

KELSEY VAUGHAN

# Immigration and Health Care: A Case Study of the Spanish Experience

© Central European University

The views in this report are the authors' own and do not necessarily reflect those of the Center for Policy Studies, Central European University.

CENTER FOR POLICY STUDIES  
CENTRAL EUROPEAN UNIVERSITY

Nador utca 9  
H-1051 Budapest, Hungary

[cps@ceu.hu](mailto:cps@ceu.hu)  
<http://cps.ceu.hu>

Policy Research Reports are occasional studies that provide support or background information for wider research projects. They include reviews of scientific literature, state of the art reports, and country studies. They are works in progress and offer practical combinations of academic and policy writing.

Kelsey Vaughan was a short-term Visiting Scholar at the Center for Policy Studies in Spring 2010

## IMMIGRATION AND HEALTH CARE: A CASE STUDY OF THE SPANISH EXPERIENCE

Kelsey Vaughan

### ABSTRACT

*This report is a literature review of documents pertaining to migrant health care in Spain. It investigates the literature written since 2004, the next most recent literature review, including research and changes in legislation. The report argues that Spain's migrant health care system is both newer and more comprehensive in its approach to treating migrants than past migrant health care systems in Europe. The paper further argues that recent studies have helped to reveal new areas in which Spain's migrant health care system can improve. Spain's migrant situation mirrors that of other European states in certain ways, argues the report, and those other states should consider Spain's migrant health system when designing their own policies. Fundamentally, however, the report concedes that each state faces a different situation and calls for further research on the health of migrants in European countries similar to those efforts in Spain.*

## CONTENTS

1. Introduction	4
2. Methodology	4
3. Immigration Boom	5
3.1. Causes	5
3.2. Immigrant Profile	6
4. Legal and Policy Environment	6
5. Immigration and Health	8
5.1. Immigrant health status and needs	8
5.2. Immigrant Utilization	9
5.3. Demand Side Challenges	11
6. The Health Care Provider Experience (supply-side challenges)	12
6.1. Resources to Help Health Care Workers	13
7. A Look at the Future of Immigrant Health Care in Spain	14
8. Conclusion and Lessons for Europe	15
References	17

## 1. Introduction

In the first decade of the 21st century, Spain faced a significant immigration boom. Spain boasted one of the largest increases in the share of non-nationals to total population in all of Europe, from 2.9% in 2001 to as high as 13.1% of the total population in 2008, or over six million persons (Vasileva, 2009; Instituto Nacional de Estadística, 2008, cited in Reher & Silvestre, 2009). In absolute terms, Spain is in the top five of EU countries with the largest numbers of foreign citizens (the others being Germany, the United Kingdom, France and Italy) (Vasileva, 2009).

This immigration is rapidly changing the demographic structure of Spain (Vall-Llosera Casanovas, Saurina Canals, & Saez Zafra, 2009). Migration management is one of Spain's top priorities and a leading concern of its citizens (Muñoz de Bustillo & Antón, 2009; Centro de Investigaciones Sociológicas, 2008). After years of restrictive entry policies, Spain is now pursuing a more open entry policy and working hard to integrate immigrants into local society by providing social services, including health care (Garcés-Mascareñas, 2010).

This paper explores the implications of this migration boom on health care in Spain through a selective literature review. The last literature review about health and immigration in Spain known to the author was completed in 2004 by Jansà and García de Olalla. Since then, Spain has developed one of the most extensive systems of immigrant health care in Europe, with not only the legal provisions but also many practical elements in place to facilitate health care service to this population. In the past six years, dozens of new studies have been published on the immigrant experience with health care in Spain, health care worker challenges, utilization and barriers, immigrant health status and other relevant topics. This paper also includes a review of the resources available to help health care workers treat the immigrant community. This paper concludes by presenting ongoing and future challenges for Spain and extracting a few lessons for other European countries facing similar challenges of providing health care to immigrant communities.

## 2. Methodology

During the period April to May 2010, a systematic search was carried out in PubMed and 38 databases offered through EBSCOhost, of which ten had a specific health- or Spain-focus. PubMed is the leading database of medical- and public health-related, peer-reviewed primary research reports. The databases from EBSCOhost were chosen to capture any non-peer reviewed studies and articles on the topic. A search of the internet using Google also produced several articles and non-academic literature (including news reports) on the topic published by Spanish government offices, newspapers and NGOs.

The researcher employed terms of interest to the study, including “immigrant,” “immigration,” “migrant,” “migration,” “health,” “healthcare,” “health care” and “Spain,” in various combinations, in English and Spanish, and limited the search to articles from January 2004 to May 2010. A particular emphasis was put on articles that compared the health status or access to health care by immigrants to that of the native population. Several hundred disease-specific articles about HIV incidence, renal failure and other health conditions in the immigrant population in Spain were largely excluded to preserve the general nature of this study.

Articles were selected through the following process: (i) reading the title and abstract, in English or Spanish, for the period 2004–2010, (ii) reading of the text of selected articles; (iii) eliminating articles without a focus on the themes of central interest; (iv) following up cited references that appeared applicable for the same time period; and (v) reading and analyzing the definitive article set. Quality criteria were not explicitly used for inclusion or exclusion purposes. Only texts in English or Spanish were selected as these were the languages in which the reviewer was fluent. Several articles had to be excluded because full text versions were not available.

This process produced well over 100 articles and documents on the selected topic, from which the most interesting and significant were included in this review.

For the purpose of this study, an immigrant is defined as someone born outside of Spain who came to Spain to work or live. This population is to be distinguished from the autochthonous population of those native of Spain. “Migrant” and “immigrant” are used interchangeably with neither term implying movement strictly for work purposes. Officially the Spanish authorities do not include the gypsy population in the migrant population (as do other European countries) (Durán, Lara, & van Waveren, 2006), and ethnic minorities are also excluded from this study.

### 3. Immigration Boom

Spain’s current immigration boom began in the mid-1990s (Agudelo-Suárez, Gil-González, Vives-Cases, & Ronda-Pérez, 2009). The number of registered immigrants has increased more than six-fold over the last 10 years (Worden, 2010). There may be as many as six million foreign born individuals currently living in Spain (Instituto Nacional de Estadística, 2008, cited in Reher & Silvestre, 2009), including an estimated 540,000 undocumented immigrants (OECD, 2007, cited in Benach, Muntaner, Chung, & Benavides, 2010). Estimations on the number of undocumented immigrants in Madrid are as high as 40% of the total immigrant community in that city (Torres-Cantero, Miguel, Gallardo, & Ippolito, 2007).

Although migration to Spain was traditionally from other higher income nations, with Southern Spain attracting a large number of British expatriates in particular, immigrants now come not just from Northern Europe but from Asia, Latin America, Eastern Europe (including a large number from Romania and Moldova) and Africa (sometimes divided into Muslim North Africa and Sub-Saharan Africa) (Vasileva 2009; Fix et al., 2009; Vázquez Navarrete, Núñez, Vargas Lorenzo, & Lizana Alcazo, 2009).

#### 3.1. Causes

There are many driving factors behind Spain’s migration boom. The removal of entry requirements across Europe, facilitated by the European Union, has made it increasingly easy for Europeans to migrate between countries. Europe, and Spain in particular, also receives a large number of immigrants from outside the continent. For many immigrants, Spain is an obvious choice: language and cultural similarities with Latin America and physical proximity to Africa and Eastern Europe makes it a popular destination for many immigrants (Peixoto Caldas, no date; Fix et al., 2009; Burnett, 2007).

There are other driving factors behind Spain’s migration boom. The Spanish Government estimated that as many as 75% of Spain’s immigrants are economic immigrants (cited in Esteva et al. 2006). A strong Spanish economy (particularly in construction and agricultural industries) and an aging European population<sup>1</sup> in need of home health aides have created a need for foreign workers in recent years (Bennhold & Brothers, 2009; Burnett, 2007; Fix et al., 2009; Jansà & García de Olalla, 2004).

It is logical that family regrouping would also be responsible for some percentage of Spain’s migration boom, as has been the case in other countries, although this was not found in any of the reviewed literature as a cause of Spain’s migration boom (Ahonen, Benavides, & Benach, 2007).

1 This ageing European population includes both Spanish-born individuals as well as retirees from colder climates like the United Kingdom who move to the more temperate areas of Southern Spain (Casado-Díaz, Kaiser & Warnes, 2004, cited in La Parra & Mateo, 2008).

### 3.2. Immigrant Profile

Immigrants in Spain are of different genders, ages, cultures and religions, and have distinct language needs. They also have unique perceptions about health care and their own health status.

