage limited to the U.S., and America has better medical facilities.

There is another possible reason why Taiwanese immigrants want to return to Taiwan for health care, as one survey respondent answered: "*I do not have health insurance now. I never had personal health insurance in the United States, because the price is too expensive. I cannot afford it. So, I returned to Taiwan and joined the Taiwan NHI. Taiwan's health care is very cheap and the standard is good. I plan to return to live there after I retire in the U.S.*"

Conversely, as another survey respondent said "*In the United States, I have health insurance, It is not necessary to have a long distance trip, and tickets are expensive. It is not convenient for me to stay in Taiwan and to bother relatives. Besides, I do not like the unsafe food, and chaotic noisy environment in Taiwan. The only attractive feature of Taiwan is my family!"*

Based on the above discussions, as the logistics regression results show that "I have a job in the US" is one of significant variables that predict Taiwanese immigrants' choice to consider returning to Taiwan for their health care. Those who are working and living in the United States are less likely to consider returning to Taiwan. On the contrary, those who do not have a regular job or work as an unpaid family member are more likely to consider returning to Taiwan for health care.

Finally, there is a third option for Taiwanese immigrants when it comes to seeking health care either in Taiwan or in the United States, and that is leave the decision until they understand the costs of health care required to address a specific medical/health condition. As one respondent in New York stated:

> *"I will look at the situation. If I am in Taiwan and it depends on how much money I have to pay for the health examination in Taiwan. If I do not have to spend a lot of money in Taiwan, I seek medical treatment there. If it costs me a lot of money for health care in Taiwan, then I would return to the U.S. for treatment."* (I05)

Moving back and forth between the United States and Taiwan seems to be becoming a new trend for Taiwanese immigrants as far as health care is concerned and respondents who have lived in the United States for a long time balance style of living in the United States with Taiwan. As one man living in Los Angeles put it:,

> "*I could live in both countries-- Taiwan and the U.S. The weather in summer is too hot in Taiwan! We still are not used to being back in Taiwan, and I have been living in the U.S. for thirty years*." (I12)

One small business owner living in Houston pointed out the opposite viewpoint of about returning to Taiwan. This respondent does not want to move back to Taiwan just because of the cheaper health care expense in Taiwan. He has been living in the U.S. for a long time, and his family and friends all live in the U.S. His statement is as the following:

> *"Of course, I know a lot of friends from Taiwan, and they do not have insurance in the U.S.; take me for example, I have U.S. insurance in the United States and also have Taiwan NHIA in Taiwan. But that does not mean that if you could not afford US insurance that you will return to Taiwan to live. That is impossible for me to move back to Taiwan. Considering the economic factors, you may move back to Taiwan but not all things are based on money; you do not have friends in Taiwan! In my cases, I have lived in the U.S. many years; although I have relatives in Taiwan, we do not often contact each other and I do not have friends in Taiwan! Since my friends still live in the U.S, that makes it difficult for me to move back! It is impossible to move back to Taiwan; unless you are very old and retired, and you do not have to go out and can just stay in the house all day."* (I13)

4. Summary

The qualitative interviews with a small sample of Taiwanese immigrants surveyed in the study help to explain how the 2nd NHIA affects Taiwanese immigrants' eligibility to access the health care and the possible factors behind their health care seeking behaviors. The interviews illustrate the respondents' personal experiences of health care services in Taiwan and in the United States. These interviews reinforce the findings from

the logistic regression results and highlight the sometimes difficult choices faced by Taiwanese immigrants when they consider returning to Taiwan or remaining in the United States for health care.

CHAPTER 8. DISCUSSION AND CONCLUSION

1. Health Policy Implication for Taiwan

The findings of the study help us to understand the association between the changing health care systems in the United States and in Taiwan and Taiwanese immigrants' health care seeking behavior. The study explores the possible factors behind Taiwanese immigrants' choices by looking at environment, population characteristics, enabling resources, health needs and the degree of assimilation in the United States. This chapter will discuss the implications of the findings and also the study limitations.

Association of 2nd NHIA with Taiwanese Immigrants Health Care Decisions

The new regulation of 2nd NHIA did affect the eligibility of returning Taiwanese immigrants especially for those who migrated to the United States over decades. With the two years registered domicile and 6 months residency requirements, these regulations affected those who have lived in the United States for over several decades because they now have to meet the new residency requirements under 2nd NHIA.

The "Free Rider" Problem

The original NHIA was designed as a health insurance plan for Taiwanese citizens, including those living abroad. The 2nd NHIA imposed restrictions on Taiwanese immigrants returning for health care, but still allows Taiwanese immigrants to receive health care once they pass a six-month residency requirement. For the returning Taiwanese immigrants, the restrictions in health care benefits in their home country make the receipt of benefits less generous than some may have hoped for especially when they

reach retirement age and are eager return to Taiwan to access Taiwanese welfare benefits. However, the return of Taiwanese immigrants living abroad to receive health care but to which they did not support through taxes is likely to become increasingly controversial. The provisions in 2nd NHIA to provide immigrants with health care has been criticized because of the costs to the national health system. For some, Taiwanese immigrants who return to receive health care are viewed as a kind of "free rider" of welfare and health services.

Increasing Population of Returning Taiwanese immigrants

This issue is only going to increase. The findings from this dissertation suggest that almost one-third of the sample in this study were seriously considering returning to Taiwan for their health care after their retirement in the United States and a further quarter were also weighing their options. The increasing population of returning Taiwanese immigrants will influence the health resource allocation for all Taiwanese citizens but especially the elderly, who utilize more long-term care and health resources than other age groups. These findings have important implications for both Taiwan and the United States as far as immigrant and health and welfare policy.

For the Taiwanese government, the new trend of returning migrants raises important issues. Health care is just one of the challenges. In addition, welfare services such as senior housing, social security pensions, and other allowances are also challenges facing the Ministry of Welfare and Health in Taiwan. Returning Taiwanese immigrants also reduce the number of Taiwanese requiring services from the Overseas Community Affairs Commission (OCAC). Thus, a review of policy options, including how to balance

and conserve resources, and consideration of new types of service programs for returning Taiwanese immigrants may be necessary.

