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Immigrating to a universal health care system: Utilization of hospital services by immigrants in Israel

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ABSTRACT

Background: During the 1990s, Israel absorbed approximately 1 million immigrants. The entitlement to citizenship and social rights in a country with universal health care coverage makes the Israeli case of special interest concerning immigrants' utilization of health care services.
Objectives: 1. To describe utilization patterns of emergency room and in-hospital services among recent immigrants to Israel. 2. To determine if and when there is convergence of health care utilization patterns on the part of recent immigrants with native-born and long-established immigrants to Israel.
Methods: Data was obtained from Clalit Health Services computerized database and included socio-demographics, date of immigration,presence of chronic disease, emergency room visits, and hospitalization days among all covered residents.Descriptive analysis of the group characteristics, multivariate analyses to determine influential factors, and tests for trend were conducted.
Results: Rates of emergency room and hospitalization were lower for immigrants, and remained so even after 10 years.
Conclusions: Economic and cultural factors influence health care utilization among immigrants and may lead to inequity in health care delivery and consequent health outcomes. A better understanding is needed for the differences in health care utilization patterns between immigrants and veteran Israelis.
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1. Introduction

Waves of migration, one of the characteristics of globalization, pose several questions related to health. Despite the "healthy immigrant effect", i.e., the self-selection of a relatively young and healthy population, immigration is a stressor that can negatively affect health; the "new" environmental and social contexts are potential sources of illness; immigrants may carry diseases resulting from the poor social conditions in their countries of origin; and immigrants usually find themselves in the lower socio-economic echelons of their new countries, with the consequent health problems (World Health Organization, 2003; MacPherson and Gushulak, 2001).

Moreover, the migrant population presents special needs, due to different conceptions of health, disease, and healthcare and because of their marginalization, migrants can face difficulties in accessing healthcare services. (World Health Organization, 2003; Kraut, 1990). The obstacles they face include: (1) lack of health care insurance (2) discriminatory treatment by health care providers, (3) language barriers, and (4) lack of culture-appropriate services.World Health Organization As a consequence, immigrants' utilization of health care services may be lower than that of the native population. (Lebrun and Dubay, 2010); (Huang et al., 2006) Underutilization of the healthcare services is more widespread for services such as preventive medicine and dental care. (Spallek et al., 2010); (Remennick, 2006) Data on immigrants' utilization of hospital services is contradictory. Some studies show that immigrants use more hospital services than the native population, while others reveal no difference or underutilization of hospital services. (Carrasco-Garrido et al., 2009); (Newbold 2005); Ku and Matani, 2001).

This paper aims to contribute to the discussion by assessing the utilization of health care services by immigrants to Israel during the 1990s. Israel has one of the highest immigration rates worldwide. Since 1948, some 3,000,000 immigrants have reached Israel, including two main immigration waves, 1948–1951 and 1990–2000. During the 1990s Israel absorbed approximately 1 million immigrants, mostly from the former USSR. (Israel Central, Bureau of Statistics, 2007); (Shuval 1998).

Immigration to Israel differs from immigration to most countries. Jewish immigration to Israel is a central element in Zionist ideology and praxis. The Israeli immigration regime establishes

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that Jewish immigrants arriving in Israel according to the Law of Return are immediately accepted as citizens, with full rights. While migrants in the 1950s underwent a process of medical selection, most of the immigrants who arrived in the 1990s did not (Shvarts et al., 2005) Thus, the age and health status profiles of immigrants to Israel – relatively older and less healthy – differ from the profiles of labor migrants to other countries (Carmel and Lazar, 1998); (Baron-Epel and Kaplan, 2001). Moreover, immigrants who come to Israel under the Law of Return are immediately covered by the country's universal health care insurance system. The unique combination of relatively older age and lower health status and entitlement to citizenship and social rights in a country with universal health care coverage makes the Israeli case of special interest concerning immigrants' utilization of health care services. Since the differences in utilization of health care services between immigrants covered by the Law of Return and non-immigrants do not result from differences in insurance or citizen rights, research on the Israeli case will throw light over other reasons for differences in utilization.

In contrast to most studies that address immigrants' utilization of mental health services, preventive medicine, and dental care, this article assesses differences in utilization of emergency room (ER) services and in hospitalization. In contrast to previous studies on immigrant's utilization of health care services in Israel, which were based only on self-reporting, the present study uses computerized data on actual utilization of hospital services by immigrants, and compares with the data with that of a control sample of non-immigrant Israelis. The comparison with the non-immigrant population can offer possible explanations for immigrants' patterns of utilization of health care services. Moreover, an important aspect of this research is that it assesses temporal changes in immigrants' utilization of hospital services over a 5-year period including the year of immigration thereby enabling to assess whether immigrants' utilization of health care services changes over time.

