Original Article

Migrants' Experiences of Public Hospitals in Greece

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Abstract

Introduction: Health inequalities are a long-standing and complex issue with fundamental human rights and the principles of social justice, equality and solidarity being directly related to issues of social inclusion and public health. A particular aspect of health inequalities has emerged, which mainly relates to the barriers and difficulties encountered by migrants in accessing health services.

Aim: To assess the experiences of migrants in Greek public hospitals.

Methods: A cross-sectional study with a convenience sample was conducted during April-June 2022. Data were collected from migrants that have visited the outpatients clinics in three hospitals in Attica. We distributed 2100 questionnaires and 770 were returned in a complete form (response rate = 36.7%). A valid instrument was used to measure the experiences of migrants regarding their visit in public hospitals.

Results: The sample consisted of 770 migrants with a mean age of 40.6 years. The level of continuity and comprehensiveness of healthcare was high. Also, medical and nursing staff quality was high. Level of facilities of health services and access to health services was moderate. Multivariable analysis identified that several socio-demographic characteristics of migrants influence their experiences of using health services in Greece. In particular, we found that the experiences were better for migrants: from Albania and countries of the former Soviet Union, with a longer length of stay in Greece, with health insurance, with a better financial situation, with better ability to

communicate with health professionals, with a higher level of education, with a chronic disease, older age and females.

Conclusions: Better access to health services for migrants will enable them to improve their quality of life and achieve better health outcomes. In this way, the living conditions of migrants will be improved and their better integration in Greece will be achieved.

Key-words: migrants, public hospitals, health services, experiences, Greece

Introduction

Health inequalities are a long-standing and complex issue with fundamental human rights and the principles of social justice, equality and solidarity being directly related to issues of social inclusion and public health (Arcaya et al., 2015; Kawachi et al., 2002). The high mobility of populations, the economic crisis and the significant increase in unemployment are parameters that have defined the last decades, with the economic crisis affecting vulnerable groups, such as migrants, in particular. Thus, a particular aspect of health inequalities has emerged, which mainly relates to the barriers and difficulties encountered by migrants in accessing health services, which has a direct impact on the quality of the services provided. A systematic literature review found that migrants have worse access to health services than natives (Derose et al., 2009). In the case of migrants, migrants with lower incomes, migrants who have lived in the host country for less than five years, elderly people and migrants without private insurance face the most problems in accessing health services (Alegría et al., 2006; Buchmueller et al., 2007; Carrasquillo et al., 2000; Choi, 2006; Shah & Carrasquillo, 2006).

Ignorance of the language of the host country is a major barrier to using health services, increasing waiting times and making communication difficult (Pippins et al., 2007). Ignorance of the language makes it even more difficult to use mental health services (Sentell et al., 2007). The barriers that migrants face in accessing and using health services can be summarized in five broad categories: social and economic barriers, health system-related barriers, cultural barriers, knowledge-related barriers and personal barriers (Almeida et al., 2014; Berens et al., 2014; Buja et al., 2014; Esscher et al., 2014; Franchi et al., 2016; Galanis et al., 2013; Garcia-Subirats et al., 2014; Koopmans et al., 2013). In addition, the most common obstacles are: inability to understand the language and communicate, lack of insurance, lack of information and knowledge, lack of family support, low educational level, short duration of stay in the country of migration, low income, lack of a family doctor and high costs (Franchi et al., 2016; Kaitelidou et al., 2020; Klaufus et al., 2014; Spinogatti et al., 2015; Straiton et al., 2014; Villarroel & Artazcoz, 2016). Particularly in Greece, migrants constitute an extremely important population group and therefore it is necessary to make everyone aware that the problems of migrants will in the short or long term become problems of the natives. For example, the limited implementation of the vaccination programme for migrants will almost certainly affect the health of Greeks in the future. Thus, the aim of this study was to assess the experiences of migrants in Greek public hospitals.