2. Health Policy Implications for the United States

In general, most Taiwanese immigrants interviewed had high expectations about the Affordable Care Act (Obamacare). Most respondents mentioned the high cost of health insurance in the United States; and many expected that the ACA would assist them to get health care if they became unemployed. The majority of Taiwanese immigrants interviewed have legal status in the United States, are middle class, and employed. What they are most concerned about is their health insurance coverage in the United States, but they are also starting to consider how their future retirement and insurance will be in the United States. Thus, some Taiwanese immigrants are weighing the options of where they can best get affordable health care when they are older and retired. For an increasing number of Taiwanese immigrants living abroad, the Taiwan national health care system is increasingly seen as a viable option

The Transferring Role of Residency Requirement

The residency requirement established as part of welfare reform in the United States in 1996 limited immigrants' eligibility to receive health and welfare benefits (respondents indicated that that the welfare reform of 1996 did affect their parents' accessibility to the welfare because of the five year residency requirement). Since the Affordable Care Act eliminated the residency requirement and allows all legal residents

to purchase health insurance, the residency requirement has in effect been transferred from the United States to Taiwan.

International Welfare and Health Benefits

The changing welfare and health policy regulations in the United States and Taiwan pose challenges for Taiwanese immigrants living abroad. The initial residency requirements of the welfare reform legislation in the United States in 1996 hindered immigrants' access to welfare benefits like Medicare and Medicaid. In a similar way, the Taiwan 2nd NHIA revised and added the residency requirements for the returning overseas Taiwanese citizens. Interestingly, the success of health care reform in the United States has now created opportunities for Taiwanese immigrants with legal residence in the United States to receive affordable health care.

From a broad policy perspective, the study shows that the globalization of health care is not only reflected in international flow of capital and economic goods, but also influences the health seeking behavior of consumers for health care. As the New York Times reported recently, people in the West tend to go to Asia for health care and people in the East are increasingly going to Europe for their health care. There is a new international movement for health resources like the "blue card" insurance for the frequent travelers. The national health insurance system in Taiwan is an example of one country's efforts to develop new option for overseas Taiwan citizens.

If "American dream" is the first dream for Taiwanese immigrants, "getting home" is the second dream for many of them. The findings of why Taiwanese immigrants choose to return to Taiwan or remain in the United States can help inform the health

policy debate in the United States and in Taiwan. The contribution of this study is to provide Taiwanese immigrants' opinions toward Obamacare and the Taiwan national health insurance plan.

3. Implications for Social work

There are several implications of this study for social workers and the social work profession. Firstly, it is critically important that social workers understand health policy changes in the United States, and how health policy affects the choices people make. Health policy is one the biggest components of government spending, which affects all populations that social workers serve (Sanchez-Serrano I., 2011). This is true for all populations, but especially for immigrant groups, who often are excluded from the benefits of US policy (Choi, 2006; Kretsedemas and Aparicio, 2004; Espenshade, Baraka, and Huber, 1997).

Second, social workers need to know more about how U.S health policy impacts Asian-Americans – the nation's fastest growing immigrant group. According to the 2010 Census Report, the Asian population grew faster than any other group in the United States between 2000 and 2010. Those who reported to be Asian during the decade increased 43 percent. The Asian population continued to be concentrated in the West, and the Chinese population was the largest single Asian group. Overall, between 2000 and 2010, Taiwanese Americans increased 67.6 percent (US Census Bureau, 2012).

One of the key issues affecting language-minority populations is health literacy. The complexity and speed of health policy changes will affect the degree of understanding of the Affordable Care Act (ACA) and affect the accessibility and success

of the ACA for newer immigrants groups like Taiwanese immigrants. It is very likely that Taiwanese immigrants may not fully understand all of the changes in health policy that have occurred in the U.S. and Taiwan. For the profession, social workers should act as professional health information providers about the ACA for immigrants living in the community, develop life and cultural adaptation plans for Asian immigrants to help them to get better assimilated, and try to connect them to all of the social network resources available for immigrants.

Fourth, I believe that welfare policy will become increasingly international, and that this study illustrates how social work will increasingly need to understand the international implications of social welfare policy (e.g, Estes, 2001). Taiwanese-Americans who return to their home country for health care services when they lack adequate health care in the United States may be a forerunner of similar policies affecting other groups. Social workers and the social work profession should have a greater understanding of the difficulties that immigrant groups face in gaining access to the health care.

Finally, social workers will gain a better understanding from this study about the factors and difficulties of assimilation for immigrant groups. I have shown that the preference for native language communication with doctors, cultural beliefs about health care and nostalgia for the home country may influence health care choices more than cost considerations, and could complicate Taiwanese immigrants access to health care in the United States.

4. Study Limitations

There are several limitations to this study. First, and most importantly, the survey was based on a convenient sample because of limited time and research resources. As a result, this study's findings can not be generalized to the Taiwanese immigrant population in the United States. Findings from the study can therefore only be considered as provisional, and it is not possible to determine the causal effects of health policy changes on Taiwanese immigrants' health care decisions. Second, the qualitative analysis component of the study was limited. Many respondents agreed to fill out the survey but did not agree to be interviewed because they were afraid of their immigrant status and policy response.

Additionally, the study was designed to only include respondents who self-reported that they come from Taiwan, but the sample included 22 respondents who answered "No" on the question of "Do you or your parents (either one) come from Taiwan?" These respondents were included in the study because on analysis some of these respondents appeared to misunderstand the question of origin. For example, respondents who were born in China and then moved to Taiwan and then they migrated to the United States, or respondents whose parents came from China often stated were unable to answer this question or stated that the question was ambiguous. This study adopted a broad definition of Taiwanese immigrants and included those who self-reported they come from Taiwan and also willing to answer the survey and interview.

5. Future Study

There are several ways in which I would like to pursue this topic further. First, I would like to replicate the study with a nationally representative sample of Taiwanese immigrants. A larger, more representative sample would allow me to draw stronger inferences about the study findings. Second, I would like to expand the qualitative component. In this study, I was only able to conduct a few interviews. I would like to complete more interviews and conduct a major qualitative analysis of the results to shed more light on the reasons why Taiwan immigrants choose to receive health care in the United States or in Taiwan. Finally, I would like to do a mixed-method study of this topic but with respondents who have returned to Taiwan to receive health care.

