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## Original Research

# Free clinic utilisation by immigrants after the introduction of a restrictive health policy in the Basque Country (Spain)

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## ABSTRACT

**Objectives:** Policies restricting healthcare access for immigrants were applied in times of reduced public funding for welfare in Spain. This study aimed to assess the impact of the implementation of a more restrictive health policy in the Basque Country region, Decree 114/2012, on the number of consultations attended at a free clinic, where the majority of patients are undocumented immigrants.

**Study Design:** Interrupted time series.

**Methods:** A negative binomial regression model was applied in two phases to the number of healthcare consultations during the period 2007–2017 ( $n = 9272$ ) to estimate the level and trend changes associated with the implementation of the policy. Data were analysed separately by sex and adjusted for consultations' seasonality and unemployment rate and the sex-specific percentage of migrant population in Biscay province as confounding factors.

**Results:** Different trends of attendance between men and women were observed during the whole period, constituting 76.94% and 23.06% of all consultations, respectively. After the implementation of the decree, the number of consultations for women per trimester decreased and increased for men by 1%, although it was not statistically significant in either of the trends.

**Conclusions:** No clear relationship between the implementation of the Basque Decree 114/2012 and an increase in the attendance of immigrants in a free clinic during the studied period was found.

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## Introduction

In recent years, the number of immigrants in the European Union (EU) has consistently increased. In 2008, there were 19.5

million nationals of non-EU 27 residing within the EU,<sup>1</sup> and in January 2017, the number of people living in the EU-28 who had been born outside of the EU, was 36.9 million.<sup>2</sup> In Spain, by January 2018, 10.11% of the population was represented by

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registered immigrants.<sup>3</sup> As it happens in other contexts, no official figures exist about how many undocumented immigrants could be residing in Europe or in each country, which represents a challenge for healthcare providers and policy-makers.<sup>4</sup> In the Spanish context, the only official figure available for undocumented immigrants was given in 2013, when the Spanish government declared in a report for the EU that the individual healthcare cards—the document that entitles individuals to healthcare access throughout the NHS<sup>5</sup>—of at least 873,000 undocumented immigrants were cancelled.<sup>6</sup> The definition for undocumented immigrant given by the International Organization for Migration is ‘A non-national who enters or stays in a country without the appropriate documentation’.<sup>7</sup>

Although the European Social Charter of 1996 commits to the protection of medical assistance for anyone without adequate resources,<sup>8</sup> there are no common norms for EU member states regarding entitlement to health care.<sup>9</sup> Moreover, countries implement different legal conditions of access to health care for nationals and for foreign origin populations, such as immigrants or asylum seekers,<sup>10–13</sup> sometimes leaving responsibility for their health care to non-profit free clinics.<sup>14–17</sup>

In Spain, since the year 1986, health care within the National Health System (NHS) was provided to any person, regardless of nationality, on condition of being residing in the country, rather, being registered in any Spanish council for at least 3 months.<sup>18</sup> However, in April 2012, the Spanish government enacted the Royal Decree-Law 16/2012 of 20 April on urgent measures to ensure the sustainability of the NHS and improve its quality and safety (RDL 16/2012).<sup>19</sup>

The European Committee of Social Rights and different Special Rapporteurs from the United Nations expressed their concern about the impact of the RDL 16/2012 on migrants' health.<sup>20</sup> Full healthcare assistance is currently recognised for legal residents in Spain and for those who have an insured status, mainly obtained as a contributor to the Social Security System.<sup>19,21</sup> Even though asylum seekers and documented immigrants with 3 months of council registration in Spain can get full healthcare assistance, undocumented immigrants cannot, unless they pay for it. However, healthcare assistance for special situations was recognised to any person in case of emergency, antenatal, delivery and postnatal care and being a minor.

Since the NHS in Spain is decentralised, meaning that it is configured as a coordinated set of health services from the Central Government Administration and its 17 autonomous regions' own public healthcare system,<sup>22,23</sup> RDL 16/2012 was only applied in some regions, while others created new norms to regulate immigrants' access to their healthcare systems. In the autonomous region of the Basque Country, Decree 114/2012 of 26 June was launched to regulate access to the Basque public healthcare system for those people excluded from healthcare assistance in the Spanish NHS.<sup>24</sup> However, it was judicially retained until December 2012, when the Constitutional Court gave partial legal permission to apply it.<sup>25</sup>

Even if the Basque Decree permitted undocumented immigrants' access to the public healthcare system, it was more restrictive for documented and undocumented than the

previous legislation, as the main requirement for both to get access changed from 3 months to 1 year of consecutive municipality registration.<sup>24</sup> Moreover, in addition to providing healthcare assistance for the special situations stated in RDL 16/2012, other governmental instructions were launched to extend assistance to any person in the case of serious chronic and mental illnesses and infectious diseases that may become a public health threat if left untreated.<sup>26</sup>

The findings in the literature about immigrants' utilisation of health care in Spain vary depending on immigrants' origin and the type of health service.<sup>27</sup> For instance, a literature review in 2014 showed that, in general, the immigrant population uses the emergency services more and specialised care less than Spanish-born residents. However, the results were diverse regarding the use of primary care services, depending on the country of origin, gender and the autonomous region in which it was measured.<sup>28</sup> In the Basque Country, a study from 2008 showed that the utilisation of healthcare services by immigrants was higher among women, Maghrebians and those who had worst self-rated health.<sup>29</sup>

The financial crisis which has recently affected the industrialised countries has negatively influenced the health of local and immigrant population.<sup>14,30,31</sup> In addition, immigrant populations face diverse barriers to accessing health care, mostly related to the policy arena, the healthcare system bureaucracy, professionals' behaviour and characteristics of the immigrants themselves.<sup>31,32</sup>

Because of social vulnerability and poorer living conditions of undocumented immigrants, other barriers such as a lack of awareness about entitlement to health care, fear of being reported to the police and poor language skills hinder their healthcare access.<sup>32–35</sup> Likewise, the main barriers for undocumented immigrants, due to their illegal status, is the restriction of their entitlement to rights to health care and the lack of information about those rights among both healthcare users and providers.<sup>35</sup> Therefore, immigrants without access to public healthcare services use different health-seeking strategies, such as self-medication, borrowing insurance cards, delaying the use of health care until they feel very sick and use of alternative health services, such as free clinics and social-based consultations or searching for medical advice from their origin country.<sup>10,34,35</sup>

In many European countries, there are free clinics where healthcare professionals at non-governmental organisations (NGOs) provide health care to those immigrants who cannot access public healthcare services.<sup>15–17,34,35</sup> A free health clinic is defined as ‘a private, non-for-profit, community-based organisation that offers services such as primary and secondary medical and dental care [...] These services are offered for no cost or a small fee to low income, uninsured or underinsured people’.<sup>17</sup> Free clinics play a primary role in the fulfilment of the right to the highest attainable standard of health for those people excluded from public healthcare systems.<sup>34</sup>

Based on the hypothesis that more difficulty in accessing the public healthcare system means more use of the available non-profit free clinics, the objective of this study was to assess the impact of the application of the Basque Decree 114/2012 on the number of consultations attended at a free clinic using institution-based retrospective data.

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