

## *Immigration in Spain – Some data worth a reflection (part 2)*

### **Summary**

Immigration has a revitalizing effect on the economy. This has been particularly true for Spain during the last decade. The entrance of immigrants has not only allowed covering the job demand generated in Spain, specially in the construction and services sectors, contributing to the country's production growth, it has also had a great impact in the increase of family consumption: 5 million new consumers exist in Spain that, although occupying the lower steps of revenue generation, are net consumers of food, clothing, services, etc... and as such, add to the GDP.

In exchange, the new residents gain immediate access to Spanish welfare: universal healthcare and free education, social services etc... Not only Spain; since 2005, 72 countries have adopted new policies of integration to ease free access to healthcare and education in the receiving countries. Generally, the authorities, and Spain is not only not an exception, but a leader of this current, stimulate rapid and efficient integration to avoid the emergence of ghettos or marginalization bubbles derived from poor integration by the receiving country and mainly associated to poverty, delinquency, social exclusion and instability. A key factor for the social integration of immigrants is the stimulation of family regroupings as an element of stability and the authorization of nationalizations in half-term.

Language is the main barrier to the effective integration of immigrants. As can be seen in the attached chart, more than two thirds of immigrants in Spain don't have Spanish as their main language and although some languages like English and Spanish are every day more present as a second language, it is hard to think that many of the new residents have enough of a grasp of other languages different than their own.

Though some collectives seem capable of learning Spanish in a relatively short time, like Romanians, others have great difficulty going over a very basic level, like Asians, Africans and Eastern Europeans that aren't Romanians. This increases in the case of non working families that come to Spain as part of the family regrouping program, which in some cases includes people of an advanced age that have a higher difficulty to initiate in a new language.

### **Languages of origin of the foreign population present in Spain**

<b>Language</b>	<b>Total foreigners %</b>
<b>Spanish</b>	<b>27,0</b>
<b>Arab</b>	<b>14,8</b>
<b>Romanian</b>	<b>9,8</b>
<b>English</b>	<b>8,9</b>
<b>Portuguese</b>	<b>3,8</b>
<b>German</b>	<b>3,6</b>
<b>French</b>	<b>3,5</b>
<b>Russian</b>	<b>3,1</b>
<b>Chinese</b>	<b>2,5</b>
<b>Bulgarian</b>	<b>2,5</b>

The language problem manifests in each occasion where the immigrant or new resident enters into contact with an administrative from social services, starting with census municipal services, obtaining a sanitary card or the inscription in school of children.

Nonetheless, it's in Healthcare where the problem is at its peak. The language is the main obstacle for the communication between sanitary personnel and immigrants or foreign residents. The consequences of a bad communication between sanitary personnel and an immigrant patient can be worrisome and include:

- Incorrect or incomplete diagnosis
- Loss of productivity from the sanitary personnel
- Loss of confidentiality during the medical analysis
- A sense of dissatisfaction coming from the sanitary professional and the patient
- Opposition from the immigrant to visit primary care, which can cause an illness to worsen and a saturation of the emergency service.

According to an article published in the medical magazine Pediatrics in the year 2005, in the US, the patients of Hispanic speech that had difficulties communicating with sanitary personnel had a higher risk rate of suffering medical malpractice than those whose families could communicate correctly in English.

Nowadays, when a linguistic barrier exists in the communication with the patient, it is resorted to one of the following alternatives:

- Use of a professional interpreter; some centers or institutions have agreements established with translation and interpretation companies to supply these services. Though in some cases there exists NGOs that provide these services for free, in general, this is a very expensive service. For example, Catalonian healthcare spent during 2006 2,675,000€ on 22,500 check-ups that required an interpreter, which caused a 120€ cost per check-up.  
The problems associated with this solution are the need to plan the appointment, which can cause medical problems, the lack of knowledge from the interpreter of medical language and terminology and the loss of confidentiality during the analysis, which in many cases, conditions the patients answers.
- Use of a telephone “call center” during the check-up. In this case, along with the problems derived from the interpreters lack of knowledge and the loss of confidentiality, aggravated because of the lack of physical or visual contact with the interpreter, a situation of inconvenience associated with having to communicate in three fronts through a telephonic device appears. In some cases, there is no speaker available in the desired language trough the call center at the moment, making it convenient to also have a previous appointment.
- Because of these inconveniences, in the majority of situations it is resorted to use family or friends as interpreters during the check-up. This situation, although initially might calm the patient, can have very negative consequences since the lack of confidentiality, which in some cases is less desirable with a family member, specially if it is a minor, adds to the negative to communicate matters considered as intimate by the patients (frequently the case in gynecological or contraceptive check-ups, etc... ). In other cases, the interpreters have to be the receivers and transmitters of news that they may not be ready for or that affects them emotionally.

