Health Service Use Among Women: Differences by Nativity and Ethnicity

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As long as vital statistics, national health surveys, and medical/hospital records have been available in the United States, they have documented worse mortality profiles for men compared to women but higher rates of morbidity and health services use for women than men. Although some progress has been made to understand these gender differences, few researchers have studied how health and health service use varies for different groups of women, especially among the foreign born. This is especially important now given the rapid growth of the foreign born population and the rising presence of women among the U.S. foreign born since the 1980s.

The proportion of foreign born persons in the U.S. has increased dramatically over the past two decades of the twentieth century from 4.7% in 1970 to 7.9% in 1990 (Banister, 1994), and in response, many studies concerned with the effects of immigration on health status and health care use have been conducted. They have found that immigrant women are less likely to receive Pap smears or mammograms but that rates of screening were similar among the insured population, suggesting that a lack of insurance and usual source of care are part of the reason (Carrasquillo and Pati, 2004). Likewise, others have found that immigrant women, particularly Hispanics, use preventive health services less than non-Hispanic whites and blacks counterparts but that the disparities are greater in a new immigrant destination city (Atlanta, GA) than in an established immigrant community (Miami, FL), also suggesting that low income,

uninsured status, and language barriers are associated with lower use (Asamoa *et al*, 2004). Despite their lower usage of health services, studies focusing on morbidity and mortality have found that the health behaviors of immigrants are favorable to those of their U.S. born counterparts but that those differences in behavior diminish with length of time in the U.S., hypothesizing that length of U.S. residence as well as assimilation and acculturation all have an effect on health status (Singh and Siahpush, 2002 and Wilkinson *et al*, 2005). Fortunately, some studies have delved further and investigated health differentials within the immigrant population studying the health care utilization by immigrant children (Currie, 1998) and among ethnic groups of Asian Americans (Ryu *et al*, 2002). However, this study will encompass and extend the scope of past research.

The present study will examine differences in the utilization of a wide array of health services between foreign born and U.S. born women using data from the 1997 – 2004 U.S. National Health Interview Survey (NHIS). The NHIS is a yearly survey conducted by the National Center for Health Statistics that interviews a large, nationally representative cross-section of American families residing in the U.S. to collect data on demographic, health status, and healthcare access and use characteristics of the population. These data cover approximately 100,000 individuals and 30,000 children less than 15 in each year. This survey also oversamples black and Hispanic populations.

These data permit us to focus on differences in women's access to health services as well as in the frequency and types of services used between U.S. born women and foreign born women as a whole. However, they also allow us to examine differences within the foreign born population, offering us sufficient sample sizes to sustain separate analyses of women from particular nations, including Mexico, China, and the Philippines.

Preliminary examination reveals differences by nativity (between foreign and U.S. born women) and by national origin among foreign born women. Using logistic and multinominal regression modeling, we will further examine whether these differences remain net of other factors likely to affect patterns of utilization, such as age, current residence, and length of U.S. residence. In addition, to the extent possible, we will also examine the degree to which historical experience, socioeconomic status, and cultural factors account for the observed differences.

Health service researchers are consistently concerned with recognizing unique health needs and experiences of different individuals and groups. Surveys with distinct ethnic groups are necessary to avoid oversimplified assumptions about immigrant women as a whole. The standard use of five ethnic categories (Non-Hispanic White, Black, Hispanic, Native American, and Asian/Pacific Islander or Other) overgeneralizes differences and masks unique health status, service needs and utilization patterns within these broad categories (Uehara et al, 1994). Hence, the findings of this study will aid in the design and implementation of health care services customized for women of different racial/ethnic groups.