

HEALTH CONDITION OF IMMIGRANTS IN THE CZECH REPUBLIC

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Abstract

The immigrants issue in the Czech Republic is still generally untransparent and undeveloped in all the areas. One of the unsolved problems is the assessment of health condition of immigrants and the availability of health care for this population group. It is necessary to solve this issue in context of social health determinants concept. The aim of this notification is to analyse the information about the health condition of immigrants and the availability of health care for them.

In the analysis of this issue, mainly some research works of Health care ministry of the Czech Republic and the staff of University of South Bohemia in České Budejovice were used. Furthermore, the data based on the ÚZIS (Institute of Health Information and Statistics) and ČSU (Czech Statistical Office) reports were used. Data from information network about good practice in health care for immigrants and ethnical minorities in Europe were a significant source of information about health condition of immigrants.

In the study, we found out there are no data about total morbidity in immigrants. We monitored only hospitalised individuals. There are no data about outpatients' department care. A significant phenomenon in monitoring of health condition of immigrants is the fact that the immigrants avoid regular preventive examinations because they are afraid of losing their jog. Immigrants have the highest rage of job-related industries. There is discrimination of immigrants in the access to the health insurance. The aim of the authors of the study is to inform about this problem, to present the information sources, determine a way of health care costs coverage and to provide an overview of the current state of hospitalised foreigners in the Czech Republic.

Key words: *immigrants; Czech Republic; health condition*

INTRODUCTION

Monitoring and assessment of immigrants in the Czech Republic reaches only a low level in the area of health care. The existing results are based on the data of Hávy et al. (2001), mainly on the work of Hnilicová and Dobiášová (Nesvadbová et al. 1996, 1998, Dobiášová et al. 2004,

Hnilicová and Dobiášová 2009a, b, c, 2010). Health care in foreigners' children is described in Dobiášová et al. (2006). This deficiency is significant. Information on the issue related to the health condition of immigrants are important as this population group forms 4.2% of Czech Republic population (group of authors 2010). Immigrants care should be based

on the social health determinants concept (Wilkinson and Marmot 2005).

Available statistics on health condition are mainly based on hospitalised immigrants records.

Information sources are mainly the data of ČSU (Czech Statistical Office) and ÚZIS (Institute of Health Information and Statistics). Outpatients' department care provided to the foreigners is not monitored in the health care information system at all. This area provides only rare data coming from research studies focused on the immigrants' experience with health care included in more general immigrants' life conditions research in the Czech Republic (see e.g. Vacková et al. 2012). Available information is not self-contained and it may be considered only as a probe in this important life area of the immigrants in the Czech Republic. Routine statistics are supplemented with information from research projects, mainly of the Health care ministry of the Czech Republic.

Outpatients' department care provided to foreigners is not monitored in the health care information system at all. Immigrants visit a wide range of clinics – both general practitioners and specialised clinics (Svobodová 2008).

The aim of this notification was to analyse the information about the health condition of immigrants in the Czech Republic:

- to find the information sources about this issue;
- to find the information sources about research results;
- to find the information about the health care costs coverage ways;
- to provide overview of current condition of hospitalized foreigners.

We used the method of secondary data analyse of ČSU, ÚZIS and the results of research works. Information was mainly based on the data of Information network about good practice in health care for immigrants and ethnical minorities in Europe in the web page MIGHEALTHNET (2010).

Immigrants issue in the Czech Republic (research studies)

In this area, we have only rare data coming from research studies focused on the

immigrants' experience with health care included in more general immigrants' life conditions research in the Czech Republic (Vacková et al. 2012). Available information is not self-contained and it may be considered only as a probe in this important life area of the immigrants in the Czech Republic. Routine statistics are supplemented with information from research projects, mainly of the Health care ministry of the Czech Republic. In the 90s, there was a research study monitoring the health condition of Volyně Czechs and Belarus citizens. In 2003, a quantitative comparative research of health condition of immigrants was performed – citizens of former CCCP in comparison with the Czech population (Dobiášová et al. 2004). Further information about the research is included in the summary report “Zdravotní stav a péče o zdraví občanů bývalého SSSR pobývajících dlouhodobě v ČR” (Health condition and health care in citizens of former CCCP living in the Czech Republic for longer period) (Hnilicová and Dobiášová 2009b). We should also mention the works of Vacková from 2012 and Tóthová et al. from 2012. Hnilicová and Dobiášová point to two Czech statistical sources informing about morbidity and mortality of immigrants, none of them is focused on the ethnic origin of the patient (Hnilicová and Dobiášová 2009a, b, c 2010). In 2009, the Czech Statistical Office states that employed immigrants form three quarters of economically active foreigners. Employment is associated with disadvantages in health care access, worse socio-economy conditions and naturally with negative consequences for the health condition (Brabcová et al. 2011). Routine statistics do not provide a specific category for immigrants in the contractual commercial insurance. In the European committee project (DG Sanco), a central web for 17 European states was formed – MIGHEALTHNET. Structure of individual national sites is identical, the contents is similar ensuring easier orientation in the web and easier search for necessary information. These sites enable exchange of experience and tested procedures in the health care in immigrants between the individual countries. The MIGHEALTHNET web includes Reports on the health condition of immigrants from individual countries, the so called “STATE OF ARTS REPORTS”. In the Czech Republic,

