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Was access to health care easy for immigrants in Spain? The perspectives of health personnel in Catalonia and Andalusia

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ABSTRACT

Until April 2012, all Spanish citizens were entitled to health care and policies had been developed at national and regional level to remove potential barriers of access, however, evidence suggested problems of access for immigrants. In order to identify factors affecting immigrants' access to health care, we conducted a qualitative study based on individual interviews with healthcare managers ($n=27$) and professionals ($n=65$) in Catalonia and Andalusia, before the policy change that restricted access for some groups. A thematic analysis was carried out. Health professionals considered access to health care "easy" for immigrants and similar to access for autochthons in both regions. Clear barriers were identified to enter the health system (in obtaining the health card) and in using services, indicating a mismatch between the characteristics of services and those of immigrants. Results did not differ among regions, except for in Catalonia, where access to care was considered harder for users without a health card, due to the fees charged, and in general, because of the distance to primary health care in rural areas. In conclusion, despite the universal coverage granted by the Spanish healthcare system and developed health policies, a number of barriers in access emerged that would require implementing the existing policies. However, the measures taken in the context of the economic crisis are pointing in the opposite direction, towards maintaining or increasing barriers.

1. Introduction

In 2013, Spain had the second greatest foreign-born population in the European Union after Germany – with 5.1 million people – and ahead of the United Kingdom [1]. A decade of rapid and concentrated immigration, particularly in some regions – Catalonia, Madrid, Valencia and Andalusia [2] – changed the social make-up and presented a challenge for public services, including health services, which had to meet the needs of a more diverse population. Research in countries with historically high levels of immigration has revealed immigrants' greater risk of exclusion from healthcare services [3,4].

Existing evidence from different European countries highlights inequalities in immigrants' access to health services [5,6]. However, research identifying the factors

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that influence access to health care seems to be limited and there is even less research focusing on the perspectives of health workers themselves. Available studies analyse their difficulties in providing care to immigrants [7–9]. Regarding access, the research available to date has tended to focus on undocumented immigrants [10–12] and, only recently, some descriptive studies have included documented immigrants as well, with a focus on their perspectives [13–15]. Only one study has been identified that is based on a questionnaire survey amongst health personnel in Portugal [16]. These studies mention some potential barriers to access including service characteristics, but mainly focus on characteristics of the immigrants: low socio-economic status [16], limited knowledge of the local language and of healthcare entitlements.

In Spain, policies and laws evolved in tandem with the increase in immigration, and affected different aspects of foreigners' lives, including their rights to health care and access to health services. Until 2012, when this was restricted, Spain's national health system guaranteed universal access to health care for all residents, regardless of their administrative status. In order for immigrants to exercise their right to health in the same conditions as that of the autochthonous, the only request was that they register at the city council. Those not registered were guaranteed only emergency care, with the exception of pregnant women and minors under the age of eighteen [17]. However, some studies have revealed inequalities in health between the autochthonous and immigrant populations that are not dependent on socio-economic status [18–20] and point to differences in accessing health care related to specific barriers, indicating that policies developed to address these barriers have not been fully implemented [21]. Moreover, access to health care might also differ by region: although entitlements to health care and social integration policies are defined by the central government, the national healthcare system is decentralized into 17 regional services. In this sense, differences in regional policy between Catalonia and Andalusia–where Non-Governmental Organizations (NGOs) directly provide immigrants with the healthcare card and there is reinforcement in program contracts – could translate into different results in immigrants' access to health care [21,22].

Recent reviews [23,24] of immigrants' access to health care in Spain reveal no clear patterns in the use of healthcare services and existing research has mainly explored trends in immigrants' use of these services in comparison to autochthons. Studies analyzing the determinants of health services utilization are scarce and focus on individual factors (age, sex, level of education). The perspective of healthcare professionals has been captured through opinion surveys [25,26] and qualitative studies [27–29], but these did not focus on immigrants' access to health care, rather on health workers' needs when providing care to immigrants.

In summary, there is limited empirical research available in Europe and particularly in Spain that analyzes immigrants' access to health services and still less research has been conducted from the point of view of the healthcare professional. The objective of this article – which presents the partial results of a wider study [21], is to identify factors influencing immigrants' access to health care from the perspective of health personnel in two Spanish regions.

2. Methods

2.1. Study design

A qualitative, descriptive and phenomenological study was conducted. The study population was health personnel that might have an opinion or influence on immigrants' access to health care in Catalonia and Andalusia. Field work was carried out from April 2011 to March 2012, before the application of the new healthcare Act [30] which limited undocumented immigrants' right to health care. The analysis is guided by Aday and Andersen's [31] theoretical framework of access that takes into account various characteristics of the health services (volume and distribution of resources, organization of services) and of the population (predisposing and enabling factors, and healthcare needs), as well as the policies that influence them.

The study area encompassed three counties in Catalonia (Baix Empordà, Barcelona and Montsià) and three provinces of Andalusia (Seville, Almeria and Granada), chosen because they have a proportion of immigrants that is slightly above average and they encompass both rural and urban areas.

2.2. Sampling

Through a two-stage process in each region, a theoretical or criterion sample was selected. In other words, defined criteria were used to ensure that contexts and profiles that could provide information which is different and relevant to the study's objectives are included [32,33]. In the first stage, the contexts, primary care centres with the greatest proportion of immigrants and their referral hospitals, were selected. In the second stage, informants were selected according to the following criteria in order to ensure a variety in discourses: a) primary and secondary healthcare personnel with different job profiles; and b) health managers. The final sample size was reached by saturation (Table 1).

2.3. Data collection

Individual, semi-structured interviews were carried out using a topic guide, which addressed two main topics: access to and quality of care. With regard to access, it addressed the concepts of access to health care and opinions on immigrants' access to health care in general and to primary and secondary care in particular, as well as the different factors that might influence, facilitate or hinder it, through general questions. 'What facilitates (or hinders) access to health care?', 'Why?' and 'How could it be improved?' were used as probing questions. All themes were addressed as they came up during the interview. In addition, all emerging themes relevant to the study objectives were followed up during the interview. Only if necessary, probing questions on specific topics were used, such as the individual health card, services, professionals or migrants' characteristics. Interviews were conducted in