8.G. Oral presentations: Access to health care for migrants and ethnic minorities

Access to preventive health services of migrants in five EU countries

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Background
The goal of preventive health care services (PHS) is to reduce morbidity and mortality through the prevention or detection of disease. Migrants have different lifestyles, health beliefs and risk factors. This may influence access to health services and participation in prevention programs. The objective of the study is to compare the use of PHS between migrants and native populations in five EU countries: Belgium, Italy, Malta, Portugal and Spain.
Methods
We analysed four indicators according to the ''European Core Health Indicators'' definitions, namely access to mammography, cervical smear test, colorectal cancer screening and flu vaccination. These indicators were calculated for nationals, migrants with EU and Non-EU citizenship. These were then analysed using logistic regression. Odds Ratios (OR) with limits of 95% confidence interval were calculated, using nationals as reference. Data from the Health Interview Surveys were used, respectively 2008 for Malta, 2011 for Spain, 2012-13 for Italy, 2013 for Belgium and 2014 for Portugal.
Results
Overall 163,763 subjects were interviewed, with 2% of EU migrants and 4% non-EU migrants. The risks, in terms of OR, to have a poorer access to mammography was 2.5 (2.0-3.1) for migrants from EU and 2.6 (2.1-3.1) for migrants from non EU countries; to cervical smear test was 1.5 (1.3-1.6), and 1.7 (1.6-1.9); to colorectal cancer screening was 1.4 (1.1-1.7) and 2.1 (1.7-2.5); to flu vaccination was 3.1 (2.4-3.9) and 5.7 (4.7-6.9). The OR were similar among selected EU countries for Cervical smear test and colorectal screening, higher variability was observed for mammography and flu vaccination, with higher risks in Italy and lower in Belgium.
Conclusions
The use of PHS is significantly reduced among migrants, particularly for those coming from non-EU countries. This may lead to the deterioration of health status, particularly among the most vulnerable people.

Key messages:

- Migrants showed poorer access to preventive health services, especially for those coming from non-EU countries
- The comparison among 5 EU countries showed similarities, with slightly poorer access in Italy

Health and access to care among vulnerable populations in Europe: Findings from the 2015 Doctors of the World International Network Observatory

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Background
Since 2006, the Doctors of the World (MdM) International Network Observatory has conducted multicenter surveys in our free clinics across Europe & Canada among people facing multiple vulnerabilities, (EU nationals & migrants, 3rd country citizens). These surveys describe their health states and social

determinants of health, including obstacles to access to care, with the aim of informing health policy makers and obtain positive changes.

Materials and Methods

A cross-sectional analysis of routine data collected from 34,300 patients in 94,453 social and medical consultations at MdM & partners health centers in 13 countries in 2015 (Belgium, Canada, France, Germany Greece, Luxemburg, the Netherlands, Norway, Spain, Sweden, Switzerland, Turkey and UK). An analysis of the legislative context regarding access to care was made.

Results

The vast majority of patients consulted our clinics for medical care while around 20% of patients were seeking social assistance. The population consisted mainly of migrants (EU migrants included), however a good part of patients seen in Greece & Germany were nationals. Around 80% of patients seen did not have any health coverage. Nearly 100% of patients were living below the poverty level of the country. The obstacles to access to care were primarily due to restrictive legislations; financial, administrative or lack of knowledge about rights & local health system, or language barrier. The immigrants interviewed had been living in their host country long term before consulting. Very few patients with a chronic disease knew about it before migrating or cited health as a reason for migration.

Discussion

The populations seen by MdM live in particularly disadvantaged conditions. They need more (and certainly not less) protection and to be given easier access to care. There is no tangible argument or public health justification for using health care and access-to-care policies as means of regulating migration flows.

Key messages:

- Major inequalities in health states & social determinants of health, including obstacles to access to care, are found in the vulnerable populations using MdM & partners clinics in Europe & Canada
- MdM urges Member States and EU institutions to ensure universal public health systems built on solidarity, equality and equity, open to everyone living in an EU Member State

Access to healthcare for migrants during emergencies: a health policy analysis

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Issue

Migration has been recognized as one of the greatest challenges that societies are facing and will continue to face during upcoming decades. The affected destination countries have recognized that their health systems have been overstretched and are unprepared to match the health needs of undocumented migrants with these systems' existing resources, plans, and policies.

Description of the problem

This study takes account of evidence from the existing policies of countries facing large influxes of migrants, and compare and evaluate the chosen policies in order to formulate a new policy option. The Bardach's Policy Analysis Framework is adopted and evidence is compiled from the national policies of the four countries in the WHO European Region with the highest percentage increase of emergency immigration in 2014: Greece, Spain, Malta and Italy. The policy evidence is judged, adopting four criteria obtained from international laws and guidelines. To each criterion is assigned a set of indicators, allowing for the comparison and scoring of policies. The criteria were: sensitivity to migrants, intersectoriality, respect for human rights, and emergency preparedness.