Methods

Study design: A cross-sectional study with a convenience sample was conducted during April-June 2022. Data were collected from migrants that have visited the outpatients clinics in three hospitals in Attica. We distributed 2100 questionnaires and 770 were returned in a complete form. Thus, the response rate was 36.7%. Migrants were informed about the aim of the study and they gave their informed consent. The second regional unit of Greece approved our study. ***Measurement:*** A valid instrument was used to measure the experiences of migrants regarding their visit in public hospitals (Kaitelidou et al., 2019). The instrument consists of 22 items that create the following six factors: (a) access to health services, (b) continuity of healthcare, (c) comprehensiveness of healthcare, (d) medical staff

quality, (e) facilities of health services, and (f) nursing staff quality. Each factor takes a value from 1 to 5, with higher values indicating better experiences. Cronbach's alpha for all the factors was higher than 0.7 in our study indicating acceptable internal reliability.

Moreover, we collected socio-demographic data of the migrants; gender, age, country of origin, length of stay in Greece, healthcare insurance, accommodation (alone or with spouse/partner/relatives/friends), educational level, financial status, level of communication with healthcare workers, chronic condition, medication for a chronic condition, and health status.

Statistical analysis: Categorical variables are presented with frequencies and percentages, while continuous variables are presented with mean and tandard deviation. Socio-demographic data were the independent variables and migrants' experiences were the dependent variables. First, we performed bivariate analysis using chi-square, chi-square trend test, and independent samples t-test. Then, we performed multivariable linear regression analysis to eliminate confounding. In that case, we present coefficient beta, 95% confidence interval (CI) for beta and p-values. P-value less than 0.05 was considered as statistically significant. We used IBM SPSS 21.0 for the statistical analysis.

Results

Socio-demographic data of the migrants are shown in Table 1. The majority of migrants were females (59%), had health insurance (83.6%), lived with others in Greece (73.8%), had finished high school (35.5%), were from Albania (71.4%), had poor/very poor financial status (40.1%), and had good/very good level of health status (47.9%).

Mean age of migrants was 40.6 years, while the mean length of stay in Greece was 8.3 years. Descriptive statistics for the migrants' experiences from public hospitals are shown in Table 2. Considering mean values, the level of continuity and comprehensiveness of healthcare was high. Also, medical and nursing staff quality was high. Level of facilities of health services and access to health services was moderate. Multivariable linear regression analysis with migrants' experiences from public hospitals as the dependent variables is shown in Tables 3 to 8. Multivariable analysis identified that several socio-demographic characteristics of migrants influence their experiences of using health services in Greece. In particular, we found that the experiences were better for migrants: from Albania and countries of the former Soviet Union, with a longer length of stay in Greece, with health insurance, with a better financial situation, with better ability to communicate with health professionals, with a higher level of education, with a chronic disease, older age and females.

Table 1. Socio-demographic data of the migrants.

	N	%
Gender		
Females	454	59
Males	315	41
Age[a]	40.6	12.8
Length of stay in Greece[a]	8.3	7.1
Health insurance		
No	122	16.4
Yes	623	83.6
Accommodation in Greece		
Alone	191	26.2
With others	539	73.8
Educational level		
Some classes of elementary school	186	24.2
Elementary school	237	30.8
Middle school	73	9.5
High school	106	13.8
University degree	167	21.7
Country of origin		
Albania	550	71.4
Countries from former Soviet Union	110	14.3
Countries from Asia	99	12.9
Countries from Africa	21	2.7
Financial status		
Very poor	105	13.6
Poor	204	26.5
Moderate	254	33
Good	180	23.4
Very good	27	3.5
Level of communication with healthcare workers		
Very poor	139	18.1

Poor	100	13
Moderate	215	27.9
Good	274	35.6
Very good	42	5.5
Chronic condition		
No	564	73.2
Yes	206	26.8
Medication for a chronic condition		
No	577	74.9
Yes	193	25.1
Health status		
Very poor	58	7.5
Poor	80	10.4
Moderate	263	34.2
Good	266	34.5
Very good	103	13.4

[a] mean, standard deviation

Table 2. Descriptive statistics for the migrants' experiences from public hospitals.

