

Available online at www.sciencedirect.com

Public Health

journal homepage: www.elsevier.com/puhe

Original Research

Should non-citizens have access to publicly funded health care?

A study of public attitudes and their affecting factors

L.-Y. Sun, E.-W. Lee, A. Zahra, J.-H. Park^{*}

Department of Social and Preventive Medicine, Samsung Biomedical Research Institute, Sungkyunkwan University School of Medicine, Suwon, Gyeonggi-do 440-746, Republic of Korea

ARTICLE INFO

Article history:

Received 14 July 2014

Received in revised form

5 April 2015

Accepted 13 July 2015

Available online 20 August 2015

Keywords:

ISSP

Non-citizens

Public attitude

Multilevel analysis

Health care policy

ABSTRACT

Objectives: To analyse public attitudes towards access for non-citizens to publicly funded health care and to assess the factors that affect such attitudes.

Study design: Cross-sectional study.

Methods: Data from 29 countries were used for a multilevel regression, and data from four countries (United States, Sweden, Philippines, and Korea) were used for a linear regression. The data were collected from the International Social Survey Program (ISSP), the World Bank, the Organization for Economic Cooperation and Development (OECD), and the United Nations. The dependent variable was considered to be agreement for non-citizen access to publicly funded health care. The independent variables included: the gross national income (GNI), the gross national income coefficient (GINI), sex, age, education, household income, employment, health insurance, self-related health status, chronic illness, percent having insurance, percent having public insurance, percent employed, percent migrants, percent of health expenditure of the total gross domestic product (GDP), and percent of social expenditure of the total GDP. Egalitarianism for education policy (EEP), egalitarianism for health policy (EHP), and willingness to contribute to an egalitarian health policy (WCHP) were also examined.

Results: In the countries surveyed, more than half of the citizens agreed that non-citizens should have access to publicly funded health care. Agreement with that statement had a negative trend with respect to the GNI. The percent having public insurance and WCHP had a significantly positive association with agreement while the percent of those with insurance had a negative relationship.

In the USA, household income, EHP, and WCHP were positively associated with agreement, while females were inversely associated with agreement. In Sweden, having health insurance had an inverse association to agreement while females, postsecondary education, health insurance coverage, and WCHP were positively associated with agreement. In the Philippines, household income, EEP, and EHP had significant negative associations with agreement while WCHP had a positive relationship. In Korea, household

^{*} Corresponding author. Department of Social and Preventive Medicine, Samsung Biomedical Research Institute, Sungkyunkwan University School of Medicine, 300 Cheoncheon-dong, Jangnan-gu, Suwon, Gyeonggi-do 440-746, Republic of Korea. Tel.: +82 31 299 6301.

E-mail address: pjaehyun@skku.edu (J.-H. Park).

<http://dx.doi.org/10.1016/j.puhe.2015.07.033>

0033-3506/© 2015 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

income and self-rated health status were positively associated with agreement, while postsecondary education had a negative association.

Conclusion: Public attitudes towards allowing non-citizens to have access to publicly funded health care present high levels of variation, even among developed countries or countries with similar GDPs. The specific socio-economic conditions within a country and an individual's own social, demographic, and economic background can have different effects on the individual's attitudes towards non-citizens. On a global level, coverage of public health insurance plays an important role for enhancing the public's positive attitudes towards non-citizens' access to publicly funded health care. On a national level, health care policies tailored toward non-citizens based on the specific situation of each country and region are necessary.

© 2015 The Royal Society for Public Health. Published by Elsevier Ltd. All rights reserved.

Introduction

This is an era of globalization, and as of 2013, more than 230 million people are living outside their countries of birth.¹ International migrants comprise an increasing percentage of the population of many countries. Immigrants play an important role as economic, social and demographic assets to their host country. However immigrants, particularly non-citizens, have many socio-cultural and economic difficulties, including language barriers, cultural beliefs, different degrees of acculturation, ethnic biases, lower income, and uncertain legal statuses. With respect to their health, long-term immigrants living in foreign countries for more than 10 years have been shown to have a worse health status than recent immigrants or the native-born population.^{2,3} Currently, as globalization increases, this issue is not confined within a single country. It is an international or global problem that should receive more attention.

With respect to the reasons why immigrants may have health problems, some people have focused on health policies and have declared that the lack of adequate health insurance coverage has hindered immigrants from receiving health care services.⁴ In particular, non-citizenship status is one of the most important barriers that make non-citizens (both legal and undocumented) less likely to be insured and more likely to receive significantly fewer health care services than naturalized and native citizens.^{5–7} In addition, non-citizens have significantly lower per capita health care expenditures than citizens.⁸ Even undocumented non-citizens cannot receive welfare assistance regardless of the amount of time spent in the host country.⁷ On the other hand, both patients and providers reported an inability to communicate effectively when receiving or delivering quality health care.⁵ Bias, prejudice, and stereotyping by medical providers could also be sources of differences in care.⁹ So, it is clear that non-citizen immigrants, health care providers, and systemic factors all play a role in the problem.

However, health care is a fundamental human right,¹⁰ and in order to achieve health care equality on the basis of non-discrimination and to meet the health needs of non-citizen immigrants, health care policy reforms on both the individual and country levels should be considered. Until now, best way to achieve this purpose remains unclear. Public debate with respect to the approach government should take on how to deliver basic health care to immigrants can affect reforms,

and equal, accessible, and effective health care systems have been discussed and evaluated in many countries.^{11–14} Mladovsky compared and contrasted the content of the health care policies of European countries and analysed their strengths and weaknesses. He pointed out that most European countries did not address migrant health and access to health services with specific policies.¹¹

Meanwhile, the general population's attitudes toward non-citizens can affect health care policy implementation in some ways. Before enacting policy reforms, the dissemination of reliable information can help policy makers avoid potential problems with respect to citizens' attitudes both when designing and when implementing reform proposals. Studies have also confirmed that public attitudes for egalitarian health policies play a key role in the overall population health and in health policy outcomes.^{15,16}

Previous studies of public attitudes toward immigrants mainly focused on the realm of social minority issues and of the political economy, such as immigrant participation in politics and voting rights, immigration policy, racial/ethnic issues, and labour markets.^{17–20} Few studies have focused on public attitudes toward non-citizens among immigrant groups, with an emphasis on health care policy.

Therefore, to provide evidence-based grounds for policy proposals, our study aims to evaluate people's attitude towards non-citizens' access to publicly funded health care and to clarify different social and demographic factors – such as social status, education level, and health state – that may influence their respective attitudes in this regard. Since the history and level of immigration vary between countries, we not only considered attitudes at the individual level, but also at the national and global levels. The information provided in the International Social Survey Programme (ISSP) 2011 database was considered under a multilevel analysis to analyse such data from twenty-nine countries.

Methods

Design and data source

The data used in this study was obtained from the 2011 ISSP Data Archive. Since 1985, ISSP has been a continuing annual

Download English Version:

<https://daneshyari.com/en/article/1087367>

Download Persian Version:

<https://daneshyari.com/article/1087367>

[Daneshyari.com](https://daneshyari.com)