

POLICY BRIEF

Migration and Health in Spain

CIBERESP Subprogram on Migration and Health

Introduction

In the past two decades, Spain has become an important destination for migrants. There is currently no universally accepted definition for "migrant". Migrants are considered to be economic migrants, temporary workers, retirees, asylum seekers, trafficked people, refugees, international students, expatriate executives, and anyone living outside of their country of birth.

Profile of the Immigrant Population in Spain

Immigrants make up over 10% of the resident population in Spain, and it has become a major immigration country in Europe. The top (non-EU) immigrant groups in Spain are 1) Moroccans (714,221), 2) Ecuadorians (212,970), 3) Colombians (172,368), Chinese (164,555), Bulgarians (140,206), and Bolivians (126,421) (1). There are an estimated 600,000 undocumented immigrants in Spain (2), one of the highest rates in the EU, despite favorable processes for regularization, naturalization and family reunification (3). In Spain, economic migrants are the group that has received the most attention from a policy and research perspective.

Challenges of Migration for Health Systems

People who migrate are healthy contributors to society, but the experience of migration impacts health on multiple levels, in terms of entitlements to health, access to health care, risk of infectious diseases and chronic conditions, exposure to poor working and living conditions, and levels of income. Immigrants tend to face barriers to using health services due to legal and administrative issues, discrimination or mistreatment, linguistic differences, unfamiliarity with the health system, and cultural health beliefs or practices. Also, health systems and health providers often lack the tools necessary to engage immigrant populations in health promotion, education, prevention and treatment services (4). Despite these challenges, EU member states and health systems must support immigrants' right to health.

Immigrant Health in Spain. Key findings

The following scientific contribution made by the research groups participating on the Subprogram on Migration and Health (SMH) in Spain has been identified and analyzed:

- Around 234 articles published in scientific journals,
- 37 active or completed projects (including 11 international projects), and
- High levels of participation in scientific conferences, meetings, and working groups (27).
- Four immigrant cohort studies completed or underway among Subprogram members, representing a highly valuable body of research that offers knowledge on key focus areas.

The Right to Health for migrants

- Since 1948 health has been a human right declared by the United Nations.
- Maastricht Treaty – encouraged member states to provide a high level of health protection.
- Portuguese EU Presidency of 2007 prioritized migrant health.
- Bratislava Declaration on Health, Human Rights and Migration highlighted challenges in providing care.
- 61st World Health Assembly in 2008, WHO member states called to support migrant health via policy, dialogue, and health system strengthening.
- EU Health Strategy 2008-2013 supported migrant health in health promotion, prevention and access to care.
- EU Framework Program called for coordination of research to address inequalities in the social determinants of health.
- In 2010 the Spanish Presidency and WHO hosted the Global Consultation on Migration and Health.

The SMH highlights the health situation of immigrants in Spain:

Access to Care and Health Service Use

In general, the immigrant population in Spain is healthy, with health needs that are similar to the native population.

Spain's severe economic crisis has significantly impacted immigrants' health and wellbeing through a move away from equity and cuts in health service provision.

Immigrants' use of primary care services is similar to the native born population, with greater use of emergency services and underuse of secondary care.

Disparities in health service use may be related to lack of familiarity with the health system, doctor-patient communication issues, or differences in risk perception and health seeking behaviors.

Occupational Health

Immigrants are disproportionately employed in jobs in the construction, agriculture and hotel and domestic services sectors. These sectors pay low wages and imply greater exposure to work-related risks; they were also among the sectors most affected by the economic crisis.

Chronic and Infectious Diseases

Immigrants and natives tend to be similar in terms of the most prevalent chronic conditions, with better outcomes by some measures.

Immigrants are more vulnerable to some infectious diseases including tuberculosis. Spain is among the countries with the highest prevalence of Chagas disease in Europe.

There are challenges to screening and treatment including legal, administrative, cultural and linguistic barriers.

Mental Health

Factors that often accompany migration-especially in precarious circumstances or undocumented migration- may give rise to mental health problems.