6. Summary and Conclusion

This research illustrates that recent health policy changes in the United States and Taiwan are related to Taiwanese immigrants' health seeking behaviors. The new health policy requirements did change and affect Taiwanese immigrants' eligibility to access the national Taiwan health insurance in two ways. First, it affected Taiwanese immigrants' eligibility because of the residence requirements under 2nd NHIA; and second, the 2nd NHIA Taiwanese immigrants limited the qualifications for overseas Taiwanese citizens, especially for those who want to return to Taiwan for participating in Taiwan national health insurance.

Overall, 47.5% of respondents who consider returning to Taiwan for health care are legal Taiwanese immigrants residing in the United States. This is an important finding for the United States government and policy makers. This study suggests that

more and more legal Taiwanese immigrants will want to return to their home country when they reach retirement age because of a preference for the Taiwan health care system and economic factors due to the health costs in the United States. Thus, this research portrays a picture of the increasing movement of Taiwanese immigrants returning to their home country. Taiwanese immigrants are deciding to return to Taiwan may not so much because of nostalgic visions of 'home sweet home' but because they are making a rational decision to return to their home country for the welfare and health benefits.

The fundamental difference between the Taiwan national health insurance and the U.S health care system under changes of the Affordable Care Act is the difference between a capitalist and social democratic model. Taiwan's national health care system (NHIA) is provided by the government to all Taiwanese citizens and to anyone who lives or works in Taiwan. They are required to be insured by law. In the U.S. health care is under the Affordable Care Act is not a government run system; the ACA just regulates the health insurance market to provide different insurance options for people in a capitalist society. Because of price incentives built into the U.S. health care system, the 'free' insurance market is not affordable for many who are middle class or lower class in the United States. Therefore, many Taiwanese immigrants residing in the United States will seek to return to their home country because of its affordable health care especially after their retirement in the United States.

APPENDIX A

附錄 A：參加問卷調查同意書及問卷
Appendix A: Informed Consent and Survey Questionnaire
現居美國臺灣移民使用醫療照顧問卷調查
Health Care Survey for Taiwanese Immigrants Residing in the United States

本研究問卷調查的目的在瞭解您在哪裡獲得醫療照顧，以及您選擇在那裡獲得醫療照顧的理由。我知道各位您們有些人在美國有醫療保險，有些人在臺灣有二代健保，或是認真地考慮回臺灣參加健保。這份問卷僅需花您大約 15 至 20 分鐘。我是波士頓大學社會學暨社會工作博士班候選人劉素秋，您誠實的答案對我的研究相當重要，您的答案並沒有對或錯！您的答案是完全的保密。您的姓名或任何足以辨識您身份的資訊均不會被蒐集。我非常感謝您參與回答本問卷。

The purpose of this short research survey is to find out about where you receive medical care, and your reasons for choosing where to receive your health care. I know that many of you receive health care in the United States, and that some of you may also receive health care in Taiwan, or are considering returning to Taiwan for health care. The survey should take only 15-20 minutes to complete. I am Su-Chiu Liu, a Ph.D. Candidate at the Boston University Interdisciplinary Ph.D. program in Sociology and Social Work. Your honest answers are very important to my study– there are no right or wrong answers! Your answers will be completely confidential. Your name or other identifying information will not be collected. I am very grateful for your responses to the questionnaire.

參加問卷調查同意書
Informed Consent to Participate in Health Care Survey for Taiwanese Immigrants Residing in the United States

我瞭解並同意參加本研究問卷調查之以下事項：
I understand that participation in this survey of the study involves the following:

1. **本研究問卷調查的目的：**
   本問卷調查的目的在瞭解您在哪裡獲得醫療照顧，以及您選擇在那裡獲得醫療照顧的理由。
   The purpose of this research survey:
   The purpose of this survey is to find out about where you receive medical care, and your reasons for choosing where to receive your health care.
2. **這份問卷調查如何進行：**
   本問卷調查將以郵寄，網路及機構組織分送方式進行。這份問卷作答時間大約 15 至 20 分鐘。
   How this survey will be conducted:
   The survey will be conducted primarily by mail, online and distributed through agencies. This survey will take approximately 15-20 minutes.
3. **本問卷調查的問題：**
   本問卷是有關您的醫療保險一般性問題以及您選擇在哪裡獲得醫療照顧。
   The questions of this survey:
   This survey asks general questions about your health care and where you choose to receive health care.
4. **本問卷調查是自願的。**

您沒有義務參加**本問卷調查，你也可以選擇不要參加本問卷調查。**如果您同意參加本問卷調查，您可以選擇不回答任何您不想回答的問題。**您也可以自由地停止**回答本問卷。

This survey is voluntary.

You are under no obligation to participate and you may choose not to. If you agree to participate, you can choose not to respond to any questions that you would rather not answer. You are also free to stop participating at any time.

5. 本問卷調查是保密的。

任何由本問卷調查報告所寫成的報告或資訊都不會揭露參與調查的姓名。您在本調查所回答的答案都會被本研究保護，不會提供給其他人。然而，波士頓大學學術研究倫理審查委員會（IRB）可能會審查您的研究紀錄，以控制研究品質及維護受試者安全。波士頓大學學術研究倫理審查委員會（IRB）是由一群委員組成，負責審查人類行為研究及試驗的研究計畫，以保護參加人類行為研究的受試者。

This survey is confidential.

Any reports or information based on this survey will not identify individual participants by name. The confidentiality of what you answer will be protected. Your responses will be protected by this study and will not be given to others. However, the Institutional Review Board (IRB) at Boston University may review your study records for the purpose of quality control or safety. The IRB is a group of people who review human subject research studies for safety and protection of people who take part in studies.

6. 參加本研究問卷調查，僅可能會造成您極其微小的風險。例如， 當您思考健康保險的選項時，您可能會有些顧慮。您也不會因參加本研究而獲得直接利益。

There are minimal risks expected as a result of participation in this study. For example, a respondent may experience some concern when thinking about health insurance options. There are no direct benefits to you from taking part in this research.

