

## HEALTH CARE SYSTEM FOR IMMIGRANTS (ACCESSIBILITY, QUALITY, COST)



*Design by Julien Nicolai*

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### **Abstract:** -

*The aim of this study is to identify and describe within the existing literature the characteristics (Immigrant, accessibility, quality, cost.) of primary health care models of service delivery for Indigenous immigrant people. Our focus was on knowledge synthesis of maternity care among immigrants to Greece provided a coherent evidence base for (a) eliciting a better understanding of the factor that generate disparities in accessibility, acceptability and outcomes during maternity care and (b) improving culturally based competency in maternity care. Our synthesis also identified pertinent issues in multiple sectors that should be addressed to configure maternity services and programs appropriately. Effectiveness, safety, and patient experience are key components of healthcare quality, an important element of health systems performance.*

**Key words:** *Immigrant; accessibility; quality ; cost.*



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## Key Search Terms Used for Literature Search of PubMed and Web of Science

Domain	Search Terms
Immigrant	Foreign –born , foreign birth
Accessibility	Health services , utilization , accessibility , primary prevention, access to care
Quality	Quality of health care , patient satisfaction
Cost	Health expenditures , health care costs

*Derose et al.2019*

The literature search identified 82 papers of which 35 met the inclusion criteria and were synthesized. The literature contained seven key concepts related to maternity service experiences including social (professional and informal) support, communication, socio-economic barriers, organizational environment , knowledge about maternity services and health care , cultural beliefs and practices and focus enough to women resulted in difficulties receiving high quality maternity health care. Electronic databases of primary research articles and grey literature were searched without restricting the time period.

Relevant information from the articles was extracted into tabular format and classified for thematic analysis, Articles were selected on two mainly criterion the accessibility and acceptability of maternity – care services for immigrant people.

To summarize information obtained from original research about barriers to access of primary healthcare by immigrants and to identify research gaps. Electronic databases of primary research articles and grey literature were searched without restricting the time period. The preferred reporting items for systemic reviews and Meta – analyses statement were followed for literature selection. Articles were selected based on three criteria a) the study population was immigrants, b) the research was about the barriers accessing primary healthcare in developed world and c) the article was written in English. Relevant information from the articles was extracted into tabular format and classified for thematic analysis.

Also we included in formations from own cases of immigrants people who examined in General hospital Hippokraton of Thessaloniki and in Thessaloniki’s Polyclinic of Doctors of World

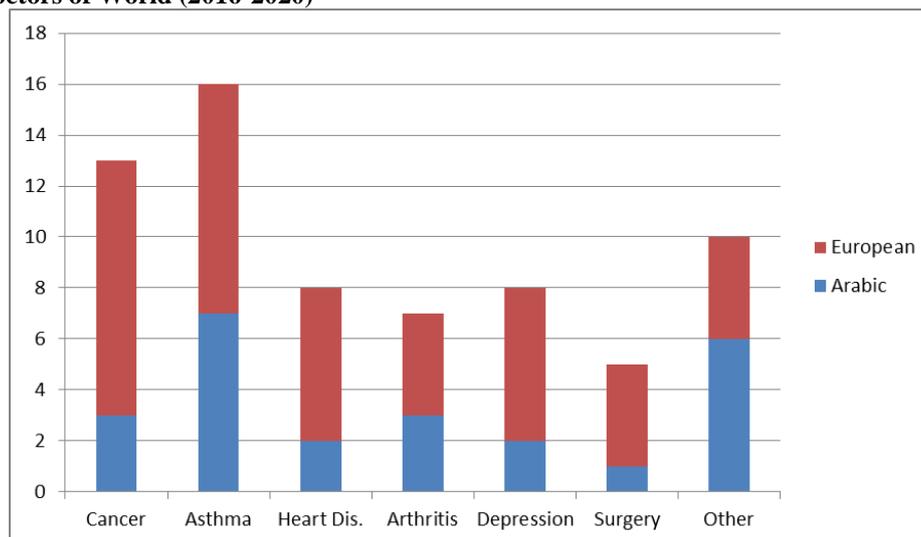
### Limitations

Our review has some limitations that are important to mention. First, although our search for empirical studies of immigrant’s health care access, quality and cost was systematic and comprehensive. Second, given the tendency toward publication bias where studies with statistically significant findings are more likely to be published, we may have overestimated the evidence that immigration status is important for health care access, quality and cost. Third it was trying to be examine the cost of immigrant’s care (without success for the last, were founded many difficulties and limits) because of their important relationships to access and use

**Health systems** should look at non-fiscal factors. Health professionals must be able to adapt effectively to changing environments and identify and apply innovative solutions to tackle significant challenges- shortages of expertise/resources in a specific area, unexpected surges in demand (e.g owing to shortages of expertise/resources in specific areas. In few words they need to build and maintain resilience. To identify their health needs, it is important to investigate their epidemiological profile and their access to health services. The issue of public health is largely ignored by public officials when it comes to a discussion about immigration. Usually the debate focuses on cost, effective treatment, or who received taxpayer funded health care. Not necessarily over what is right vs. wrong.

