Costs of exclusion of (un)documented migrants from health care: first comparative policy analysis of Austria and Italy

2nd research exchange workshop on „bringing the migrant health discourse into policy“
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Roadmap

• A project commissioned by ASEF
• The European case: Austria and Italy
• Migration history/policy
• (Access to) the health care system
• Functional rationales in given contexts
A project commissioned by ASEF

• Access to health is acknowledged as human right and prerequisite for healthy societies and (economic) growth

• Migrants face difficulties to access health care services, with undocumented migrants as a group of specific vulnerability

• Exclusion is often argued with a cost argument
  » costly interpreting/mediation services for regular migrants not capable of local languages
  » Costs caused by irregular migrants who do not pay taxes/insurance fees
Costs of Exclusion?

Exclusion may cause costs as well

• Undocumented migrants are denied access until their condition becomes an emergency that has to be treated with high costs

• Regular migrants have a higher risk to be subject of treatment errors due to miscommunication (Johnstone et.al. 2006, Falcón et.al. 2010, Suurmond et.al. 2010, 2011)
Research questions

• What is the nature and magnitude of the costs of exclusion of documented and undocumented migrants (UDM) from health care?
• What are national policies in Asia and Europe and what is the impact on practice of service provision?
• Asia: Hong Kong and Singapore
• Europe: Austria and Italy
Policy development has to work on questions of inclusion and exclusion lines.

The most evident exclusion from health care: undocumented migrants.

Other inclusion/exclusion lines:
- Language
- Ethno-cultural sensitivity / cultural safety
- Racism
- Control of social capital (the "minaret debate" in Germany/Switzerland/Austria)
Exclusion from Health care: costly on several dimensions?

**Economic costs:** treatment costs of “forced/unnecessary emergencies”

**Humanitarian costs:** exclusion undermines equity policies and human rights regulations

**Social costs:** inequity in health weakens communities
# Austria
(All data from statistics Austria and Eurostat)

<table>
<thead>
<tr>
<th>Total population 01.01.2012</th>
<th>8,443,018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign population</td>
<td>970,541</td>
</tr>
<tr>
<td>Foreign population rate</td>
<td>11,5%</td>
</tr>
<tr>
<td>Percentage of non-EU nationals</td>
<td>6,8%</td>
</tr>
<tr>
<td>Net migration rate 2011</td>
<td>+ 4,6</td>
</tr>
</tbody>
</table>

*Net migration as the only demographic driver for population growth*
Asian population in Austria 2002-2012

Source: http://www.statistik.at/web_de/statistiken/bevoelkerung/bevoelkerungsstruktur/bevoelkerung_nach_staatsangehoerigkeit_geburtsland/022498.html
Asian migration to/from Austria 2011

Source: http://www.statistik.at/web_de/statistiken/bevoelkerung/wanderungen/internationale_wanderungen/022923.html
Migration policies

- Wanted/needed influx of migrants in 1960ies as „Guest workers“
- Regulated by labour market demands, including health screenings
- More and more restrictive from 90ies on
- Now high on a political agenda in more or less xenophobic discourses
- But also with positive and respectful attitudes
Seasons Greetings, advertised 2011 by a Viennese political party
Migrant status as a social determinant of health

• Recent studies show that being a woman with migrant origin significantly increases the risk of (self rated) ill health (Karl-Trummer, Sardadvar 2012)

• (logit regression analysis, controlled for socio-economic variables, n=1829 for Vienna/capital city of Austria)
### Tabelle: Regressionsanalyse