7. 本研究者的連絡資訊：

如果您對本研究有任何問題或意見，您可以聯繫本研究者的指導教授 Scott Miyake Geron 博士及劉素秋，連絡電話及電子信箱是 (617) 358-2633, sgeron@bu.edu 或是 (617) 358-3436, suchiu@bu.edu。**地址是波士頓大學，**264 Bay State Road, Boston, MA 02215。

您也可以致電給波士頓大學學術研究倫理審查委員會（IRB）電話 617-358-6115，**進一步獲得有關保護您在研究中做為一個研究受訪者權利的資訊。**

___我同意參加本問卷調查

___我不同意參加本問卷調查

Researcher contact information:

If you have questions or comments about the study, please feel free to contact the Dr. Scott Miyake Geron and Su-Chiu Liu at (617) 358-2633, sgeron@bu.edu, or (617) 358-3436, suchiu@bu.edu or our fax is (617) 358-2636, and our address is Boston University, 264 Bay State Road, Boston, MA 02215.

You may obtain further information about your rights as a research subject by calling the BU IRB Office at 617-358-6115.

_____ I agree to participate in this survey.

_____ I do not agree to participate in this survey.

如果您已經同意參加本問卷調查，請翻到下一頁，依據問卷開始回答問題。

If you have agreed to participate in this survey, please turn on the next page and start to do the survey as the following.

現居美國臺灣移民使用醫療照顧問卷調查

Health Care Survey Questionnaire for Taiwanese Immigrants

第一部份：醫療保險給付範圍

Section 1. Health Insurance Coverage

1. 您目前使用的醫療照顧保險類型包括哪些？（請圈選您現在所有的醫療保險）
   What types of health care insurance do you have now? (Please check the insurance that you have and check all that apply)
   1) ☐ None 沒有
   2) ☐ Medicare 美國醫療保險(Medicare)
   3) ☐ Medicaid 美國醫療補助(Medicaid)
   4) ☐ Private health insurance in the US 購買美國私人醫療保險
   5) ☐ National Health Insurance in Taiwan 臺灣健保
   6) ☐ Private international insurance policy in the US that lets you receive health care in Taiwan
      有購買美國私人醫療保險保單在臺灣也可以使用的醫療保險
   7) ☐ Other (please describe)_____
      其他（請說明）_____

第二部份：福利及健保政策改革

Section 2. Welfare and health policy changes

2. 請選擇您對福利與健保改革政策的瞭解程度，請在每個欄位勾選，6 表示"完全瞭解"；5 表示 "非常瞭解"；4 表示 "普通瞭解"；3 表示 "只瞭解一些"；2 表示 "完全不瞭解"；1 表示 "從未聽說"。（請用圈選或選擇您的答案）
   Please select the degree of understanding on welfare and health policy changes by marking or circling in each column in choosing your answer. 6 means "Fully understand it"; 5 means "Pretty good understanding of it"; 4 means "Moderate understanding of it"; 3 means "Understand only a little"; 2 means "Don't understand it at all "; and 1 means "Never heard of it ". (Please circle or check your answer)

	完全瞭解	非常瞭解	普通瞭解	只瞭解一些	完全不瞭解	從未聽說
	Fully	Pretty good	Moderate	A little	Not at all	Never heard
1) 1996 年美國實施福利改革法案，在獲得醫療保險（Medicare）或醫療補助（Medicaid）前要求移民者必須在美國居住 5 年。 U.S. welfare reform law in 1996 that requires immigrants to stay in the US for at least 5 years before receiving Medicare or Medicaid.	6	5	4	3	2	1
2) 歐巴馬總統健保改革法案已於 2010 年通過。 President Barack Obama's health care reform law (also known as the	6	5	4	3	2	1

	Affordable Care Act or Obama Care) that was passed in 2010.						
3)	臺灣二代全民健康保險法（二代健保）已於 2013 年 1 月 1 日實施。 Taiwan's 2nd generation National Health Insurance Act (2nd NHIA) that was implemented on January 1, 2013.	6	5	4	3	2	1
4)	二代健保新規定要求保險對象具有中華民國國籍者，最近二年內曾有參加健保紀錄且在臺灣地區設有戶籍，或參加本保險前六個月繼續在臺灣地區設有戶籍。 New requirement in 2nd NHIA that requires who have previously subscribed to this Insurance within the last two years and have a registered domicile in Taiwan, or having established a registered domicile for at least six consecutive months in Taiwan prior to subscription of this Insurance.	6	5	4	3	2	1
5)	二代健保新規定外國籍者須至少在臺灣居留 6 個月才符合投保條件。 New requirement in 2nd NHIA that requires a foreign person to spend at least 6 months of residency in Taiwan before being allowed to receive health care.	6	5	4	3	2	1
6)	二代健保新規定，維持國人預定出國六個月以上者得辦理停保。 New requirement in 2nd NHIA that requires people who stay overseas for more than six months to apply for a temporary suspension.	6	5	4	3	2	1
7)	二代健保新規定，曾辦理出國停保，於返國復保後應屆滿三個月並付三個月保費後，始得再次辦理停保。 New requirement in 2nd NHIA that any person who has applied for a temporary suspension has to wait and pay three monthly payments before he/she can re-apply for another temporary suspension of NHIA payments.	6	5	4	3	2	1

3. 1996 年美國實施福利改革法案，要求移民者必須在美國居住 5 年，對您獲得醫療保險（Medicare）或醫療補助（Medicaid）的資格是否造成影響？
   Have you been affected by changes in U.S. welfare reform law in 1996 that requires immigrants to stay in the US for at least 5 years before receiving Medicare or Medicaid?
   1) □ 是 Yes 2) □ 否 No 3) □不知道 Don't know

3a. 如果『**是**』的話，請說明您的醫療照顧資格會有什麼影響。
3a. If **Yes**, Please explain how your health care has been affected.