**Emergency care, labor and delivery** for undocumented immigrants are generally covered from the state. It requires that hospitals provide care to patients presenting with acute health symptoms that could result in severe bodily impairment or death if left untreated or to pregnant women in active labor , regardless of citizenship status or ability to pay. Under this provision hospitals are left to cover costs of emergency care and other treatment given variable and sometimes ambiguous rules.

Until fairly recently, most health research did not collect data on nativity and immigration status. However, as the size of the immigrant population has grown and as it has begun to affect a more diverse set of regions and communities, there has been increased interest in understanding how immigration status and associated characteristics affect this subpopulation’s experiences with the health care system. Furthermore, the heterogeneity of the immigrant population, in terms of socioeconomic status, health status and patterns of immigration suggests a need o for systematically reviewing the literature to identify trends among subpopulations of immigrants, to better inform policy and clinical practice, despite our expectations we could not to analyze, to improve more. (5,33)

**Table 1. Types of Health Conditions in connection with descent of immigrants Personal Data from Thessaloniki's Polyclinic of Doctors of World (2016-2020)**

On the other hand, in Types of Health Conditions in connection with descent of immigrants Personal Data from General Hospital Hippokraton of Thessaloniki was mentioned a minimum one emergency visit and hospital stay, respectively. Diagnostic procedures and / or drug prescriptions (47,9%), chronic disease control (15,8%) and preventive interventions(13%)were the most reported reasons for GP access.

Unauthorized (undocumented) immigrants are less likely than other residents to have health insurance. The General Hospital Hippokraton of Thessaloniki has long supported a basic health care package for all women without regard to their Country of origin or documentation. Providing access to quality health care for unauthorized immigrants and their children.

According to health professionals, these conditions limited the use of services during working hours and led to delays in seeking care and treatment interruptions. Results show an aggravation of pre – existing barriers to health services utilization and, simultaneously, the appearance of new barriers to enter the system. These changes in the healthcare services contradict the contradict the equity principles of the national health system (NHS) , thus policy decisions are needed to address this problem(22,24,31).

We expand on quality to include more objective measures of quality, such as whether certain processes of care were received. Cost is not explicitly part in most reviews (13-21,32 ,35) but it is included in our review because it is important contribution to policy discussions regarding immigrants and health care.

Datas were obtained as was mentioned and before, from files and protocol of General Hospital Hippokraton of Thessaloniki and from polyclinic of doctors of World in Thessaloniki. The sample was composed of individuals aged 18-74 years from Albania, Bulgaria and Arabic countries, immigrants in Greece . Hierarchical multiple logistic regression models were fitted. Bulgarian men were less likely to use health care at all levels compared to men from other countries. In Spain most immigrants made less than, or about the same use of health care services as the native Spanish population.

Greek's diverse society and its statutory commitment to multiculturalism means that a synthesis of knowledge related to the healthcare experiences of immigrants is essential to realize the health potential for future Greeks.

No clear patterns were observed in our survey. However other studies shaved less use of specialized care by immigrants, higher use of emergency care and the existence of determinants of access different to their needs. (11,17,27,32-35)

To identify their health needs, it is important to investigate their epidemiological profile and their access to health services. Satisfaction with specific aspects of health care follows different patterns that may be explained by differences in experiences and culture. (1-3)

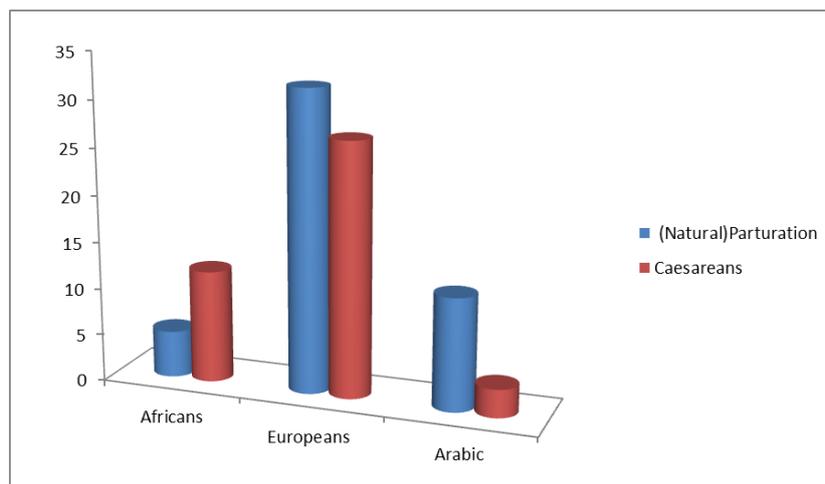
With limited language and health literacy skills immigrant women face, numerous challenges in navigating the health care system. (14,22) They face multidimensional hurdles to obtain proper.

