



# Changes in access to health care for immigrants in Catalonia during the economic crisis: Opinions of health professionals and immigrant users



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## ABSTRACT

Policy measures introduced in Spain during the economic crisis included a reduction in public health expenditure and in healthcare entitlements (RDL16/2012), which affected the general population as a whole, but especially immigrants. This paper analyzes changes in immigrants' access to health care during the economic crisis from the perspective of health professionals (medical and administrative) and immigrants. A qualitative descriptive-interpretative study was conducted in Catalonia through individual interviews with a theoretical sample of health professionals ( $n=34$ ) and immigrant users ( $n=20$ ). Thematic analysis was conducted and data quality was ensured through triangulation. Informants described barriers to enter the health system related to reduced healthcare entitlements and a stricter enforcement of administrative requirements: while medical professionals highlighted restrictions to accessing the healthcare continuum, immigrants accentuated barriers to obtaining the individual health card. With regard to use of services, an increase in waiting times due to cutbacks in human resources dominated the informants' discourse. Health professionals pointed out organizational changes to increase efficiency that may improve access to primary care. Informants related lower health services utilization to a deterioration in immigrants' living and working conditions. According to health professionals, these conditions limited the use of services during working hours and led to delays in seeking care and treatment interruptions. Results show an aggravation of pre-existing barriers to health services utilization and, simultaneously, the appearance of new barriers to enter the system. These changes in the healthcare services contradict the equity principles of the national health system (NHS), thus policy decisions are needed to address this problem.

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## 1. Introduction

The international economic and financial crisis which began in 2008 has not affected the whole population in the same way. The most vulnerable populations have been particularly affected [1,2], among them, the immigrants. For instance, in Spain, immigrants from outside the European Union (EU) have now a higher unemployment rate (34.6% compared to 21.2%) [3] and are at greater risk of poverty and social exclusion than Spanish nationals (63.9% compared to 25.5%) [4]. Studies conducted prior to the crisis indicated that immigrants are exposed to worse social determinants of health, [5] which together with other specific characteristics – language, culture, limited knowledge of the system – create barriers to access to services [6–8]. Thus, immigrants use less health care than needed in comparison to the native population, especially in the case of secondary care [9–11]. It is therefore foreseeable that the crisis will create worse conditions of access to services for immigrants [12–14]. However, studies on the impact of the crisis on healthcare access for the immigrant population are very limited.

Ruckert and Labonté [14] and Dávila-Quintana and González López-Valcárcel [1] classify the mechanisms by which economic crises can affect health into direct and indirect mechanisms. In other words, some affect the health system directly, such as cuts in public funding on health and health entitlement changes, and others, indirectly they influence other social determinants of health (mainly socioeconomic and employment status). The type of policy response adopted by governments in the face of a crisis (for example, whether or not to maintain existing social policies) can therefore contribute to either reducing or accentuating its adverse effects on the health of the population.

Spain has become a paradigmatic case, having introduced both indirect and direct measures which may have served to accentuate the negative effects of the crisis on the health of the most vulnerable population groups. Among the indirect measures, there has been a reduction in public expenditure on social policies [15] and a labour market reform to make employment conditions more flexible, which has created job insecurity without substantially reducing unemployment rates [16]. Among the direct measures, the most significant are drastic cuts in public health expenditure of 17.15% from 2010 to 2014 [17]. This was mainly achieved through reducing costs in salaries and medicines, setting expenditure ceilings for the regions [18], excluding certain drugs that were previously funded by the NHS and increasing drug co-payments according to patients' income, as well as imposing restrictions on healthcare entitlements with the exclusion of some population groups [19]. Royal Decree 16/2012 and subsequent norms have taken Spain from a national health system with universal coverage (irrespective of administrative status, with registration at the city council (*empadronamiento*) as the only legal requirement) to a model in which healthcare entitlement is tied

to the individual's social security affiliation, hence linking it to their employment status. Those who fulfil the criteria get an individual health card (IHC). One of the groups affected by this is undocumented migrants, for whom health care was limited to emergencies, pre-natal through to post-natal care and care for those under 18 years of age [19]. The decentralized nature of the Spanish health system allowed the regions to respond to this decree with different policies. Catalonia introduced different rulings to counteract the effects of the Royal Decree [20] through establishing different types of coverage depending on minimum length of registration at the city council: 3 months for primary care, one year for secondary care and free emergency care for the uncovered population with no income. To get either of the IHCs (primary care only or full coverage) individuals have to apply at their primary care centre, and then renew it every year. In Catalonia, an administrative fee is charged only for renewals (7€).

Available evidence on the consequences of the current economic crisis is focused on its effects on health, both at the European level [2,21] and in Spain [22,23]. The potential impact of austerity measures on health systems has also been analyzed [24] and, to a lesser extent, specific aspects such as changes in health expenditure [25] and other adopted policies [26]. There are few studies to date on how the current economic crisis has affected access to health care, and those available are not specific to immigrants [27].

The analysis of changes in access to health care for the immigrant population in the context of the crisis has also been limited. Some studies have focused on the restriction of entitlement to health care for undocumented immigrants [28,29] and, only in a few cases, on the potential consequences of different measures. In this line of research, a recent study in the UK suggests that new access conditions would generate delays in seeking care and an increase in the use of emergency services [30]. Based on data collected prior to the changes in legislation, a few quantitative studies in Spain analyzing changes in access in the context of the crisis showed inequalities in access between natives and immigrants, especially in secondary care [31,32]. A few qualitative studies have already pointed out potential consequences, such as demands for payment or the refusal of care to those without a health card [33], or identified potential barriers perceived by immigrants [34]. After the changes in legislation, some qualitative studies analyzed health professionals' perceptions of the effects of healthcare austerity measures [35,36]. To our knowledge, this is the first study that focuses on changes in access to health care during the crisis and after the major policy measure. It introduces new evidence on changes in access and on the influencing factors, from the viewpoint of different stakeholders. The aim of this article, which forms part of a wider study, is to analyze changes in access to health care in the context of the economic crisis for the immigrant population in Catalonia, from the perspective of health professionals and immigrant users.

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