Table 1. New reported TBC cases in the Czech Republic according to the nationality of the patient

Country	2001	2007	2008	2009	2010	2011
In total	1,349	871	879	710	680	609
including:						
Czech Republic	1,155	718	693	574	563	497
Born outside the Czech Republic	194	153	186	136	117	112
including:						
Afghanistan	5	–	–	–	–	–
Albania	–	1	1	1	–	1
Belarus	–	1	1	2	–	–
Bosnia and Herzegovina	–	–	–	–	1	–
Bulgaria	–	4	2	–	1	4
China	4	3	–	–	2	–
Georgia	10	1	–	–	–	–
Croatia	–	2	–	–	–	–
India	3	–	2	3	7	5
Iraq	1	–	–	–	–	–
Korean Republic	–	–	–	–	1	1
Democratic People's Republic of Korea	–	1	–	1	–	–
Cuba	–	1	–	–	–	–
Lithuania	–	2	–	–	–	2
Latvia	–	–	–	–	–	1
Hungary	–	–	1	–	–	–
Macedonia	2	–	–	–	–	1
Moldavia	8	–	2	2	–	2
Mongolia	3	22	60	16	16	12
Germany	1	1	–	–	–	–
Nepal	1	–	–	–	–	–
Pakistan	4	–	2	–	1	2
Poland	3	4	5	2	6	3
Romania	11	9	4	3	5	10
Russia	6	2	1	4	4	3
Slovakia	23	31	23	26	11	20
United Kingdom	–	1	–	–	–	–
Serbia and Montenegro (former Yugoslavia)	3	1	–	1	2	1
Spain	–	1	–	–	–	–
Switzerland	–	–	–	1	–	–
Ukraine	54	27	35	34	33	23
Vietnam	38	28	35	30	20	15
Asia – others	8	8	5	7	6	2
Africa	6	2	6	3	1	4
South America	–	–	1	–	–	–
Ratio of foreign TBC patients to the total number of TBC patients in %	14.3	17.6	21.2	19.2	17.2	18.4

the site in this project was formed in the 1st Medical Faculty of Charles University, Prague which participated in this project. The web site was designed and is maintained by Hnilicová and Dobiášová (2010). The authors provided a summary report on the health condition of immigrants in the Czech Republic available in the MIGHEALTHNET/CZ web.

In the period of 2001–05, a research project of IZPE (Institute of health policy and economics) – the “Podpora integrace cizinců” programme (Support of foreigners integration). Tuberculosis prevalence data is known. The statistics prove that in spite of increasing number of immigrants, the TBC prevalence does not increase. The TBC incidence is still decreasing. Risk groups are considered to be citizens of Bosnia and Herzegovina, Bulgaria, Moldavia, Romania and Russian Federation (Výskyt tuberkulózy v ČR [Tuberculosis prevalence in the Czech Republic] 2009, Wallenfels 2008, group of authors 2010, Cizinci v ČR 2012). Bulletin of the Health care ministry of the Czech Republic from 2011 listed the countries with higher tuberculosis prevalence provided by the World Health Organisation. The overview of current state is listed in the Table 1 (Foreigners in the Czech Republic 2012).

Growing number of HIV infections was noted; in immigrants, it is again 21 %. In 2007, this issue is summarised by Brůčková

et al. (2007). In 2009, 2,039 people infected with the HIV/AIDS virus are recorded. Out of these, a third is formed by immigrants (Report on HIV/AIDS prevalence and spread for 2009, 2010). The infections count caused by *Treponema pallidum* increased. High count of new diseases in Czech citizens developed due to contact with foreigners (Zdraví 21 [Health 21] – Long-term program to improve the condition of the Czech Republic population, 2010).

In sexually transmissible diseases, foreigners formed one third of new reported syphilis cases. Congenital forms of this disease reappeared. 8% of new reported cases in Czechs developed after a contact with foreigners (Nesvadbová et al. 1996, 1998, Pohlavní nemoci [STD] 2009). Nesvadbová et al. emphasize depression and posttraumatic stress events prevalence. In other researches, it was proven that the prevalence of these conditions is in foreigners three times higher than in Czechs. This fact is hypothesised to be caused by their long-term work load without rest. Often hospitalisations in foreigners are associated with higher alcohol and addictive drugs abusing. Indirectly, it is connected to hepatitis prevalence. Vacková monitored family medical history (246 respondents) and personal medical history (160 respondents) and found a coincidence with the prevalence in immigrant families (Table 2, 3).

