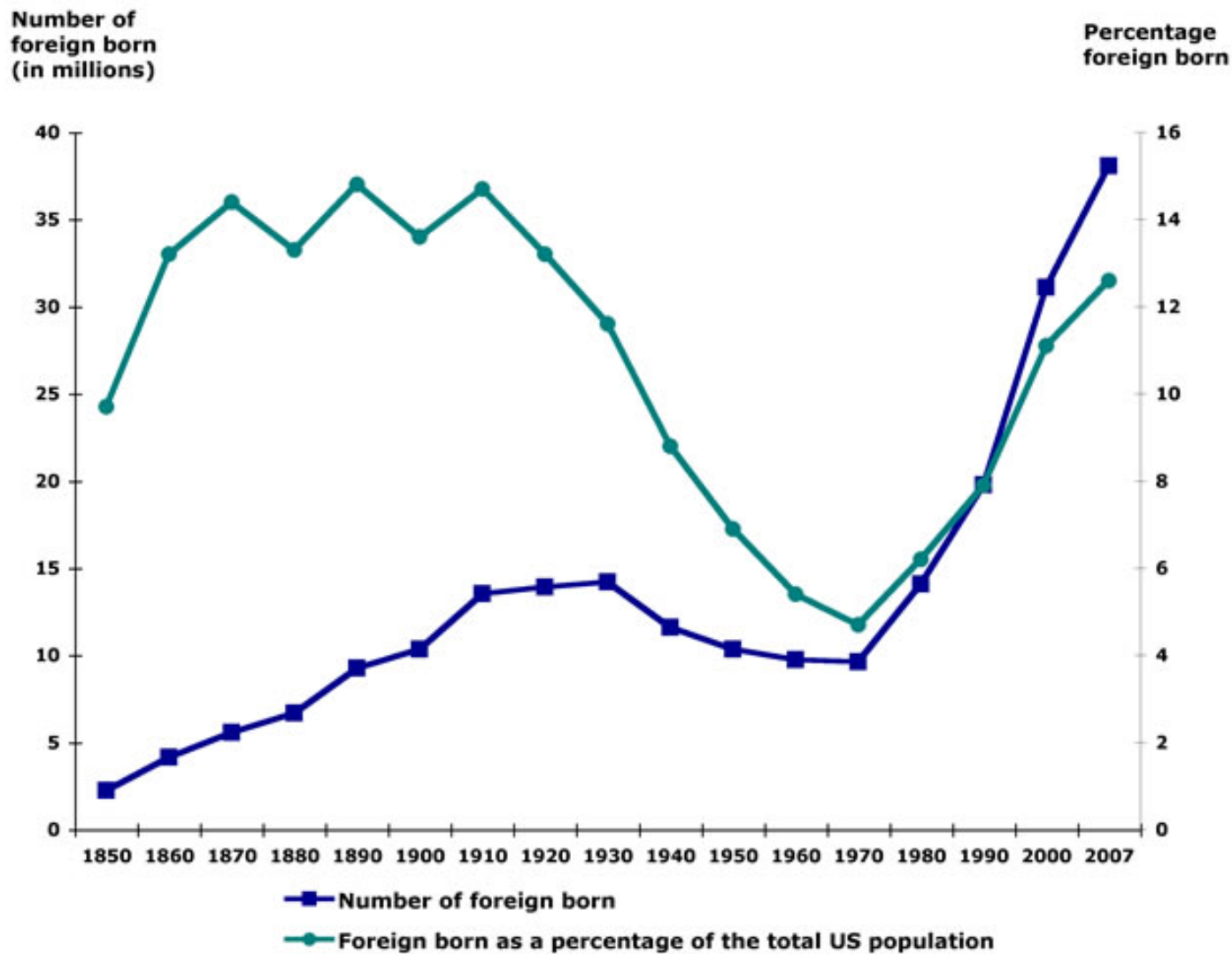


Health Information Disparities between US- and Foreign-Born Populations

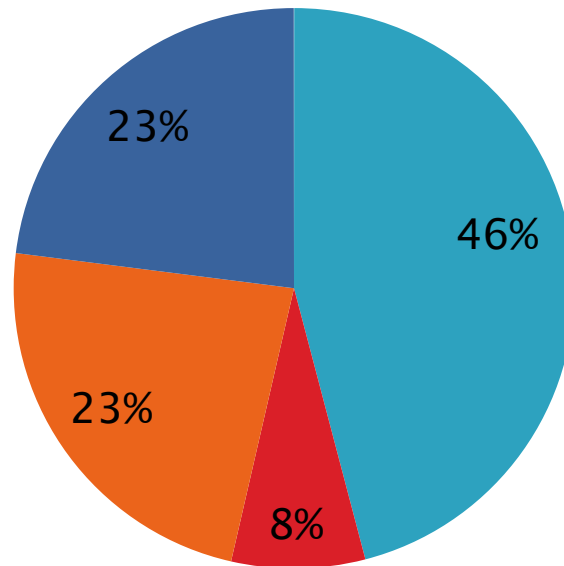
Xiaoquan Zhao
Xiaomei Cai
George Mason University



Source: US Census Bureau

Foreign Born Population in US (2007 estimate = 37,234,785)

■ White ■ Black or African American ■ Asian ■ Some other race



Hispanic or Latino origin: 47%

Source: US Census Bureau

Immigrant Health

- ▶ Immigrants in general tend to have better health than their US-born counterparts
 - Lower mortality rates and longer life expectancies
 - Lower rates of circulatory diseases, overweight/obesity, and some cancers
 - But, there is considerable variation across groups
 - E.g., Asian immigrants experience substantially higher stomach, liver, and cervical cancer mortality than the US born
- ▶ Unhealthy assimilation – immigrants' health advantages diminish with length of stay in the US

