

Changes in access to and utilization of health services in immigrant and native populations, Spain 2006 and 2012.

Irene Garcia-Subirats^{1,2}, Ingrid Vargas^{1,2}, Mercè Gotsens^{2,3}, Alba Llop-Gironés^{1,2}, Davide Malmusi^{2,3}, María Luisa Vázquez^{1,2}

¹Health Policy and Health Services Research Group, Health Policy Research Unit, Consortium for Health Care and Social Services of Catalonia, Spain

²Immigration and health programme of CIBER in Epidemiology and Public Health (CIBERESP)

³Agència de Salut Pública de Barcelona – IIB-Sant Pau, Spain

Introduction. Austerity policies introduced in the context of the economic crisis pose new challenges to the National Health System in Spain, such as, keeping the levels of access and quality of care, particularly for vulnerable populations and, among them, immigrants. The aim is to analyse changes in access to and utilization of health services in the native and immigrant populations in Spain between 2006 and 2012.

Methods. Comparative analysis of two cross-sectional studies in Spain: the National Health Surveys of 2006 (n=29,440) and 2011/12 (n=21,007). Outcome variables: unmet care needs (insufficient or inappropriate care), and use of primary care (general practitioner), outpatient secondary care, inpatient and emergency care. Descriptive bivariate analysis stratified by country of birth (Spanish born/immigrant= foreign born from low-income countries) and sex, and using self-rated health as the need explanatory variable. X^2 test was performed.

Results. Unmet needs decreased in both populations, regardless of sex; but maintained a higher prevalence in immigrants. In comparison with 2006, in 2012 visits to general practitioner decreased in Spanish-born, regardless of self-perceived health status, and increased in foreign-born, especially among women with poor self-rated health. Regarding secondary care, no changes in outpatient visits were observed; with Spanish-born showing higher prevalence than foreign-born, particularly men. Changes in dentist visits depended on country of birth: the prevalence increased in Spanish-born and decreased in foreign-born. Emergency services use decreased in both populations, although foreign-born still showed a higher prevalence than Spanish-born. Finally, inpatient use prevalence decreased only in Spanish-born.

Conclusion. The access to and utilization of health care has changed during the economic crisis in different ways in immigrants and natives, according to care level, sex and need. Nevertheless, differences between both populations in the level and patterns of utilization persist; further research is needed to understand the determinants of these changes.