	Mean	**Standard deviation**
Access to health services	3.3	0.5
Continuity of healthcare	4.0	0.5
Comprehensiveness of healthcare	3.8	0.6
Medical staff quality	3.8	0.6
Facilities of health services	3.4	0.7
Nursing staff quality	3.7	0.6

Table 3. Multivariable linear regression analysis with access to health services as the dependent variable.

	Coefficient beta	**95% confidence interval for beta**	**P-value**
Age	-0.002	-0.005 to -0.001	0.040
Females vs. males	0.08	0.02 to 0.14	0.014
Migrants from Albania and countries from former Soviet Union vs. migrants from countries from Asia and Africa	0.54	0.45 to 0.63	<0.001

Length of stay in Greece	0.005	0.001 to 0.009	0.036
Health insurance	0.13	0.04 to 0.21	0.003
Living alone in Greece	0.13	0.06 to 0.19	<0.001
Financial status	0.11	0.08 to 0.14	<0.001
Level of communication with healthcare workers	0.06	0.03 to 0.08	<0.001

Table 4. Multivariable linear regression analysis with continuity of healthcare as the dependent variable.

	Coefficient beta	95% confidence interval for beta	P-value
Age	0.008	0.006 έως 0.011	<0.001
Migrants from Albania and countries from former Soviet Union vs. migrants from countries from Asia and Africa	0.50	0.40 έως 0.59	<0.001
Length of stay in Greece	0.006	0.002 έως 0.01	0.005
Health insurance	0.10	0.01 έως 0.19	0.029
Living with others in Greece	0.08	0.01 έως 0.15	0.022
Educational level	0.06	0.04 έως 0.09	<0.001
Financial status	0.08	0.04 έως 0.12	<0.001
Level of communication with healthcare workers	0.05	0.02 έως 0.08	<0.001
Chronic condition	0.13	0.05 έως 0.22	0.002
Health status	0.05	0.01 έως 0.08	0.01

Table 5. Multivariable linear regression analysis with comprehensiveness of healthcare as the dependent variable.

	Coefficient beta	95% confidence interval for beta	P-value
Age	0.004	0.001 έως 0.007	0.009
Females vs. males	0.24	0.16 έως 0.31	<0.001
Migrants from Albania and countries from former Soviet Union vs. migrants from countries from Asia and Africa	0.42	0.31 έως 0.54	<0.001
Financial status	0.21	0.17 έως 0.25	<0.001

Level of communication with healthcare workers	0.04	0.01 έως 0.08	0.014
Chronic condition	1.09	0.78 έως 1.39	<0.001

Table 6. Multivariable linear regression analysis with medical staff quality as the dependent variable.

	Coefficient beta	95% confidence interval for beta	P-value
Age	0.009	0.006 έως 0.012	<0.001
Females vs. males	0.16	0.08 έως 0.25	<0.001
Migrants from Albania and countries from former Soviet Union vs. migrants from countries from Asia and Africa	0.32	0.19 έως 0.45	<0.001
Length of stay in Greece	-0.017	0.023 έως -0.011	<0.001
Health insurance	0.18	0.06 έως 0.29	0.003
Financial status	0.05	0.007 έως 0.097	0.024
Level of communication with healthcare workers	0.13	0.09 έως 0.16	<0.001

Table 7. Multivariable linear regression analysis with facilities of health services as the dependent variable.

	Coefficient beta	95% confidence interval for beta	P-value
Age	0.006	0.003 έως 0.009	<0.001
Females vs. males	0.13	0.05 έως 0.21	0.002
Migrants from Albania and countries from former Soviet Union vs. migrants from countries from Asia and Africa	0.73	0.61 έως 0.85	<0.001
Length of stay in Greece	-0.007	-0.013 έως -0.001	0.013
Health insurance	0.25	0.14 έως 0.36	<0.001
Educational level	0.22	0.19 έως 0.25	<0.001
Financial status	0.12	0.09 έως 0.15	<0.001

Table 8. Multivariable linear regression analysis with nursing staff quality as the dependent variable.