Although there is great variety within the immigrant population in Spain, immigrants tend to be younger than the Spanish-born population; the average age of immigrants (33.7) is around six years below the average age of natives (39.9) (Reher & Silvestre, 2009; Aerny Perreten et al., 2010; Peixoto Caldas, no date; Instituto Nacional de Estadística, 2008a; Castilla & Guevara, 2009). Migration to Spain is male dominated and the arriving population is, on average, less educated than the Spanish-born population (Peixoto Caldas, no date; Reher & Silvestre, 2009). Immigrants generally live in poorer socio-economic conditions than the Spanish-born population (Vall-Llosera Casanovas et al., 2009; Vazquez-Villegas, 2006), and concentrate in urban, services-based areas (Reher & Silvestre, 2009; Recano-Valverde & Roig-Vila, 2006; Guerrero Espejo & Colomina Rodríguez, 2004). Madrid, Cataluña, Valencia and Andalucía are the most popular destinations for immigrants (Guerrero Espejo & Colomina Rodríguez, 2004; Gobierno de España, 2008; La Parra & Mateo, 2008). Madrid is an important entry point into the country and while a large number of immigrants remain in the Madrid area, it is also largely used as a jumping off point for an internal migration (Recano-Valverde & Roig-Vila, 2006; Reher & Silvestre, 2009).

Immigrants work in a variety of industries in Spain. Three-quarters of non-EU immigrants are employed in construction, agriculture, the restaurant industry, and domestic service (Reher & Silvestre, 2009; Martín Artiles, 2006). There are also a large number of female immigrants, particularly from the Dominican Republic, working in the sex industry. Many of these industries have significant occupational hazards, including exposures to chemical cleaning products, physical pains from manual labor, repetitive tasks and heavy lifting, and mental health problems from work and treatment on the job (Negro Caldach, Diazzi, & Diezi, 2008; Benach et al., 2010; García et al., 2009). Although immigrants are not disproportionately exposed to these hazards in comparison to Spanish workers in the same industries, immigrant workers are largely unaware of their occupational health and safety-related rights, which may make their health situation more precarious (García et al., 2009).

### 4. Legal and Policy Environment

Though health policy for immigrants is fundamentally a matter for individual countries to decide, these decisions can be influenced by regional and international ideas, trends and laws. As such, Spanish health policy for immigrants must be seen within the larger context of international and European Union (EU) policy about immigration and health. At the international level, the International Organization for Migration (IOM) maintains an office in Spain to advise the government on immigrant policy and improve immigrants' health (Negro Caldach et al., 2008).

At the European level, the EU supports the right of everyone to the “highest attainable standard of physical and mental health” and the right to emergency care<sup>2</sup> (Romero-Ortuño 2004; Wörz, Foubister, & Busse, 2006). The European Social Charter makes contrary any legislation or practice that denies the provision of medical assistance to foreign nationals within Europe, even if they are undocumented, and other EU legislation prohibits racial and ethnic discrimination in employment, education, health care and other areas (Ministerio de Trabajo y Asuntos Sociales, 2008). Nonetheless, many EU member states have not signed the International Convention on the Protection of the Rights of All Migrant

2 As per the Universal Declaration of Human Rights, International Convention on the Elimination of All Forms of Racial Discrimination, International Convention on Economic, Social and Cultural Rights, Convention of the Elimination of All Forms of Discrimination against Women, Convention on the Rights of the Child and Article 35 of the EU Charter of Fundamental Rights.

Workers and Member of their Families, which states that “migrant workers shall enjoy treatment not less favorable than that which applies to nationals of the State of employment in respect of remuneration and ... health” (Article 25 part 1a, limited to legal migrants as per Article 43 part 1e) and have not extended health care to all immigrants, legal and undocumented<sup>3</sup>, on the same basis as it is granted to native citizens (Romero-Ortuño, 2004).

Spain, however, has been a leader in migrant health policy in Europe. Although 20% of Spaniards believe immigrants should be denied health care on the same basis as the Spanish-born population (Centro de Investigaciones Sociológicas, 2006, cited in Muñoz de Bustillo & Antón, 2009), legal changes started in 1999 to allow for health care for legal and undocumented migrants on the same basis as the Spanish population. The *Ley de Extranjería*, the short name for the *Ley Orgánica 4/2000*, was passed on 11 January 2000<sup>4</sup> and stipulated the rights and liberties of foreigners in Spain, in essence establishing the right to health care on the same basis as is offered to the native population for all immigrants who register with their local municipality, irrespective of their legal status in the country<sup>5</sup>.

Immigrants must register with their local municipality in order to obtain a local residency certificate. With the local residency certificate migrants may apply for the individual health card (*Tarjeta Sanitaria Individual*, TSI). The TSI allows access to health care on the same basis as the native-born population. To those who do not register with the municipality (and therefore do not qualify for the TSI), health care on the same basis as the native population is extended to minors under 18 or women during pregnancy, delivery and postpartum. To all others only emergency care is provided.

Spain has both national and regional<sup>6</sup> health policies, a reflection of how the public health care system was traditionally administered as well as recent changes which decentralized the system. At the national level, Spain's Strategic Plan for Citizenship and Integration 2007-2010 includes a country-wide immigrant health policy (Terraza Núñez, Vargas Lorenzo, Rodríguez Arjona, Lizana Alcazo, & Vázquez Navarrete, 2010). Among other things, this plan seeks to promote the principles of equal rights for Spanish citizens and immigrants and support autonomous communities in improving immigrant access to public services, including health care. The policy covers access to and adaptation of health services, health promotion, needs assessments, and health personnel training in cultural competences (Terraza Núñez et al., 2010). The government also formed a work group on immigration and health issues to better understand the phenomenon, guarantee access to services, and prevent health inequalities.

National legislation defines the basic benefits package of services for the whole health system (to be followed by all autonomous communities), which includes both primary and specialized care. Excluded services include psychoanalysis and hypnosis; sex-change surgery in some regions; spa treatments; dental services (see note below); and cosmetic plastic surgery. Regions have the power to include additional benefits. Some regions, for example, offer extended pharmaceutical benefits, orthoprosthesis, and dental care as part of the included package of services.

Additionally, the regions of Andalusia, Valencia, Madrid and the Basque Country, among others, all have regional-level immigrant health policies (as well as significant number of immigrants) that follow national guidelines but are more specific (Terraza Núñez et al., 2010). In Andalusia, for example, the regional health policy guarantees equal access of equal quality (Terraza Núñez et al., 2010). Both

3 Legal and undocumented are terms referring to immigration status. Legal immigrants enter and remain in Spain via legal channels, including work permits, visas, EU citizenship and other mechanisms. Undocumented, or illegal, immigrants are not authorized to be in Spain. They may have been smuggled in or used false documentation to gain entry to the country. Alternately, they may have entered legally but overstayed their authorization in the country, changing their status to undocumented.

4 It was later modified by several other laws including the Ley Orgánica 8/2000, though these modifications did not make significant changes to the health care provisions for immigrants included in the original law.

5 Registering with the local municipality for social services has no impact on immigration status, and vice versa.

6 Since 1979 Spain has been divided into autonomous communities with various degrees of autonomy. There are currently 17 autonomous communities which are referred to both as “autonomous communities” and “regions” in this paper.



national and regional policies seek to improve access to health care by distributing information in immigrant languages, improving communication and simplifying bureaucracy (Terraza Núñez et al., 2010). Strategies included in regional health policies include working with immigrant organizations, simplifying administrative processes such as the process to apply for the health card (Terraza Núñez et al., 2010). Some regional policies also include efforts to improve quality of services, increase human resources and improve their training, improve understanding of the immigrant community and their health needs, improve preventive health and increase health promotion activities (Terraza Núñez et al., 2010).

Administration of the health care system is now the sole responsibility of the autonomous communities. Until 2001, the public health care system in Spain was still largely centralized, with the central government maintaining administration of the system in all but seven autonomous communities which had been granted the greatest degree of autonomous power to administer their own public health care systems. As of 2002, however, the Spanish health care system became entirely decentralized to the autonomous communities, meaning the central government no longer administered the health care system, giving autonomous communities the sole power in this area.

Financing is shared by the national and regional levels and comes primarily from taxation. The public system is largely financed by tax revenue and is free at point of care, with the exception of certain medical supplies for at-home use, prostheses and prescriptions (patients pay anywhere from 10-40% of the cost of prescriptions). It should be noted that undocumented migrants who register with their municipality and apply for the TSI may access the health care system without making any financial contribution (tax payments) (Durán et al., 2006)

An estimated 99.5% of the population, including immigrants, is covered by the public system (Durán et al., 2006). An estimated 15% of population is also covered by private insurance (Muñoz de Bustillo & Antón, 2009). There are also several non-governmental organizations in Spain which provide free immigrant health care services (Negro Calduch et al., 2008).