Civic stratification and the exclusion of undocumented immigrants from cross-border health care. Satisfaction with specific aspects of health care follows different patterns that may be explained by differences in experiences and culture Plenty population-based surveys report comparable access to health care services between immigrant and non-immigrant populations yet other research reports immigrants –specific access barriers. (11-22,33) Evidence of effective intervention is rather limited and fragmented and suggested problems of access for immigrants.

In order to implement woman –centered care, to enhance access to maternity services , and to promote immigrant women's social position , cultural knowledge and beliefs, and traditional customs in the health care. Maternity services were an experience in which cultural knowledge and beliefs, and religious and traditional preferences were highly relevant as well but often overlooked in Greek maternity settings



**Table 2. Personal Data of 131 Obstetric Immigrant Cases delivered at General Hospital Hippokraton of Thessaloniki in the Period between May 1 2016 and May 1 2020.**



In order to receive federal Medicare and Medicaid payments, a hospital must agree to treat and stabilize everybody who shows up to a hospital emergency rooms (ER) regardless of their ability to pay or their immigration status. In other countries the most hospitals end up being paid for only about percent of the medical care given to uninsured patients (35). Interestingly in this material, like exactly mentioned in the article of Jeppesen ,2014 no severe obstetrical deficiencies were found.

Even though other types of problems were discovered.

Bad communication due to insufficient use of trained interpreters and to the health personel’s lack of knowledge about cultural back ground often resulted in mutual misunderstandings. Most of the women were examined by many different doctors and midwives during pregnancy and delivery. It is demonstrated, that the lack of continuity was an additional strain of these women. It is concluded that the difficulties in communication are potentially dangerous, increasing the risk of delayed or missing obstetrical intervention. The insufficient communication demonstrated causes insecurity and inappropriate care.

To understand immigrants access to care (health insurance status , having a regular source of care), It is included studies that examined potential access and realized access or use ( number of physician visits , use of preventive health care , reported delays in getting care) .For quality , It is recommended and included studies that examined overall health care perceptions of care (satisfaction , ratings of care or providers, feelings of being discriminated against providers) as well as more objective processes of care (receipt of recommended services)(1-35).For cost included studies that examined overall health care expenditures of immigrants health care experiences as well as out of pocket costs.(21.27,30)The present paper aims to validate as goal in including these three broad areas (access , quality and cost) to gain an overall understanding of immigrants health care experiences as well as inform policy and research related to the care of immigrants.

### **In accordance with previous studies**

Although reviews have been conducted on immigrants health status ,no one has been published previously on immigrant health experiences (access , quality and /or cost. Our article fills this gap and establishes a baseline that can serve to inform health reform debates as well as identify areas of needed research(1,27,33).Socioeconomic status and health outcomes ,the comparison of the foreign and native born in exhibit one documents dramatic differences . Undocumented immigrants were twelve years old younger than permanent legal residents (21,26,32-35).In our view ,their findings are only conjectures or at least they are not associated with ours.

In terms of preventive care , immigrants and are less likely to receive a cancer screening (mammography ,P-test, fecal occult blood test or sigmoidoscopy and prostate –specific antigen than the Greek people and noncitizens at highest risk of underuse.(14,19-23)

Immigrants have difficulty communicating with the doctor and understanding the health system. Differences were found in difficulty knowing who to see , length of time to confirm diagnosis , wanting more choice about a specialist and hospital ,being offered the opportunity to see a counselor and actually seeing one. Immigrants reported difficulty knowing who to see. Previous studies showed difficulties in patterns of care according to socioeconomic status and educational level.Despite adjusting for age , sex , education , marital status we did not find significant differences. Instead ,we found that understanding of the health system and confidence understanding English were important factors(1-35).