	Coefficient beta	95% confidence interval for beta	P-value
Age	0.008	0.004 έως 0.011	<0.001
Females vs. males	0.18	0.09 έως 0.27	<0.001
Migrants from Albania and countries from former Soviet Union vs. migrants from countries from Asia and Africa	0.46	0.33 έως 0.58	<0.001
Educational level	0.25	0.22 έως 0.29	<0.001
Level of communication with healthcare workers	0.09	0.05 έως 0.13	<0.001

Discussion

Regarding migrants' experiences of using health services, we found that the level of health services is reported by migrants as medium to high. More specifically, migrants were more satisfied with the continuity and comprehensiveness of health care, followed by the quality of health services offered by the medical and nursing staff. Health service facilities and accessibility to health services were the two dimensions with the lowest satisfaction on the part of migrants. It is particularly encouraging that migrants largely perceive that there is continuity and comprehensiveness in their health care. This indicates that migrants can use health services systematically and reap the corresponding benefits of continuous rather than fragmented health care. Moreover, harmonious communication and cooperation between migrants and health professionals is crucial, as it is a prerequisite for improving the health care provided to migrants. It is necessary for health care professionals to create the appropriate conditions for the best possible use of health services on the part of both natives and migrants without prejudice and discrimination. Prejudice in the health sector against vulnerable groups such as migrants is a well-established reality confirmed by international literature (Gee & Ford, 2011; Hamed et al., 2022). Unfortunately, however, this is a topic that has not been studied much, with most of the research being done in studies in the USA. For this reason, more studies and more in-depth research is needed in other countries, particularly from a sociological approach.

We found that various characteristics of migrants influence their experiences of using health services in Greece. More specifically, we found that the experiences were better for immigrants: from Albania and countries of the former Soviet Union, with a longer length of stay in Greece, with health insurance, with a better financial situation, with better ability to communicate with health professionals, with a higher level of education, with a chronic disease, older age and females.

Migrants from Albania and countries of the former Soviet Union are the ones who stay the longest in Greece and have a better supportive family network. Therefore, they are quite likely to use health services more frequently and more efficiently than migrants from Asian and African countries. This fact is further reinforced by the fact that migrants from Asian and African countries have a greater inability to understand the Greek language, which exacerbates the difficulties in communicating with health professionals. It should also be noted that in some cases there are cultural and religious barriers for migrants from different countries which may affect both their use of health services and their satisfaction with them (Boutziona et al., 2020; Liu et al., 2017). It is a characteristic finding that women from certain countries, particularly from African and Muslim countries, do not use health services because they are particularly embarrassed if the examination is carried out by a male health professional (Doshani

et al., 2007; Esscher et al., 2014; Jiménez-Rubio & Hernández-Quevedo, 2011; Klaufus et al., 2014b; Spinogatti et al., 2015; Villarroel & Artazcoz, 2016). A targeted approach to migrants is needed, depending on the specific cultural and religious characteristics of each country, as well as on the prejudices prevailing in different countries. In this way, health professionals will be able to create a climate of familiarity with migrants, increasing trust and respect.

