New citizens, new challenges for the Spanish National Health System

Cristina Hernández Quevedo and Dolores Jiménez Rubio

Summary: The increasing proportion of immigrants in Spanish society places pressure on the National Health System to satisfy their needs while keeping costs under control. This study reviews the literature on inequalities in health and in the utilisation of health services for the immigrant population in Spain, with the aim of informing current health policy measures. The evidence shows the existence of barriers of access to health services for immigrants and suggest that the Spanish health care system has a crucial role to play in designing more effective health care policies to meet their needs.

Key words: inequalities, health, Spain, immigration

Since 1997, Spain has received a higher volume of immigrants annually than any other country in the European Union. In 2007, the foreign born population accounted for 13.6% of the total population in Spain, considerably higher than countries with a long immigration tradition such as the United Kingdom (10.2%), Norway (9.5%) or the Netherlands (10.7%).

An important proportion of foreigners that usually live in Spain, mainly on the Mediterranean coast, as well as the Balearic and Canary Islands, come from developed countries, such as United Kingdom and Germany. They migrate because of non-economic factors such as the weather, given that the majority of these immigrants are retired. However, a large proportion of migrants to Spain, mainly from Latin-American and non EU-15 European countries are motivated by economic concerns.

Although most of the Spanish population has a positive perception of immigration, since 2001 there has been a progressive reduction in tolerance towards the arrival of new migrants. For example, several surveys from the Spanish Centre for Sociological Research reflect a slight increase in recent years in the percentage of Spaniards that believe that immigrants are taking job opportunities away from Spaniards or are receiving too much social support relative to other population groups. In this context, the results of a study conducted by the Economic Office of the President of the Government in 2006 demonstrated the positive effect of immigration in terms of GDP, income per capita and the public surplus. Moreover, in respect of the labour market, an empirical analysis did not find any significant impacts of migrant workers on the rate of unemployment or on salaries received by the Spanish population. One of the reasons for this is that the local population and new immigrants do not compete for the same jobs, furthermore immigrants tend to occupy jobs that are no longer desired by the Spanish population.

There have been a series of changes in the legal immigration system. In the health care sector, several measures have been implemented since 2000 focused on the foreign population. One of the most important is Law 4/2000 on the rights and liberties of foreigners in Spain and their social integration. According to this law, all individuals, regardless of their nationality, country of birth or legal status, have the right to use health services provided under the National Health Care System (NHS), in the same way as Spanish citizens. The only requirement for immigrants, whether legally accredited or not, is to be registered on the local population census. Individuals that are not registered on the municipal census can only benefit from emergency care, in addition to which children and pregnant women have their health care needs fully covered, regardless of their legal or administrative situation.

The government also approved the ‘Strategic Plan for Citizenship and Integration 2007–2010’ that targets the population as a whole, aiming to promote social cohesion through policies based on the equality of opportunities and the equality of rights and duties. In addition, there are also Regional Immigration Plans in the majority of the seventeen autonomous communities (AC) that make up the country. These include, as a priority, the reduction of inequalities in health and equity in access to health care services. However, these policies have been formulated without any sound scientific evidence that actually confirms the existence of such inequalities.

Despite the spectacular growth of immigration in Spain during the last decade, it is possible that the arrival of foreigners to Spain will decrease in future years, given the current economic recession that the country is facing. According to the Spanish Ministry of Home Affairs, the economic...
crisis reduced illegal immigration in the first three months of 2009 by 52.8%.\textsuperscript{6} Given this new reality, the impact of immigration on the economy and Spanish society in future is far from certain.

**Disparities in health and access to health services**

While there is an abundant literature in Spain that has explored the existence of inequalities in health and in the access to health care services for the Spanish population, the available evidence on the existence of disparities in the level of health, or in the consumption of health care resources, for the immigrant population is limited, mainly due to the lack of data for this population group. Moreover, the majority of empirical studies that are available are taken from just one AC, Catalonia.

One study using data from the 2006 Catalan Health Survey reported that immigrants were less likely to report poor physical health, but more likely to report poor mental health than the resident population.\textsuperscript{7} With respect to the use of health services, the results of this study suggest that immigrants have a lower probability of visiting a specialist doctor and a higher probability of visiting hospital emergency services than Spaniards. Another study analysing the use of services by immigrants at the Hospital del Mar in Barcelona also reported that they tended to use hospital emergency services as a substitute for other health care services.\textsuperscript{8}

The 2003 Spanish National Health Survey (SNHS) has also been used to explore the patterns of health, lifestyle and use of the health care services by the foreign population.\textsuperscript{9} Compared to the Spanish population, immigrants had more healthy lifestyles than the national population, including less consumption of alcohol and tobacco. In relation to the use of health care services, immigrants reported higher hospitalisation rates, although there was no evidence of any excessive or inappropriate use of other health services.

More recently, analysis was conducted using a larger dataset taken from the 2003 and 2006 editions of the SNHS.\textsuperscript{10} This work shows the existence of different patterns in health and in the use of health care services between nationals and foreigners. In particular, while the level of self-perceived health varied on the basis of the nationality of the individual, all immigrants, regardless of their nationality, seemed to face important barriers in access to specialised care. The findings of this study support the results of the earlier studies from Catalonia that suggest that emergency hospital services might be used as a substitute for specialised care for this population group.

