

INTERNATIONAL MIGRANTS' HEALTH

HEALTH SYSTEMS: HEALTH CARE ACCESS

SCIENTIFIC LITERATURE REVIEW SUMMARY SHEET

What will you find on this summary sheet?

This document summarizes the scientific literature regarding Health Care Access of international migrants within the Region of the Americas. The information provided here is based upon a broader scoping review of the published scientific literature regarding international migrants' health in the Region of the Americas between January 2016 and March 2023.

This summary sheet is a narrative and descriptive synthesis of main topics related to the field, with a focus on international migration and health in the Region. It does not fully represent the heterogeneity of information available internationally in terms of type of migrants, countries of origin, and study designs; however, it provides a description of general patterns often found in this literature. In this scoping review, 148 articles addressed Health Care Access of international migrants.

The results presented in the following scientific literature review summary sheet are based on selected articles from the review and are not intended to be an exhaustive review of all current literature. You can find all references in the interactive dashboard located within PAHO's Information Platform on Health and Migration.

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Are there other similar scientific literature summary sheets on international migrants' health available?

The scoping review on international migrants' health included a total of 837 academic articles categorized within three broad themes: health outcomes, health systems and health determinants. All these articles are described and presented in an interactive dashboard along with 11 other similar summary sheets are available that touch upon more specific categories within these three major themes. If you want to learn more about access to health care, you can find more information regarding access to services on other summary sheets on Health Care Systems.

MAIN FINDINGS

What can we learn from the scientific literature so far about International Migrants' Health Care Access?

Studies retrieved from the published scientific literature suggest some of the following findings:

ACCESS TO HEALTH SERVICES: GENERAL FINDINGS

The literature explores access to and effective use of health services among international migrants. In general, there seems to be an under-utilization of services by migrants compared to locals in the Region, largely explained by several barriers to accessing health care. Such barriers might be specific to migrants (language, financing, etc.) or shared with local populations (lack of services, waiting lists, etc.). The following are some examples from specific studies:

- Several barriers reported by migrant populations in the Americas have to do with availability of services and may indeed be shared with the local population. Some directly stem from gaps in the healthcare system, for instance, delays in accessing care (1) either in emergency rooms (2,3), for primary care (3) or specialized care (4,5), and a lack of coordination impeding access to specialized care (6), and lack of funding or prioritization (7). Others are intertwined with social determinants of health, for instance, transportation issues to reach healthcare centers (2,3,6,8), or opening hours that do not match longer working days or weeks (8), leading to a loss of income due to taking time off work to receive care (2).
- Concerning availability with a specific focus on international migrants, a lack of services tailored to international migrants' mental and physical needs have been reported in Canada and Chile (2,9–12).
- Among access barriers that international migrants experience related to the health system, migration status is an important one, either formally through gaps in policy frameworks, as described in Mexico, Colombia (13), and Costa Rica (14), or informally as patients and healthcare professionals do not know or doubt their right to access healthcare services, as described in Chile, Canada, and the United States of America (USA) (10,15–17). In some cases, healthcare professionals even disregard international migrants' rights to health care, as reported in Costa Rica (14,18).
- Regarding migration status, healthcare coverage, and utilization, the implementation of Medicaid in the USA was found to have led to a significant decrease in uninsured healthcare visits across all racial and ethnic groups (citizens and non-citizens), except for Hispanics, who include 6 million of the irregular migrants in the country not eligible for Medicaid (19).
- Furthermore, a lack of trust in institutions, in general (9), or the health system, especially with regards to the risk of being handed over to immigration authorities (15,17,20), constitute another important barrier to accessing healthcare, as described in studies in Canada, the USA and Chile. A study on health care utilization in the USA found that utilization was deterred by fear of detention in health care settings (21).
- Other important barriers identified in the literature regarding the health care system include not having a regular source of healthcare service, including a physician (22), preferably of