The better economic situation of migrants, as well as higher educational attainment, was also associated with better experiences of health services. The low income of migrants is one of the most important reasons for both reduced access to health services and worse use of health services (Almeida et al., 2014b; Diaz et al., 2015; Durbin et al., 2014; Esscher et al., 2014; Jiménez-Rubio & Hernández-Quevedo, 2011; Klaufus et al., 2014; Nielsen et al., 2012; Pons-Vigués et al., 2011; Straiton et al., 2014). Moreover, low income is usually combined with the low educational level of migrants, which makes the situation regarding health services even worse (Almeida et al., 2014; Durbin et al., 2014; Esscher et al., 2014; Klaufus et al., 2014; Koopmans et al., 2013b; Ricardo-Rodrigues et al., 2015; Spinogatti et al., 2015; Villarroel & Artazcoz, 2016). Moreover, the lower social and economic level of migrants does not enable them to become informed and knowledgeable about health services which further limits their ability to use them in a beneficial way (Doshani et al., 2007; Ellins & Glasby, 2016; Liu et al., 2017; Suurmond et al., 2016).

Moreover, lack of insurance was associated with worse experiences of health services with this finding being supported by a significant number of studies conducted both internationally and in Greece (Almeida et al., 2014; Boutziona et al., 2020; Denktaş et al., 2009; Doshani et al., 2007; Esscher et al., 2014; Garcia-Subirats et al., 2014; Liu et al., 2017; Sourtzi et al., 2020). The lack of insurance combined with the fact that the income of migrants is usually low are important parameters that both hinder the use of health services by migrants and limit their satisfaction with the health services they use. Moreover, uninsured migrants often work in places where they cannot easily obtain permission in case they need to visit a health service. This fact is confirmed by the literature, with lack of time due to work being an inhibiting factor for migrants' use of health services (Denktaş et al., 2009; Garcia-Subirats et al., 2014b; Suurmond et al., 2016).

Older migrants who also suffer from a chronic disease had better experiences of using health services according to the findings of our study. It seems that this category of migrants visit health services more often, which means that they can use them better over time which also leads them to have more positive experiences. Moreover, more frequent visits to health services increase migrants' knowledge and their confidence in the medical staff, which means that they feel more familiar with the services (Doshani et al., 2007; Ellins & Glasby, 2016; Liu et al., 2017; Suurmond et al., 2016; Thyli et al., 2014).

Our study had several limitations. First, we used a convenience sample since we cannot achieve a random sample of migrants. This fact introduces a selection bias in the study, so the generalization of the conclusions for all migrants in Greece should be done with special care. Second, we collected data from migrants that visited hospitals in the second regional unit of Greece. Conducting similar studies with a larger sample in other regions of Greece would offer more reliable conclusions and allow for more comparisons. Third, we a used a self-completed questionnaire and information bias is probable. Forth, this study explored several characteristics that may influence migrants' access to health services, as well as their experiences during their visit to health services. However, it is quite possible that there are other characteristics that were not studied in this study, e.g. psychological characteristics, personality traits, etc.

In conclusion, migration flow has a significant impact on the European countries, particularly at an economic and cultural level. Similarly, Greece as a host country of migrants has to adapt to a constantly changing European environment with population movements being a common phenomenon. The effective integration of migrants in Greece is crucial for the country's prosperity and cohesion, but also for the overall progress of the European Union. The access of migrants to health

services is an important issue and for this reason it has been extensively investigated in this study. Better access to health services for migrants will enable them to improve their quality of life and achieve better health outcomes. In this way, the living conditions of migrants will be improved and their better integration in Greece will be achieved. Protecting the health of migrants is crucial to the achievement of public health and therefore systematic efforts must be made in this direction. It is necessary to formulate appropriate administrative and structural reforms in order to promote the health of migrants and safeguard public health at all levels.

References

Alegría, M., Cao, Z., McGuire, T. G., Ojeda, V. D., Sribney, B., Woo, M., & Takeuchi, D. (2006). Health insurance coverage for vulnerable populations: Contrasting Asian Americans and Latinos in the United States. *Inquiry: A Journal of Medical Care Organization, Provision and Financing*, *43*(3), 231–254. https://doi.org/10.5034/inquiryjrnl_43.3.231

