Access to health care among international immigrants in Chile:

A forgotten issue in the Chilean health reform?

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Panel 15

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OUTLINE

The Chilean Health System

The Chilean Health Reform

The health reform among immigrants

Study Results

Discussion

The Chilean Health System

- Chile used to have a public health system until 1981's Health Reform

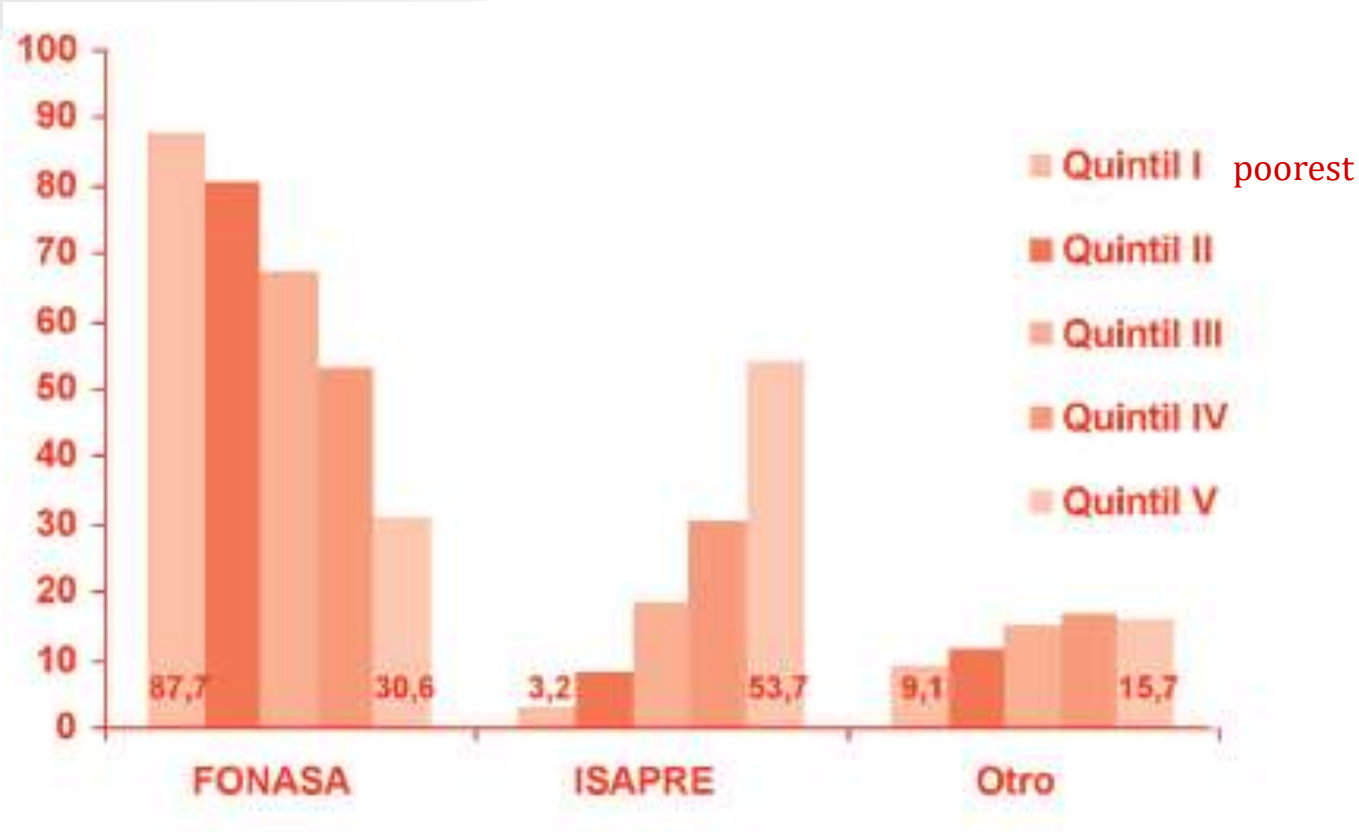
- Since 1981: Mixed system including:
  - Public (social and solidarity-based public fund called FONASA)
  - Private (competitive and individual-based firms called ISAPREs)