We also examined quality and it was trying to be examine the cost of immigrants care (without success for the last, were founded many difficulties and limits)because of their important relationships to access and use .We expand on quality to include more objective measures of quality , such as whether certain processes of care were received.(9-13) Cost is not explicitly part in most reviews (2-35) but we included in our paper because it is important contribution to policy discussions regarding immigrants and health care. The disappointing is that we could not found specific cost in Greek Health System for immigrants, there is so many gaps and only hypothesis we could about it. From our survey collected self-reported information on outpatient and inpatient use but it could not possible on costs. Compared with national health accounts , we understate total costs by anywhere from 10 percent to 30 percent. This is because some indirect measures of health care spending cause general subsidies to public hospitals are not explicitly tied to individual use .

According to health professionals, these conditions limited the use of services during working hours and led to delays in seeking care and treatment interruption. On more general health care and did not specifically search for articles on special care. Finally, as noted earlier , immigrants compose an extremely heterogeneous group. We have attempted to describe the differences between subpopulations as identified by previous researches (1-13,17,32), however ,sub-groups and individual immigrants own experiences undoubtedly will widely(34).

Results show an aggravation of pre-existing barriers to health services utilization and simultaneously the appearance of new barriers to enter the system (12-19) These changes in the healthcare services contradict the equity principles of the national health system (NHS), thus policy decisions care needed to address the problem.

The findings highlighted patient's negative experiences regarding to the Greek health care system. Their main complaints concerned delayed ambulances, lack of doctors in outpatient clinics, long journeys to the hospital and long waiting time at the emergency department. Lack of information about the disease, difficulties seeing a doctor in the department, poor language skills and insufficient interpreters were some of the other difficulties that mentioned by participants

To examine racial/ethnic/immigration disparities in health and to investigate the relationships among race /ethnic/immigration status ,delayed healthy care .Assessment was used to assess the quality of the studies.

### **Implications for policy and research**

Noncitizen immigrants educed access to care and poor quality care and that of their citizen children , put them at risk for deteriorating health over time. Given the size of this population , this has long term implications for the health of our nation.

There may also be short –term effects. A recent study found that there are negative spillover effects from the uninsured in a community to the insured not only through a higher financial burden of uncompensated and charity care at the local level but also by reducing the overall quality of care provided in the community . Therefore , efforts to improve health care access and quality for immigrants requires changes in the financing of care , reducing other barriers to care , and improving the quality of care delivered. The low levels of health insurance coverage among noncitizen immigrants and their children can be addressed by extending eligibility for public programs or by including immigrants in broader initiatives to expand coverage that involve both employers and public programs. Of course, there are tremendous challenges to doing this in today's context , given our nation's move toward restricting immigrants access to public programs further , rather than expanding them(12-15). Although , countries have a number of options to expand coverage and access to care among immigrants , including using their own funds to cover some or all immigrants who are ineligible for federal Medical, ensuring that providers give appropriate assistance, educating immigrants about availability of Emergency Medicaid. Outreach efforts through sources such as trusted community-based organizations are important to decrease concerns regarding how enrollment in publicly funded insurance programs might affect residency and citizenship applications. Furthermore , communit –based strategies and partnerships building on the natural lay helping networks within communities could assist immigrants in overcoming barriers to care.

Policies should also focus on improving access to language services. Currently , there are few financing mechanisms for implementing national standards for culturally and linguistically appropriate services.

Our experimental set up bears a close resemblance to others authors (5-17) and indicates that being male is a predictor for better physical and mental health. Among women high social support is a predictor for better mental health.. Previous research confirms the advantage of being male in subjective health results for example ,Borrell et al(PLOS ,34)illustrate

that women in lower socioeconomic groups have the worst indicators for morbidity and self –assessed health. The effect of social relationships on health is important, for example , data indicate a 50% increased likelihood of survival for participants with stronger social relation-ships. In our study sample , young participants were found to be physically healthier , this remained the case when results were stratified by gender. As Dher et al. suggest (33), this may be explained by the fact that younger participants experience lower morbidity due to their ability to better adapt to a new environmental conditions.

Greek population – based surveys report comparable access to health care services between immigrant and non immigrant populations, yet other research reports immigrant –specific access barriers. In reviewing research of immigrants health care experiences, the most common access barriers were found to language barriers to information , and cultural differences.

Suggestions for future research and programming are discussed.

We are currently tried to focused on the health sector and directed at organizational and / or system level determinants of access ( supply-side). The access framework was useful in uncovering the disparity between supply- and demand –side dimensions and pinpointing areas which could benefit from further attention to close the equate gap for vulnerable populations in accessing PHC services that correspond to their needs.