Immigrants' Access to Health Care

- ▶ Uninsured rates among immigrants more than double that of US born
- ▶ Even when insured, immigrants and their children have less access to care than do US born
- ▶ Per capita total health care expenditures of immigrants about half of those of US born
- ▶ The disparity in use of primary care is greater in the US than in Europe and Canada

Immigrants' Health Information Use

- ▶ Existing studies mostly focus on language and cultural barriers in accessing health care
- ▶ Research on other dimensions of immigrants' health information use is lacking
 - Information seeking
 - Trust in health information
 - Information access and health beliefs

Current Study

- ▶ Use national data to profile immigrants' health information use patterns
- ▶ Identify potential disparities between foreign and US born populations
- ▶ Assess potential connections between such disparities and cancer attitudes and beliefs

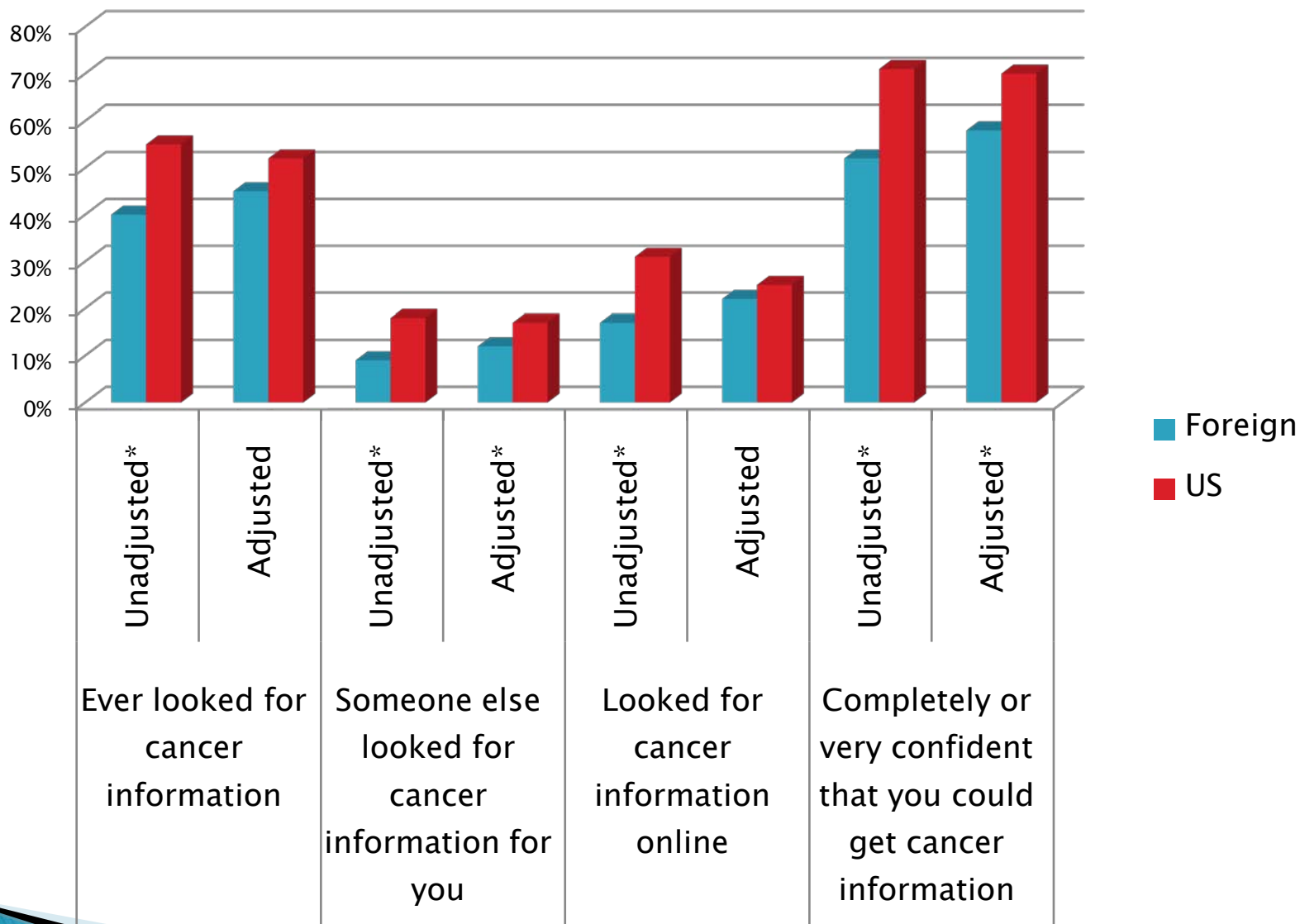
Data Source

- ▶ HINTS 2005
- ▶ $N = 5,586$, including 4,830 US born and 563 foreign born (193 missing)
- ▶ Foreign born included 63.6% Hispanic, 16.7% non-Hispanic white, 4.7% non-Hispanic black, 15% non-Hispanic other

Information Seeking among Foreign Born (vs. US Born)

	Unadjusted OR (95% CI)	Adjusted OR (95% CI)*
Ever looked for cancer information	.42 (.33–.54)	.74 (.51–1.07)
Someone else looked for cancer information for you	.45 (.33–.62)	.66 (.45–.98)
Looked for cancer information online	.45 (.35–.58)	.74 (.50–1.10)
Completely or very confident that you could get cancer information	.44 (.34–.56)	.57 (.42–.77)

* Adjusted for gender, age, race, education, health status, cancer diagnosis, insurance, employment, marital status