Spain has one of the most extensive systems of immigrant health care in Europe, with not only the legal provisions but also many practical elements in place at the regional levels to facilitate health care service to the immigrant population. The following sections will review immigrant health needs, their experiences with the health care system in Spain and challenges faced by practitioners.

## 5. Immigration and Health

### 5.1. Immigrant health status and needs

Although there is great variety within the immigrant population in Spain, a review of the literature revealed some trends present in the majority of the immigrant population with regards to their health status and health needs. The “healthy migrant effect” states that people who move to another country have better than average health; this has been observed in the United States, Australia, Canada and other countries (Kennedy, McDonald, & Biddle, 2006), and possibly in Spain (Peixoto Caldas, no date; Vall-Llosera Casanovas et al., 2009). However, some scholars suggest the appearance of a healthy migrant effect is a perceived effect only due to underreporting (La Parra & Mateo, 2008; Jasso, Massey, Rosenzweig, & Smith, 2004; Buron, Cots, Garcia, Vall, & Castells, 2008; Cots et al., 2007; Rodríguez Álvarez, Elordui, Pereda Riguera, & Rodríguez Rodríguez, 2008). Vall-Llosera Casanovas et al. (2009) found immigrants to be healthier than the Spanish born population in their Girona study, while one study found British expatriates living in Spain to be generally in similar health conditions as their Spanish counterparts (La Parra & Mateo, 2008).

Special areas of concern in primary care for many immigrants include respiratory infections, depression and lumbar pain; in adolescents, dental problems, respiratory and skin infections due to poor

hygiene and lack of vaccinations (Guerrero Espejo & Colomina Rodríguez, 2004; Jansà & García de Olalla, 2004). Immigrant women on average have much higher fertility rates compared with Spanish fertility rates, which are among the lowest in the European Union (Durán et al., 2006). The number of births per 1,000 women is up to six times higher in immigrant women than in the native-born population (Peixoto Caldas, no date; Jansà & García de Olalla, 2004). Immigrants on average suffer higher rates of obesity than their native-born counterparts (Aerny Perreten et al., 2010). The immigrant community as a whole suffers less from chronic diseases than the Spanish-born population (Aerny Perreten et al., 2010). Immigrants tend to smoke and drink less than the native population (Aerny Perreten et al., 2010; Carrasco-Garrido, Gil De Miguel, Hernández Barrera, & Jiménez-García, 2007). Compliance with smear testing and blood pressure screening was up to 16% lower in the immigrant population compared with the native born population (Carrasco-Garrido et al., 2007; Aerny Perreten et al., 2010).

As is the case with many other health conditions seen in the immigrant community, immigrant patients with HIV/AIDS largely reflect the epidemiological and socio-demographic characteristics of their home countries (Caro-Murillo et al., 2009). Transmission is generally via hetero- and homosexual transmission in contrast to the drug using transmission more commonly seen in the Spanish population (Caro-Murillo et al., 2009; Castilla & Guevara, 2009). There is a challenge of knowing whether individuals were infected prior to migration or if they became infected in Spain (Jansà & García de Olalla, 2004; Caro-Murillo et al., 2009), although one study estimated that at least 25% of individuals were infected prior to immigrating to Spain (Barrasa, 2005, cited in Castilla & Guevara, 2009).

Immigrants may arrive with tropical diseases and other conditions not frequently seen in Spain, such as Chagas disease, schistosomiasis, hepatitis A, tuberculosis and Epstein-Barr virus (Guerrero Espejo & Colomina Rodríguez, 2004; Fuertes & Martín Laso, 2006). Most infectious diseases carried by immigrants are not of public health concern, because Spain does not have the necessary intermediary hosts or vectors to enable transmission (Guerrero Espejo & Colomina Rodríguez, 2004). The only major exception is tuberculosis, which has been of concern (Jansà & García de Olalla, 2004; Guerrero Espejo & Colomina Rodríguez, 2004).

In summary, the majority of immigrants living in Spain are young and healthy, although they may have special mental health and gynecological needs, and arrive with infrequently seen tropical diseases brought over from their home countries. The next section of this paper reviews the literature about immigrant utilization of health care services in Spain.

## 5.2. Immigrant Utilization

A valid health card is required to access the Spanish health care system and can be obtained through registering with one's local municipality. Both legal and undocumented individuals are eligible to register and receive this card. As of December 31, 2009, nearly 4.8 million immigrants (over 80% of all immigrants) had registered with their local governments (Gobierno de España, 2008), and two recent studies about the health and health care of immigrants versus Spanish-born individuals living in Madrid revealed that the large majority of immigrant respondents possessed the health card necessary to access health care (Aerny Perreten et al., 2010; Torres-Cantero et al., 2007). In one study only 3% of those who had been in Spain for less than five years and only 1% of those who had been in Spain more than five years did not have the card (Aerny Perreten et al., 2010). In the other study by Torres-Cantero et al. (2007), of the 380 immigrants surveyed all but six had the card. This trend does not hold true for British expatriates living in Spain; the Ministry of the Interior estimated in 2006 that only 54% of British expatriates had registered with their local municipality (La Parra & Mateo, 2008).

Despite nearly 50% of Spanish citizens thinking that immigrants abuse free health care in Spain (Centro de Investigaciones Sociológicas, 2008), the consensus in the academic literature is that overall,

immigrants tend to use health care services less than the native population<sup>7</sup> (Regidor et al., 2009; Jiménez-Rubio & Hernández-Quevedo, 2010; Muñoz de Bustillo & Antón, 2009; Buron et al., 2008; Jiménez-Martín & Jorgensen, 2009; Gimeno Feliu & Lasheras Barrio, 2009; Díaz Olalla, 2008). A review of data from recent Spanish National Health Surveys<sup>8</sup>, and findings from multiple studies, have shown that immigrants visit general practitioners and specialists at a lesser rate than the native-born population, and tend to stay in the hospital less<sup>9</sup> (Jiménez-Rubio & Hernández-Quevedo, 2010; Muñoz de Bustillo & Antón, 2009; Buron et al., 2008; Regidor et al., 2009; Junyent, Núñez, & Miró, 2006; López Nicolás & Ramos Parreno, 2009; Albares Tendero et al., 2008; Jiménez-Martín & Jorgensen, 2009; Gimeno Feliu & Lasheras Barrio, 2009). However, one study of primary care utilization by immigrants and the Spanish population in the city of Lleida found that those immigrants who used primary care (i.e., they made at least one visit during a six month period) had more total visits during this time than Spanish patients making at least one visit, and more tests were ordered, suggesting they may have either more complex or difficult to resolve conditions (Soler-Gonzalez et al., 2008).

Studies have found that immigrants use emergency and gynecology services at a higher rate than the Spanish population (Muñoz de Bustillo & Antón, 2009; Buron et al., 2008; Jiménez-Rubio & Hernández-Quevedo, 2010; Soler-Gonzalez et al., 2008; López Nicolás et al., 2009; Jansà & García de Olalla, 2004; Rué et al., 2008; Jiménez-Martín & Jorgensen, 2009). High emergency services utilization suggests some immigrants may use the emergency room as a substitute for primary care (López Nicolás et al., 2009). This is possibly the result of not being able to get time off work during day to see a general practitioner, not considering a health condition serious enough to see a general practitioner and thus being forced to visit the emergency room when it becomes serious. Jiménez-Rubio & Hernández-Quevedo (2010) and García et al. (2009) suggest that because immigrants tend to be young, and young people are exposed to risky activities at a higher rate than older people, this may help explain the heavy use of emergency services. Also, emergency care is legally available to all immigrants regardless of whether they have registered with their municipality, whereas to access other avenues of care registration with the municipality is required. One study at a Barcelona hospital found immigrant patients presenting in emergency to report non-specific symptoms (33%), respiratory symptoms (18%), non-specific abdominal pain (11%) and skin lesions (10%) (Junyent et al., 2006). The high use of gynecology is likely related to higher immigrant fertility rates and less use of primary care gynecologists and antenatal care programs (Cots et al., 2007; Buron et al., 2008).

These findings do not hold for British residents living in Spain, who use general practitioners at the same rate as the Spanish population and have a higher rate of hospital admissions than the Spanish population (La Parra & Mateo, 2008).

Immigrants are thought to access preventive services such as physical/wellness exams, cholesterol and blood pressure screening, cancer screening, tobacco cessation services, nutrition and diet counseling and childhood immunizations at a lesser rate than the native population (Vall-Llosera Casanovas et al., 2009 and Regidor et al., 2009), although the results of several other studies on the topic are largely inconclusive (Carrasco-Garrido et al., 2007; Jiménez-García et al., 2008; Jiménez-García et al., 2008a). One study on immigrant versus native influenza immunization rates found no difference (Jiménez-García et al., 2008), while another found that immigrant children under two years of age were often vaccinated at a higher rate than the native population (Sintes Pascual et al., 2008).