Almeida, L. M., Santos, C. C., Caldas, J. P., Ayres-de-Campos, D., & Dias, S. (2014). Obstetric care in a migrant population with free access to health care. *International Journal of Gynaecology and Obstetrics: The Official Organ of the International Federation of Gynaecology and Obstetrics*, *126*(3), 244–247. https://doi.org/10.1016/j.ijgo.2014.03.023

Arcaya, M. C., Arcaya, A. L., & Subramanian, S. V. (2015). Inequalities in health: Definitions, concepts, and theories. *Global Health Action*, *8*, 27106. https://doi.org/10.3402/gha.v8.27106

Berens, E.-M., Stahl, L., Yilmaz-Aslan, Y., Sauzet, O., Spallek, J., & Razum, O. (2014). Participation in breast cancer screening among women of Turkish origin in Germany – a register-based study. *BMC Women's Health*, *14*(1), 24. https://doi.org/10.1186/1472-6874-14-24

Boutziona, I., Papanikolaou, D., Sokolakis, I., Mytilekas, K. V., & Apostolidis, A. (2020). Healthcare Access, Quality, and Satisfaction Among Albanian Immigrants Using the Emergency Department in Northern Greece. *Journal of Immigrant and Minority Health*, *22*(3), 512–525. https://doi.org/10.1007/s10903-020-00983-x

Buchmueller, T. C., Lo Sasso, A. T., Lurie, I., & Dolfin, S. (2007). Immigrants and employer-sponsored health insurance. *Health Services Research*, *42*(1 Pt 1), 286–310. https://doi.org/10.1111/j.1475-6773.2006.00600.x

Buja, A., Fusco, M., Furlan, P., Bertoncello, C., Baldovin, T., Casale, P., Marcolongo, A., & Baldo, V. (2014). Characteristics, processes, management and outcome of accesses to accident and emergency departments by citizenship. *International Journal of Public Health*, *59*(1), 167–174. https://doi.org/10.1007/s00038-013-0483-0

Carrasquillo, O., Carrasquillo, A. I., & Shea, S. (2000). Health insurance coverage of immigrants living in the United States: Differences by citizenship status and country of origin. *American Journal of Public Health*, *90*(6), 917–923. https://doi.org/10.2105/ajph.90.6.917

Choi, S. (2006). Insurance status and health service utilization among newly-arrived older immigrants. *Journal of Immigrant and Minority Health*, *8*(2), 149–161. https://doi.org/10.1007/s10903-006-8523-3

Denktas, S., Koopmans, G., Birnie, E., Foets, M., & Bonsel, G. (2009). Ethnic background and differences in health care use: A national cross-sectional study of native Dutch and immigrant elderly in the Netherlands. *International Journal for Equity in Health*, *8*(1), 35. https://doi.org/10.1186/1475-9276-8-35

Derose, K. P., Bahney, B. W., Lurie, N., & Escarce, J. J. (2009). Review: Immigrants and health care access, quality, and cost. *Medical Care Research and Review: MCRR*, *66*(4), 355–408. https://doi.org/10.1177/1077558708330425

Diaz, E., Calderón-Larrañaga, A., Prado-Torres, A., Poblador-Plou, B., & Gimeno-Feliu, L.-A. (2015). How do immigrants use primary health care services? A register-based study in Norway. *European Journal of Public Health*, *25*(1), 72–78. https://doi.org/10.1093/eurpub/cku123

Doshani, A., Pitchforth, E., Mayne, C. J., & Tincello, D. G. (2007). Culturally sensitive continence care: A qualitative study among South Asian Indian women in Leicester. *Family Practice*, *24*(6), 585–593. https://doi.org/10.1093/fampra/cmm058

Durbin, A., Lin, E., Moineddin, R., Steele, L. S., & Glazier, R. H. (2014). Use of mental health care for nonpsychotic conditions by immigrants in different admission classes and by refugees in Ontario, Canada. *Open Medicine: A Peer-Reviewed, Independent, Open-Access Journal*, *8*(4), e136-146.