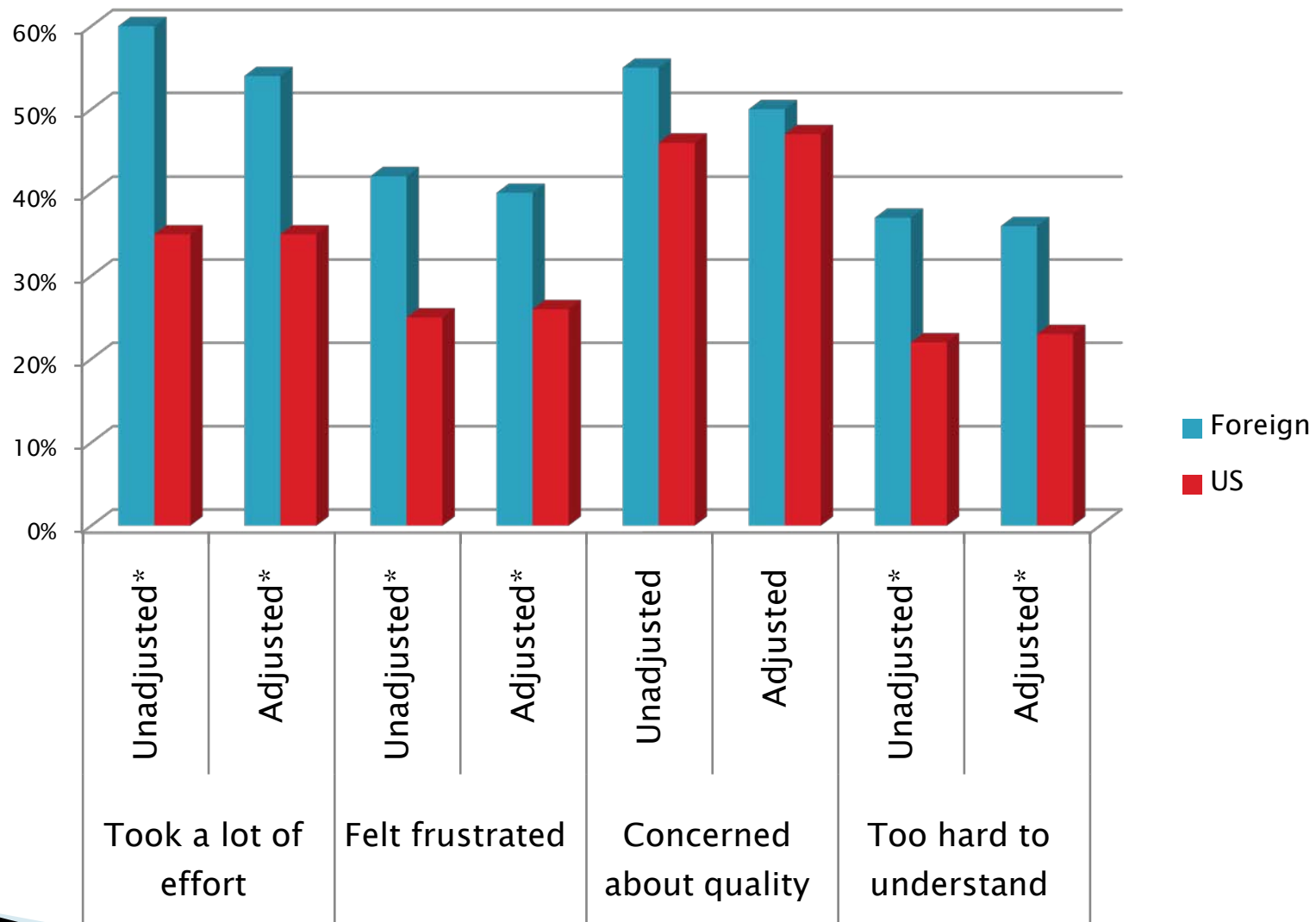


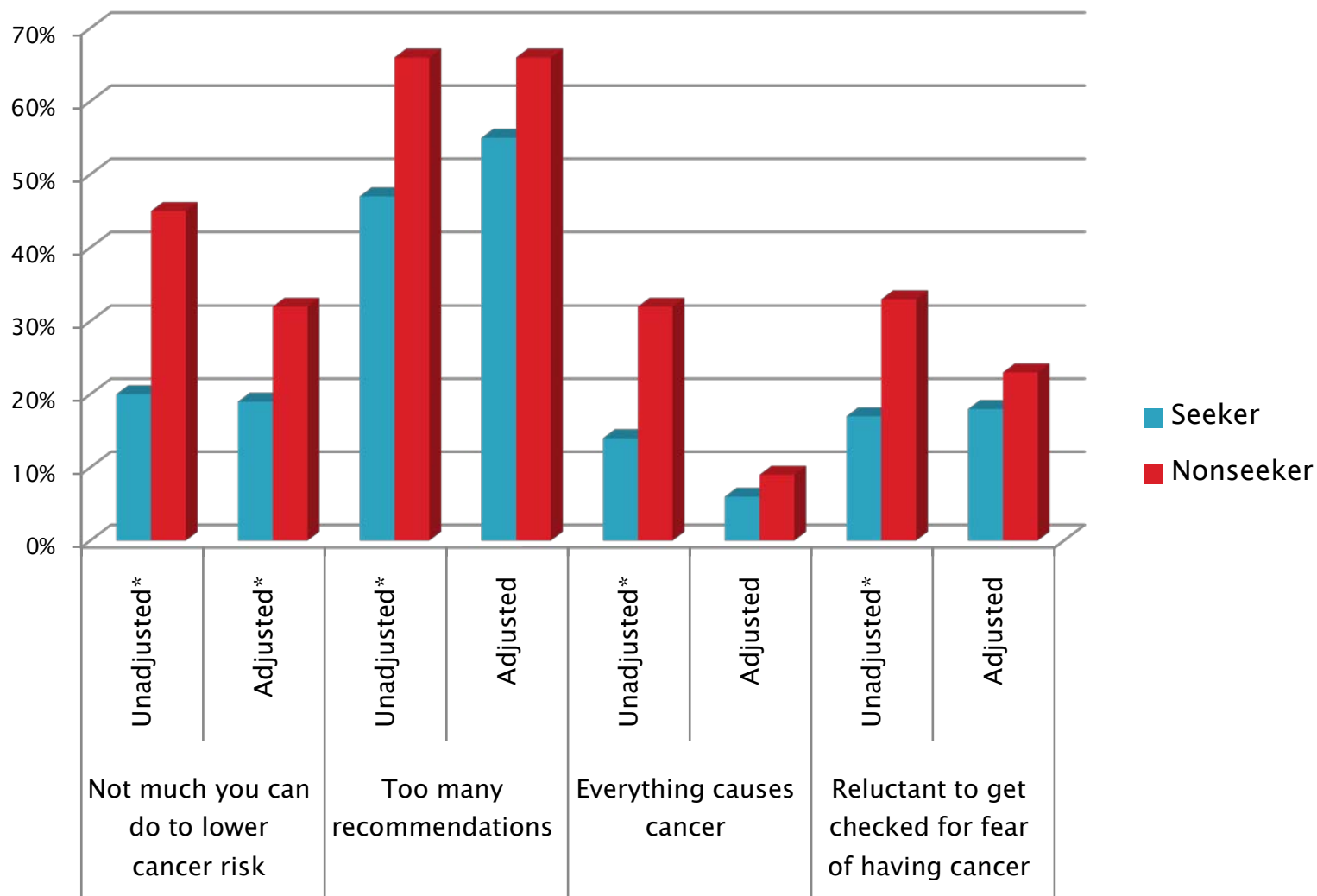
Barriers to Cancer Info Seeking among Foreign Born (vs. US Born)