<table>
<thead>
<tr>
<th></th>
<th>Gesamt</th>
<th>Männer</th>
<th>Frauen</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Alter</strong></td>
<td>-0,063***</td>
<td>-0,065***</td>
<td>-0,064***</td>
</tr>
<tr>
<td><strong>Männlich</strong></td>
<td>0,088</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Pflichtschule</strong></td>
<td>-0,362***</td>
<td>-0,358*</td>
<td>-0,308**</td>
</tr>
<tr>
<td><strong>Tertiäre Ausbildung</strong></td>
<td>0,439***</td>
<td>0,408**</td>
<td>0,520***</td>
</tr>
<tr>
<td><strong>Haushaltseinkommen</strong></td>
<td>0,406***</td>
<td>0,317***</td>
<td>0,580***</td>
</tr>
<tr>
<td><strong>White Collar</strong></td>
<td>-0,110</td>
<td>0,062</td>
<td>-0,266</td>
</tr>
<tr>
<td><strong>Blue Collar</strong></td>
<td>-0,320**</td>
<td>-0,120</td>
<td>-0,589***</td>
</tr>
<tr>
<td><strong>Selbständig</strong></td>
<td>0,301</td>
<td>0,545**</td>
<td>-0,115</td>
</tr>
<tr>
<td><strong>Arbeitslos</strong></td>
<td>-0,862***</td>
<td>-0,770***</td>
<td>-0,995***</td>
</tr>
<tr>
<td><strong>EU 15 / EFTA</strong></td>
<td>-0,223</td>
<td>-0,200</td>
<td>-0,248</td>
</tr>
<tr>
<td><strong>NMS 12</strong></td>
<td>0,039</td>
<td>0,094</td>
<td>-0,002</td>
</tr>
<tr>
<td><strong>Ex-YU o. SI</strong></td>
<td>-0,304*</td>
<td>-0,072</td>
<td>-0,495**</td>
</tr>
<tr>
<td><strong>Türkei</strong></td>
<td>-0,688***</td>
<td>-0,302</td>
<td>-1,045***</td>
</tr>
<tr>
<td><strong>Andere Länder</strong></td>
<td>-0,122</td>
<td>0,018</td>
<td>-0,224</td>
</tr>
</tbody>
</table>

*n* bezeichnet die Samplegrößen, die Werte der vier Regressionskonstanten sowie weitere Details sind auf Anfrage erhältlich.
Austria – Health care system

• insurance based health system with compulsory health insurance linked to employment

• Coverage is close to universal with 99.3% (2011)

• around 60,000 people of the documented population are named in official statistics as being without health insurance

• studies point out that people with an undocumented residing status are not included in official numbers but need further consideration (Fuchs 2003)
Austria‘s policy on access to health care for regular migrants: inclusion

When integrated into work and the insurance schemes, migrants are – on level of regulations – treated equally and have equal rights.

In practice, studies show that migrants are at higher risk to get insufficient/inappropriate treatment.

Difference-sensitivity of health care organisations is still low.
Regulations for people without insurance/undocumented migrants

• For uninsured people in principle services are only available when paid out of pocket

• Austrian Federal Hospitals Act obliges hospitals to provide first aid in case of emergencies (KAKuG 2008)

→ the only access to (routine) medical care for poor and uninsured is emergency
Austria’s policy towards UDM: Functional ignorance

- No specific regulations in place
- Access to services either through emergency or on a fee for service basis
- Structural compensation through NGOs that provide services free of charge for marginalised people
Italy’s policy towards UDM: Partial Acceptance

- Italian legislation on “health care for foreign nationals who are not registered with the National Healthcare System” (Legislative Decree no. 286 dated 25th July 1998 Art. 35)
- Access to emergency/urgency care, prenatal and maternity care, vaccinations, preventive medicine programs, prevention/diagnosis/treatment of infectious diseases.
- Access for specific groups: minors up to 18 years, pregnant women up to 6 month after birth and patients with diagnosed infectious diseases.
- 2 central administrative instruments:
  » STP – Straniero Temporaneamente Presente (foreign national temporarily present)
  » DI – Dichiarazione di Indigenza (self-declaration of indigence)
ASSISTENZA SANITARIA STRANIERI - STP

Caritas Reggiana
Compagnia del SS. Sacramento

AMBULATORIO MEDICO
Via Adua, 83/A
Autobus n. 10 (dal centro)
Telefono e Fax 0522.924096

ORARI VISITE:
- Lunedì e Giovedì dalle ore 14.30 alle ore 18.30
- Martedì e Venerdì dalle ore 9.30 alle ore 11.30
per informazioni, odontoiatria e terapie.

Mod. 645928 - Tipolitografia Gatti & C. - Varese
Italian practice example: Reggio Emilia

- Cooperation of public dedicated services and NGO
- STP and DI entitle to access dedicated public services and NGOs without costs
- STP is used for coordination and documentation of health status and provided services
Common logic in a continuum from functional ignorance to partial acceptance

- Structural compensation from NGOs based on informal solidarity plays a decisive role in service provision.
Thank you very much for your attention

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