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Objective

Effective use of healthcare is a relevant measure of universal coverage in healthcare research. The objective of this study was to compare differences in effective use of long-term healthcare (any self-reported health problem 12 months prior to survey) between international migrants and the local Chilean-born population.

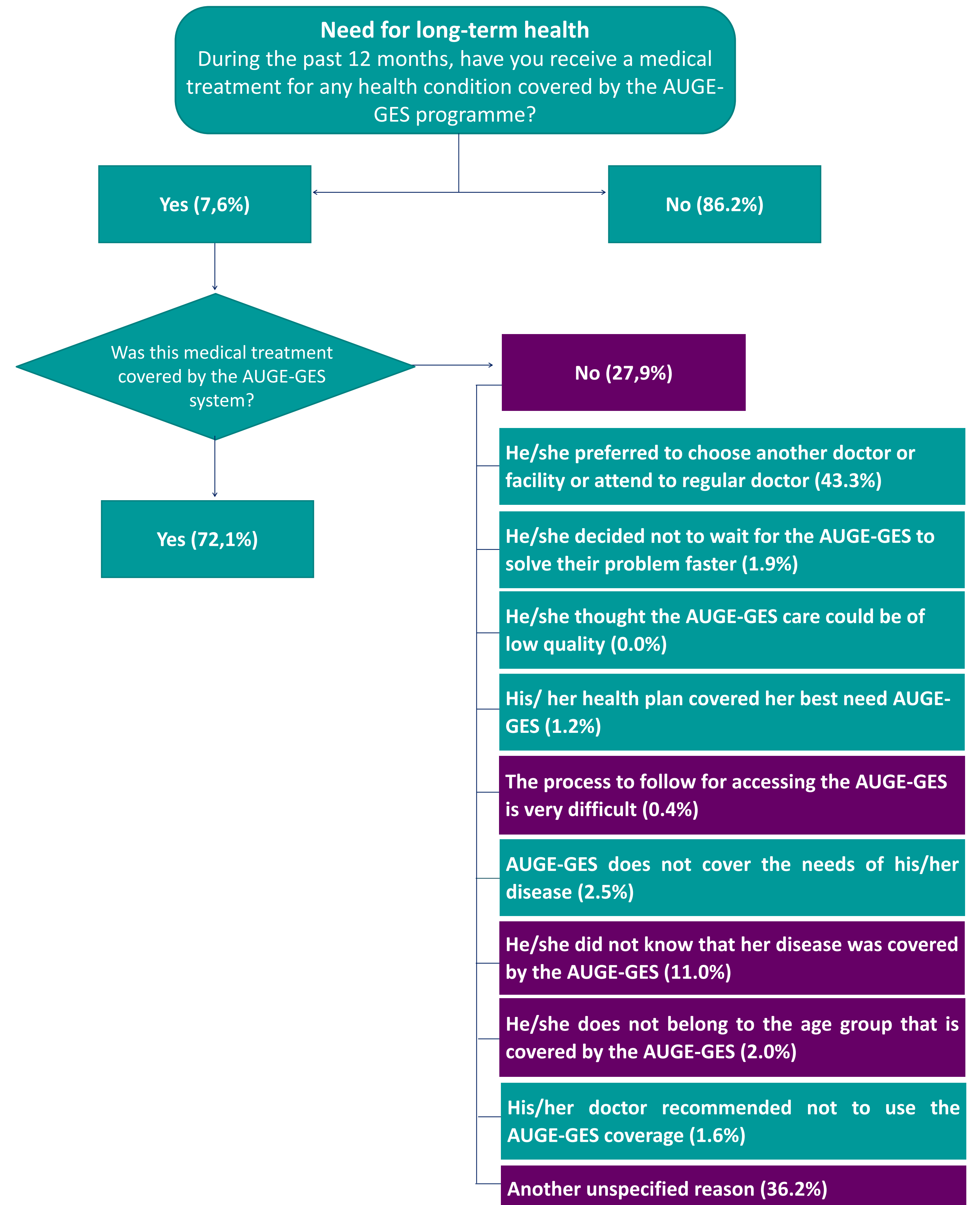
Methods

Exploratory secondary analysis of the nationally representative, anonymous Chilean survey CASEN 2013 (n=218,491 participants belonging to 66,725 households). We divided the sample into self-reported immigrants (n=3,555) and Chilean-born (n=212,346). We did not include in the analysis those who preferred not to report their migration status (missing values n=2,590). We estimated self-reported long-term (i) healthcare need, and (ii) use of universal coverage guarantees available in Chile; and compared them for both populations. Analysis was conducted in STATA 13.

