

RESEARCH ARTICLE

Differences in use of high- and low-value health care between immigrant and US-born adults

Sungchul Park PhD^{1,2}  | Arturo Vargas Bustamante PhD^{3,4} | Jie Chen PhD⁵ |
Alexander N. Ortega PhD⁶ 

¹Department of Health Policy and Management, College of Health Science, Korea University, Seoul, Republic of Korea

²BK21 FOUR R&E Center for Learning Health Systems, Korea University, Seoul, Republic of Korea

³Department of Health Policy and Management, Fielding School of Public Health, UCLA, UCLA, Los Angeles, California, USA

⁴Latino Policy and Politics Institute, UCLA, Los Angeles, California, USA

⁵Department of Health Policy and Management, School of Public Health, University of Maryland, College Park, Maryland, USA

⁶Department of Health Management and Policy, Dornsife School of Public Health, Drexel University, Philadelphia, Pennsylvania, USA

Correspondence

Sungchul Park, Department of Health Policy and Management, BK21 FOUR R&E Center for Learning Health Systems, College of Health Science, Korea University, 145 Anam-ro, Seongbuk-gu, Seoul, Republic of Korea 02841. Email: sungchul_park@korea.ac.kr

Abstract

Objective: To examine differences in the use of high- and low-value health care between immigrant and US-born adults.

Data Source: The 2007–2019 Medical Expenditure Panel Survey.

Study Design: We split the sample into younger (ages 18–64 years) and older adults (ages 65 years and over). Our outcome measures included the use of high-value care (eight services) and low-value care (seven services). Our key independent variable was immigration status. For each outcome, we ran regressions with and without individual-level characteristics.

Data Collection/Extraction Methods: N/A.

Principal Findings: Before accounting for individual-level characteristics, the use of high- and low-value care was lower among immigrant adults than US-born adults. After accounting for individual-level characteristics, this difference decreased in both groups of younger and older adults. For high-value care, significant differences were observed in five services and the direction of the differences was mixed. The use of breast cancer screening was lower among immigrant than US-born younger and older adults (–5.7 [95% CI: –7.4 to –3.9] and –2.9 percentage points [95% CI: –5.6 to –0.2]) while the use of colorectal cancer screening was higher among immigrant than US-born younger and older adults (2.6 [95% CI: 0.5 to 4.8] and 3.6 [95% CI: 0.2 to 7.0] percentage points). For low-value care, we did not identify significant differences except for antibiotics for acute upper respiratory infection among younger adults and opioids for back pain among older adults (–3.5 [95% CI: –5.5 to –1.5] and –3.8 [95% CI: –7.3 to –0.2] percentage points). Particularly, differences in socioeconomic status, health insurance, and care access between immigrant and US-born adults played a key role in accounting for differences in the use of high- and low-value health care. The use of high-value care among immigrant and US-born adults increased over time, but the use of low-value care did not decrease.

