105. Disparities in Health Care Access, Preventative Care Usage and Health Outcomes Between Citizen and Non-citizen Adolescents and Emerging Adults in The United States- Data From The National Health and Nutrition Examination Survey

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**Purpose:** Research consistently demonstrates that non-citizen adults experience greater barriers to health care and poorer health outcomes as compared to citizen adults in the United States. Few studies have investigated these relationships in the adolescent and emerging adult aged populations. We used nationally representative data to characterize disparities in health care access, preventative care usage and health outcomes between citizen and non-citizen adolescents and emerging adults in the United States.

**Methods:** Data were the 2011-2012, 2013-2014 and 2015-2016 of the National Health and Nutrition Examination Survey (NHANES)- a nationally representative, multistage probability sample of the civilian, noninstitutionalized US population. Participants were interviewed via computer-assisted personal interview about demographic and health-related information. Individuals <16 had an adult proxy (e.g. a parent) provide their information. Our analytic sample included 4760 adolescent (14-17 years; 42.0%) and emerging adults ([EA] 18-25 years; 57.0%) who provided information on citizenship (no/yes). Health status was: current physical health (5-point item: poor-excellent) and health compared to last-year (better, worse or same [ref]). Preventative care access was: have insurance (any type: no/yes), insurance covers prescriptions (no/yes) and have routine-place to access care (no/yes [1+]). Preventative care receipt was: saw doctor, dentist or mental health care professional in past-year (all 3: no/yes), time since last health-care visit (single 5-point item: less than 6-months to 5+ years) and time since last dentist-visit (<6-months to 5+ years). We used ordinal or binary logistic regression adjusted for NHANES sampling methods and weighting to examine the influence of citizenship on the health indicators, controlling for gender, race/ethnicity and household income and insurance status. Models were stratified by age category (adolescent vs. emerging adult [EA]; Stata 15.0).

**Results:** More EA (9.1%) than adolescents (5.1%) were non-citizens (p¼003; data not shown). Better health vs. last year was more likely among citizen EA (OR=1.62). Citizenship increased odds of having any insurance between five and fifteen times (adolescent: OR=14.06; EA: OR=5.24) and the odds of having insurance cover prescriptions between six and eight times (adolescent: OR=7.87; EA: OR=6.04). Citizenship was associated with twice the likelihood of having a routine place to access care (adolescents: OR: 1.75; EA: OR=1.44). Citizen EAs reported less time since their last doctor visit than non-citizen EAs (OR=0.52). Being a citizen...
increased the odds of seeing a dentist in the past year between eight and sixteen fold (adolescents: OR=7.44; EA: OR=16.06) and doubled the odds of seeing a mental health care professional in the past year (EA: OR=2.48). Citizens in both age groups reported less time since their last dentist visit (OR=0.26-0.52).

**Conclusions:** Non-citizen young people have significantly poorer physical health, have less access to preventative health care, and are less likely to receive key recommended preventative health care services as compared to same-aged citizen peers. Given that increasing social and political hostility may exacerbate existing health disparities, health care policy reform efforts must focus on mitigating barriers that non-citizens face in accessing and using care.

**Sources of Support:** None