2. Immigration to Israel from the former USSR

Between 1989 and 2000, over a million immigrants arrived in Israel. Most of them arrived from the former USSR, due to the dissolution of the USSR, the subsequent economic crisis and expressions of anti-Semitism. Immigrants from the former USSR are older than the average Israeli population and much older than the average labor migration to rich countries. (International Organization for Migration, 2008). Children up to 15 years made up 19% of the immigrants (as compared to 24% among the general Israeli population) and 15% of the immigrants were older than 65 (as compared to 12% among the Israeli population). Most of the adult immigrants were professionals or skilled workers (23% of those who arrived between 1990 and 1995 worked in the fields of science, medicine and engineering, 21% in technical occupations, and 10% as skilled workers and only 3% were unskilled workers (Shuval, 1998).

However, they found difficulties entering the Israeli labor market; many were forced to work as unskilled or semi-skilled workers or remained unemployed. (Remennick, 2001). The epidemiological characteristics of the immigrants from the former USSR were different from those of the Israelis. In comparison to the general Israeli population they suffered from high rates of cancer, had high rates of cerebrovascular accidents (CVA) and high rates of chronic diseases such as metabolic diseases, cardiovascular diseases and hypertension (Rennert, 1994). Their life expectancy was lower by 5 years than that of the Israeli Jewish population (Remennick, 2003). The differences were especially acute among the elderly: 38% of the immigrants older than 70 were in need of special care, compared to 21% among the Israeli population (Carmel and Lazar, 1998); (Baron-Epel and Kaplan, 2001).Several studies have shown that, compared with the Israeli population, a higher percentage of immigrants from the former USSR rated their health status as poor (only 5% rated their health status as "very good", compared with 35% among the Israeli population) (Baron-Epel and Kaplan, 2001); Remennick, (2001); (Remennick, 2003). This reflects not only pre-existing diseases but also illnesses resulting from stress related to their immigration, such as difficulties in the labor market, the decrease in social status, and feelings of cultural alienation (Remennick, 2003); (Remennick, 1999). Even though objective and subjective measures of health status point to the fact that the health of the immigrants was poorer than that of the general Israeli population, and consequently their need for health care services was greater, utilization of health care services was found to be lower, even though it increased with time. The main explanations given for differences in utilization were cultural, language barriers and the lack of understanding of the ways the healthcare system works. The combination of lower rates of utilization and greater health needs points to an equity problem related to immigration (Baron-Epel and Kaplan, 2001); (Remennick, 2003); (Remennick, 1999).

The objectives of the present study were: 1. To describe utilization patterns of emergency room and in-hospital services between 1999 and 2003 among the immigrants from the former USSR insured by Clalit Health Services, Israel largest sick fund 2. To determine if and when there is convergence of health care utilization patterns on the part of recent immigrants with native-born and long-established immigrants to Israel.

3. Methods

Study population

Retrospective data was taken from Clalit Health Services computerized database for all the immigrant population, age 21 and older. The data, for the years 1999–2003, included socio-demographic variables (age, sex, country of birth, date of immigration, address, and eligibility for social benefits obtained from the Israeli National Insurance Institute), health status (whether or not there is an underlying or chronic disease), ER visits, number of days of hospitalization, and supplementary health insurance. Each person was assigned a socio-economic grading, using his address according to the socio-economic classification of the Israeli Central Bureau of Statistics (Krieger et al., 2003).

A univariate analysis comparing immigrants to non-immigrants was conducted using the χ^2, t and ANOVA tests. Correlation between continuous variables was conducted using the Spearman correlation test. A multivariate analysis was conducted using linear and logistic regressions. ER visits, rates of hospitalization, and hospitalization length were defined as outcome variables. The univariate and multivariate analyses were conducted for the years 1999 and 2003, the first and last years of the study period, in order to follow possible changes throughout the study. To investigate the trend, a MANOVA test was conducted for repeated measurements. Considering the large size of the population, the level of significance was determined as 0.001.

4. Results

The study included a population of 1,02,475 insured in Clalit Health Services, South District between1999 and 2003. After selecting only those who reached 21 years by 1999, the total population was reduced to 82,540 subjects, and included 38,702 immigrants (46.9%) meeting the study definition. Table 1 summarizes the demographic

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