7 Although some studies have found no difference in utilization of health care services between the immigrant and native populations (Torres-Cantero et al., 2007; Muñoz de Bustillo & Antón, 2009), a far greater number have found less health care use by the immigrant population.

8 The Spanish National Health Survey is a household survey of 28,000 individuals living in Spain. It has been conducted in 1987, 1993, 1995, 1997, 2001, 2003 and 2006 and is the main instrument the Spanish government uses to collect information on the health of the population and make decisions about health planning.

9 It should be noted that one study by Carrasco-Garrido et al. (2007), in a review of data from the 2003 Spanish National Health Survey, found that immigrants were hospitalized at a greater rate than the native population. These findings were also documented by Cots et al. (2002) in a study not included in this review as it fell outside the dates included.

Immigrants also consume fewer pharmaceuticals than the native population (Carrasco-Garrido et al., 2007; Gimeno Feliu & Lasheras Barrio, 2009).

Aerny Perreten et al. (2010), Rodríguez Álvarez et al. (2008) and Vall-Llosera Casanovas et al. (2009) found that time in country may play a role in determining health care utilization; in the Aerny Perreten et al. study, immigrants living in Spain less than five years accessed primary and emergency health care less frequently than the native Spanish population, while those living in Spain more than five years, particularly women, used primary and emergency health care services at the same or at a greater rate than the overall population. This is concurrent with the finding that health care system usage increases with age (Vall-Llosera Casanovas et al., 2009).

Many studies have documented differences in utilization between male and female immigrants (Jiménez-Rubio & Hernández-Quevedo, 2010; Regidor et al., 2009; Rodríguez Álvarez et al., 2008). Studies have also found different utilization patterns by region in Spain (Jiménez-Rubio & Hernández-Quevedo, 2010; Regidor et al., 2009; Rodríguez Álvarez et al., 2008). Several studies have found differences in utilization by immigrants from different regions and of different nationalities (Jiménez-Rubio & Hernández-Quevedo, 2010; Regidor et al., 2009; Rodríguez Álvarez et al., 2008), though other studies have shown there are no differences among distinct groups of immigrants in health care utilization (Cots et al., 2007 & Carrasco-Garido et al., 2007, cited in Buron et al., 2008). This review found British immigrants to not follow the same utilization patterns as immigrants from other countries.

Few studies have looked at immigrant use of private health care services, likely because private health care plays a minor role in Spain. However, one study of 155 British nationals who spent over three months a year on Spain's southeast coast found a higher use of private health-care compared to the Spanish population, a phenomenon with several possible explanations. Even though 47% of respondents reported feeling "comfortable" or "very comfortable" speaking Spanish, the authors cite language difficulties as a possible reason for turning to the private sector for health care (La Parra & Mateo, 2008). Other reasons cited include shorter waiting lists, faster follow-up, fewer clinic visits and less paperwork (La Parra & Mateo, 2008).

In conclusion, immigrants in Spain access primary and specialty care at a lesser rate than the native population and emergency services and gynecology at a higher rate than the native population. The next section of this paper reviews the literature about challenges faced by immigrants when trying to access health care.

### 5.3. Demand-side challenges

In a study of 689 immigrants in the Basque Country, more than 70% reported being "very" or "somewhat" satisfied with the health system (Rodríguez Álvarez et al., 2008). Although legal changes in Spain have made it much easier for immigrants to access health care, Torres-Cantero et al. (2007) found that "once legal barriers to access health services are removed other issues... may become more relevant."

In the Torres-Cantero et al. (2007) study of 380 Ecuadorian immigrants in Madrid, nearly 25% of respondents reported difficulties accessing health care. Indeed, dozens of other studies have documented problems or challenges immigrants face when attempting to access health care in Spain (Muñoz de Bustillo & Antón, 2009; Vazquez-Villegas, 2006; Torres-Cantero et al., 2007; Terraza Núñez et al., 2010; Buron et al., 2008; Masvidal i Aliberch & Sau Giralt, 2006; Cots et al., 2007; Rodríguez Álvarez et al., 2008; Jiménez-Rubio & Hernández-Quevedo, 2010; Vazquez-Villegas, 2006; Aerny Perreten et al., 2010; Regidor et al., 2009; Romero-Ortuño, 2004; Peixoto Caldas, no date; Negro Calduch et al., 2008; Esteva, Cabrera, Remartinez, Díaz, & March, 2006).

Lack of a health card is an obvious barrier; there have been some reports about administrative difficulties obtaining one, including long delays, which has prompted some autonomous communities

to issue provisional cards to facilitate access during the waiting period (Regidor et al., 2009). Other administrative issues include problems making an appointment and denial of services by health care facilities. However, another study revealed that some immigrants may not know what services are available, that it is necessary to see a family practitioner in order to be referred to a specialist, and that prescriptions are available (García et al., 2009). To this end, there are several guides, one published by the Community of Madrid and another by the Community of Madrid in conjunction with *Médicos Sin Fronteras* and the *Instituto de Salud Pública*, to help immigrants navigate the local health care system. Similar resources may be available in other cities.

Other barriers to care include language issues, cultural factors including differences in perceived health status and need for care, fear due to undocumented status and the high mobility of the immigrant population. Previous experiences with health systems in their native countries, different ideas about health and disease may impact how immigrants feel about and use Spain's health care system. Some migrants have reported a lack of trust in health care services, lack of knowledge about their rights and/or poor integration into their new country, unfamiliarity with the health care system and feeling that the health care system doesn't offer the services they need. Lack of time or availability during working hours; lack of money for co-payments and lack of money for prescriptions may also limit immigrant utilization of health services.

Discrimination and prejudice on behalf of health care providers limits access for some immigrants. 6% of immigrant women living in Spain five or more years reported feeling discriminated against when seeking health care (Aerny Perreten et al., 2010).

There is also a lot of misinformation about the health system that may lead to fear; in one study a respondent reported believing that accessing health care could get her sent to social services, where "they will take away the children" (Masvidal i Aliberch & Sau Giralt, 2006).

These challenges become less of obstacles the more time an immigrant is in the country (Aerny Perreten et al., 2010).

The next section will review supply-side challenges faced by health care providers.

## 6. The Health Care Provider Experience (supply-side challenges)

Health care workers face many challenges in providing care to the immigrant population in Spain. To begin with, health care workers may not be aware of the current legislation and the rights of immigrants with respect to their health care. In the Mallorca study, nearly 62% of physicians were unaware of the existence of the *Ley de Extranjería 8/2000*, which established the basis for universal health care in Spain (Esteva et al., 2006).

Although some health care professionals have received specific training on immigration-related topics (García Campayo et al., 2006), many health care workers feel ill-prepared to understand culture, race and other ethnic factors that affect how patients respond to Western medical traditions (Jansà & García de Olalla, 2004; Guerrero Espejo & Colomina Rodríguez, 2004; Vázquez-Villegas, 2006; Vázquez Navarrete et al., 2009; Esteva et al., 2006). In a 2003 survey of Guadalajara University Hospital physicians in the departments of internal medicine, obstetrics and gynecology, pediatrics and emergency care, only 1% of respondents (3 individuals) reported having "satisfactory communication" with their immigrant patients (de la Morena Fernandez & Valero Garces, 2005). 70% of respondents reported that neither patients nor medical personnel fully understand every aspect of their conversations with one another (de la Morena Fernandez & Valero Garces, 2005). Language was reported to be the area of largest difficulty when dealing with immigrant patients, followed by cultural differences (García Campayo et al., 2006; Negro Calduch et al., 2008).

Clinically, immigrant patients pose special challenges to health care workers. In several studies of family practice physicians, the large majority believed immigrants did not suffer greater mental health

challenges than the Spanish-born population, perhaps a sign of problems immigrants have expressing their mental health challenges (García Campayo et al., 2006; Esteva et al., 2006). Tropical diseases and their complications, not frequently seen in Spain, pose a challenge to health care workers (Guerrero Espejo & Colomina Rodríguez, 2004; García Campayo et al., 2006; Jansà & García de Olalla, 2004; Vázquez-Villegas, 2006; Esteva et al., 2006; Junyent et al., 2006). Depending on country of origin, immigrants may have received a vastly different schedule of immunizations than what is given in Spain (Guerrero Espejo & Colomina Rodríguez, 2004; Jansà & García de Olalla, 2004). Several studies have reported that it is often difficult to diagnosis immigrant patients (due to the reasons discussed in this section) and there are other challenges related to their treatment and follow-up care (Negro Calduch et al., 2008; García Campayo et al., 2006; Esteva et al., 2006).