_____
_____
_____
_____

4. 您認為歐巴馬總統健保改革法案對您的醫療照顧將會有幫助嗎？
   Do you think that the health care you receive will be improved because of the Affordable Care Act?
   1) □ 是 Yes 2) □ 否 No 3) □不知道 Don't know

4a. 如果『**是**』的話，請說明。
4a. If **Yes**, please explain

_____
_____
_____
_____

5. 二代健保新制規定是否對您參加健保資格造成影響？
   Have you affected by any of the changes in eligibility in the 2nd NHIA?
   1) □ 是 Yes 2) □ 否 No 3) □不知道 Don't know

5a. 如果『是』的話，請說明。
5a. If **Yes**, please explain

_____
_____
_____
_____

第三部份：獲得醫療照顧保險的地點
Section 3. Location Where Health Care Is Received

6. 過去五年來，您曾回臺灣幾次？
   How many times have you returned to Taiwan in the last five years？
   1) □ 沒有 None 2) □一次 Once 3) □二次 2 times
   4) □ 三次 3 times 5) □四次 4 times 6) □五次或五次以上 5 or more times

7. 過去五年來，您曾回臺灣就醫幾次？
   How many times have you returned to Taiwan for health care in the last five years？
   1) □ 沒有 None 2) □一次 Once 3) □二次 2 times
   4) □ 三次 3 times 5) □四次 4 times 6) □五次或五次以上 5 or more times

8. 請就以下可能的理由影響您選擇回臺灣就醫的重要程度回答，請在每個欄位勾選 5 表示 “非常重要”； 4 表示“重要”；3 表示 “普通”；2 表示 “不大重要”；1 表示 “不重要”。（請用圈選或選擇您的答案）
   Please select the degree of importance on the possible reasons for Taiwanese immigrants returning to Taiwan for health care by marking or circling in each column in choosing your answer. 5 means “Very important”; 4 means “Important”; 3 means “Moderate”; 2 means “Less important”; and 1 means “Not important”. (Please circle or check your answer)

	非常重要	重要	普通	不大重要	不重要
	Very important	Important	Moderate	Less important	Not important
1) 臺灣健保給付 Coverage by Taiwan 2nd National Health Insurance Act (2nd NHIA)	5	4	3	2	1
2) 臺灣醫療品質 The quality of Taiwan medical care	5	4	3	2	1
3) 比起美國醫生我比較相信臺灣醫生 I trust Taiwanese doctors more than American doctors	5	4	3	2	1
4) 臺灣醫療花費比美國便宜 Taiwan health care is cheaper compared to health care in the United States	5	4	3	2	1
5) 我在臺灣有一個新工作 I have a new job in Taiwan	5	4	3	2	1
6) 我已經從美國的工作退休 I retired from my job in the U.S.	5	4	3	2	1
7) 我在臺灣有家人或親戚 Family or relatives in Taiwan	5	4	3	2	1
8) 我說國（臺）語或客家話很流利 Fluent in Mandarin, Taiwanese or Hakka	5	4	3	2	1
9) 我想回去我的家鄉臺灣 Nostalgia to return to Taiwan	5	4	3	2	1

9. 如果您過去 5 年內曾回臺灣就醫，請說明回臺灣就醫的理由及就醫類型。
   If you have returned to Taiwan for health care in the last five years, please explain the reasons for returning and what types of health care did you receive?

_____
_____
_____
_____

10. 您是否會考慮這二年回臺灣參加二代全民健康保險？
Are you considering returning to Taiwan in next 2 years to receive health care under the 2nd NHIA?

1) □是 Yes 2) □否 No 3) □也許 Maybe

如果『**是**』或『**也許**』的話，請說明您考慮回臺灣就醫的程度？

10a. If **Yes** or **Maybe**, how strongly have you considered returning to Taiwan for health care?

1) □ 我正認真地考慮回臺灣。I'm very strongly considering it
2) □ 我正在考慮但還沒決定。
I'm thinking about it but haven't made up my mind
3) □ 我考慮過但我想我不會回臺灣。
I've thought about it but don't think I'll do it

11. 請就以下可能的理由影響您選擇在美國就醫的重要程度回答，請在每個欄位勾選 5 表示 "非常重要"； 4 表示"重要"；3 表示 "普通"；2 表示 "不大重要"；1 表示 "不重要"。（請用圈選或選擇您的答案）

Please select the degree of importance on the possible reasons for Taiwanese immigrants remaining in the United States for health care by marking or circling in each column in choosing your answer. 5 means "Very important"; 4 means "Important"; 3 means "Moderate"; 2 means "Less important"; and 1 means "Not important". (Please circle or check your answer)

	非常重要	重要	普通	不大重要	不重要
	Very important	**Important**	**Moderate**	**Less important**	**Not important**
1) 因為歐巴馬總統推動健保改革 Because of President Obama's new health care reform	5	4	3	2	1
2) 因為我有美國醫療保險 (Medicare) Because I receive Medicare	5	4	3	2	1
3) 因為我有美國醫療補助 (Medicaid) Because I receive Medicaid	5	4	3	2	1
4) 美國醫療品質 The quality of the US health care	5	4	3	2	1
5) 我相信我的美國醫生 I trust my American doctor	5	4	3	2	1
6) 我在美國有工作 I have a job in the U.S.	5	4	3	2	1
7) 我已經從臺灣的工作退休 I am retired from a job in Taiwan	5	4	3	2	1

8) 我在美國有家人或親戚 Family or relatives in the U.S.	5	4	3	2	1
9) 我說英語流利 Fluent in English	5	4	3	2	1
10) 我的健康狀況不允許我搭長程飛機 My health condition does not allow me to take a long flight	5	4	3	2	1

12. 如果您過去 5 年內都選擇在美國就醫，請說明在美國就醫的理由及就醫類型。
If you have chose to remain in the United States for health care in the last five years, please explain the reasons for remaining and what types of health care did you receive?

_____
_____
_____

13. 您是否會考慮在美國退休後回臺灣定居？
Are you considering returning to Taiwan to live after you get retired in the United States?
1) □是 Yes 2) □否 No 3) □也許 Maybe

14. 如果您不符合參加臺灣二代全民健康保險的資格，你是否考慮自費到臺灣就醫？
If you were not eligible for coverage in Taiwan under the 2nd NHIA, would you consider paying for your health care in Taiwan with your own money?
1) □是 Yes 2) □否 No 3) □也許 Maybe

15. 當您在美國有一個健康問題，您會比較喜歡找臺（華）裔醫生或美國醫生？
When you have a health problem in the United States, do you prefer to have an ethnic Taiwanese/Chinese doctor or an American doctor?
1) □ 臺（華）裔醫生 Ethnic Taiwanese/Chinese doctor
2) □ 美國醫生 American doctor
3) □ 沒有特別偏好臺（華）裔醫生或美國醫生，均可。No preference