Demand and effective use of health care for long-term needs in Chilean population. CASEN 2013.

		Coverage of AUGE-GES treatment		Rate of coverage AUGE-GES		
		Yes n%	No n%			
Health insurance	Public system	2.024.510	89,8%	270.905	60,3%	88,2
	Private system	149.329	6,6%	115.671	25,7%	56,4
	Without health prevision	23.750	1,1%	9.337	2,1%	71,8
	Other	40.464	1,8%	47.844	10,6%	45,8
	Unresponsive	15.981	0,7%	5.685	1,3%	73,8
Sex	Male	839.523	37,2%	186.824	41,6%	81,8
	Female	1.414.511	62,8%	262.618	58,4%	84,3
Educational level	Without formal education	162.013	7,2%	15.829	3,6%	91,1
	Primary	987.799	43,8%	107.088	24,6%	90,2
	Secondary	834.859	37,0%	174.504	40,1%	82,7
	Superior (Technique)	99.473	4,4%	40.230	9,2%	71,2
	Professional	147.588	6,5%	94.498	21,7%	61,0
Occupation	Post grade incomplete	1.232	0,1%	65	0,0%	95,0
	Post grade complete	7.602	0,3%	2.732	0,6%	73,6
	Unresponsive	13.468	0,6%	1.006	0,2%	93,0
	Occupied	809.727	37,6%	210.569	49,6%	79,4
	Unoccupied	42.756	2,0%	13.683	3,2%	75,8
Zone	Inactive	1.300.794	60,4%	200.399	47,2%	86,7
	Urban	1.924.015	85,4%	419.328	93,3%	82,1
	Rural	330.019	14,6%	30.114	6,7%	91,6

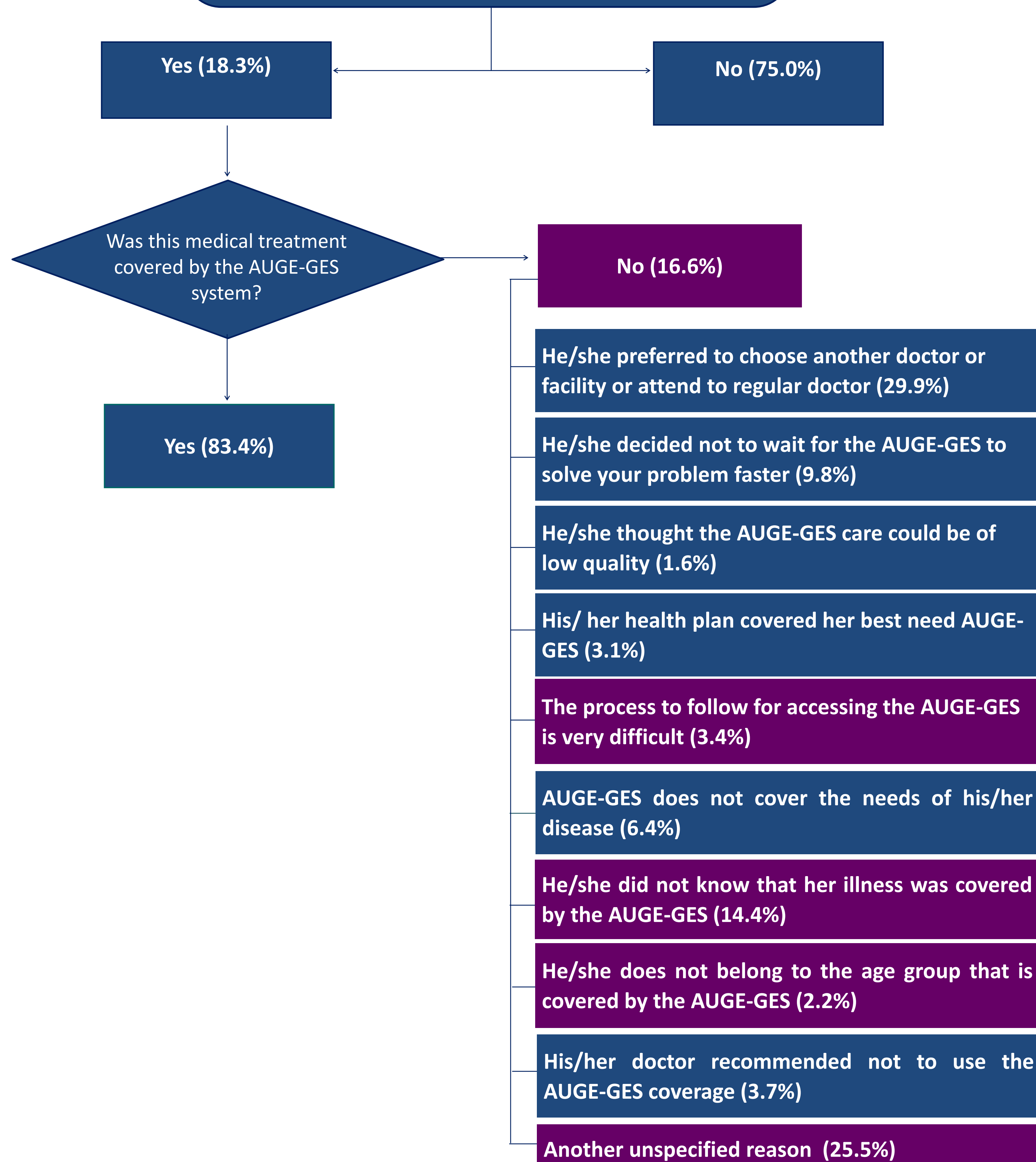
Demand and effective use of health care for long-term needs in immigrant population. CASEN 2013.