- Individuals can access to these different systems depending on their income

2003: 72% public, 16% private, 3% other, 9% no provision

Proportion of people with access to public (FONASA), private (ISAPRE) and other health system in Chile by household income quintile

CASEN survey 2003



Source: Hernandez, Sandoval y Delgado. In Jaude y Marin (2005). Determinantes sociales de la salud en Chile. En la Perspectiva de la equidad. www.equidadchile.cl

The Chilean Health Reform

- Planned since year 2000, sent to Congress in 2002, issued in 2005

- What supported the urgent need of the Health Reform?

1) *POLICY WILL: Sanitary objectives for the decade 2000-2010*
   - Improve health indicators
   - Face a growing aging society
   - **Reduce inequalities in health**
   - Provide services that are consistent with the population's expectations

2) *FACTS: Feedback survey 2000, CASEN survey 2003*
   - Inequalities in access to health care, waiting lists, quality of the services, patient's satisfaction, and financial protection
   - Urgent need of more efficient and effective interventions

The Chilean Health Reform

1. Changes in the infrastructure: promoting differentiated roles among public positions and autonomous health care centres

2. Supporting "universal access" to health: access to public health, reconnection of health networks all over the country, reinforcement of primary health care and institutional care (hospitals)

3. Explicit health guarantees: clear definition of: beneficiaries, pre-defined priority health problems, macro-network connection (public-private), dealing with delays and failures

The Chilean Health Reform

Supporting "universal access" to health: (MINSAL, 2008)

- Occupational health
- International health and international regulation
- Global strategy against obesity
- Expanded immunisation program
- Laboratory technology
- Epidemiological surveillance
- Training in primary (for secondary care workers) and secondary (for primary care workers) care services to promote collaboration
- Information system installed & training for all the public health sector
- Manual for patients' referring and follow-up

- Universal emergency care and universal maternal & infant care

The Chilean Health Reform

Have the health reform promoted health equity?

Between July '05 - May '08:

5.087.036 people

received attention by the explicit health guarantees' system

Age range	%
Children, 0-14	26,5
Youth, 15-29	6,4
Adults, 30-59	27,4
Eldery, ≥60	39,7
Total	100

66.2%

Income range (Chilean categorisation)	%
A: poorest	35,4
B	39,5
C	13,1
D: richest	12,0
Total	100

74.9%

(MINSAL 2008)

The Health reform and the immigrant population

Equity in health has become a major issue in Chile and significant achievements have been made, but no specific policies have been installed since the recent Health Reform to protect and promote the health of the immigrants

At the same time,

Key research has been conducted in the country in the last decade, mostly qualitative, showing poor living conditions and urgent health needs of a significant group of immigrants in Chile

(E.g. Martínez 2003, Stefoni 2005, IOM & Chilean Ministry of Health 2008a-b, Nunez-Carrasco, 2008)