16. 您會比較喜歡跟您的醫生說臺（華）語或英語？
In what language do you prefer to speak to your doctor?
1) □ 臺（華）語 Taiwanese/ Chinese 2) □ 英語 English
3) □ 臺（華）語 英語均可 Both Taiwanese/Chinese and English
4) □其他 other

17. 平均來說，您一年在美國花費在醫療照顧（包括醫療保險費、自付額及醫藥費）的支出（美元）有多少？
On average, how much is your annual spending on your health care cost (including insurance, deductible, and medicine) in the United States?
1) □ 少於 1,000 美元 Less than $ 1,000 (in US dollar)
2) □ 介於 1,000 至 4,999 美元 1, 000-4,999

3) □ 介於 5,000 至 9,999 美元 5, 000-9,999
4) □ 介於 10,000 至 14,999 美元 10, 000-14,999
5) □ 介於 15,000 至 19,999 美元 15, 000-19,999
6) □ 大於 20,000 美元 above 20, 000

18. 平均來說，您一年在臺灣花費在醫療照顧（包括醫療保險費、自付額及醫藥費）的支出（折合美元）有多少？（如果您曾回台灣就醫。）
On average, how much is your annual spending on your health cost (including insurance, deductible, and medicine) in Taiwan? (If you have ever returned to Taiwan for health care.)
1) □ 少於 1,000 美元 Less than $ 1,000 (in US dollar)
2) □ 介於 1,000 至 4,999 美元 1, 000-4,999
3) □ 介於 5,000 至 9,999 美元 5, 000-9,999
4) □ 介於 10,000 至 14,999 美元 10, 000-14,999
5) □ 介於 15,000 至 19,999 美元 15, 000-19,999
6) □ 大於 20,000 美元 above 20, 000
7) □ 沒有，我從未回臺灣就醫。None, I never returned to Taiwan for health care.

19. 如果您需要做年度健康檢查或簡單的健康問題，您會選擇哪裡就醫？
If you needed to see a doctor for regular check-up or a minor health problem, where do you go?
1) □ 臺灣 Taiwan 2) □ 美國 The United States 3) □看情況 Depends
請說明您的選擇。Please explain your choice.
_____
_____
_____

20. 如果您需要看牙醫或治療牙齒，您會選擇哪裡就醫？
If you needed to see a dentist for a dental treatment, where do you go for health care?
1) □臺灣 Taiwan 2) □ 美國 The United States 3) □看情況 Depends
請說明您的選擇。Please explain your choice.
_____
_____
_____

21. 如果您需要治療嚴重疾病的手術（例如：癌症或心臟手術）您會選擇哪裡就醫？
If you needed surgery for a serious medical condition (e.g., cancer or heart surgery), where would you go for health care?
1) □ 臺灣 Taiwan 2) □ 美國 The United States 3) □看情況 Depends
請說明您的選擇。Please explain your choice.
_____
_____
_____

第四部份：背景資料
Section 4. Background Information

22. 您的性別？What is your gender?
1) □男性 Male 2) □女性 Female

23. 您的年齡？What is your age?
1) □ 小於 20 歲 under 20 2) □ 20 至 29 歲 20 -29 3) □30 至 39 歲 30-39
4) □ 40 至 49 歲 40-49 5) □ 50 至 59 歲 50-59 6) □ 60 至 69 歲 60-69 7) □ 大於 70 歲 above 70

24. 您的教育程度？What is your level of education?
1) □ 未曾入學 No formal schooling
2) □ 1-8 年級 Grades 1-8
3) □ 9-12 年級 Grades 9-12
4) □ 學院大學 College /university
5) □ 碩士 Master
6) □ 博士 Doctorate

25. 您目前的居留身分是什麼? What is your current resident status?
1) □ 美國公民 U.S. Citizen
2) □ 已取得永久居留資格 Permanent resident
3) □ 無永久居留資格 Non-permanent resident

26. 您或您的父母（其中之一）是否來自臺灣？
Do you or your parents (either one) come from Taiwan?
1) □ 是 Yes 2) □否 No

27. 在 1996 年以前，您是否已居住在美國？
Have you lived in the United States since before 1996?
1) □ 是 Yes 2) □ 否 No

28. 您已經在美國居住幾年了？
How many years have you stayed in the United States?
1) □ 少於 9 年 under 9 years
2) □ 介於 10 至 19 年 10-19 years
3) □ 介於 20 至 29 年 20-29 years
4) □ 介於 30 至 39 年 30-39 years
5) □ 超過 40 年 above 40 years

29. 您的英語程度如何？
How well do you speak English?
1) □ 完全不會 Not at all 2) □不會 Not well 3) □普通 OK
4) □ 流利 Good 5) □非常流利 Very Well

30. 您如何描述您的健康狀況？
How would you describe your health?
1) □ 非常好 Excellent 2) □ 很好 Very good 3) □ 好 Good
4) □普通 Fair 5) □ 不好 Poor

31. 關於您的婚姻狀況？
What is your marital status?
1) □ 已婚；配偶族裔 Married: Ethnicity of your spouse:
a) □ 配偶為臺裔 Ethnic Taiwanese
b) □ 配偶為華裔 Ethnic Chinese
c) □ 配偶非臺裔及華裔 Non-Ethnic Taiwanese and Chinese
2) □ 單身 Single
3) □ 離婚 Divorced
4) □ 配偶死亡 Widow/er

32. 您目前的工作身分是什麼？
In your job, which response best describes you?
1) □ 雇主 Employer with employees
2) □ 沒有雇人的自營或合夥事業者
Business owner or in a partnership with no employees
3) □ 受雇者 Employee
4) □ 臺灣企業或政府外派
Assigned overseas by business or government in Taiwan
5) □ 無酬家屬工作者 Unpaid family business worker
6) □ 已退休 Retired

33. 您目前的年收入（全年工作收入）是多少（美元）？
What is your current annual income (in USD)?
1) □ 少於 10,000 美元 Less than 10,000
2) □ 介於 10,000 至 14,999 美元 10, 000-14,999
3) □ 介於 15,000 至 24,999 美元 15, 000-24,999
4) □ 介於 25,000 至 34,999 美元 25, 000-34,999
5) □ 介於 35,000 至 49,999 美元 35, 000-49,999
6) □ 介於 50,000 至 74,999 美元 50, 000-74,999
7) □ 介於 75,000 至 99,999 美元 75, 000-99,999
8) □ 介於 100,000 至 149,999 美元 100,000-149,999
9) □ 介於 150,000 至 199,999 美元 150,000-199,999
10) □ 超過 200,000 美元 200,000 or more

34. 關於您的宗教信仰？
What is your religion?
1) □無 None 2) □佛教 Buddhist 3) □基督教 Christian
4) □天主教 Catholic 5) □回教 Muslim 6) □其他 Other

35. 您現在居住的城市或地區？
Which city/area do you live in now?

