Addressing immigrants’ health.  
A comparison of policy answers in three European countries

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1. Background

- Spain has only recently become an immigration country
  - Rapid increase in foreign population: 2.5% in 2001; 9.9% in 2007
  - Immigrant workers countries of origin: Morocco, Romania, Ecuador

- Health needs change with time of residence in receiving country:
  - a) related to country of origin, b) adaptation c) similar

- Inadequate access to healthcare: cultural diversity, insufficient available resources, language barriers, living and working conditions

- New challenges for the Spanish health system

- Countries with different emigration histories may offer useful experiences for health policy formulation
2. Objective

- To provide a comparative analysis of health policies for immigrant populations in three European countries
3. Methods I

Study design

Review of scientific and gray literature on health policies for immigrant populations in three countries: United Kingdom, Italy (Spain)

- Selection criteria
  Similar health system (NHS)
  Differences in history of immigration (long, middle, short)
  Language
  Availability of specific health policies for immigrant populations

Search strategy

Electronic and manual search (MEDLINE, gray literature)

Terms used (immigrant, ethnic minority, health policy, health, evaluation etc)
Selected countries context

United Kingdom
Start: 50s
Minority ethnic population: 7.9%
Healthcare rights:
Documented: NHS services
Undocumented: Hospital emergency, accidents, mental conditions, family planning

Spain
Start: 90s
Foreign population: 9.9%
Healthcare rights:
Documented: NHS services
Undocumented: Hospital emergency, maternal and child care, up to 18 years

Italy
Start: 70s
Foreign population: 4.9%
Healthcare rights:
Documented: NHS services
Undocumented: Hospital emergency, maternal and child care, infectious diseases, preventive care
Methods II

Analysis (cont.)

- Content analysis of selected documents
- Main dimensions of analysis
  - Policy objectives
  - Strategies
  - Available resources
  - Results of policy implementation evaluation
## Sample of Documents

<table>
<thead>
<tr>
<th>Country</th>
<th>Level</th>
<th>Immigration or ethnic minority Plans</th>
<th>Health Plans</th>
</tr>
</thead>
</table>
| UK      | National| Race Equality Action Plan
NHS Plan 2000-2010                                      |
4. Results

- Policy objectives

- Strategies
  - Specific health problems
  - Health care access
  - Health care adaptation
  - Needs assessment
# Policy objectives

<table>
<thead>
<tr>
<th>UK</th>
<th>Italy</th>
<th>Spain</th>
</tr>
</thead>
<tbody>
<tr>
<td>To improve health of ethnic minorities</td>
<td>To reinforce health protection of immigrant population</td>
<td>To guarantee the Right to the protection of health of the immigrant population (access to care, prevention, determinants)</td>
</tr>
<tr>
<td>To reduce health inequalities of ethnic minorities</td>
<td>To guarantee adequate access to health care</td>
<td></td>
</tr>
<tr>
<td>To guarantee equal access to health care</td>
<td>To reduce inequalities in access to health care (of immigrants)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>To analyse health care needs</td>
</tr>
<tr>
<td></td>
<td></td>
<td>To train health personnel</td>
</tr>
</tbody>
</table>
## Policy strategies

<table>
<thead>
<tr>
<th>UK</th>
<th>Italy</th>
<th>Spain</th>
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</thead>
<tbody>
<tr>
<td>Specific health problems</td>
<td>Specific health problems</td>
<td>Specific health problems</td>
</tr>
<tr>
<td>Access to care</td>
<td>Access to care</td>
<td>Access to care</td>
</tr>
<tr>
<td>Health care system adaptation</td>
<td>Health care system adaptation</td>
<td>Health care system adaptation</td>
</tr>
<tr>
<td>Inequalities analysis</td>
<td>Needs assessments</td>
<td>Needs assessments</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Health Personnel training</td>
</tr>
</tbody>
</table>
## Strategies for specific health problems