The Health reform and the immigrant population

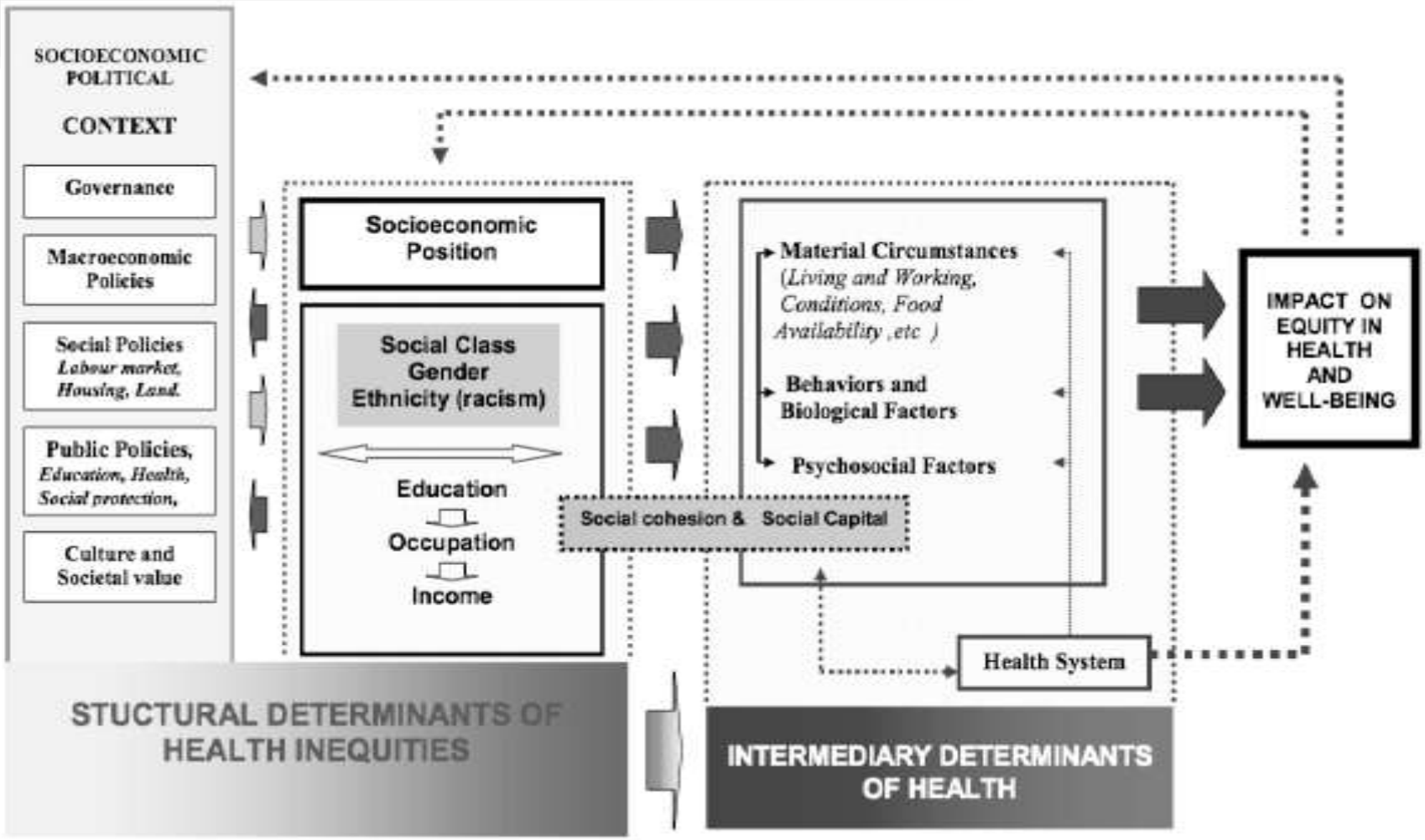
What do we don't know yet?

A quantitative national representative study to explore:

Current access to health care of international immigrants living in Chile, especially after the installation of the health reform, and how the access is shaped by their *social determinants*

[*"social conditions in which people live and work and that affect their health; in other words, the social characteristics within which life has place"* (Marmot & Wilkinson 1999, Tarlov 1996, McGinnis, Williams-Russo & Knickman, 2002)]

The WHO model on the social determinants of health (2008)



The Study

Cross-sectional secondary data analysis from an anonymous national representative survey conducted in 2006 in Chile: The CASEN survey (CAracterización Socio-Económica Nacional)

- National population based survey carried out by the Chilean Ministry of Planning since 1987
- 2006 version included questions on migratory status
- Complex multistage sampling
- Sample size: 268 873 participants from 73 720 households
- [Weighted sample: 16 130 743 individuals]

The Results

Migratory status	Percentage %	95% CI
International immigrant	0.96	0.87-1.06
Preferred not to report their migration status	0.67	0.58-0.78