*Neuroanthropology-Access Denied – Neuroanthropology*

Table 3 Frequency of Health Care Outcomes by Immigrant		
Health Care Outcome	Immigrant Indicator	Not English or Greek speaker (part of the totality)
Access Health Care System	70	13
Regular or usual source of care	63	0
Preventive (Pap-test , vaccinations)	13	8
Processes of care	11	1
Mental Health		
Specific Illness or medical condition	22	1
Cost	77	8

In conclusion despite the universal coverage granted, despite the universal coverage granted by the Greek healthcare system and developed health policies, a number of barriers in access emerged that would require implementing the existing policies. However, the measures taken the context of the economic crisis are pointing in the opposite direction, towards maintaining or increasing barriers.

Health disparities exist among older adult populations, the combined effects of minority and immigrant status can be approximated from the results in this study. Health care accessibility and the quality of care should be promoted in minority /immigrant populations.

Public health nurses have a strong potential to aide in health disparities among an aging American population that continues to exhibit increasing racial /ethnic diversity. The findings of most reports indicate that Whites Europeans have the poorest self-reported health nod mental health, respectively. Delayed use of health is negatively associated with both self-reported health and mental health status. (1-6,20-35)

**Proposals- Preventive Strategies for Immigrants**

To understand immigrants access to care (health insurance status , having a regular source of care) , we included studies that examined potential access and realized access or use ( number of physician visits , use of preventive health care , reported delays in getting care) .For quality we studied and checked articles that examined overall health care perceptions of care (satisfaction , ratings of care or providers, feelings of being discriminated against providers) as well as more objective processes of care (receipt of recommended services).(1-9,12,18,27-30) For cost we focused on studies that examined overall health care expenditures of immigrants health care experiencesas well as out of pocket costs) Our goal in including these three broad areas (access , quality and cost) was to gain an overall understanding of immigrants health care experiences as well as inform policy and research related to the care of immigrants

In order to provide satisfactory health care to patient with different ethnic backgrounds, it is important to be aware of their vulnerable situation and their limit capacity to express their needs .This research could be a starting point in developing strategies for reducing ethnicity-based misunderstandings and inequalities in the health –care system.

Although there is widespread recognition that the Greek health system requires wide – ranging changes , these will take time and some actions are needed now. Yet this is complicated by the imbalance between reduced resources and increased demand. A key priority is to curtail rising outof –pocket expenditure but this will require action against tax evasion. However , all these measures require political decisiveness and coordination across ministries , with a shared focus on equity and quality.

Improving health care access and quality for immigrants requires changes in the financing of care , reducing other barriers to care and improving the quality of care delivered. The low levels of health insurance coverage among noncitizen immigrants and their children can be addressed by extending eligibility for public programs or by including immigrants in broader initiatives to expand coverage that involve both employers and public programs.



<b>Preventive Strategies</b>
1. Health Promotion : Strategies that enable people to increase control over , and to improve their health. Entails strategies on individuals ,and their social and physical environment
2. Primary Prevention : Measures seeking to prevent the onset of specific diseases
3. Secondary Prevention : Procedures that detect and treat pre-clinical pathological changes and thereby control disease progression
4. Tertiary Prevention : Measures seeking to soften the impact caused by the disease , onceit has developed , helping with patient’s function , longevity and quality of life

**Figure:2 Source AFMC primer on population Health (33)**

Bad communication due to insufficient use of trained interpreters and to the health personnel’s lack of knowledge about cultural background often resulted in mutual misunderstandings. Most of the immigrants were examined by many different doctors and midwives during pregnancy and delivery. It is demonstrated, that the lack of continuity was an additional strain of these people.

It is concluded that the difficulties in communication are potentially dangerous, increasing the risk of delayed or missing obstetrical intervention. The insufficient communication demonstrated causes insecurity and appropriate care. (11-16,23) Overall, the organization of primary healthcare in most countries consists of the provision of health and medical services to the general population, usually in health Care professionals (doctors, nurses etc) According to the emphasis of those services the system can be mainly medical or curative –based, which corresponds to the PMC model. In the actual health care practice of many countries, both approaches can coexist and an overlapping of strategies can be seen, but in many cases, specific projects or programs can be identified with a primary health care (PMC) or another model.(22,33-35)

The findings of this paper reveal that the organization of services or strategies to deliver health care to immigrant population at the entrance of the health system can be either through a models of primary health care (PMC) or Secondary

and higher model. Both models can address immigrant population health needs, but they differ in the scope of the potential impact on immigrants health transitions.

Part of the solution has been the establishment of primary health care services for immigrants and in many cases run by Indigenous primary health services have been to provide culturally appropriate services that meet the needs of local Indigenous communities.



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