		Coverage of AUGE-GES treatment		Rate of coverage AUGE-GES		
		Yes n%	No n%			
Health insurance	Public system	16.181	90,8%	3.873	56,2%	80,7
	Private system	981	5,5%	1.940	28,1%	33,6
	Without health prevision	196	1,1%	801	11,6%	19,7
	Other	415	2,3%	115	1,7%	78,3
	Unresponsive	55	0,3%	165	2,4%	25,0
Sex	Male	4.467	25,1%	3.016	43,7%	59,7
	Female	13.361	74,9%	3.878	56,3%	77,5
Educational level	Without formal education	329	1,8%	68	1,0%	82,9
	Primary	5.364	30,1%	857	12,4%	86,2
	Secondary	6.479	36,4%	2.431	35,3%	72,7
	Superior (Technique)	776	4,4%	551	8,0%	58,5
	Professional	4.722	26,5%	2.684	38,9%	63,8
Occupation	Post grade incomplete	0	0,0%	63	0,9%	0,0
	Post grade complete	158	0,9%	240	3,5%	39,7
	Unresponsive	0	0,0%	0	0,0%	-
	Occupied	9.268	52,5%	4.507	66,6%	67,3
	Unoccupied	424	2,4%	16	0,2%	96,4
Zone	Inactive	7.978	45,1%	2.245	33,2%	78,0
	Urban	17.148	96,2%	6.581	95,5%	72,3
	Rural	680	3,8%	313	4,5%	68,5

Need for long-term health care

During the past 12 months, have you receive a medical treatment for any health condition covered by the AUGE-GES programme?



Results

8.5% of immigrants reported not having any health insurance in Chile (versus 2.5% of the Chilean-born). Of these, most are male or between 0-14 years-old. Regarding long-term healthcare, 7.6% of immigrants reported having any AUGE-GES health problem in past 12 months (versus 18.3% in Chilean-born). Of these, 72.1% used universal coverage guarantees available in the country (versus 83.4% in Chilean-born). Most immigrants who did not request healthcare are not entitled to any healthcare provision in the country.

Conclusions

Our analysis suggest that international migrants are at disadvantage of using available healthcare treatments, under the universal health coverage scheme, compared to the Chilean-born. This is particularly relevant for immigrants without any healthcare provision. Future research should explore reasons behind these differences. This unique evidence supports of the need promoting social protection of health for all population in Chile, including foreigners in need for long-term healthcare.