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Results
Use of general practitioner in relation to self-
perceived health among Turkish immigrants in
Denmark and The Netherlands: do patterns differ?
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Background
Differences in health-care utilization in relation to self-
perceived health between immigrants and the majority
population have been reported in some EU-countries. Yet,
cross-country comparison of data availability and inequalities
of immigrants’ use of health-care services in relation to self-
perceived health has not been carried out.

Methods
Danish national survey data from 2007 containing responses
from 1131 ethnic Danes and 372 Turkish immigrants and
Dutch national survey data from 2001 containing responses
from 6046 ethnic Dutch and 322 Turkish immigrants were
used. Both data sets included questions on self-perceived
health (SF-12) and were linked to registry data on contacts to
general practitioner (GP). Logistic regression models were
used.

Results
Preliminary results showed that contacts to GP was more
frequent in Turkish immigrants compared with the majority
population in both The Netherlands [adjusted odds ratio
(AOR) =1.72, 95% confidence interval (CI) = 1.35–2.91] and
Denmark (AOR = 1.43, 95% CI = 1.08–1.89) after adjustment
for sex, age and income. When also adjusting for self-perceived
health, the statistically significant higher odds of contact to GP
between Turkish immigrants and the majority population
remained in The Netherlands (AOR = 1.43, 95% CI = 1.11–
1.83) but disappeared in Denmark (AOR = 1.20, 95%
CI = 0.90–1.61). Comparisons of ethnic inequalities in the
use of health care and self-perceived health between two
countries with available data were challenging due to different
data sources, time of survey, data collection, measurement of
contact intervals, and time cut-off points of contact data.

Conclusions
Harmonized data sources, time of survey, mode of data
collection and language (e.g. availability of survey instrument
in mother tongues) are essential for valid international
comparisons. Possible explanations for differences between
the countries will be discussed in the light of the organization
of the health-care systems and the groups’ social and ethnic
characteristics.