- the same country of origin (23) or gender (24,25), limited availability of preventive care services (26), difficulties to book an appointment including limited available times (24), lack of verified information regarding the disease (23,24,27).
- Other barriers were found in the studies to be intertwined with social determinants of health, especially with regards to the prioritization of work over care, individual and cultural perception on cancer (28) and female health issues (29), lower education levels (30), and limited health literacy (23,26,27). Furthermore, limited economic resources (29), fear of the costs associated with further examinations and future treatment if the results turn out to be positive, may also be a barrier to screening (23). Limited insurance coverage also represents a barrier to preventive health (22,26).
 - At the individual level, in the context of international migrants' interactions with healthcare systems, two common barriers are identified in the USA, Canada, and Chile: a lack of understanding or difficulties navigating a new healthcare system and not knowing about health insurance registration and coverage (8,20,29,31–33). Similarly, research in the USA and Canada finds that the lack of linguistically and culturally relevant information also impedes access and adherence to specific recommendations for illness or disability management (6,34) or to specific types of services such as precision medicine (35) or genetic counselling and services (5,36).
 - A systematic review, focused on utilization of health services by international immigrant children, found that in North America, the most accessed and used services were emergency services and hospitals, potentially due to lower utilization of primary and preventive care and that in the USA and Chile, mental health needs are usually unmet, although this may vary by target groups (37).
 - With regards to emergency care, a study focused on emergency versus scheduled dialysis, found that undocumented migrants in the USA who are denied access to scheduled dialysis end up utilizing emergency dialysis services, leading to worse health outcomes and higher costs (38).
 - A study in Canada reports that access to mental health services is hindered by language barriers, inadequate information about existing services, and individuals' perceptions about what/when services should be accessed (39). Another Canadian study shows that limited language proficiency delayed access, and interfered with the therapeutic relationship, treatment adherence, and use of preventative/screening services. Untrained interpreters were problematic due to misinterpretation and confidentiality concerns (40).
 - Evidence from the USA suggests the need for service delivery models tailored to Latino farmworkers, which should provide care within farm communities, offer outside business hours, and encourage provider immersion in patient communities (41). Another study from the USA identified two themes on how pediatric providers can best support Latinos: information and guidance on immigration policies, and reassurance and safety during visits. Importantly, the same study concludes that, despite immigration fears, Latino parents continue to seek health care for their children. This highlights the unique access that pediatric providers have to this vulnerable population to address immigration fears and establish trust in the health care system (21).

ACCESS TO ESSENTIAL MEDICINES

- In the context of barriers to access healthcare, international migrants interviewed in Canada and the USA reported concerns and experiences around not being prescribed medicine or antibiotics although they requested it. This was the case with Syrian refugee parents when their children had a cold or fever (42), and Latino immigrants in the context of seeking options for pain management (43). The previous examples are reported in the context of patient-provider relationships, showing that beyond access barriers to medicine at policy or governance-level, challenges may arise in consultation settings. Participants felt that medication was not presented as an option by their healthcare provider because they may have assumed that they could not afford it (43). In the case of Nicaraguan migrants in Costa Rica, broader barriers to access healthcare, including discrimination, limited access to medicine (18).

- Latino immigrants in the USA resorted to consulting with doctors from their country of origin or borrowing medication as a strategy to access medicine when they are not made available (43). In Costa Rica, Nicaraguan migrants resort to the black market to access medication (18).
- A strand of the literature available focuses specifically on access to vaccination in the USA. There are disparities in vaccination rates since they are lower for the foreign-born population than for the locally born, except for influenza and hepatitis A and B among specific age subgroups and people with chronic illnesses (44).
- HPV vaccination is of specific concern with regards to migrant populations, and a systematic review found that although 66% of migrant parents had reported willingness to vaccinate their children, only 30% had done so due to a

variety of barriers, including lack of information, concerns about the safety of vaccine, provider recommendation, and immigration laws (45). Similarly, a qualitative study conducted with Somali refugee women found low levels of HPV vaccination and facilitators included a doctor's recommendation and support from husbands (27). As reported by healthcare providers in Canada, health system's barriers to HPV vaccination for newcomers include the assumption that they cannot afford the vaccine, communication, and patient-provider relationship (46).

Being a migrant was associated as a system-level barrier to telehealth adoption in the USA (47).

In Canada, a review found that discrimination and a lack of cultural competence within healthcare systems represent barriers to access health care among migrant children (48).

Featured Article

No One Seems Ready to Hear What I've Seen: Mental Health Care for Refugees and Asylum Seekers in Chile (10)

This article studies the mental healthcare needs of Latin American refugees and asylum seekers in Chile, in 2018, through a qualitative approach that captured the perspectives of refugees and asylum applicants, healthcare professionals responsible for delivery of care, and members of civil society organizations.

Results elucidate how post-migration stress factors may increase risk of emotional disorders in refugees and asylum seekers in Chile. At the same time, mental healthcare providers are often not equipped with adequate tools to deal with the psychological consequences of violence and persecution associated with forced migration.