Years living in the country		
Less than a year	32.03	27.32-37.11
1 to 5 years	18.37	14.78-22.61
6 to 10 years	17.56	14.45-21.18
11 to 15 years	7.80	5.46-11.03
16 to 20 years	8.32	6.29-10.93
21 or more years	15.92	13.14-19.16

Country of origin		
Peru	27.81	23.38-32.72
Argentina	26.13	22.31-30.35
Bolivia	5.86	3.98-8.56
Ecuador	5.01	3.12-7.92

1 1% of international immigrants, plus a group that did not report migration status

2 Mean: 10.95±16.48 years, but a third living less than a year in Chile

3 Most of them from Latin American countries

Who are the international immigrants in Chile?

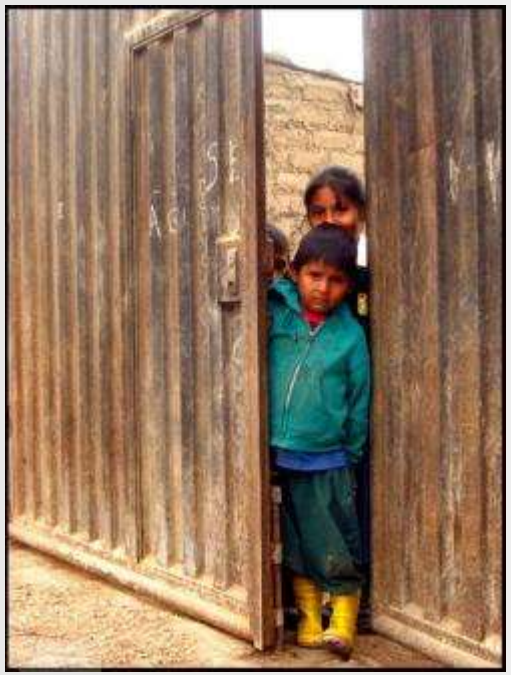
Two different groups emerged:

The larger one:
Higher educational level, income and higher status occupation (managerial) than the Chilean-born

The second smaller one:
Lower income, lower educational status, higher proportion working in domestic service than the Chilean-born

What about those who did not report their migration status?

Compared to the Chilean-born and the immigrants:



↑ Men

↑ Younger (almost 50% under 15 years old)