1) ☐ 波士頓地區 Boston
2) ☐ 紐約及紐澤西地區 New York (including New Jersey)
3) ☐ 華府地區 Washington, DC
4) ☐ 芝加哥地區 Chicago
5) ☐ 休士頓及達拉斯地區 Houston (including Dallas)
6) ☐ 舊金山地區 San Francisco
7) ☐ 落杉磯地區 Los Angeles
8) ☐ 其他 Other _____

謝謝您的時間協助完成本份問卷！**如果您對本研究有任何問題或意見，您可以聯繫本研究者的指導教授** Scott Miyake Geron 博士及劉素秋，**連絡電話及電子信箱是** (617) 358-2633, sgeron@bu.edu 或是(617) 358-3436, suchiu@bu.edu。**地址是波士頓大學，** 264 Bay State Road, Boston, MA 02215。
Thank you for taking the time to complete the survey! If you have questions or comments about the study, please feel free to contact the Dr. Scott Miyake Geron and Su-Chiu Liu at (617) 358-2633, sgeron@bu.edu, or (617) 358-3436, suchiu@bu.edu or our fax is (617) 358-2636, and our address is Boston University, 264 Bay State Road, Boston, MA 02215.

Flyer A: Invitation for Survey

您會選擇歐巴馬總統健保或臺灣二代健保？

WHICH ONE WILL YOU CHOOSE?

"OBAMA CARE" OR

"TAIWAN 2ND NATIONAL HEALTH CARE"

歡迎參加現居美國臺灣移民使用醫療照顧*問卷調查*

PLEASE JOIN THIS STUDY-- HEALTH CARE **SURVEY** FOR TAIWANESE IMMIGRANTS RESIDING IN THE UNITED STATES

本問卷調查的目的在瞭解您在哪裡獲得醫療照顧，以及您選擇在哪裡獲得醫療照顧的理由。我知道各位您們有些人在美國有醫療保險，有些人在臺灣有二代健保，或是考慮回臺灣參加健保。這份問卷僅需花您大約 15 至 20 分鐘。我是波士頓大學社會學暨社會工作博士班候選人劉素秋，您誠實的答案對我的研究相當重要，您的答案並沒有對或錯！您的答案是完全的保密。您的姓名或任何足以辨識您身份的資訊均不會蒐集。我非常感謝您參與回答本問卷。

The purpose of this short survey is to find out about where you receive medical care, and your reasons for choosing where to receive your health care. I know that many of you receive health care in the United States, and that some of you may also receive health care in Taiwan, or are considering returning to Taiwan for health care. The survey should take only 15-20 minutes to complete. I am Su-Chiu Liu, a Ph.D. Candidate at the Boston University Interdisciplinary Ph.D. program in Sociology and Social Work. Your honest answers are very important to my study– there are no right or wrong answers! Your answers will be completely confidential. Your name or other identifying information will not be collected. I am very grateful for your responses to the questionnaire.

APPENDIX B

附錄 B：現居美國臺灣移民使用醫療照顧訪談同意書及訪談題目

Appendix B: Informed Consent to Participate in Health Care Interview for Taiwanese Immigrants Residing in the United States and Interview Questions

我瞭解並同意參加本研究訪談之以下事項：
I understand that participation in this interview of the research study involves the following:

1. **本訪談的目的：**
   本訪談的目的在瞭解您在哪裡獲得醫療照顧，以及您選擇在哪裡獲得醫療照顧。
   The purpose of this interview:
   The purpose of this interview is to find out about where you receive medical care, and your reasons for choosing where to receive your health care.
2. **這份訪談如何進行**
   本訪談將由研究者親自訪談。訪談時間大約 15 至 20 分鐘。
   How this interview will be conducted:
   This interview can be completed in-person by the researcher. This interview will take approximately 15-20 minutes.
3. **本訪談的問題**
   本訪談是有關您的醫療保險一般性問題以及您選擇在哪裡獲得醫療照顧。
   The questions of this interview:
   This interview asks general questions about your health care and where you choose to receive health care.
4. **本訪談是自願參加的**
   您沒有義務參加**本訪談，您也可以選擇不參加本訪談。如果您同意參加本訪談，您可以選擇**不回答任何您不想回答的問題。**您也可以在任何時間自由地停止**回答本訪談。
   This interview is voluntary.
   You are under no obligation to participate and you may choose not to. If you agree to participate, you can choose not to respond to any questions that you would rather not answer. You are also free to stop participating at any time.
5. **本訪談是保密的**
   任何由本訪談所寫成的報告或資訊都不會揭露參與調查的姓名。您在本訪談所回答的答案都會被本研究保護，不會被提供給其他人。然而，波士頓大學學術研究倫理審查委員會（IRB）可能會審查您的研究紀錄，以控制研究品質及維護受試者安全。波士頓大學學術研究倫理審查委員會（IRB）是由一群委員組成，負責審查人類行為研究及試驗的研究計畫，以保護參加人類行為研究的受訪者。
   This interview is confidential.
   Any reports or information based on this interview will not identify individual participants by name. The confidentiality of what you answer will be protected. Your responses will be protected by this study and will not be given to others. However, the Institutional Review

Board (IRB) at Boston University may review your study records for the purpose of quality control or safety. The IRB is a group of people who review human subject research studies for safety and protection of people who take part in studies.

6. 參加本訪談，僅可能會造成您極其微小的風險。例如， 當您思考健康保險的選項時，您可能會有些顧慮。您也不會因參加本研究而獲得直接利益。

There are minimal risks expected as a result of participation in this interview. For example, a respondent may experience some concern when thinking about health insurance options. There are no direct benefits to you from taking part in this research.

