



Addressing immigrants' health. A comparison of policy answers in three European countries

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1. Background

- Spain has only recently become an immigration country
Rapid increase in foreign population : 2.5% in 2001; 9.9% in 2007
Immigrant workers countries of origin: Morocco, Romania, Ecuador
- Health needs change with time of residence in receiving country:
a) related to country of origin, b) adaptation c) similar
- Inadequate access to healthcare: cultural diversity, insufficient available resources, language barriers, living and working conditions
- New challenges for the Spanish health system
- Countries with different emigration histories may offer useful experiences for health policy formulation



2. Objective

- To provide a comparative analysis of health policies for immigrant populations in three European countries



3. Methods I

Study design

Review of scientific and gray literature on health policies for immigrant populations in three countries: United Kingdom, Italy (Spain)

- Selection criteria

- Similar health system (NHS)

- Differences in history of immigration (long, middle, short)

- Language

- Availability of specific health policies for immigrant populations



Search strategy

Electronic and manual search (MEDLINE, gray literature)

Terms used (immigrant, ethnic minority, health policy, health, evaluation etc)



Selected countries context

United Kingdom

Start: 50s

Minority ethnic population:
7.9%

Healthcare rights:

Documented: NHS services

Undocumented: Hospital emergency, accidents, mental conditions, family planning

Spain

Start: 90s

Foreign population: 9.9%

Healthcare rights:

Documented: NHS services

Undocumented: Hospital emergency, maternal and child care, up to 18 years

Italy

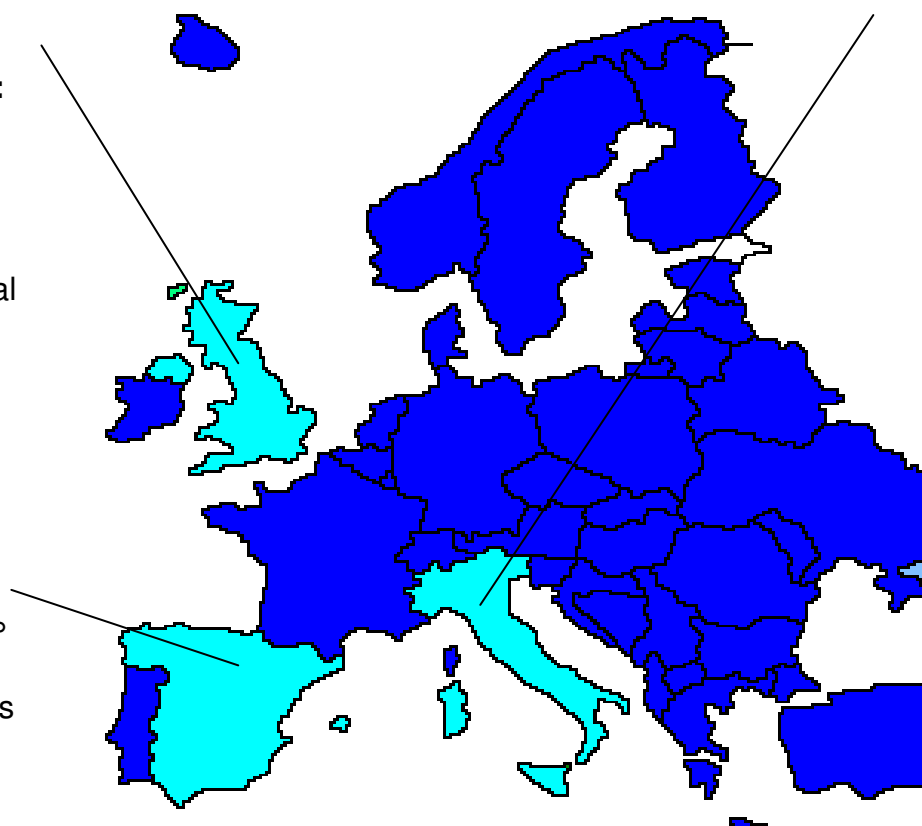
Start: 70s

Foreign population: 4.9%

Healthcare rights:

Documented: NHS services

Undocumented: Hospital emergency, maternal and child care, infectious diseases, preventive care





Methods II

Analysis (cont.)