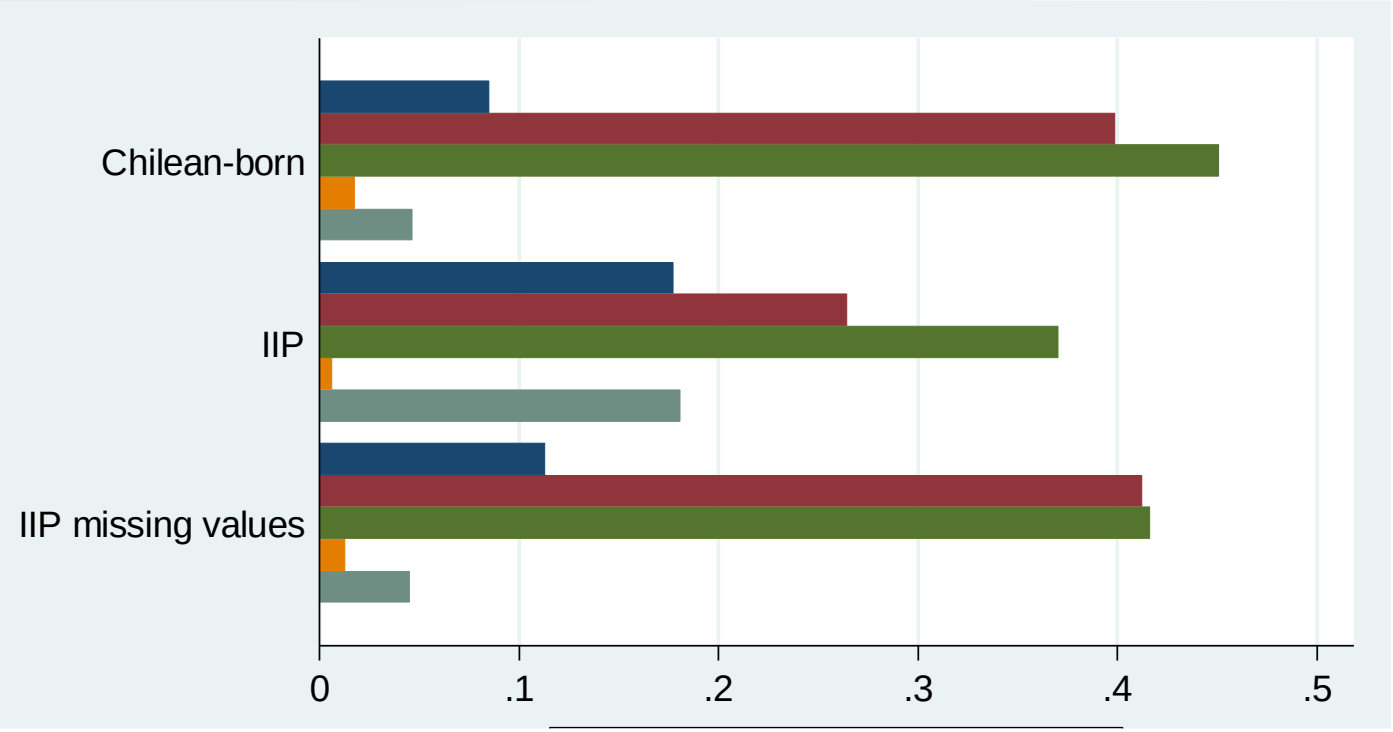
↑ Single

↑ Living in Northern area

↓ Educational level

↑ Active workers

Access to different types of health provision by migration status in Chile, CASEN 2006