	Unadjusted OR (95% CI)	Adjusted OR (95% CI)*
Took a lot of effort	2.08 (1.39–3.11)	2.17 (1.36–3.48)
Felt frustrated	2.13 (1.41–3.23)	1.98 (1.22–3.20)
Concerned about quality	1.40 (.96–2.04)	1.21 (.78–1.90)
Too hard to understand	2.08 (1.39–3.11)	2.18 (1.36–3.48)

Analyses conducted with cancer information seekers only ($n = 2,837$)

* Adjusted for gender, age, race, education, health status, cancer diagnosis, insurance, employment, marital status

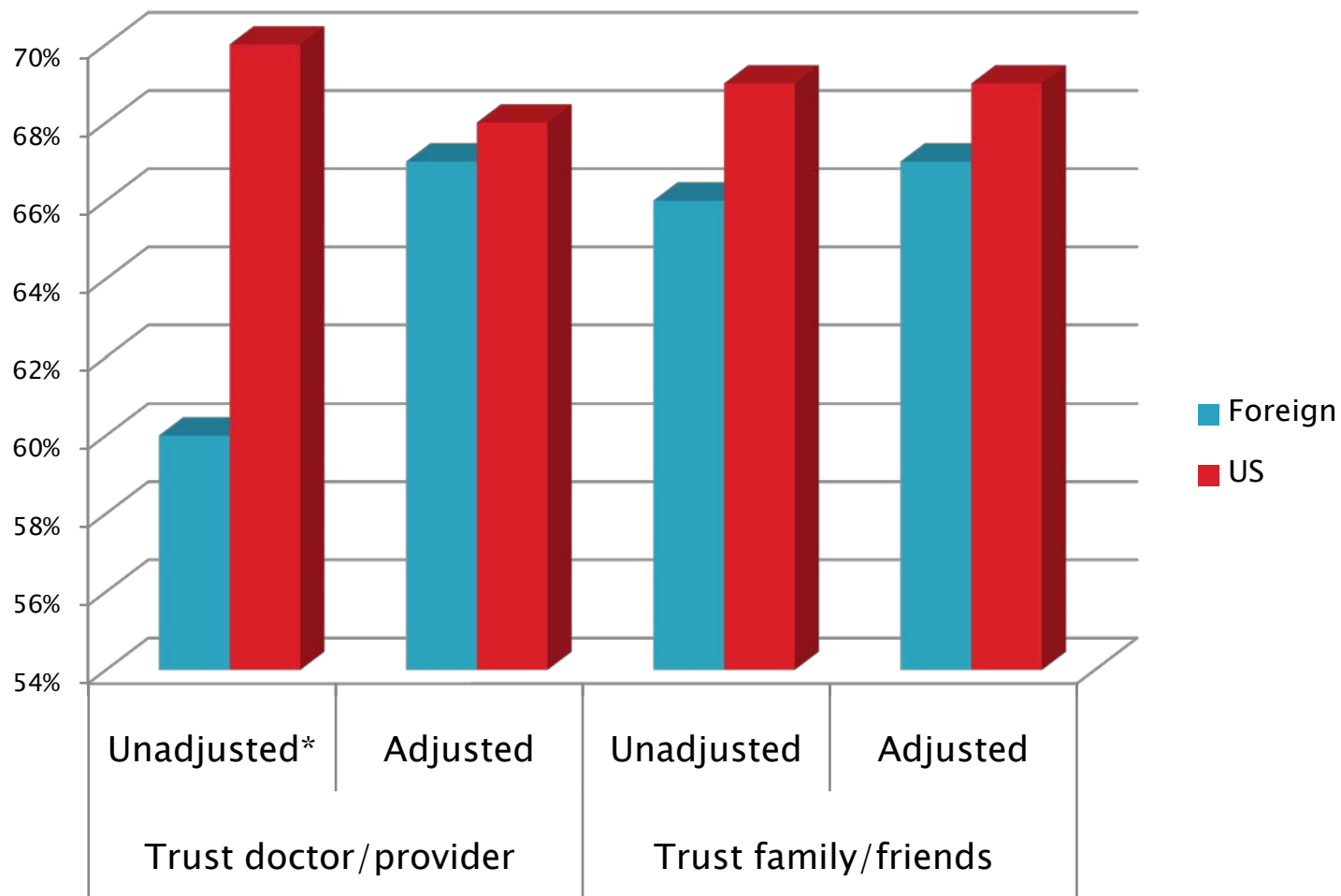


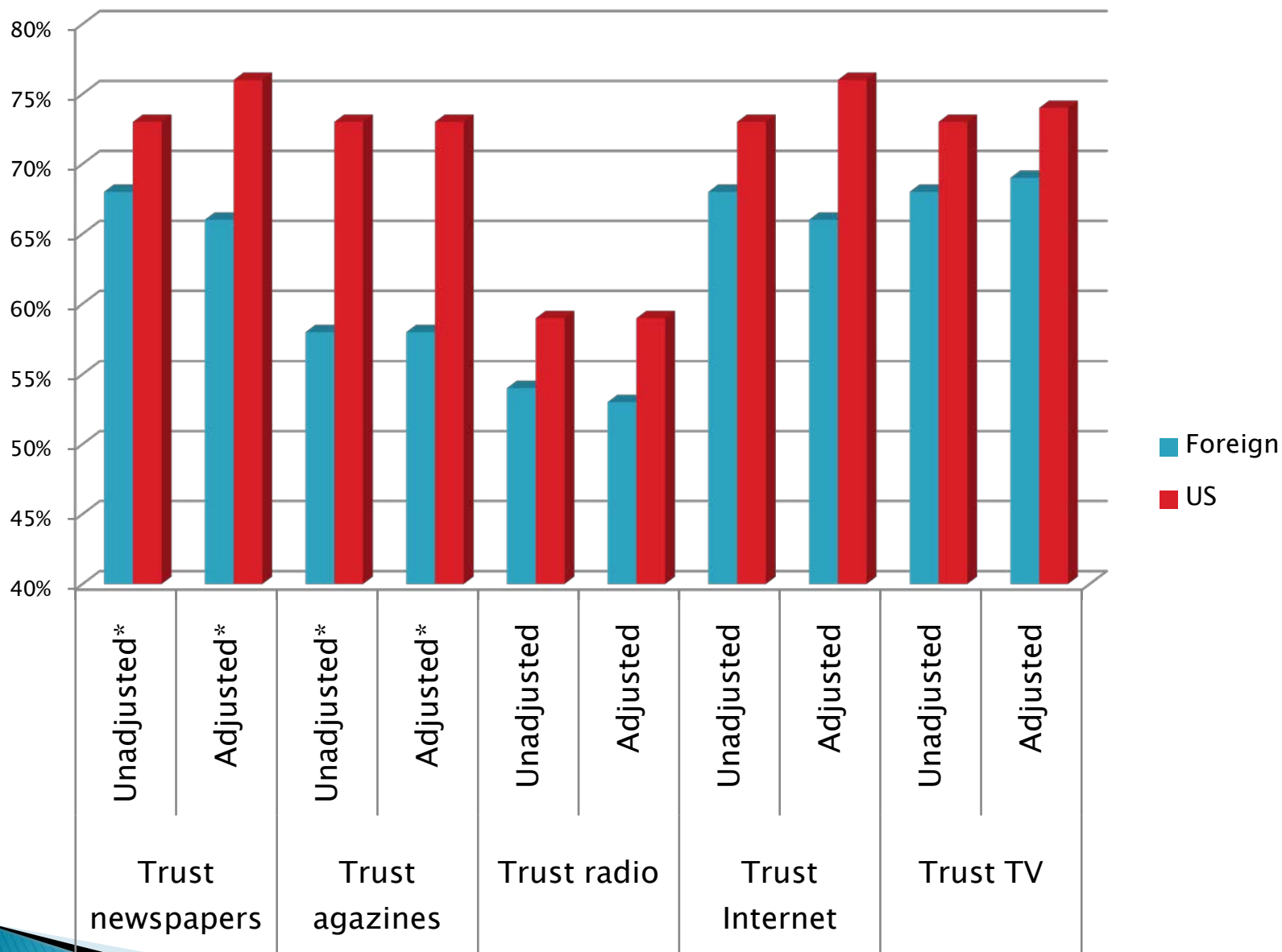


Trust in Health Information among Foreign Born (vs. US Born)

	Unadjusted OR (95% CI)	Adjusted OR (95% CI)*
Doctor/provider a lot	.68 (.54–.85)	.94 (.67–1.31)
Family/friends some or a lot	.88 (.68–1.13)	.91 (.64–1.31)
Newspapers some or a lot	.62 (.46–.83)	.64 (.44–.93)
Magazines some or a lot	.52 (.39–.70)	.50 (.35–.70)
Radio some or a lot	.84 (.63–1.14)	.79 (.55–1.12)
Internet some or a lot	.77 (.46–1.30)	.62 (.37–1.07)
TV some or a lot	.81 (.61–1.07)	.76 (.55–1.06)

* Adjusted for gender, age, race, education, health status, cancer diagnosis, insurance, employment, marital status