There is lower use of mental health services among immigrants, perhaps due to lack of access or lack of understanding of the immigrant's culture on the part of the health professional, or quality of care that is not appropriate to the needs of immigrants.

Sexual and Reproductive Health

Immigrant women may have a greater risk of negative outcomes such as pre-term birth and low birth weight and a relevant vulnerability to HIV/STI transmission

Health System and Policy Recommendations to Improve Immigrant Health in Spain

A wide body of SMH research evidence points to recommendations for improving immigrant health in Spain.

Ensure entitlement, support equity, and reduce barriers to health care

Re-commit to equity and universality as principles of the National Health System; expand entitlements to health and social services to include all immigrant groups.

Reduce barriers to access to care related to linguistic, cultural, economic, administrative or other issues.

Design interventions that teach cultural competencies for health professionals and within health institutions.

Tailor health programs to immigrant populations and promote health service use

Engage in program adaptation for certain immigrant subgroups that have worse health outcomes or are otherwise at-risk.

Improve upon elements of Spanish regional immigration plans, including engaging in culturally relevant health promotion and education, use of translators, cultural mediators and community health outreach workers, among others.

Increase cooperation between social partners, immigrant associations and the public health administration.

Promote awareness and increase detection of imported and infectious diseases in immigrant populations

Implement systems, guides by national policy, for the mandatory reporting of infectious diseases.

Develop programs to improve awareness of health professionals of emerging infectious diseases and those associated with human mobility.

Identify and expand screening and treatment programs across Spain's autonomous communities; ex: the cruzi vertical transmission program.

Reduce the burden of chronic disease in immigrants and support good health status

Support protective factors- within the host and/or origin culture- related to management of nutrition, physical activity, obesity and chronic pain.

Make special provisions to extend these efforts to immigrants and vulnerable groups.

Support pro-employment and social protection policies and occupational health

Promote the health of those impacted by the economic crisis; provide protections for the unemployed, those with low incomes and those in precarious work situations.

Pay special attention to training of immigrant workers on labor rights and risk prevention.

Provide incentives to companies to comply with good labor conditions.

Adopt inclusive policies and promote economic and political integration to improve immigrants' health

Support access to mental health services and develop cultural competencies among mental health institutions and providers

Develop strategies for expanding mental health services available for immigrant groups.

Develop institutional plans to provide training, education and strategies on cultural competency to all mental health professionals and services, relevant to Spain's migrant profile.

Utilize and expand on the expertise of transcultural mental health services.

Conclusions

Spanish demographics have changed dramatically in a short time period, provoking challenges in terms of social integration, but nevertheless providing the opportunity to support good health of the population. The Spanish National Health System continues to be an asset in the provision of health protection to the great majority of the population, including immigrants, however, formal entitlements, guidance and leadership are needed for the health sector in order to promote good health of a more diverse population.

About the Subprogram on Migration and Health (SMH)

The SMH was created in 2011 by the Biomedical Research Center Network for Epidemiology and Public Health (CIBER-ESP). The mission of the Subprogram is to monitor and improve knowledge about the health status of the immigrant population in Spain related to communicable and non-communicable diseases, as well as the biological, behavioral and structural determinants of health. The SMH promotes collaboration and synergy among the Subprogram and other groups intra and inter CIBER-ESP. Through multidisciplinary collaboration, the Subprogram aims to coordinate research and knowledge translation activities to support evidence-based policy and practice with respect to immigrant health in Spain.

SMH has contributed significantly to migrant health scientific literature, with substantial research in the following areas:

- Health status and access to health care
- Health service use and quality of care
- Health equity and the social determinants of health
- Occupational health
- Chronic and infectious diseases
- Sexual and reproductive health
- Mental health, and others

This policy brief is a synthesis of a more exhaustive report prepared by Emily Felt, MPP, in coordination with Elena Ronda, Jordi Casabona, Cristina Hernando and Laia Ferrer from the SMH and the contribution of other groups participating on it to inform policies and programs to support immigrant health in Spain.

References

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