There are a number of administrative challenges involved in treating immigrant patients (Negro Calduch et al., 2008). Physicians surveyed in one study reported that immigrants often lacked clinical records (Esteva et al., 2006), which could be related to their mobility (García Campayo et al., 2006). Immigrant consultations take more time, which is often not built into appointment scheduling (Masvidal i Aliberch & Sau Giralt, 2006; Esteva et al., 2006; Vázquez-Villegas, 2006).

These administrative, clinical and cultural challenges and the lack of training health care workers receive in overcoming them perpetuate inequalities in health care access (Vázquez Navarrete et al., 2009). The next section will review resources available to help health care workers in overcoming these challenges.

### 6.1. Resources to Help Health Care Workers

Unlike ten or even five years ago, there are now many resources to help health care workers in Spain respond to the changes caused by immigration. The first is a wide range of data and studies on the topic. The number of articles turned up in this literature review, including an entire edition of *Gaceta Sanitaria* (the official publication of the *Sociedad Española de Salud Pública y Administración Sanitaria* (Spanish Society of Public Health and Health Administration, or SESPAS) devoted to the topic in 2009, is evidence of the large availability of data on the topic.

At the European level, the European Commission's European Website on Integration (<http://ec.europa.eu/ewsi/en/>) has a searchable library of proven strategies, approaches and activities to improve the integration of immigrants in Member State communities. As of May 2010, there were 326 documents available in the library, some of which specifically addressed health and health care issues and/or Spain.

The Spanish government offers a number of resources to help health care workers provide care to immigrants. In 2008 the Ministry of Health and Social Policy published a guide on imported tropical diseases. The *Centro de Recursos IEC para Población Inmigrante* (<http://www.riec.es/>) is financed by the Ministry of Health and is a library of materials published by public and private institutions about health and the immigrant population. The library is searchable by language, country of origin, topic, format and key word.

Various regional governments, researchers and non-governmental organizations have published guides to help health care workers treat immigrant patients. Among these are the "*Manual de Atención al Inmigrante*" published by the health care products company Novartis and the "*Protocolo de atención al niño inmigrante y a los hijos de inmigrantes*" (Masvidal i Aliberch & Sau Giralt, 2006) and many more.

The UniversalDoctor Project is a software developed by Jordi Serrano (from Spain) to facilitate communication between health care providers and patients from various origins. It is currently available in 9 languages and for family medicine.

Several Spanish universities provide cultural mediator training courses (EcoDiario, 2009), and researchers involved with the Guadalajara University Hospital Study are currently translating

materials for both patients and health care workers into the most common immigrant languages (de la Morena Fernández & Valero Garcés, 2005). The Grupo de Formación e Investigación en Traducción e Interpretación en los Servicios Públicos (FITISPOS) de la Universidad de Alcalá [www.uah.es/otrosweb/traduccion] works with non-profit groups, other universities, government offices, health care providers and others to develop multi-lingual materials for health care providers and immigrant patients, provide cultural competence training and evaluate the quality of cross-cultural communication in public services.

These and other resources are helping easing the communication barriers between health care providers and the immigrant community and improve access to care.

## 7. A Look at the Future of Immigrant Health Care in Spain

This paper took an in-depth look at immigration and health care in Spain through a review of both journal articles and non-academic literature on the topic from the time period 2004-2010. This study found that Spain continues to attract a large number of mostly young, healthy immigrants from around the world who immigrate to Spain mostly in search of work. Spain has passed legal provisions to allow immigrants to access the Spanish health care system on the same basis as the native population. Immigrants in Spain access primary and specialty care at a lesser rate than the native population and emergency services and gynecology at a higher rate than the native population.

Despite the fact that national and regional level health policies incorporate immigrant care and often include a specific budget for implementing the care, challenges remain which prevent some immigrants from accessing care (Terraza Núñez et al., 2010). Spanish authorities could improve immigrant access to health care by distributing information about how to obtain the TSI, the health care system in general and the specific services available (Jansà & García de Olalla, 2004; Esteva et al., 2006).

This study reviewed some of the new resources available to help health care workers treat the immigrant community; nonetheless, major challenges remain in that area as well. Although there is wide consensus that immigrant health care should be incorporated into health care provision, and not separated from it (Jansà & García de Olalla, 2004; Negro Calduch et al., 2008; Vázquez-Villegas, 2006; Esteva et al., 2006), existing health programs, especially preventive and maternal-child health and family planning and immunization, should be adapted to the cultural needs of the immigrant community (Negro Calduch et al., 2008; Vázquez-Villegas, 2006). Primary care teams in particular need to be strengthened in areas with a large immigrant population and provide necessary funding and human resources to do so based on size of population served (Vázquez-Villegas, 2006; Jansà & García de Olalla, 2004; Vázquez Navarrete et al., 2009). Particular attention should be paid to preventive care, family planning (for immigrant women) and mental health needs (Peixoto Caldas, no date; García Campayo et al., 2006; Esteva et al., 2006).

There are a number of steps that can be taken to improve the immigrant patient experience. Protocols or clinical guides can help health care workers treat immigrant patients (Vázquez-Villegas, 2006; Masvidal i Aliberch & Sau Giralt, 2006; Esteva et al., 2006; Vázquez Navarrete et al., 2009). For immigrant patients, it is important to record country of origin, nationality, time in Spain, and other information that will assist health care workers in understanding the patient and his/her background (Jansà & García de Olalla, 2004; Masvidal i Aliberch & Sau Giralt, 2006; Vázquez-Villegas, 2006). Health care workers should take into consideration risk factors related to the immigrant's native country, race, ethnic group and life style (Masvidal i Aliberch & Sau Giralt, 2006), and may need to obtain special knowledge about cultural standards and expectations as far as growth charts and other health indicators (Vázquez Navarrete et al., 2009). Because immigrants sometimes present with rarely-seen tropical diseases, a special unit may be useful for treating these conditions (Jansà & García de Olalla, 2004; García Campayo et al., 2006).

Depending on country of origin, immigrants may have received different immunizations than what are given in Spain (Guerrero Espejo & Colomina Rodriguez, 2004; Jansà & García de Olalla, 2004). One set of guidelines for pediatricians treating immigrant children recommends carefully considering vaccination histories, either documented or as reported by the immigrant child's parents, and giving immigrant children the full vaccination schedule when in doubt (Masvidal i Aliberch & Sau Giralt, 2006). Children from Western Europe, United States, Canada, Japan, Australia and New Zealand are excluded from these guidelines due to the rigorous vaccination schedules in these countries (Masvidal i Aliberch & Sau Giralt, 2006).

There is wide consensus in the literature that the Spanish health care system needs to make greater use of interpreters (either in person or via telephone as is done in Cataluña), community health workers and other cultural intermediaries, preferably of the same ethnic background as the patient, to facilitate communication between health care workers and immigrant patients (Negro Calduch et al., 2008; Vázquez-Villegas, 2006; de la Morena Fernandez & Valero Garces, 2005; Masvidal i Aliberch & Sau Giralt, 2006; Esteva et al., 2006; Vázquez Navarrete et al., 2009; Junyent et al., 2006). Hands-on training for health workers at the undergraduate, graduate, and continuing education levels on topics such as dietary habits, religious restrictions, healing beliefs, health-sickness concepts and the effectiveness of some medications in different ethnicities would be helpful in improving cross-cultural understanding (Jansà & García de Olalla, 2004; Vázquez-Villegas, 2006; García Campayo et al., 2006; Vázquez Navarrete et al., 2009). Additionally, written materials such as administrative documents and health education materials should be available in immigrant languages, taking into consideration literacy levels and cultural issues (Negro Calduch et al., 2008; Vázquez-Villegas, 2006; Masvidal i Aliberch & Sau Giralt, 2006; Esteva et al., 2006; Vázquez Navarrete et al., 2009).

More time should be allotted for consultations with immigrants to account for interpretation (Vázquez Navarrete et al., 2009). Offering evening or weekend hours in primary care may facilitate access for immigrants who work during the day and are unable to take leave (Vázquez Navarrete et al., 2009). Due to the high mobility of the immigrant population, these individuals should carry their medical records with them to facilitate care (Esteva et al., 2006).

In the coming years, financing immigrant health care may be a special challenge in Spain, and more comprehensive agreements between the European Union countries on the reimbursement of expatriates' medical expenses will help address this issue (La Parra & Mateo, 2008). Also, while most immigrants in Spain are currently young and healthy, Spain may face a future immigrant aging crisis if these young and healthy immigrants remain in the country long-term. Health care system usage increases with age (Vall-Llosera Casanovas et al., 2009), and health care workers will need to be trained accordingly (Jansà, 2006).

From a research perspective, collecting more representative and more detailed data about immigrants, in both their home countries and in Spain, will help better understand their health needs, develop more appropriate interventions and ease problems with access (Jiménez-Rubio & Hernández-Quevedo, 2010; Ahonen et al., 2007; Regidor et al., 2009).

