Preliminary evaluation of "Introducing immigrants to healthcare system in Chile" Pilot programe

> MACARENA CHEPO - BÁLTICA CABIESES - MARGARITA BERNALES ANA MARÍA MACINTYRE - MANUEL ESPINOZA

ISPOR - 19TH ANNUAL EUROPEAN CONGRESS NOVEMBER, 2016 VIENNA, AUSTRIA

Objectives: As part of the "universal health coverage for all" goal in Chile, a pilot intervention was created and piloted in the borough of Santiago, in the metropolitan region of Chile. The purpose of this study was to evaluate this pilot intervention after two months follow-up (May-July 2016).

Methodology: Based on previous research, we designed a healthcare intervention for immigrants in primary care. The intervention entitled "Introducing migrants to the healthcare system" aimed at (i) welcoming newly arrived migrants to the Chilean healthcare system and its general structure and processes, (ii) informing migrants about their healthcare rights and duties, (iii) referring patients to other available programmes. The evaluation consisted of (i) a brief questionnaire immediately after the intervention, (ii) 30-days follow-up of referrals.



Resúmenes de Congresos N° 20 | Enero, 2019 | Programa de Estudios Sociales en Salud UDD

Results: Out of 53 immigrants invited to attend the session, 46 participated. 86.6% females, most of them from Peru (41.3%) and Venezuela (32.61%), and age range 17-46. Most of them arrived under a year ago, had tourist visa (32.61%) or visa in process (41.30%). The most frequent reasons for consultation were pregnancy (39.96%), preventive and child care (30.43% and 28.26%). Most frequent referrals were to antenatal care (43.48%), social worker (32.61%), and child care (34.78%). Satisfaction questionnaire showed "very high/high satisfaction" with all items of assessment (length, questions asked, location, communication, attitude, cleanness), especially professionals' communication and attitude.

Conclusions: To the best of our knowledge, this is the first primary care intervention in Chile that aimed at welcoming, providing key information, and referring international migrants to other healthcare programmes. Our findings suggest that this simple and low-cost intervention might improve migrants' referrals to other programmes based on specific needs, as well as their satisfaction and beliefs around the healthcare system.