Regarding inequalities in health, using the SNHS surveys for 2003 and 2006, there is also evidence of pro-rich socioeconomic inequalities in health, both for the national and migrant populations in Spain. However, while socioeconomic inequalities in health limitations and diagnosed mental problems increased for immigrants over this time period, only inequalities in health limitations increased for the national population. However over time, the magnitude of socioeconomic inequalities in health for the immigrant population in Spain tended to converge with that of Spaniards.\textsuperscript{11} This result is consistent with the international evidence available, which shows that although immigrants are perceived to have better health when they arrive in a country (the so-called healthy immigrant effect), their level of health tends to decrease over time. This could be due to different factors, including the acculturation process, together with the possible existence of barriers in access to health services or in working conditions faced by immigrants. Such factors should be taken into account in the design of health policies that focus on the reduction of socioeconomic inequalities in health for the immigrant population in Spain.

**Conclusions**

One of the main priorities of any health care system is to guarantee that individuals in equal need, regardless of their country of origin or their nationality, and under equal conditions, have access to medical care. The empirical literature in Spain, as in many other countries with a long tradition as immigrant recipient countries such as the UK or Canada, indicates there are considerable variations in the levels of health and access to health care resources between the foreign and resident populations. In particular, the literature provides evidence of substantial differences in terms of health among the different migrant groups living in Spain. However, one of the most robust results of the Spanish empirical literature on immigration and health is that immigrants tend to overuse emergency services while under using specialist services.\textsuperscript{7,8,10}

The disparities in access to health care services could be explained by a greater rate of non attendance by immigrants at appointments with specialists, differences in medical practice when referring patients to specialist services on the basis of nationality or country of birth, to the lack of confidence of patients in health care in general, to a lower knowledge of how the health care system works, to problems of communication between doctors and their patients, or even to cultural differences in perceptions of health by the migrant population. Barriers in access to specialist services could increase inequalities in health in the long run and also result in a greater consumption of more costly emergency care services and thus reduce the efficiency of the health care system.\textsuperscript{12}

The literature on immigration and health in Spain is however subject to a number of limitations. On the one hand, a large part of the existing empirical evidence relies on data from Catalonia or specific hospitals. On the other hand, nationwide studies that use data from the SNHS also have their own problems. Firstly, the sample of immigrants included in surveys such as those of the SNHS could be under-represented, as they appear to exclude migrants with the lowest levels of income.\textsuperscript{10} Secondly, the SNHS does not identify variables that reflect the integration of immigrants, such as their time of residence or fluency in Spanish. Despite these limitations, the literature on immigration and health in Spain generally shows that the health care system has an important role to play in the design of more effective health services for immigrants.

Although several measures are being implemented in Spain to improve access to health care services, such as the provision of patient advocates in the Hospital Ramón y Cajal in Madrid and several hospitals in Valencia, as well as the translation of health related information into different languages in Andalusia, these are specific local initiatives that are not as yet available across all of Spain. Some of the policies that could promote the integration of foreigners into the Spanish health care system include: the institutionalisation of patient advocates for migrants in Spanish health centres, the promotion of training programmes in the delivery of culturally sensitive health care for health professionals, the reduction of the administrative barriers required to be eligible for health care, the improvement of information for minority groups on accessing health services, as well as the design of specific health surveys for immigrants that will allow for higher quality research.
Mapping EC-funded initiatives on health and migration in Europe

Mariya Samuilova, María-José Peiro and Roumyana Benedict

Summary: Based on the recommendations of the EU Advisory Group on Migration and Health, a matrix of European migration health projects was developed as part of the Assisting Migrants and Communities (AMAC) project. The objective was to explore synergies amongst European Commission funded projects and especially those funded under the EC Public Health Programme 2006-2008. Nineteen projects were included in the analysis, covering topics such as different types of lead partner organisation, participating countries, deliverables, objectives, beneficiaries, areas of study/action and stakeholders. The findings suggest the usefulness of such an exercise. They show that effective instruments are needed to keep track, analyse and maximise the results of past and current projects and initiatives at the international, EU and national level in the field of migration and health in Europe.

Key words: migration health, EC-funding, projects, mapping, synergies

At the third meeting of the European Union (EU) Advisory Group on Migration and Health, held in Luxembourg in February 2008, recent policy developments and achievements in migration health at EU and international levels, as well as current projects on health and migration co-funded under the public health programme, were reviewed and discussed. The Advisory Group, created in early 2007 to support the work of the Portuguese EU Presidency, included representatives from Member States, the World Health Organization (WHO), International Organization for Migration (IOM), the Council of Europe, the European Centre for Disease Prevention and Control (ECDC) and other relevant European-level stakeholders in the field.

The meeting also explored ways to identify overlaps and knowledge gaps among the different European-level projects on migration health funded by the EC Public Health Programme between 2006 and 2008, as well as to ensure wider and effective dissemination of the results to a broader European audience. Discussions led the EU Executive Agency for Health and Consumers (EAHC), charged with managing the projects, to propose the development of matrix of all relevant projects within the framework of the