<table>
<thead>
<tr>
<th>UK</th>
<th>Italy</th>
<th>Spain</th>
</tr>
</thead>
</table>
| **Include ethnic minorities in prevalent conditions programmes** | **Maternal and child care**  
  • care to foreign pregnant women  
  • Female genital mutilation | **Health promotion**  
  • Health promotion programmes with **active recruitment**  
  • Programmes with **research** on family and social networks for health support. |
| **Health education**  
  • Specific prevention campaigns | **Health education**  
  • Specific prevention campaigns | **Communicable diseases**  
  • Transcultural and multidisciplinary approach to prevention  
  • Improving health professionals abilities to reduce barriers to access to HIV and STD programmes |
| **Mental health**  
  Foreign professionals | **Communicable diseases**  
  • Adapt control programmes to immigrants | |


## Strategies to improve access to health care

<table>
<thead>
<tr>
<th>UK</th>
<th>Italy</th>
<th>Spain</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Increase in resources</strong></td>
<td>• Health personnel</td>
<td>• Improve infrastructure</td>
</tr>
<tr>
<td></td>
<td>• Modernise facilities</td>
<td></td>
</tr>
<tr>
<td><strong>Information</strong></td>
<td>• Services available</td>
<td>• How to register in NHS (different languages)</td>
</tr>
<tr>
<td></td>
<td>• To register in NHS</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Adequate use</td>
<td></td>
</tr>
<tr>
<td><strong>Monitoring tools to measure access to health care</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Communication</strong></td>
<td><strong>Communication</strong></td>
<td><strong>Communication</strong></td>
</tr>
<tr>
<td>Translation services</td>
<td>Cultural mediation</td>
<td>Cultural mediation</td>
</tr>
<tr>
<td>Telephone Health Line</td>
<td></td>
<td>Translation services</td>
</tr>
</tbody>
</table>
# Strategies to adapt healthcare services

<table>
<thead>
<tr>
<th></th>
<th>UK</th>
<th>Italy</th>
<th>Spain</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Consider <strong>cultural and religious elements</strong>&lt;br&gt;(menus, communication, etc)&lt;br&gt;• Choice of doctors’ sex</td>
<td></td>
<td>• Improve quality of care</td>
</tr>
<tr>
<td></td>
<td><strong>Information system</strong>&lt;br&gt;• Develop instruments to monitor health needs</td>
<td><strong>Information system</strong>&lt;br&gt;Adapt IS to monitor inequalities and support planning</td>
<td></td>
</tr>
</tbody>
</table>
### Strategies to identify health needs

<table>
<thead>
<tr>
<th>UK</th>
<th>Italy</th>
<th>Spain</th>
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</thead>
</table>
| Monitoring inequalities in health and health care (access)  
  • Observatories  
  • Inequalities study units | HIV and STD studies | Studies on  
  • Social determinants of health  
  • Diseases incidence  
  • Access and utilization of health care  
  • Inequalities in health |
Strategies to train health personnel

<table>
<thead>
<tr>
<th>UK</th>
<th>Italy</th>
<th>Spain</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Training on ethnic equality</td>
<td>Cultural competences</td>
<td>• Contents</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Determinants of health</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Health problems, cultural competences</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- Adaptation of training (medical specialties, postgraduate training)</td>
</tr>
</tbody>
</table>
Conclusions I

• Different emigration histories in receiving countries seem to influence health policy approach. In the UK, with a longer emigration history, policies aim at reducing inequalities. In Italy and Spain, where this phenomenon is more recent, specific policies for immigrant populations’ health have been formulated.

• Main strategies in all three countries address: access to health care, programmes for specific health problems, the analysis of health care needs and the training of health personnel. However, there are differences in emphasis and type of action.

• Few actions address the adaptation of health care services to needs of immigrants/ethnic minorities. The UK and Spain propose and increase in human resources and infrastructure and some adaptation to specific needs. In Italy actions addressing access emphasize provision of information and simplifying processes. The latter also included in Spanish health policies.
Conclusions II

- All three countries include strategies to improve communication among health services and immigrants, focusing mainly on translation tools and cultural mediation.

- Health needs assessment is one of the most promoted strategies. However, despite the longer history of immigration, the UK still has difficulties to monitor immigrants health.

- Policy evaluation is limited.