Table 2. Diseases prevalence in immigrants (family medical history), 246 respondents in total

Disease type	Prevalence in %
airway diseases	59
pollen allergies	41
hypertension	24
rheumatoid diseases	24
renal diseases	17
tumorous diseases	16.2
diabetes mellitus	16
ischemic heart disease	15.3
stroke	13.4
obesity	11.7
depression	11.2

Source: Vacková et al. 2012

Table 3. Diseases prevalence in immigrants (personal medical history), 160 respondents in total

Disease type	Prevalence in %
gastric diseases	19
chronic back pain	17
rheumatoid diseases	14.8
renal diseases	12.4
depression	10.8
heart diseases	10.1
hypertension	9.4

Source: Vacková et al. 2012

It has been proven that health condition depends on the country of origin, sex and nature of work (Vacková et al. 2012). HIV/AIDS (164 respondents): 92% did not mention HIV/AIDS disease in their medical history. The same prevalence was in TBC. Gonococcus diseases were present in 1.2%, syphilis also in 1.2%. A type hepatitis appeared in 10.2% of immigrants, B type hepatitis in 5% and C type hepatitis in 1.2%. Type hepatitis A appeared more often in men. Table 4 present the current overview of individual diseases prevalence (group of authors, 2010).

ÚZIS provides also the miscarriage/abortions rate in immigrants in the Czech Republic (Table 5).

Job-related injuries appeared in foreigners three time more often than in the citizens of the Czech Republic. Immigrants work in hazardous environment (group of authors 2010, Hnilicová and Dobiášová 2011). 925 injuries were recorded, out of that 2% mortal. Injuries were very often caused by insufficient prerequisites, incorrectly assessed risk etc. The injuries appeared mostly in the motor vehicles production. Mortal injuries happen in quarries, mines and building industry. Foreigners/men are mostly hospitalised due to these causes (Popovič 2013). We can presume that this number presents only a part of the injuries. Small injuries do not appear in the statistics. Vacková et al. (2012) report that 23% of 214 respondents had an injury.

Preventive programs are not mostly used by immigrants because they are afraid of losing their job (“healthy immigrant phenomenon”), partly due to socio-cultural

differences as immigrants often prefer faith healing. Another reason is the fact that they travel to the Czech Republic to earn their living and therefore they do not visit doctors without cause or they postpone the visit to doctors’ until return to their home country. Visit at the doctors’ should be ordered by the employer. Preventive programs are provided partially in state hospitals. Dobiášová et al. (2004) report that immigrants visit their general practitioner three times less, they use the ambulatory care minimally and they have three times higher prevalence of job-related accidents. The research showed a great work load in the immigrants – they work 11–12 hours per day. Preventive programs realisation is negatively influenced by the language barrier.

Requirements of the immigrants for health care in the Czech Republic

According to the Act no. 326/1999 Col., about the stay of foreigners in the Czech Republic, the health insurance is one of the preconditions for acquisition of visa for long-term stay. Foreigners can meet this requirement using the public or commercial health insurance (Křečková-Tůmová et al. 2003, Jelínková 2007, Janečková and Hnilicová 2009, Hnilicová and Dobiášová 2011).

Public health insurance is intended for all the subjects included in it according to current legislature. It is compulsory and covers accessibility of all the necessary care. *Commercial health insurance* works according to the market principles. It is not claimable, i.e. subjects with high health

Table 4. Hospitalised immigrants in hospitals according to hospitalisation causes in 2011

IDC-10 chapter	Hospitalisation cases no.			
	<i>In total</i>	<i>men</i>	<i>women</i>	<i>In total %</i>
I. Some infectious and parasite diseases	763	410	353	2.4
Out of that: HIV infection	5	4	1	0.0
II. Neoplasms	1,756	720	1 036	5.5
III. Diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism	148	66	82	0.5
IV. Endocrine, nutritional and metabolic diseases	674	271	403	2.1
V. Mental and behavioural disorders	704	426	278	2.2
VI. Diseases of the nervous system	838	505	333	2.6
VII. Diseases of the eye and adnexa	257	115	142	0.8
VIII. Diseases of the ear and mastoid process	161	85	76	0.5
IX. Diseases of the circulatory system	2,882	1,856	1,026	9.0
X. Diseases of the respiratory system	1,530	932	598	4.8
XI. Diseases of the digestive system	2,394	1,332	1,062	7.5
XII. Diseases of the skin and subcutaneous tissue	344	189	155	1.1
XIII. Diseases of the musculoskeletal system and connective tissue	1,534	768	766	4.8
XIV. Diseases of the genitourinary system	2,485	694	1,791	7.8
XV. Pregnancy, childbirth and the puerperium	6,273	0	6,273	19.6
XVI. Certain conditions originating in the perinatal period	402	216	186	1.3
XVII. Congenital malformations, deformations and chromosomal abnormalities	144	81	63	0.5
XVIII. Symptoms, signs and abnormal clinical and laboratory findings, not elsewhere classified	1,192	581	611	3.7
XIX. Injury, poisoning and certain other consequences of external causes	3,313	2,360	953	10.4
XX. Factors influencing health status and contact with health services	4,170	1,365	2,805	13.0
In total	31,964	12,972	18,992	100