Results

According to this frame Italy and Malta score the highest while Spain and Greece the lowest.

In particular, Italian policies are the more sensitive to migrant issues and Maltese policies to intersectoriality. Emergency preparedness and respect for human rights are poorly addressed in three out of four countries.

Lessons

The policies comparison shows which countries have the gold standard for migrant-sensitive health policies, intersectoriality, respect for human rights and vulnerabilities, and emergency preparedness.

Key messages:

- Findings suggest that an enhanced policy option would include free of charge health care to undocumented migrants; anonymous access to services; the support of intercultural mediation for health
- Multisectoral collaboration in migration management enables specific provisions for the most vulnerable migrants (unaccompanied minors, disabled, elderly people) as shown by Maltese policy

ER access by non-EU citizens between 2000 and 2014 in a large teaching hospital of Rome, Italy

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Background

Lack of information about the national health system and the status of illegal immigrant can make difficult for migrants from non-EU countries to access primary care, leading to misuse of emergency room (ER). This study investigated non-EU citizens' (non-EU) accesses between January 2001 and September 2014 to the ER of the ''Umberto I'' teaching hospital of Rome, Italy.

Methods

Patients' accesses to ER, triage codes, hospitalizations, mortality and diagnoses of Italians and non-EUs were described. Incidence rate ratio (IRR) and 95% CI for the non-EUs of being assigned a white code at triage and of hospitalization after ER access compared to the Italians were estimated through Poisson regression.

Results

Of the 1,934,431 people that accessed the ER between 2000 and 2014, 266,213 were strangers. Non-EUs citizens increased from 6.6% to 11.5% during this period. They showed a higher rate of white codes than the Italians (19.3% vs 16.7%) and a lower rate of yellow and red codes. Poisson regression showed that non-EUs are more likely to be assigned a white code than the Italians (IRR: 1.17; 95% CI: 1.16-1.19; $p < 0.001$).

Non-EUs left the ER without authorization more frequently than Italians and experienced also a lower rate of hospitalization (13.9% vs 8.0% and 14.3% vs 17.8%, respectively). Poisson regression confirmed these results showing a lower risk for non-EUs to be hospitalized (IRR: 0.98; 95% CI: 0.96-0.99; $p < 0.001$). The ER death rate was low and stationary during the period and twofold higher in Italians than in non-EUs (0.14% vs 0.07%).

Respiratory, genitourinary and obstetrical/gynaecological diseases were more frequently diagnosed in non-EUs (8%, 3.4% and 9.1%, respectively) than in Italians (6.3%, 2.7% and 3.8%, respectively).

Conclusions
These results highlighted a propensity for the non-EUs to access the ER mostly for non-urgent events. This could partly be an effect of the lack of filters in access to care, usually carried out by the primary care.

Key messages:

- Non-EU citizens have higher rate of inappropriate access to emergency rooms, as showed by the rate of white codes, hospitalization and mortality
- There is a need for filters other than the usual able to appropriately route this non-EU population and to address its specific health needs

The health information assessment tool on asylum-seekers (HIATUS): a comparative validation study

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Background
A lack of accurate data on the health status of asylum-seekers in many EU countries turns inequalities in health between residents and asylum-seekers invisible. We assessed the performance of the health information system (HIS) in Germany (DE) and The Netherlands (NL) with respect to the country ability to assess the health situation of asylum seekers.
Methods
We developed a Health Information Assessment Tool on Asylum Seekers (HIATUS) with 50 items to assess HIS performance across 3 dimensions: 1. availability and detail of data across data sources; 2. HIS resources and monitoring capacity; 3. general coverage and timeliness of publications on selected indicators. Two raters per country independently assessed the performance of country HIS. Ratings were transformed into an unweighted summary score (range: 0-100). We calculated mean scores (standard deviations, SD) by country and absolute/relative gaps in scores within/between countries. Inter-rater reliability was assessed by Pearson's rho and the intra-class correlation (ICC).
Results
The total HIATUS score was 31 (SD: 8.5) in NL and 24 (SD: 2.8) in DE, translating into a 69% (NL) and 76% (DE) gap in HIS capacity. The 7-score difference between NL and DE translates into a 23.0% higher HIS capacity in NL relative to DE. Shortfalls in HIS capacity in both countries relate to data availability across most sources, and to coverage of specific indicators such as self-reported health, mental health, socio-economic status and health behaviour. Pearson's rho was 0.144 (NL) and 0.30 (DE), the ICC yielded an estimated reliability of 0.290 (NL) and 0.830 (DE) respectively.
Conclusions
Inter-rater reliability was acceptable in DE but low in NL. Team-based ratings by country instead of independent ratings may improve reliability in future EU-wide studies. Preliminary findings suggest substantial limitations in HIS capacity to assess the health situation of asylum-seekers in both countries, especially in DE.

Key messages:

- Accurate data on health status of asylum-seekers is essential to assess health inequalities
- The standardised tool (HIATUS) proved useful to assess country health information systems in two EU countries