## 8. Conclusion and Lessons for Europe

This literature review and study identified some practical issues of concern with regards to providing health care to an immigrant population, including training for health care workers and distributing information about the health care system to immigrants. Because migration has become a major issue across all of Europe in recent years, especially since the unification of Europe through the European Union, these lessons may be of interest to other EU countries currently expanding health care access to the immigrant population. In a recent study of immigrant health policy in 15 European countries, Mladovsky (2009) found that 7 countries had either already established or were in the process of establishing national immigrant health policies. Immigrant health care should be of particular interest to



policy makers because barriers to access can lead to increased long-term health inequalities, the need for more expensive emergency care and reduced efficiency of the overall health system (Jiménez-Rubio & Hernández-Quevedo, 2010). From the Spanish experience, it should be noted that it is important to follow legislative changes with appropriate implementation measures, personnel and sufficient funding (Romero-Ortuño, 2004). It is also important to involve the immigrant population in health planning in order to know their needs (Vázquez-Villegas, 2006). However, because each country is unique, there is a need for more research and data (Fernandes & Pereira Miguel, 2009).

## References

- Acedo, F. (26 May 2009). Se publica el “Manual de Atención al Inmigrante.” Retrieved at <http://noticiadesalud.blogspot.com/2009/05/se-publica-el-manual-de-atencion-al.html>, accessed 20 July 2010.
- Aerny Perreten, N., Ramasco Gutiérrez, M., Cruz Maceín, J. L., Rodríguez Rieiro, C., Garabato González, S., & Rodríguez Laso, Á. (2010). La salud y sus determinantes en la población inmigrante de la Comunidad de Madrid. *Gaceta Sanitaria*, 24(2), 136–144.
- Agudelo-Suárez, A. A., Gil-González, D., Vives-Cases, C., & Ronda-Pérez, E. (2009). El Debate Parlamentario sobre Inmigración y Salud en España. *Revista de Salud Pública*, 11(4), 503–513.
- Ahn, N., Jimeno, J. F., & García, E. (October 2002). Migration Willingness in Spain: Analysis of Temporal and Regional Differences. Fundación de Estudios de Economía Aplicada. Documento de Trabajo 2002-21.
- Ahonen, E. Q., Benavides, F. G., & Benach, J. (2007). Immigrant populations, work and health—a systematic literature review. *Scandinavian Journal of Work, Environment and Health*, 33(2), 96–104. Retrieved from <http://www.osl.upf.edu/pdfs/prensa/ahonenSJWEH.pdf>
- Ahonen, E. Q., López-Jacob, M. J., Vázquez, M. L., Porthé, V., Gil-González, D., García, A. M., . . . Benavides, F. G. (2010). Invisible Work, Unseen Hazards: The Health of Women Immigrant Household Service Workers in Spain. *American Journal of Industrial Medicine*, 53, 405–416.
- Álava Urraburu, C., Garabato González, S., Jambers, B., Martínez Blanco, M., Martínez Méndez, M. L., . . . Votron, S. (2005). Manual de Orientación Sociosanitaria para los inmigrantes de la Comunidad de Madrid. Retrieved from <http://www.publicaciones-isp.org/productos/t024.pdf>
- Albares Tendero, M.P., Ramos Rincón, J. M., Belinchón Romero, I., Betlloch Más, I., Pastor Tomás, N., & Botella Antón, R. (2008). Análisis de la demanda asistencial en dermatología de la población inmigrante. *Gaceta Sanitaria*, 22(2), 133-6.
- Barrasa, A., & the Grupo EpiVIH (2005). Mecanismos de transmisión y lugar probable de adquisición de la infección por el VIH en inmigrantes. Comunicación en la XXIII Reunión Científica de la Sociedad Española de Epidemiología, Santa Cruz de Tenerife 2005. *Gaceta Sanitaria*, 19(Supplement 1), 22.
- Benach, J., Muntaner, C., Chung, H., & Benavides, F. G. (2010). Immigration, Employment Relations, and Health: Developing a Research Agenda. *American Journal of Industrial Medicine*, 53, 338–343.
- Bennhold, K., & Brothers, C. (14 December 2009). E.U. Urged to Open Doors to Migrants. *The New York Times*. Retrieved at [http://www.nytimes.com/2009/12/15/world/europe/15iht-migrants.html?\\_r=1&emc=tnt&tntemail=y](http://www.nytimes.com/2009/12/15/world/europe/15iht-migrants.html?_r=1&emc=tnt&tntemail=y), accessed 20 July 2010.
- Burnett, V. (11 August 2007). To Curb Illegal Migration, Spain Offers a Legal Route. *The New York Times*. Retrieved at <http://www.nytimes.com/2007/08/11/world/europe/11spain.html?scp=2&sq=immigration+spain+health&st=nyt->, accessed 20 July 2010.

- Buron, A., Cots, F., Garcia, O., Vall, O., & Castells, X. (2008). Hospital emergency department utilisation rates among the immigrant population in Barcelona, Spain. *BMC Health Services Research*, 8, 51.
- Calatrava, A., & Marcu, S. (Julio-Diciembre 2006). El acceso de los inmigrantes a los servicios sociales en la Comunidad de Madrid, como factor de integración. *Estudios Geográficos LXVII*, 261, 441-470. Retrieved at <http://estudiosgeograficos.revistas.csic.es/index.php/estudiosgeograficos/article/view/28/25>, accessed 20 July 2010.
- Caro-Murillo, A.M., Gutiérrez, F., Ramos, J. M., Sobrino, P., Miró, J. M., López-Cortés, L. F., . . . CoRIS (2009). Infección por virus de la inmunodeficiencia humana en inmigrantes en España: características epidemiológicas y presentación clínica en la cohorte CoRIS, 2004–2006. *Enfermedades Infecciosas y Microbiología Clínica*, 27(7), 380–388.
- Carrasco-Garrido, P., Gil De Miguel, A., Hernández Barrera, V., & Jiménez-García, R. (2007). Health profiles, lifestyles and use of health resources by the immigrant population resident in Spain. *European Journal of Public Health*, 17(5), 503-7.
- Casado-Díaz, M. A., Kaiser, C., & Warnes, A. M (2004). Northern European retired residents in nine southern European areas: characteristics, motivations and adjustment. *Ageing & Society*, 24(3), 353–81.
- Castilla, J., & Guevara, M. (2009). Inmigración y virus de la inmunodeficiencia humana en España. *Enfermedades Infecciosas y Microbiología Clínica*, 27(7), 375-376.
- Centro de Investigaciones Sociológicas (Septiembre-Octubre 2008). *Actitudes Hacia la Inmigración II*. Estudio 2.773. Retrieved from [http://www.cis.es/cis/opencms/-Archivos/Marginales/2760\\_2779/2773/Es2773.pdf](http://www.cis.es/cis/opencms/-Archivos/Marginales/2760_2779/2773/Es2773.pdf)
- Centro de Investigaciones Sociológicas (2006). *Barómetro Septiembre 2006*. Madrid: CIS.
- Comunidad de Madrid (2005). Guía de Primeros Pasos para Inmigrantes. Retrieved at [http://www.madrid.org/cs/Satellite?pageid=1155805593870&pagename=PortalInmigrante%2FPage%2FINMI\\_I\\_pintarContenidoFinal&language=es&cid=1160386349866](http://www.madrid.org/cs/Satellite?pageid=1155805593870&pagename=PortalInmigrante%2FPage%2FINMI_I_pintarContenidoFinal&language=es&cid=1160386349866), accessed 20 July 2010.
- Cots, F., Castells, X., García, O., Riu, M., Felipe, A., & Vall, O. (2007). Impact of immigration on the cost of emergency visits in Barcelona (Spain). *BMC Health Services Research*, 7(9).
- de la Morena Fernández, J., & Valero Garcés, C. (2005). Comunicación médica con la población inmigrante sin fluidez en la lengua de contacto. *Revista Clínica Española*, 205(6), 287-9
- Díaz Olalla, J. M., Lostao, L., Pascual, C., Regidor, E., Sánchez, E., & Sanz, B. (2008). Diferencias en la utilización de los servicios sanitarios entre la población inmigrante y la población española. Fundación de Ciencias de la Salud. Retrieved at [http://www.fcs.es/publicaciones/diferencias\\_utilizacion\\_servicios\\_sanitarios\\_poblacion\\_inmigrante\\_poblacion\\_espanola.html](http://www.fcs.es/publicaciones/diferencias_utilizacion_servicios_sanitarios_poblacion_inmigrante_poblacion_espanola.html), accessed 20 July 2010.
- Durán, A., Lara, J. L., & van Waveren, M. (2006). Health Systems in Transition. Spain: Health System Review. European Observatory on Health Systems and Policies. Volume 8 No. 4.