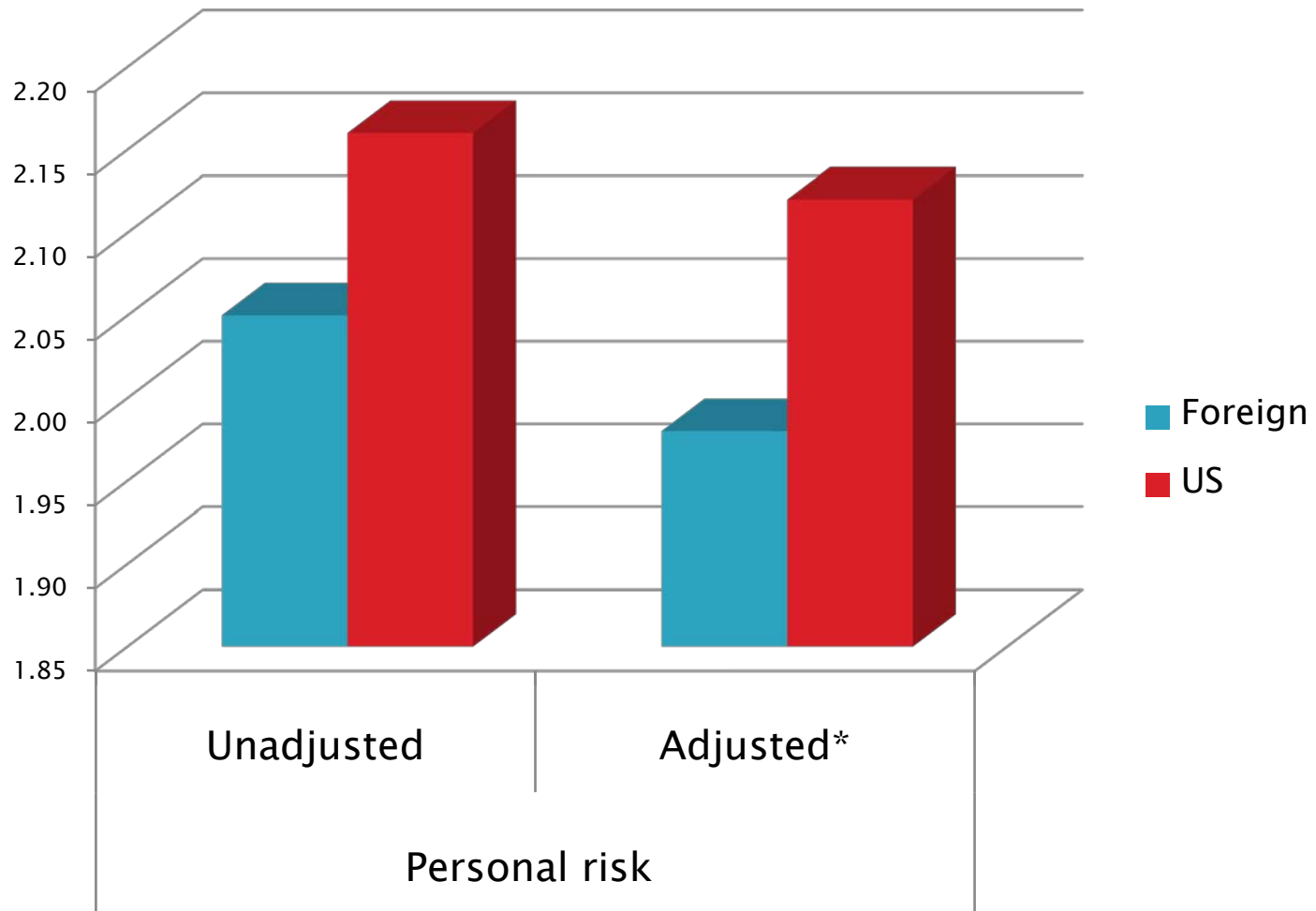


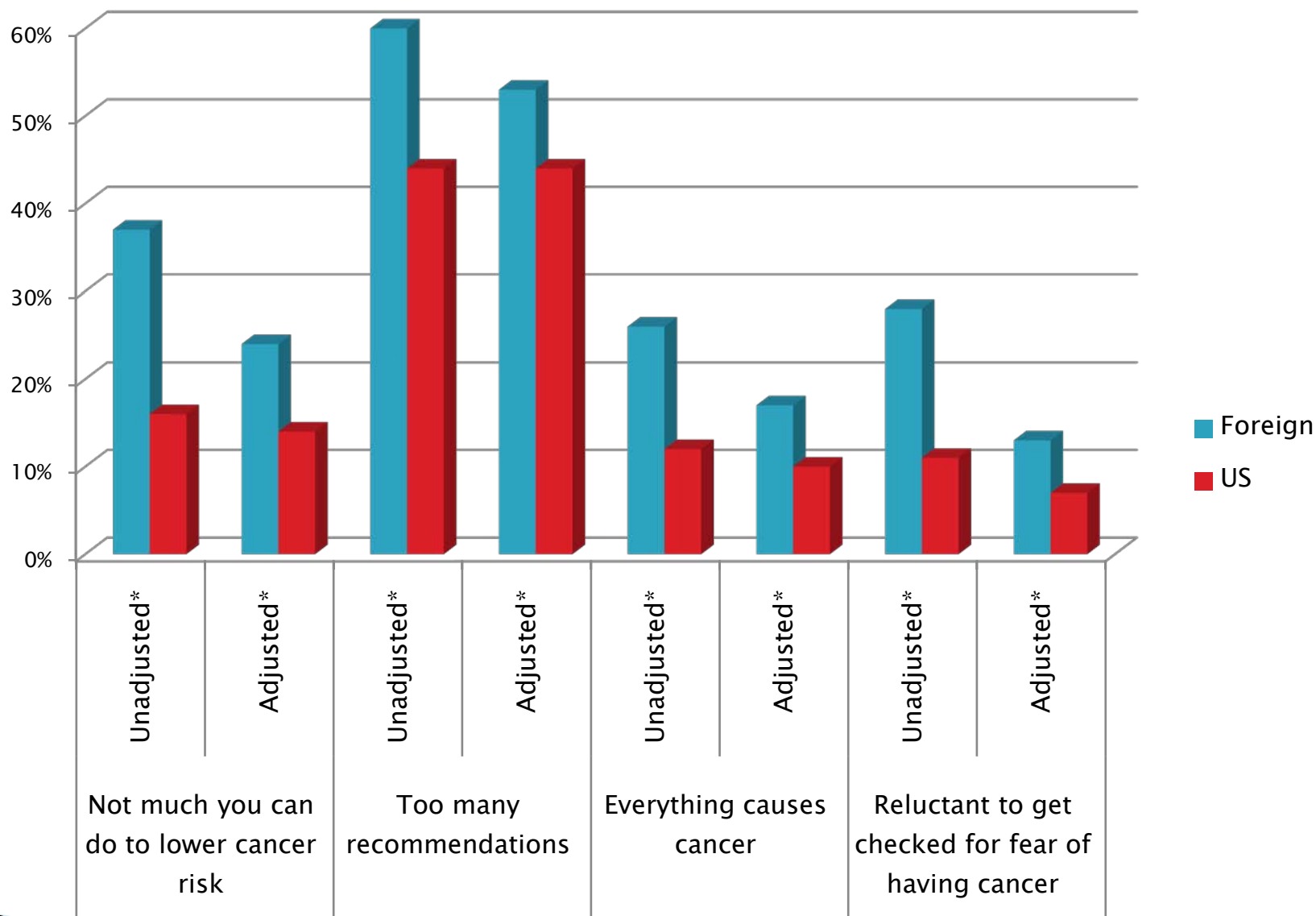


Cancer Beliefs among Foreign Born (vs. US Born)

	Unadjusted Coefficient (95% CI)	Adjusted Coefficient (95% CI)
Personal risk	-.10 (-.24 – .03)	-.15 (-.28 – -.01)
	Unadjusted OR (95% CI)	Adjusted OR (95% CI)
Not much you can do to lower cancer risk	3.14 (2.24–4.41)	1.91 (1.20–3.04)
Too many recommendations	1.97 (1.56–2.49)	1.46 (1.06–2.02)
Everything causes cancer	2.59 (1.84–3.64)	1.78 (1.19–2.67)
Reluctant to get checked for fear of having cancer	3.09 (2.32–4.10)	1.90 (1.14–3.18)

* Adjusted for gender, age, race, education, health status, cancer diagnosis, insurance, employment, marital status