1 Immigrants showed a higher rate of "no provision" and "other provision" than the Chilean-born

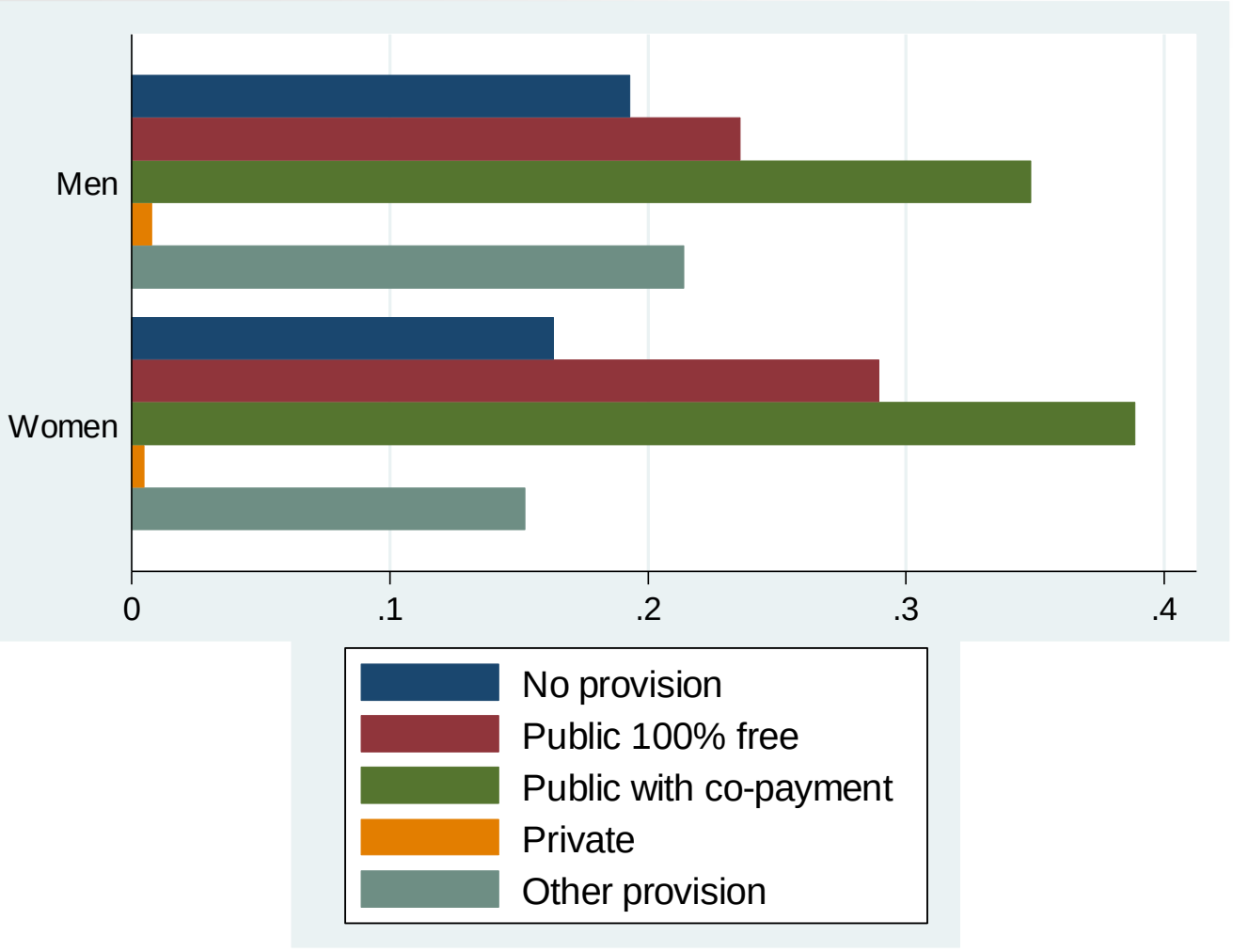
2 Missing values showed a higher rate of "public 100% free" than the IIP