7. **本研究者的連絡資訊：**

如果您對本研究有任何問題或意見，您可以聯繫本研究者的指導教授 Scott Miyake Geron 博士及劉素秋，**連絡電話及電子信箱是** (617) 358-2633, sgeron@bu.edu 或是(617) 358-3436, suchiu@bu.edu。**地址是波士頓大學，** 264 Bay State Road, Boston, MA 02215。**您也可以致電給**波士頓大學學術研究倫理審查委員會（IRB）電話 617-358-6115，**進一步獲得有關保護您在研究中做為一個研究受訪者的權利的之相關資訊。**

Researcher contact information:

If you have questions or comments about the study, please feel free to contact the Dr. Scott Miyake Geron and Su-Chiu Liu at (617) 358-2633, sgeron@bu.edu, or (617) 358-3436, suchiu@bu.edu or our fax is (617) 358-2636, and our address is Boston University, 264 Bay State Road, Boston, MA 02215.

You may obtain further information about your rights as a research subject by calling the BU CRC IRB Office at 617-358-6115.

我以下的簽名代表我已經同意參加本研究，且我已經獲得一份同意研究的影本，我已經閱讀並且瞭解同意書的內容。

My signature below indicates that I consent to participate in this study, that I have been given a copy of this consent form, and I have read and understood it.

_____**我同意與研究者進行訪談並錄音記錄。**

I agree to have this interview taped-recorded and transcribed.

_____**我不同意與研究者進行訪談並錄音記錄。**

I do not agree to have this interview taped-recorded and transcribed.

簽名 Signature: _____

日期 Date: _____

我已經向受訪者解釋本研究，並回答受訪者的問題。我將會提供一份已簽名的同意書影本給受訪者。

I have explained the research to the subject and answered all his/her questions. I will give a copy of the signed consent form to the subject.

獲得同意書者姓名：Name of person obtaining consent: _____

簽名 Signature: _____

日期 Date: _____

訪談題目
Interview Questions

1. 1996 年美國實施福利改革法案，要求移民者必須在美國居住 5 年，對您獲得醫療保險（Medicare）或醫療補助（Medicaid）的資格是否造成影響？
Have you been affected by changes in U.S. welfare reform law in 1996 that requires immigrants to stay in the US for at least 5 years before receiving Medicare or Medicaid?
1) □ 是 Yes 2) □ 否 No 3) □不知道 Don't know

1a. 如果『**是**』的話，請說明您的醫療照顧資格會有什麼影響。
1a. If **Yes**, Please explain how your health care has been affected.

_____
_____
_____

2. 您認為歐巴馬總統健保改革法案對您的醫療照顧將會有幫助嗎？
Do you think that the health care you receive will be improved because of the Affordable Care Act?
1) □ 是 Yes 2) □ 否 No 3) □不知道 Don't know

2a. 如果『**是**』的話，請說明。
2a. If **Yes**, please explain

_____
_____
_____

3. 二代健保新制規定是否對您參加健保資格造成影響？
Have you affected by any of the changes in eligibility in the 2nd NHIA?
1) □ 是 Yes 2) □ 否 No 3) □不知道 Don't know

3a. 如果『是』的話，請說明。
3a. If **Yes**, please explain

_____
_____
_____

4. 如果您過去 5 年內曾回臺灣就醫，請說明回臺灣就醫的理由及就醫類型。
If you have returned to Taiwan for health care in the last five years, please explain the reasons for returning and what types of health care did you receive?

_____
_____
_____

5. 如果您過去 5 年內都選擇在美國就醫，請說明在美國就醫的理由及就醫類型。
If you have chose to remain in the United States for health care in the last five years, please explain the reasons for remaining and what types of health care did you receive?

_____
_____
_____

6. 如果您需要做年度健康檢查或簡單的健康問題，您會選擇哪裡就醫？
If you needed to see a doctor for regular check-up or a minor health problem, where do you go?

1) □臺灣 Taiwan 2) □美國 The United States 3) □看情況 Depends

請說明您的選擇。Please explain your choice.

_____
_____
_____

7. 如果您需要看牙醫或治療牙齒，您會選擇哪裡就醫？
If you needed to see a dentist for a dental treatment, where do you go for health care?

1) □臺灣 Taiwan 2) □美國 The United States 3) □看情況 Depends

請說明您的選擇。Please explain your choice.

_____
_____
_____

8. 如果您需要治療嚴重疾病的手術（例如：癌症或心臟手術）您會選擇哪裡就醫？
If you needed surgery for a serious medical condition (e.g., cancer or heart surgery), where would you go for health care?

1) □臺灣 Taiwan 2) □美國 The United States 3) □看情況 Depends

請說明您的選擇。Please explain your choice.

_____
_____
_____

Flyer B: Invitation for Interview

您會選擇歐巴馬總統健保或臺灣二代健保？

WHICH ONE WILL YOU CHOOSE?

"OBAMA CARE" OR

"TAIWAN 2ND NATIONAL HEALTH CARE"

歡迎參加現居美國臺灣移民使用醫療照顧**訪談**

WELCOME TO JOIN THIS STUDY -- HEALTH CARE **INTERVIEW** FOR TAIWANESE IMMIGRANTS RESIDING IN THE UNITED STATES

本訪談的目的在瞭解您在哪裡獲得醫療照顧，以及您選擇在哪裡獲得醫療照顧的理由。我知道各位您們有些人強烈考慮回臺灣參加健保，有些人也許已回臺灣參加健保或私人自費保險。這份訪談僅需花您大約 15 至 20 分鐘。我是波士頓大學社會學暨社會工作博士班候選人劉素秋，您誠實的答案對我的研究相當重要，您的答案並沒有對或錯！您的答案及任何足以辨識您身份的資訊是完全的保密。 我非常感謝您參與本訪談。

The purpose of this short interview is to find out about where you receive medical care, and your reasons for choosing where to receive your health care. I know that some of you are strongly considering returning to Taiwan and to become eligible for national health care in Taiwan; and some have been to Taiwan for health care treatment covered by the Taiwan National Health Insurance or by personal private insurance. The interview should take only 15-20 minutes to complete. I am Su-Chiu Liu, a Ph.D. Candidate at the Boston University Interdisciplinary Ph.D. program in Sociology and Social Work. Your honest answers are very important to my study– there are no right or wrong answers! Your answers and any identifying information will be completely confidential. I am very grateful for your responses to the interview.

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