Ellins, J., & Glasby, J. (2016). "You don't know what you are saying 'Yes' and what you are saying 'No' to": Hospital experiences of older people from minority ethnic communities. *Ageing and Society*, *36*(1), 42–63. https://doi.org/10.1017/S0144686X14000919

Esscher, A., Binder-Finnema, P., Bødker, B., Högberg, U., Mulic-Lutvica, A., & Essén, B. (2014).

Suboptimal care and maternal mortality among foreign-born women in Sweden: Maternal death audit with application of the "migration three delays" model. *BMC Pregnancy and Childbirth*, *14*, 141. https://doi.org/10.1186/1471-2393-14-141

Franchi, C., Baviera, M., Sequi, M., Cortesi, L., Tettamanti, M., Roncaglioni, M. C., Pasina, L., Dignefa, C. D., Fortino, I., Bortolotti, A., Merlino, L., Mannucci, P. M., & Nobili, A. (2016). Comparison of Health Care Resource Utilization by Immigrants Versus Native Elderly People. *Journal of Immigrant and Minority Health*, *18*(1), 1–7. https://doi.org/10.1007/s10903-014-0152-2

Galanis, P., Sourtzi, P., Bellali, T., Theodorou, M., Karamitri, I., Siskou, O., Charalambous, G., & Kaitelidou, D. (2013). Public health services knowledge and utilization among immigrants in Greece: A cross-sectional study. *BMC Health Services Research*, *13*, 350. https://doi.org/10.1186/1472-6963-13-350

Garcia-Subirats, I., Vargas, I., Sanz-Barbero, B., Malmusi, D., Ronda, E., Ballesta, M., & Vázquez, M. (2014). Changes in Access to Health Services of the Immigrant and Native-Born Population in Spain in the Context of Economic Crisis. *International Journal of Environmental Research and Public Health*, *11*(10), 10182–10201. https://doi.org/10.3390/ijerph111010182

Gee, G. C., & Ford, C. L. (2011). Structural racism and health inequalities: Old Issues, New Directions. *Du Bois Review: Social Science Research on Race*, *8*(1), 115–132. https://doi.org/10.1017/S1742058X11000130

Hamed, S., Bradby, H., Ahlberg, B. M., & Thapar-Björkert, S. (2022). Racism in healthcare: A scoping review. *BMC Public Health*, *22*(1), 988. https://doi.org/10.1186/s12889-022-13122-y

Jiménez-Rubio, D., & Hernández-Quevedo, C. (2011). Inequalities in the use of health services between immigrants and the native population in Spain: What is driving the differences? *The European Journal of Health Economics: HEPAC: Health Economics in Prevention and Care*, *12*(1), 17–28. https://doi.org/10.1007/s10198-010-0220-z

Kaitelidou, D., Economou, C., Galanis, P., Konstantakopoulou, O., Siskou, O., Domente, S., de Boer, D., Boerma, W. G., & Groenewegen, P. P. (2019). Development and validation of measurement tools for user experience evaluation surveys in the public primary healthcare facilities in Greece: A mixed methods study. *BMC Family Practice*, *20*(1), 49. https://doi.org/10.1186/s12875-019-0935-6

Kawachi, I., Subramanian, S. V., & Almeida-Filho, N. (2002). A glossary for health inequalities. *Journal of Epidemiology and Community Health*, *56*(9), 647–652. https://doi.org/10.1136/jech.56.9.647

Klaufus, L. H., Fassaert, T. J. L., & de Wit, M. A. S. (2014). Equity of access to mental health care for anxiety and depression among different ethnic groups in four large cities in the Netherlands. *Social Psychiatry and Psychiatric Epidemiology*, *49*(7), 1139–1149. https://doi.org/10.1007/s00127-014-0837-9

Koopmans, G. T., Uiters, E., Devillé, W., & Foets, M. (2013). The use of outpatient mental health care services of migrants vis-a-vis Dutch natives: Equal access? *The International Journal of Social Psychiatry*, *59*(4), 342–350. https://doi.org/10.1177/0020764012437129