- EcoDiario (26 May 2009). Inmigración. España necesita más mediadores interculturales para mejorar la atención sanitaria a los inmigrantes. Retrieved at <http://ecodiario.economista.es/sociedad/noticias/1278772/05/09/Inmigracion-espana-necesita-mas-mediadores-interculturales-para-mejorar-la-atencion-sanitaria-a-los-inmigrantes.html>, accessed 20 July 2010.
- Esteva, M., Cabrera, S., Remartinez, D., Díaz, A., & March, S. (2006). Percepción de las dificultades en la atención sanitaria al inmigrante económico en medicina de familia. *Atención Primaria*, 37(3), 154-9.
- European Commission. European Website on Integration. Retrieved at <http://ec.europa.eu/ewsi/en/>, accessed 20 July 2010.
- Fix, M., Papademetriou, D. G., Batalova, J., Terrazas, A., Yi-Ying Lin, S., & Mittelstadt, M. (September 2009). Migration and the Global Recession. Migration Policy Institute. Retrieved from <http://www.migrationpolicy.org/pubs/MPI-BBCreport-Sept09.pdf>.
- Fritz, C. (March 2010). Climate Change & Migration: Sorting through Complex Issues without the Hype. Migration Policy Institute. Retrieved at <http://www.migrationinformation.org/Feature/display.cfm?ID=773>, accessed 20 July 2010.
- Fuertes, C., & Martín Laso, M. A. (2006). El inmigrante en la consulta de atención primaria. *Anales del Sistema Sanitario de Navarra*, 29(Supplement 1).
- Garcés-Mascareñas, B. (2010). Migration Policy in Spain. Migration Citizenship Education. Retrieved at <http://www.migrationeducation.org/48.0.html>, accessed 20 July 2010.
- García, A.M., López-Jacob, M. J., Agudelo-Suárez, A. A., Ruiz-Frutos, C., Ahonen, E. Q., Porthé, V., & Proyecto ITSAL (2009). Condiciones de trabajo y salud en inmigrantes (ProyectoITSAL): entrevistas a informantes clave. *Gaceta Sanitaria*, 23(2), 91-99.
- García Campayo, J., González Broto, C., Buil, B., García Luengo, M., Caballero, L., & Collazo, F. (2006). Attitudes of Spanish doctors towards immigrant patients: an opinion survey. *Actas Españolas de Psiquiatría*, 34(6), 371-376.
- Gimeno Feliu, L. A., & Lasheras Barrio, M. (2009). Estudio FAPI: frecuentación en AP por inmigrantes. Presented at the XXIX Congreso de la Sociedad Española de Medicina de Familiar y Comunitaria. Barcelona, Spain. Retrieved at [http://www.rtve.es/contenidos/documentos/estudio\\_sanidad\\_zaragoza.PDF](http://www.rtve.es/contenidos/documentos/estudio_sanidad_zaragoza.PDF)
- Gobierno de España, Ministerio de Trabajo e Inmigración (2008). Anuario Estadístico de Inmigración. Retrieved at <http://extranjeros.mtas.es/es/InformacionEstadistica/Anuarios/Anuario2008.html>, accessed 20 July 2010.
- Grupo de Formación e Investigación en Traducción e Interpretación en los Servicios Públicos (FITIS-POS) de la Universidad de Alcalá. Retrieved at <http://www.uah.es>, accessed 20 July 2010.
- Grupo de trabajo del comité consultivo de CISNS "Inmigración y Salud" 2006 (13 July 2006). Informe: Inmigración y Salud. Ministerio de Sanidad y Consumo. Comisión Permanente del Comité Consultivo del Sistema Nacional de Salud. Grupo de Trabajo "Inmigración y Salud" 2005-2006.

- Guero Espejo, A., & Colomina Rodriguez, J. (2004). Población inmigrante y enfermedades infecciosas. *Revista Española de Salud Pública*, 78(5), 565-570.
- Hernández-Quevedo, C., & Jiménez-Rubio, D. (2009). A comparison of the health status and health care utilization patterns between foreigners and the national population in Spain: New evidence from the Spanish National Health Survey. *Social Science & Medicine*, 69, 370–378.
- Hernández Quevedo, C., & Jiménez Rubio, D. (2009a). Las diferencias socioeconómicas en salud entre la población española y extranjera en España: evidencia de la Encuesta Nacional de Salud. *Gaceta Sanitaria*, 23(Supplement 1), 47–52.
- Instituto Nacional de Estadística (no date). Estadística de Variaciones Residenciales.
- Instituto Nacional de Estadística (2008). 2008 INEbase. Demografía y población. Cifras de población y Censos demográficos. Retrieved at [http://www.ine.es/inebmenu/mnu\\_cifraspob.htm#1](http://www.ine.es/inebmenu/mnu_cifraspob.htm#1), accessed 20 July 2010.
- Instituto Nacional de Estadística (2008a). Revisión del Padrón Municipal 2008. Datos por municipios. Retrieved at <http://www.ine.es>, accessed 20 July 2010.
- Jansà, J. M. (March 2006). Inmigración y envejecimiento, nuevos retos en salud pública. *Gaceta Sanitaria*, 20(Supplement 1), 10-4.
- Jansà J. M., & García de Olalla, P. (May 2004). Salud e inmigración: nuevas realidades y nuevos retos. *Gaceta Sanitaria*, 18 (Supplement 1), 207-13.
- Jasso, G., Massey, D. S., Rosenzweig, M. R., & Smith, J. P. (2004). Immigrant Health: Selectivity and Acculturation. IFS Working Papers W04/23. Institute for Fiscal Studies. Retrieved from <http://129.3.20.41/eps/lab/papers/0412/0412002.pdf>
- Jiménez-García, R., Hernández-Barrera, V., Carrasco-Garrido, P., Lopez de Andres, A., Esteban y Peña, M. M., & Gil de Miguel, A. (2008). Coverage and predictors of influenza vaccination among adults living in a large metropolitan area in Spain: a comparison between the immigrant and indigenous populations. *Vaccine*, 26(33), 4218-23.
- Jiménez-García, R., Hernández-Barrera, V., Carrasco-Garrido, P., López de Andrés, A., Pérez, N., & Gil de Miguel, A. (2008a). Influenza vaccination coverages among children, adults, health care workers and immigrants in Spain: Related factors and trends, 2003-2006. *Journal of Infection*, 57, 472-480.
- Jiménez-Martín, S., & Jorgensen, N. (2009). Inmigración y demanda de seguros sanitarios. *Gaceta Sanitaria*, 23, 19-24.
- Jiménez-Rubio, D., & Hernández-Quevedo, C. (February 2010). Inequalities in the use of health services between immigrants and the native population in Spain: what is driving the differences? *European Journal of Health Economics*.
- Junyent, M., Núñez, S., & Miró, O. (2006). Urgencias médicas del inmigrante adulto. *Anales del Sistema Sanitario de Navarra*, 29 (Supplement 1), 27-34.

- Katseli, L. T., Lucas, R. E. B., & Xenogiani, T. (2006). Effects of Migration on Sending Countries: What Do We Know? OECD Development Centre Working Paper No. 250, Research program on Economic and Social Effects of Migration on Sending Countries. Retrieved from [http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content\\_storage\\_01/0000019b/80/43/23/bf.pdf](http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/43/23/bf.pdf).
- Kennedy, S., McDonald, J. T., & Biddle, N. (December 2006). The Healthy Immigrant Effect and Immigrant Selection: Evidence from Four Countries. SEDAP Research Paper No. 164. Retrieved from <http://socserv2.socsci.mcmaster.ca/~sedap/p/sedap164.pdf>
- La Parra, D., & Mateo, M. A. (2008). Health status and access to health care of British nationals living on the Costa Blanca, Spain. *Ageing & Society*, 28, 85–102.
- Lopez Lazaro, L. (2008). Comentario editorial: Inmigración, estado de salud y uso de servicios de atención primaria. *Atención Primaria*, 40, 232-3.
- López Nicolás, A., & Ramos Parreno, J. M. (2009). Utilización de servicios sanitarios por parte de las poblaciones inmigrante y nativa en la Comunidad Autónoma de la Región de Murcia. *Gaceta Sanitaria* 23(Supplement 1), 12–18.
- Martín Artiles, A. (2006). Role of immigrant women in the domestic services sector. European Industrial Relations Observatory Online. Retrieved at <http://www.eurofound.europa.eu/eiro/2006/04/articles/es0604029i.htm>, accessed 20 July 2010.
- Masvidal i Aliberch, R. M. & Sau Giralt, I. (2006). Protocolo de atención al niño inmigrante y a los hijos de inmigrantes. *Revista Pediatría de Atención Primaria*, VIII(Supplement 2). Retrieved from <http://www.pap.es/files/1116-553-pdf/578.pdf>
- Ministerio de Salud y Política Social. Guía de enfermedades infecciosas importadas. Retrieved from <http://www.msc.es/profesionales/saludPublica/prevPromocion/promocion/migracion/docs/GuiaEnfInfImp.pdf>
- Ministerio de Trabajo y Asuntos Sociales (23 October 2008). Plan estratégico ciudadanía e integración 2007-2010. Retrieved at [http://www.observatoripalma.org/imgdb//archivo\\_doc7827.pdf](http://www.observatoripalma.org/imgdb//archivo_doc7827.pdf)
- Mladovsky, P. (2009). A framework for analysing migrant health policies in Europe. *Health Policy*, 93, 55–63.
- Muñoz de Bustillo, R., & Antón, J. (1 March 2009). Health care utilization and immigration in Spain. MPRA Paper No. 12382. Munich Personal RePEc Archive. Retrieved at [http://mpra.ub.uni-muenchen.de/12382/1/MPRA\\_paper\\_12382.pdf](http://mpra.ub.uni-muenchen.de/12382/1/MPRA_paper_12382.pdf)
- Negro Calduch, E., Diaz, A., & Diezi, M. (11 December 2008). Ethical and legal issues related to health access for migrant populations in the Euro-Mediterranean area. *Euro Surveillance*, 13(50).
- Organization for Economic Co-operation and Development (OECD) (2007). Perspectivas de las migraciones internacionales 2006, Ministerio de Trabajo y Asuntos Sociales. Subdirección General de Información Administrativa y Publicaciones, Madrid.