In the words of a health care professional: "I met a case many years ago. This man was admitted to the [mental health center] for treatment, showing signs of delusions of persecution. They decided to discharge him. So, my intervention, that is, my plea, was to consider that he comes from a specific situation and instead of sending him away or leave him, we needed to maintain continuity and try to generate some adherence, to understand if that persecution was real, or anchored in his refugee motifs. Unfortunately, it is difficult to revert these situations and when they come from such an experience, there are the organizations that have maintained a bond, that have supported each other, that can do something, health services there we do little, we lose them".

The authors conclude that despite Chile's commitment to international treaties, little has been achieved in safeguarding the right to access mental health care, that is part of universal health care access.

A Qualitative Study on African Immigrant and Refugee Families' Experiences of Accessing Primary Health Care Services in Manitoba, Canada: It's not easy! (33)

This study aimed to examine experiences of access to primary health care by African immigrant and refugee families, through multiple open-ended interviews to a sample of eighty-three families originating from 15 African countries, living in western Canada.

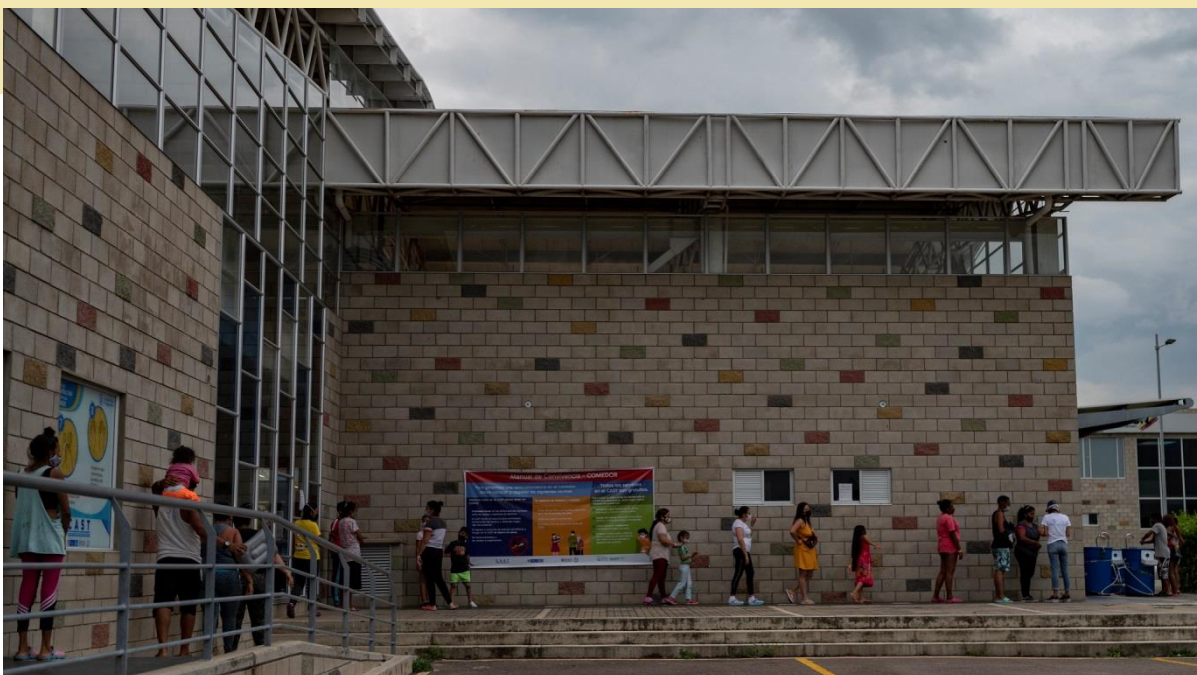
The challenges that African immigrant and refugee families experienced while accessing primary health were represented by the authors through three themes: Expectations not quite met, facing a new life, and let's buddy up to improve access.

On expectations not quite met, families reported struggling to understand a new health system with multiple barriers, such as lengthy wait times, shortage of providers, high cost of medication and non-basic health care, and less than ideal care.

On facing a new life, participants referred to difficulties of getting used to new and unfamiliar environments. This included challenges with transportation, weather, employment, language, and cultural differences, as well as a perceived lack of social support in their pursuit to access health services.

"Yeah, for the immigrants the main thing is the language, its, that's what the difficult thing. When you understand it, it makes it easier but sometimes you don't understand but you just say "okay" and just leave, but you have no idea what, what they told you". (Ethiopian Male, Family Sponsored Immigrant)

Lastly, in the theme of let's buddy up to improve access, families recommended networking approaches to improve access to primary health care services.



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HEALTH AND MIGRATION

MAPPING OF
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