($p<0.01$)

IIP: international immigrant population

IIP missing values: those that preferred not to report their migration status

Access to different types of health provision by sex among the IIP living in Chile, CASEN 2006

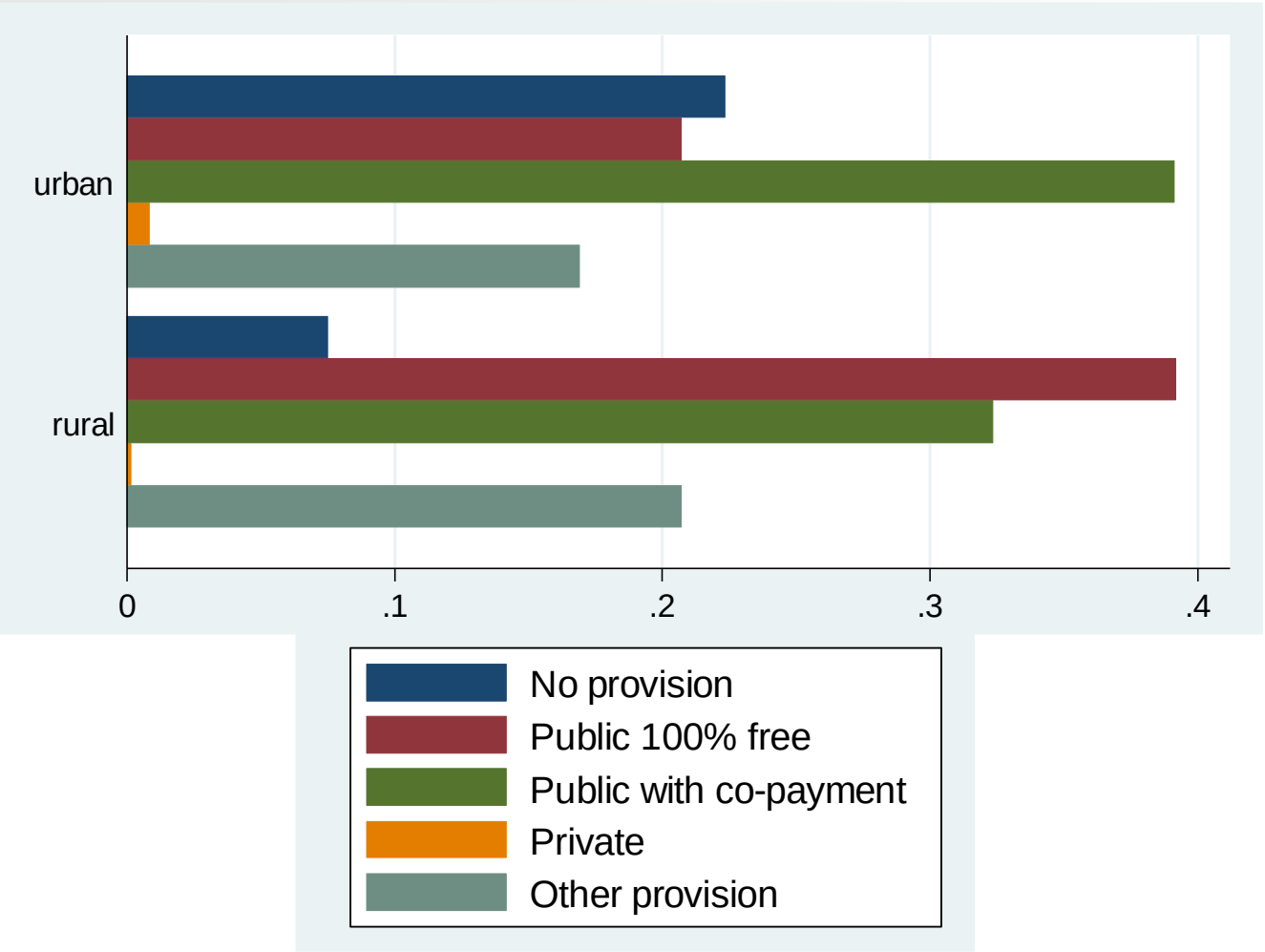


1 Immigrant men showed a higher rate of "no provision" and "other provision" than the women

2 Immigrant women showed a higher rate of "public 100% free" and "public with co-payment" provision than immigrant men

($p<0.01$)

Access to different types of health provision by rural/urban setting among the IIP living in Chile, CASEN 2006