Nevertheless, in all these cases, the translation mistakes may present a bigger problem. In a study published by the magazine Pediatrics, 13 check-ups that used interpreters where revised and 31 translation errors were found, of which a 63% could be considered important enough to affect the results of the analysis.

In the USA, this problem is very characterized and studied (52,4% of immigrants censused in 2006 older than 5 years had insufficient knowledge of English. According to the census of the year 2000, almost a 40% of adults in California talk a language different from English in their homes), legal actions are being taken to protect the patients. In October 2007, California turned into the first state to demand healthcare centers have interpreters available for patients, something already compulsory in hospitals.

Although it is predictable that in the following years the entrance of immigrants into Spain will decrease, this will not affect the need to give idiomatic support in medical centers. The adoption of a language is a slow process, especially for ethnic groups that are very distant culturally to the Spanish language (Chinese, Indonesians, Sub-Saharan etc...) and because of this, having a helpful system will always be well received by medic and patient.

This population will need more sanitary attention the older it gets and will be visiting healthcare centers more frequently, event that doesn't occur today. In spite of popular perception, immigrants in Spain use the Healthcare System's services less frequently than Spanish, especially when dealing with private centers and specialists. In addition, according to a study released by The Science and Health Foundation ('Differences in the use of sanitary services between the immigrant and Spanish population', 2008), they ask for less preventive tests.

The investigation has analyzed the data from four surveys made in Madrid (6.607 immigrants were interviewed); Catalonia (13.921); Valencian Community (5.195) and Canary Islands (3.919). The use of primary care, consultation with specialists, emergencies, hospitalization and private and preventive services were analyzed from the adult population, with ages ranging from 16 to 74 years old. A 51% were Latin-Americans; 28% African, 16% from European countries, 16% from Eastern Europe countries and 4% from Asia and Oceania.

The Spanish go mostly to the general medicine center and also to specialists, but this tendency reverses when looking at emergency services, which is used more frequently by immigrants from Center and South America.

During a study period of fifteen days, the report indicated that in Madrid the percentage of immigrant population that used a general practitioner was 15,7% compared to a 16,7% from the Spanish population, while in Catalonia it was a 9,9% against a 12,5%.

In hospitalization, the same tendency can be observed; in the last year, Spanish in hospital in Catalonia were an 8% compared to a 7% of immigrants; in Madrid it was an equal percentage for both groups (7,4%); in Valencia it was a 10,5% Spanish and a 9,9% foreigners and in the Canary Islands an 8% against a 5,4%.

One of the reasons that would explain this difference is that people that emigrate have better health than those that stay in their country of origin, circumstance that can extend during a long time.

More logical is to assume that immigrants go a lot less than Spanish citizens to specialist's medical consults and to private medics like dentists. In the surveys made in Catalonia and Madrid, which count the visits to specialists in the last 15 days, a 5,7% of immigrants came compared to an 8,9% of nationals in Catalonia and a 4,7% against an 8,5% in the capital. The lack of use from Eastern Europeans of medical specialists stands out. On the contrary, the immigrant population proceeding from rich countries uses the services of dentists and other private specialists with a high frequency, especially in the Valencian Community.

Regarding the access of immigrants of ages 35 to 74 to preventive tests like mammographies or cytologies in the last year, the study shows that Spanish women use these services more in all the analyzed communities, with a 50% average between Madrid, Catalonia, Canary Islands and the Valencian Community. The access of foreigners is found between the 30% and 18%, being lower among Latin-American women, Asians or Eastern Europeans.

In spite of this data, it is noteworthy as exceptions, the important percentage of Latin-Americans that go to emergencies, especially in Catalonia, where during the last year almost a 35% of immigrants used this service compared to a 31% of national patients, and the high level of hospitalization in Madrid of African foreigners, mainly Moroccan, which is probably the consequence of disinformation about the protocols needed to have access to sanitary services.

It is undeniable that the increment of foreign population in Spain, with higher and lower linguistic problems, different attitudes when facing public services and specially healthcare, and a very different sanitary casuistry in some cases compared to the autochthonous population (with the following resurgence of illnesses already eradicated in Spain or the appearance of exotic illnesses like Chagas) is generating an enormous pressure upon the Spanish public healthcare system, which is added to other endemic problems like the lack of qualified personnel, the high cost of administration and management, tensions derived from decentralization and the transference of competences to autonomies and others. On the contrary, the entrance of new and younger blood in the system will contribute in time to revitalize the same.

*Angel Santos*