

## ORIGINAL ARTICLE

DETERMINANTS OF HEALTH SERVICE UTILIZATION AMONG  
PAKISTANI IMMIGRANTS IN MARYLAND, USA

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**Background:** Health of immigrants is challenge for any host country due to multiple reasons. Immigrants of Pakistani origin constitute a significant population in the USA and their population has doubled in last 10 years. This study was conducted to determine factors affecting health service utilization in the state of Maryland, USA. **Methods:** This was a descriptive study, utilizing mixed method research. A sample of 100 respondents from Pakistani immigrants in Maryland was selected through convenience sampling. A structured questionnaire was used for soliciting responses. Three focus group discussions were also conducted for qualitative assessment of health service utilization. **Results:** Male gender, higher level of education, longer duration of stay, and higher income people had more utilization of health services. Those not having insurance had affordability issues as they had to pay out of pocket for treatment cost. A high proportion of uninsured were resorting to traditional home remedies for treatment. There was a concern on delays in appointment system and long waiting time for elective cases. Most respondents mentioned problem of language while interacting with doctors and need of English speaking family member in medical consultation. Many respondents reported difficulty in availing health services due to job commitments. They had to make arrangements for substitute at their workplaces, which affected their utilization of health services. **Conclusion:** Low-income immigrants in USA are less likely to have health insurance. Factors affecting service use are out of pocket costs, long waiting time, language problems and immigrants' job commitments. It is recommended to get a clear idea of health systems of USA before moving to US as immigrant.

**Keywords:** immigrant, insurance, health services utilization

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## INTRODUCTION

According to the United States Census 2010 data, Pakistani American population has doubled in last 10 years.<sup>1</sup> Pakistanis are the second fastest growing Asian community in the United States of America.<sup>2</sup> Various types of organizations provide health services in the US, including insurance programs like Medicare, Medicaid, TRICARE, and Children's Health Insurance Program. Medicare provides Health and medical services to needy families and this program has different names in different states. The States under the Act of 1996 decide health care services eligibility. They assess and decide about provision of Medicare, and aid to eligible Families.<sup>3</sup>

Health care access has different pattern in different places, depending on individuals and groups, mainly depending upon socioeconomic conditions and health policies in that region. Different regions, countries and administrations have different health policies and plans, which are formed on certain community-based health care goals.<sup>4</sup>

Migration being a complex and a difficult process may affect immigrants' health in a negative way. In many counties immigrant health is regarded as public health challenge.<sup>5</sup> Immigrants are usually less satisfied with health services, probably due to communication gap between health workers and

immigrant patients.<sup>6,7</sup> Immigrants problems in health care could be related to language difference, varying culture and image of doctors.<sup>8,9</sup> It also depends upon expertise of health workers and immigrant's experiences, exclusiveness towards services and attitude towards health services in host country.<sup>10</sup> Immigrants in the US have low per capita health expenditure compared to native Americans regardless of their health insurance status.<sup>11,12</sup>

Pakistani immigrants in the USA encounter many health service related issues, which need to be addressed by delivery of appropriate health services.<sup>13,14</sup>

This study was conducted to determine factors affecting health service utilization of Pakistani Immigrants in the state of Maryland, USA.

## MATERIAL AND METHODS

It was a descriptive observational study incorporating mixed method research comprising of both qualitative and quantitative components conducted from September to December, 2013. This study was conducted in the State of Maryland, USA. All adults who were lawful permanent resident (LPR) of the US from Pakistan, residing in the state of Maryland, USA were taken as the study population. State Population is 5,375,156 out of which total population of Pakistani American is 13,339.<sup>1</sup>

With respect to the quantitative component of study, convenience sampling technique was used to reach Pakistani immigrants. A self-administered questionnaire was handed over to the consenting respondents with the request to return it in one-week. One hundred Pakistani immigrants living in Maryland were approached out of which 30 did not respond, and 70 completed the interviews questionnaire and returned it to the researcher. Data entry was done in Excel and analysis was carried out in SPSS-20.

For the qualitative component of the research, three focus group discussions (FGDs) with six to eight respondents in each group were conducted. All three FGDs were conducted at three different geographical locations. Two were held at residences and one was held at Local Mosque (Jam-e-Masjid).

The study was conducted after approval from the Institutional Review Board of Health Services Academy Islamabad. The Maryland department of Health and Human Services was approached for ethical permission but they explained that this type of study did not require any permission and was exempt from Federal Regulations vide Federal Policy §101(b)(2). Informed consents were taken from all respondents and participants were assured that confidentiality would be maintained. No incentives were offered to the study participants.

## RESULTS

Age ranged from 18–62 years with no significant relationship with health service utilization. More males (72%) reported health services utilization in the last one year compared to of females (56%). Health service utilization increased with years of schooling, indicating education as important determinant of health service uptake. Duration of stay in the US was also a determinant of service use, with increased proportion of health service use in longer stay in the US. All of the respondents living in US for more than 10 years reported use of health service compared to 45.5% of those living in the US for less than five years.

Eighty percent of respondents in high-income group (above \$50000 per year) were insured. Among those having income between \$2500 to 50000, 70.6% were insured. Among low-income group (less than \$25000 per year) 35% were insured. Service use was more in insured compared to uninsured. Service use was 67% in the insured whereas only 32.4% in uninsured. Those uninsured had to pay out of pocket while seeing a primary care physician. They avoided seeing a doctor even if they needed medical advice. Few of the participants told that they asked their relatives and friends, travelling to Pakistan, to bring certain medicines, which were

not available in the US without prescription. The medicines brought from Pakistan included antibiotics, steroids, analgesics, and some herbal remedies. Among the users, 61.5% respondents reported using some traditional home treatment.

With regard to sources of information about health services, the main source was family and friends followed by online resources on Internet and health facilities staff. Many respondents (65%) raised concern on appointment system and reported that they were subjected to long waiting times for health service appointments. At times waiting times were in months. Another concern was preference for the same language family physician with 35% reporting that they had to take English speaking family members to health facility to make sure they did not miss out any important piece of medical advice.

Some participants (16%) informed that it was difficult for them to use health services as they had to take leave and make arrangements for substitute at their workplaces. They were not paid for those hours, so they tended to have less utilization of health services and resorted to use traditional home care.

## DISCUSSION

Although the immigrants living in Maryland had the same percentage of health insurance in both sexes, but men were utilizing health services more than women. This finding has been highlighted in other research, which also showed that women delay or avoid health services due to gender concordant care. Although majority of Pakistani immigrants were satisfied with health services, some concerns were related to accessibility, language barrier, waiting times and absence of medical leave in the informal employment. Lower income status levels of Pakistani immigrants show the lower percentage of Health insurance and similarly lower utilization of services. Other studies have also highlighted lack of health insurance as significant problem for immigrants in US.

## CONCLUSIONS

Immigrants in the USA are less likely to have health insurance if they have low-income levels. They are also more likely to avoid health service use due to out of pocket costs, long waiting times, language problems and job commitments. It is important to understand the health systems of USA before moving to the US as immigrant. State health department, local agencies, non-profit organizations and health providers can play a role in helping to connect immigrants to health resources. Culturally appropriate health service related materials in commonly spoken national languages could be made available to immigrants on their arrival in the US.

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