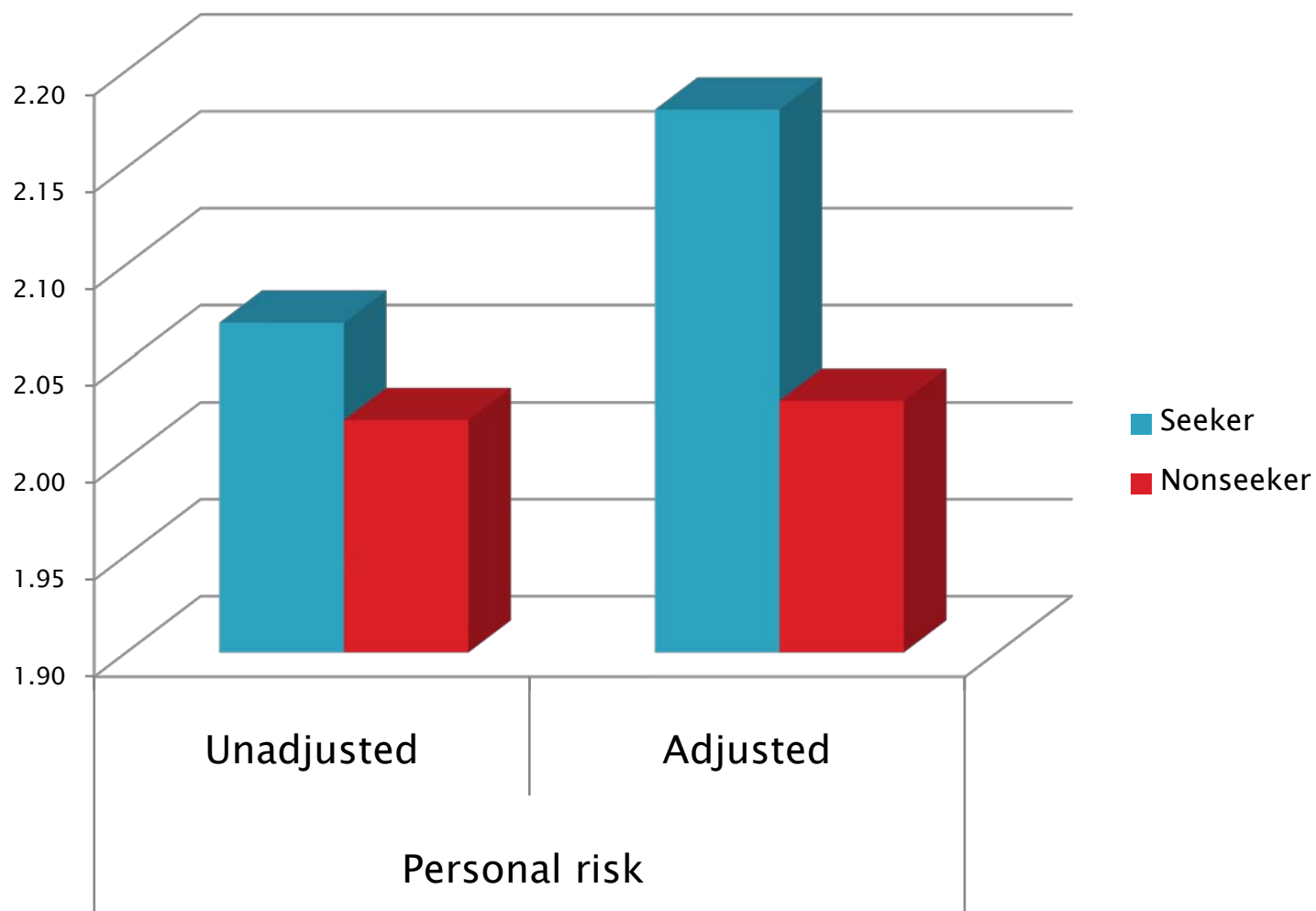


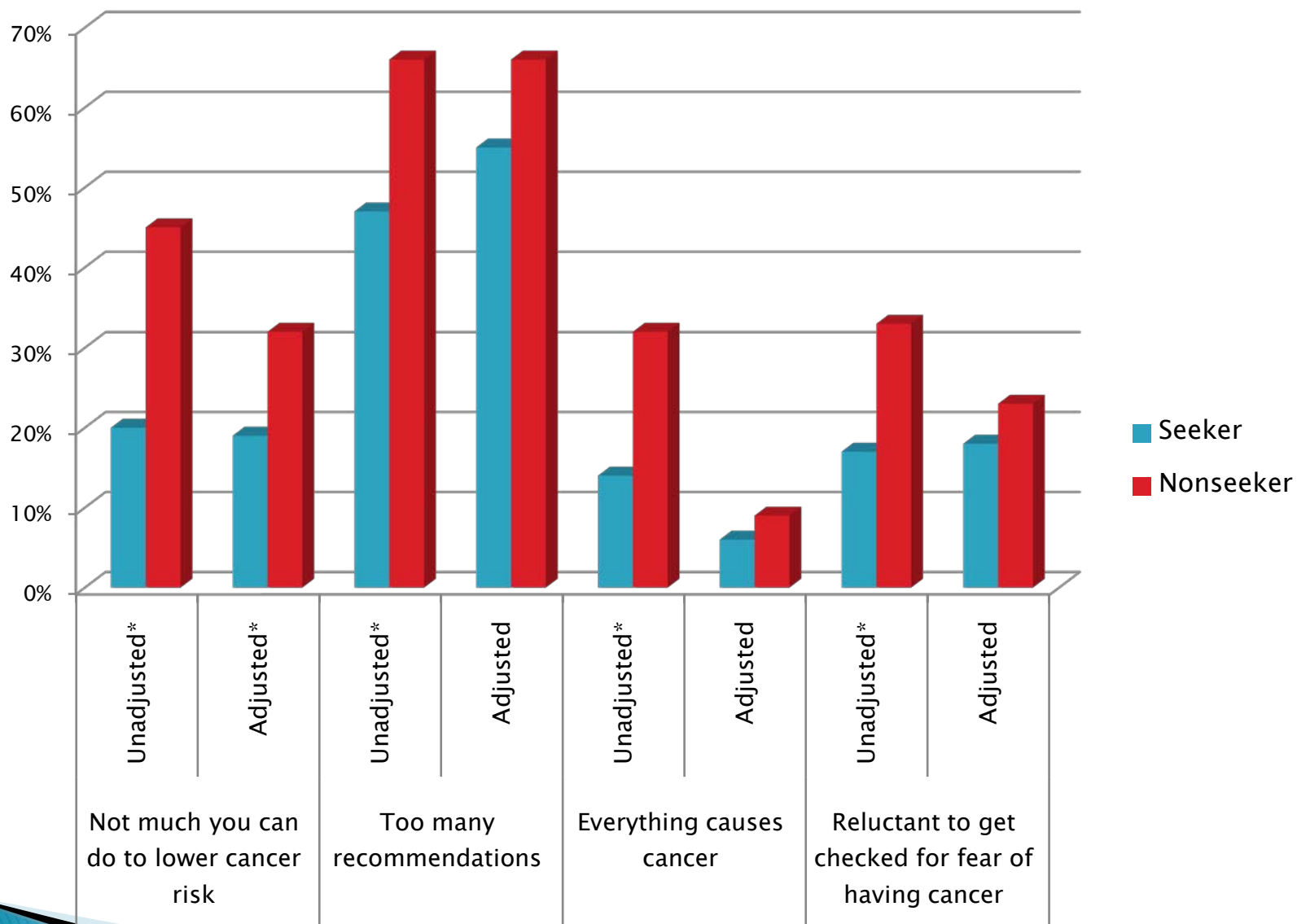


Cancer Information Seeking and Cancer Beliefs among Foreign Born

	Cancer Information Seeking (Yes vs. No)	
	Unadjusted Coefficient (95% CI)	Adjusted Coefficient (95% CI)
Personal Risk	-.05 (-.31 - .22)	.15 (-.18 - .48)
	Unadjusted OR (95% CI)	Adjusted OR(95% CI)
Not much you can do to lower cancer risk	.30 (.17-.54)	.50(.27-.93)
Too many recommendations	.46 (.28-.74)	.64 (.33-1.23)
Everything causes cancer	.35 (.19-.64)	.58 (.26-1.31)
Reluctant to get checked for fear of having cancer	.42 (.25-.70)	.75 (.40-1.44)

$n = 563$ * Adjusted for gender, age, race, education, health status, cancer diagnosis, insurance, employment, marital status, years in US, language proficiency





Summary

- ▶ Compared to the US born population, foreign born populations
 - Are less likely to have actively sought cancer information
 - Experience greater difficulty in using cancer information
 - Have lower trust in health information from a variety of sources
 - Perceive lower personal risk of cancer
 - Are more likely to hold undesirable beliefs about cancer

Summary

- ▶ Some of these disparities can be explained by differences in racial/ethnic background, education, insurance coverage, health status, etc.
- ▶ Some disparities continue to exist after controlling for these factors
- ▶ Greater cancer information seeking is associated with more accurate cancer beliefs among foreign born individuals

Discussion

- ▶ With a growing immigrant population, health information disparities between foreign and US born populations are a problem of critical importance
- ▶ Reducing and eliminating these disparities require interventions that are informed about
 - The health-related values and norms of various immigration groups
 - The process of acculturation
 - The health information needs of immigrants
 - The health literacy needs of immigrants
 - Evidence-based strategies of effective health communication