Liu, X., Cook, G., & Cattan, M. (2017). Support networks for Chinese older immigrants accessing English health and social care services: The concept of Bridge People. *Health & Social Care in the Community*, *25*(2), 667–677. https://doi.org/10.1111/hsc.12357

Nielsen, S. S., Hempler, N. F., Waldorff, F. B., Kreiner, S., & Krasnik, A. (2012). Is there equity in use of healthcare services among immigrants, their descendents, and ethnic Danes? *Scandinavian Journal of Public Health*, *40*(3), 260–270. https://doi.org/10.1177/1403494812443602

Pippins, J. R., Alegría, M., & Haas, J. S. (2007). Association between language proficiency and the quality of primary care among a national sample of insured Latinos. *Medical Care*, *45*(11), 1020–1025. https://doi.org/10.1097/MLR.0b013e31814847be

Pons-Vigués, M., Puigpinós-Riera, R., Rodríguez-Sanz, M., Serral, G., Palència, L., & Borrell, C. (2011). Preventive control of breast and cervical cancer in immigrant and native women in Spain: The role of country of origin and social class. *International Journal of Health Services: Planning, Administration, Evaluation*, *41*(3), 483–499. https://doi.org/10.2190/HS.41.3.e

Ricardo-Rodrigues, I., Jiménez-García, R., Hernández-Barrera, V., Carrasco-Garrido, P., Jiménez-Trujillo, I., & López de Andrés, A. (2015). Social disparities in access to breast and cervical cancer screening by women living in Spain. *Public Health*, *129*(7), 881–888. https://doi.org/10.1016/j.puhe.2015.02.021

Sentell, T., Shumway, M., & Snowden, L. (2007). Access to mental health treatment by English language proficiency and race/ethnicity. *Journal of General Internal Medicine*, *22 Suppl 2*, 289–293. https://doi.org/10.1007/s11606-007-0345-7

Shah, N. S., & Carrasquillo, O. (2006). Twelve-year trends in health insurance coverage among Latinos, by subgroup and immigration status. *Health Affairs*

(Project Hope), *25*(6), 1612–1619. https://doi.org/10.1377/hlthaff.25.6.1612

Sourtzi, P., Galanis, P., Konstantakopoulou, O., Siskou, O., & Kaitelidou, D. (2020). Factors that influence the health status of immigrants living in Greece. *AIMS Public Health*, *7*(2), 287–300. https://doi.org/10.3934/publichealth.2020024

Spinogatti, F., Civenti, G., Conti, V., & Lora, A. (2015). Ethnic differences in the utilization of mental health services in Lombardy (Italy): An epidemiological analysis. *Social Psychiatry and Psychiatric Epidemiology*, *50*(1), 59–65. https://doi.org/10.1007/s00127-014-0922-0

Straiton, M., Reneflot, A., & Diaz, E. (2014). Immigrants' use of primary health care services for mental health problems. *BMC Health Services Research*, *14*, 341. https://doi.org/10.1186/1472-6963-14-341

Suurmond, J., Rosenmöller, D. L., el Mesbahi, H., Lamkaddem, M., & Essink-Bot, M.-L. (2016). Barriers in access to home care services among ethnic minority and Dutch elderly – A qualitative study. *International Journal of Nursing Studies*, *54*, 23–35. https://doi.org/10.1016/j.ijnurstu.2015.02.014

Thyli, B., Hedelin, B., & Athlin, E. (2014). Experiences of health and care when growing old in Norway—From the perspective of elderly immigrants with minority ethnic backgrounds. *Clinical Nursing Studies*, *2*(3), p52. https://doi.org/10.5430/cns.v2n3p52

Villarroel, N., & Artazcoz, L. (2016). Different Patterns in Health Care Use Among Immigrants in Spain. *Journal of Immigrant and Minority Health*, *18*(2), 318–329. https://doi.org/10.1007/s10903-015-0202-4