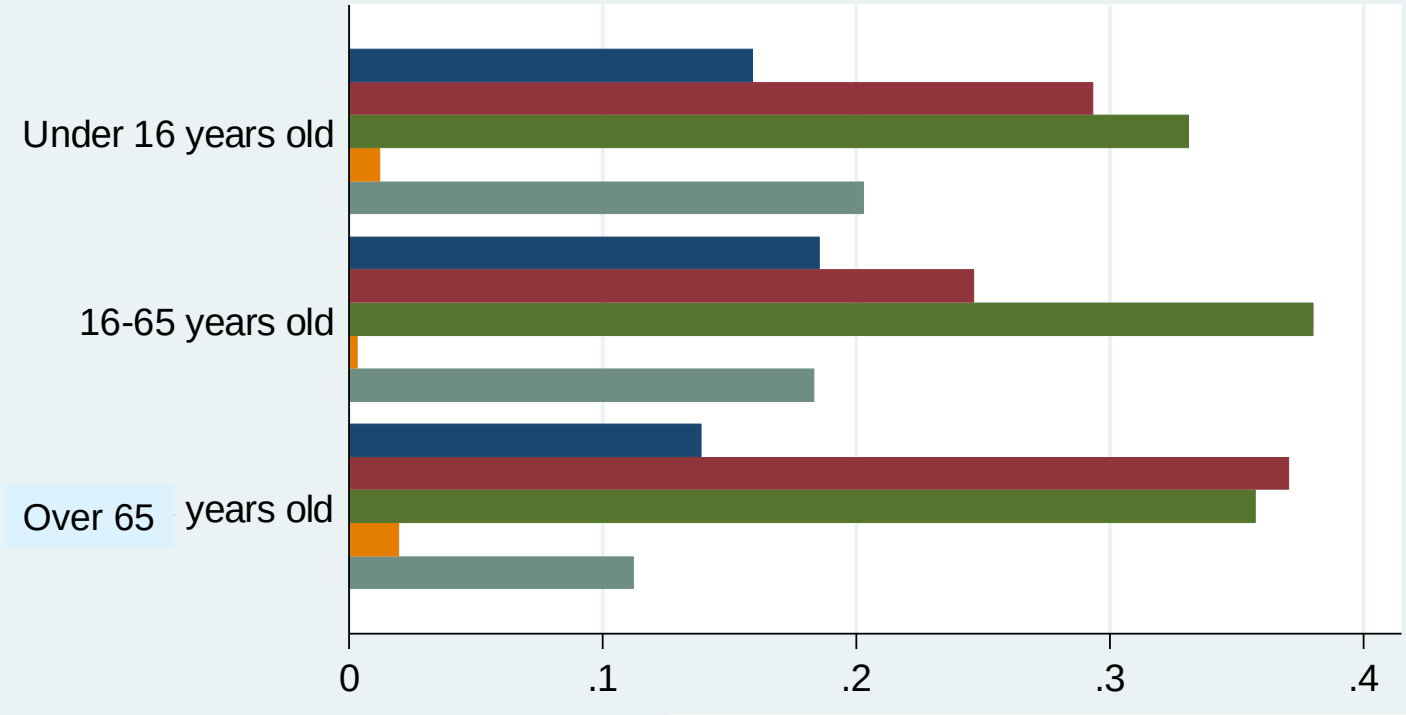


1 Immigrants living in urban settings showed higher rates of "no provision" than those in rural area

2 Immigrants living in rural areas showed a higher rate of "public 100% free" than those in urban

($p<0.01$)

Access to different types of health provision by age-group among the IIP living in Chile, CASEN 2006



1 In all age-groups, public provision was the most reported one

2 Economically active age-group had almost no "private" provision

3 Over 64 years-old, had a lower rate of "other provision" than the other age-groups

($p<0.01$)

Other findings among international immigrants in Chile…

Access to health care by income quintiles:

- Clear inverse gradient with public 100% free provision
- Somewhat positive gradient with private provision type
- Somewhat positive gradient with "no provision"
- No clear gradient with either "public with co-payment" or "other provision"

Access to health care by educational level:

- Somewhat positive gradient with private provision type
- No other gradient or clear correlation found with the other provision types

Other findings among international immigrants in Chile…

Head/managerial
Employee public system
Employee private system
Self-employed
Domestic service

Access to health care by type of occupation:

- Positive gradient with "no provision" (the higher the status, the higher the rate of no provision)
- Inverse gradient with "public with co-payment" (the highest rate was found among domestic service occupation type)

Access to health care by country of origin:

- Ecuador showed the highest rate of "no provision" (40%)
- Bolivia showed the highest rate of "public 100% free" (42%)
- Peru showed the highest rate of "public with co-payment" (55%)

Other findings among international immigrants in Chile…

Access to health care by years living in the country:

- There was an inverse gradient with "other provision" type (the longer the time living in Chile the lower the rate of this provision type)
- Those living less than a year and over 20 years showed the highest rates of private provision, but always below 5% of the cases for each age-group
- No differences for the other provision types by years living in Chile

Other findings among international immigrants in Chile…

When modelling the access to each provision type adjusted by different social determinants of health [socio-demographic, socio-economic, material living standards]:

- In the Chilean-born: wide range of social determinants affecting the access to the different health provision types [sex, age, materiality index, income, education]
- In the IIP: access to health care mostly affected by socio-economic status [income and educational level]
- In those that did not report their migration status: access mostly determined by economic deprivation [a combination of socio-economic status and living standards]

Discussion of results

1. Who are the international immigrants living in Chile?

2. What are the living conditions of those that preferred not to report their migration status? (and why they preferred not to report it?)

3. What does this study adds to the current knowledge on immigrants in Chile?

4. Access to health care in Chile: a complex question with a complex answer

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