- Content analysis of selected documents
- Main dimensions of analysis
 - Policy objectives
 - Strategies
 - Available resources
 - Results of policy implementation evaluation



Sample of Documents

Country	Level	Immigration or ethnic minorityPlans	Health Plans
Spain	National	Citizenship and Integration Plan 2007–2010	NHS Quality Plan 2007
UK	National	Race Equality Action Plan Single Equality Scheme 2007 – 2010	Saving Lives: Our healthier nation 2000-2010 NHS Plan 2000-2010
Italy	National		National Health Plans 1998-2000 / 2003-2005 / 2006-2008



4. Results

- Policy objectives
- Strategies
 - Specific health problems
 - Health care access
 - Health care adaptation
 - Needs assessment



Policy objectives

UK

To improve health of ethnic minorities

To reduce health inequalities of ethnic minorities

To guarantee equal access to health care

To reduce inequalities in access to health care (of immigrants)

Italy

To reinforce health protection of immigrant population

To guarantee adequate access to health care

Spain

To guarantee the Right to the protection of health of immigrant population

(access to care, prevention, determinants)

To analyse health care needs

To train health personnel



Policy strategies

UK

Specific health problems

Access to care

**Health care system
adaptation**

Inequalities analysis

Italy

**Specific health
problems**

Access to care

**Health care system
adaptation**

Needs assessments

Spain

Specific health problems

Access to care

**Health care system
adaptation**

Needs assessments

Health Personnel training



Strategies for specific health problems

UK

Italy

Spain

**Include ethnic minorities
in prevalent conditions
programmes**

Maternal and child care

- care to foreign pregnant women
 - Female genital mutilation
-

Health education

- Specific prevention campaigns
-

Health promotion

- Health promotion programmes with **active recruitment**
 - Programmes with **research** on family and social networks for health support.
-

Communicable diseases

- Transcultural and multidisciplinary approach to prevention
 - Improving health professionals abilities to reduce barriers to access to HIV and STD programmes
-

Communicable diseases

- Adapt control programmes to immigrants
-

**Mental health
Foreign professionals**



Strategies to improve access to health care

UK

Increase in resources

- Health personnel
- Modernise facilities

Italy

Information

- Services available
- To register in NHS
- Adequate use

Spain

• Improve infrastructure

Information

- How to register in NHS (different languages)

Monitoring tools to
measure access to health care

Communication

Translation services
Telephone Health Line

Communication

Cultural mediation

Communication

Cultural mediation
Translation services



Strategies to adapt healthcare services

UK

- Consider **cultural and religious elements**
(menus, communication, etc)
- Choice of doctors' sex

Italy

Information system

- Develop instruments to monitor health needs

Spain

- Improve quality of care

Information system

Adapt IS to monitor inequalities and support planning



Strategies to identify health needs

UK

Monitoring inequalities in health and health care (access)

- Observatories
- Inequalities study units

Italy

HIV and STD studies

Spain

Studies on

- Social determinants of health
- Diseases incidence
- Access and utilization of health care
- Inequalities in health



Strategies to train health personnel

UK

-
- Training on ethnic equality

Italy

Cultural competences

Spain

- Contents
 - Determinants of health
 - Health problems, cultural competences
 - Adaptation of training (medical specialties, postgraduate training)
-



Conclusions I

- Different emigration histories in receiving countries seem to influence health policy approach. In the UK, with a longer emigration history, policies aim at reducing inequalities. In Italy and Spain, where this phenomenon is more recent, specific policies for immigrant populations' health have been formulated.
- Main strategies in all three countries address: access to health care, programmes for specific health problems, the analysis of health care needs and the training of health personnel. However, there are differences in emphasis and type of action.
- Few actions address the adaptation of health care services to needs of immigrants/ethnic minorities. The UK and Spain propose and increase in human resources and infrastructure and some adaptation to specific needs. In Italy actions addressing access emphasize provision of information and simplifying processes. The latter also included in Spanish health policies.



Conclusions II

- All three countries include strategies to improve communication among health services and immigrants, focusing mainly on translation tools and cultural mediation.
- Health needs assessment is one of the most promoted strategies. However, despite the longer history of immigration, the UK still has difficulties to monitor immigrants health.
- Policy evaluation is limited.