Source: Cizinci v České republice 2012 [Foreigners in the Czech Republic]

risks may be refused. Commercial insurance covers narrower range of health care. Mainly, it doesn't ensure additional care in case of a severe disease and chronic diseases in general.

Gaining the permanent residence rights is connected with claim for public health insurance. Health insurance accessibility is unequal for the immigrants from the third world in comparison to immigrants from EU. EU countries citizens have the same access to the health insurance as Czech citizens,

including their family members. Immigrants from third world, mainly Ukraine, Vietnam, Russia, Mongolia, citizens of former Yugoslavia and former CCCP take part in public health insurance only if they work as employees of an organisation based in the Czech Republic. Others, e.g. traders and enterpriser, have to pay commercial insurance as well as their family members.

According to available data, about 100,000 immigrants must use commercial insurance

Table 5. Miscarriages/abortions in the Czech Republic according to the type and procedure

Parameter	1998	2004	2005	2006	2007	2008	2009	2010	2011
In total without extrauterine pregnancies	2,308	2,203	2,172	2,233	2,604	3,180	2,966	2,581	2,506
including:									
Spontaneous	284	414	425	489	569	654	698	591	621
Abortions in total	2,024	1,789	1,747	1,744	2,035	2,526	2,268	1,990	1,885
including:									
Miniabortion	1,559	1,460	1,427	1,378	1,578	1,958	1,732	1,504	1,460
Other legal methods	465	329	320	366	457	568	536	486	425
Abortions due to medical causes	154	118	127	156	174	209	186	174	195
Other	–	–	–	–	–	–	–	–	–
Extrauterine pregnancies	48	51	66	52	54	72	54	78	65
In total (incl. extrauterine pregnancies)	2,356	2,254	2,238	2,285	2,658	3,252	3,020	2,659	2,571
Ratio of abortions of the total count of miscarriages/abortions in %	86	79	78	76	77	78	75	75	73

Source: Cizinci v České republice 2012 [Foreigners in the Czech Republic]

comprising about one quarter of all the immigrants in the Czech Republic (Hnilicová and Dobiášová 2009c, Hnilicová et al. 2010).

Commercial insurance of foreigners is called “complex”. However, it covers narrower range of health care. In case of indemnification during the period of contractual insurance, the insurance companies repudiate the contracts.

Popovič (2013) published a report on health care usage by the foreigners in 2012. In 2012, health care in the Czech Republic was provided to about 89,156 foreigners with total costs for the health care about 640 million Czech crowns. Out of it, 40,840 treated foreigners came from European Union countries. Mostly, Slovak patients were treated. Out of the group “Others”, mostly from Ukraine and Russia. The most widely used method of payment for foreigners treatment (in order by value) was foreign health insurance or payment in cash. Overdue payments for health care for foreigners were 40 million Czech crowns at the end of 2012.

CONCLUSION

The study overview shows that statistics aimed at health condition of immigrants are not perfect. We can use only data about hospitalised patients.

Immigrants miss preventive examinations fearing the eventual future loss of employment should a chronic disease be found. They do not use preventive programs partly because they are afraid of losing their job (“healthy immigrant phenomenon”), partly due to sociocultural differences.

The most common health problems in immigrants are injuries, cardiovascular diseases, digestive tract disorders and oncology diseases. TBC prevalence in this population group decreases despite increasing number of immigrants. Immigrants have significantly higher proportional count of job-related injuries than the Czech population. They have worse conditions in paying the health insurance costs.

Immigrants influence negatively sexually transmissible disease prevalence in the Czech Republic, mainly syphilis prevalence increased.

Another weakness of the research works aimed at health condition of immigrants is the fact that only a few research centres focus on it. It is possible to find the reports on current health condition of immigrants at the web pages of Health ministry of Czech Republic, ČSU (Czech Statistical Office) and ÚZIS (Institute of Health Information and Statistics).

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