- Padilla, B. & Pereira Miguel, J. (2009). Chapter 1: Health and Migration in the European Union: Building a Shared Vision for Action. In *Health and migration in European Union: better health for all in an inclusive society* (Fernandes, A. & J. Pereira Miguel, editors). Instituto Nacional de Saúde Doutor Ricardo Jorge.
- Padilla, B., Portugal, R., Ingleby, D., de Freitas, C., & Lebas, J. (2009). Health and Migration in the European Union: Good Practices. In *Health and migration in European Union: better health for all in an inclusive society* (Fernandes, A. & J. Pereira Miguel, editors). Instituto Nacional de Saúde Doutor Ricardo Jorge.
- Peixoto Caldas, J. M. (no date). Inmigración y Salud: Un Nuevo Reto para las Políticas de Salud Pública. Retrieved at [http://www.iigg.fsoc.uba.ar/pobmigra/archivos/Socio50/M74\\_Juan\\_Peixoto\\_Caldas.pdf](http://www.iigg.fsoc.uba.ar/pobmigra/archivos/Socio50/M74_Juan_Peixoto_Caldas.pdf)
- Pérez-Amat, E., & Martín Plaza, A. (9 February 2010). Es verdad que los inmigrantes copan los servicios sanitarios? Red Isir: Inmigración y Salud. Retrieved at <http://www.rtve.es/noticias/20100202/verdad-inmigrantes-copan-servicios-sanitarios/315451.shtml>, accessed 20 July 2010.
- Recano-Valverde, J., & Roig-Vila, M. (2006). The internal migration of foreigners in Spain. Presented at the 2006 European Population Conference Liverpool. Session on Changes in the Mediterranean model of immigration. 22 June 2006, 4-5:30pm, Room 1.
- Regidor, E., Sanz, B., Pascual, C., Lostao, L., Sánchez, E., & Díaz Olalla, J. M. (2009). La utilización de los servicios sanitarios por la población inmigrante en España. *Gaceta Sanitaria*, 23(Supplement 1), 4–11.
- Reher, D. S., & Silvestre, J. (Winter 2009). Internal Migration Patterns of Foreign-Born Immigrants in a Country of Recent Mass Immigration: Evidence from New Micro Data for Spain. *International Migration Review*, 43(4), 815–849.
- Rivera, B., Casal, B., Cantarero, D., & Pascual, M. (2008). Adaptación de los servicios de salud a las características específicas y de utilización de los nuevos españoles. Informe SESPAS 2008. *Gaceta Sanitaria*, 22(Supplement 1), 86-95
- Rodríguez Álvarez, E., Lanborena Elordui, N., Pereda Riguera, C., & Rodríguez Rodríguez, A. (March-April 2008). Impacto en la Utilización de los Servicios Sanitarios de las Variables Socio-demográficas, estilos de vida y autovaloración de la salud por parte de los colectivos de inmigrantes del país Vasco, 2005. *Revista Española de Salud Pública*, 82(2), 209-220.
- Romero-Ortuño, R. (2004). Access to health care for illegal immigrants in the EU: should we be concerned? *European Journal of Health Law*, 11, 245-272. Retrieved at <http://www.medimmigrant.be/uploads/Publicaties/Onderzoeken/acces%20to%20health%20care%20for%20illegal%20immigrants%20in%20the%20EU.pdf>
- Rué, M., Cabré, X., Soler-González, J., Bosch, A., Almirall, M., & Catalina Serna, M. (2008). Emergency hospital services utilization in Lleida (Spain): A cross-sectional study of immigrant and Spanish-born populations. *BMC Health Services Research*, 8, 81. Retrieved at <http://www.biomed-central.com/1472-6963/8/81>, accessed 20 July 2010.

- Sintes Pascual, X., de Frutos Gallego, E., Robert Vila, M. N., Besora Anglerill, R., Capitán Alborn, A., Muñoz Lecanda, E., & Nebot Adell, E. (2008). Cobertura vacunal en la infancia en familias inmigrantes. *Atención Primaria*, 40(9), 475-81.
- Soler-González, J., Serna Arnáiz, C., Rué Monnéc, M., Bosch Gaya, A., Ruiz Magaz, M. C., & Gervilla Caño, J. (2008). Utilización de recursos de atención primaria por parte de inmigrantes y autóctonos que han contactado con los servicios asistenciales de la ciudad de Lleida. *Atención Primaria*, 40(5), 225-33.
- Solsona, M., & Viciano, F. (2004). Claves de la evolución demográfica en el cambio de milenio. *Gaceta Sanitaria*, 18(Supplement 1), 8-15
- Terraza Núñez, R., Vargas Lorenzo, I., Rodríguez Arjona, D., Lizana Alcazo, T., & Vázquez Navarrete, M. L. (2010). Políticas sanitarias de ámbito estatal y autonómico para la población inmigrante en España. *Gaceta Sanitaria*, 24(2), 115.
- The Lancet (23 September 2009). Migration and health: a complex relation. *The Lancet*, 368, 1039.
- Torres, A. M., & Sanz, B. (2000) Health care provision for illegal immigrants: should public health be concerned? *Journal of Epidemiology and Community Health* 54(6), 478-479.
- Torres-Cantero, A. M., Miguel, A. G., Gallardo, C., & Ippolito, S. (2007). Health care provision for illegal migrants: may health policy make a difference? *European Journal of Public Health*, 17(5), 483-485.
- Universal Doctor Project. <http://www.universaldocotor.com>, accessed 20 July 2010.
- Vall-Llosera Casanovas, L., Saurina Canals, C., & Saez Zafra, M. (2009). Inmigración y Salud: Necesidades y Utilización de los Servicios de Atención Primaria por parte de la Población Inmigrante en la Región Sanitaria Girona. *Revista Española de Salud Pública*, 83, 291-307.
- Vasileva, K. (2009). Citizens of European countries account for the majority of the foreign population in EU-27 in 2008. Eurostat Statistics in Focus 94/2009. Retrieved from [http://epp.eurostat.ec.europa.eu/cache/ITY\\_OFFPUB/KS-SF-09-094/EN/KS-SF-09-094-EN.PDF](http://epp.eurostat.ec.europa.eu/cache/ITY_OFFPUB/KS-SF-09-094/EN/KS-SF-09-094-EN.PDF)
- Vázquez Navarrete, M. L., Terraza Núñez, R., Vargas Lorenzo, I., & Lizana Alcazo, T. (2009). Necesidades de los profesionales de salud en la atención a la población inmigrante. *Gaceta Sanitaria*, 23(5), 396-402.
- Vázquez-Villegas, J. (2006). Inmigración y salud: ¿un nuevo modelo de atención primaria para un nuevo modelo de sociedad? *Atención Primaria* 37(5), 249-50.
- Worden, T. (8 February 2010). Spain sees sixfold increase in immigrants over decade. *The Guardian*. Retrieved at <http://www.guardian.co.uk/world/2010/feb/08/spain-sixfold-increase-immigrants>, accessed 20 July 2010.
- Wörz, M., Foubister, T., & Busse, R. (Summer 2006). Access to health care in the EU Member States. *Euro Observer: The Health Policy Bulletin of the European Observatory on Health Systems and Policies*, 8(2).