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90 Differences in access to emergency care among Italians and immigrants: results from a national monitoring system of immigrants' health

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Introduction: In 2024 immigrants represented 8.9% of the population residing in Italy. They have better overall health conditions compared to the native population. However, the presence of formal and informal barriers often limits their appropriate access to healthcare, which needs to be closely monitored. The objective of this study is to compare the differences in access to emergency care between Italians and immigrants.

Methods: The National Institute for Health, Migration and Poverty (INMP) coordinates a monitoring system for the health status and healthcare of the resident immigrant population, which currently includes 10 regions (Piedmont, Lombardy, Trento and Bolzano Autonomous Provinces, Emilia-Romagna, Tuscany, Umbria, Lazio, Puglia, and Sicily), where 75% of the total residents in Italy and 83% of foreign nationals live.

To date, the monitoring system covers the period 2016-2022. Data collected by the regions through different healthcare information systems are summarized in a set of 60 indicators covering hospital care, maternal-child care, and emergency care services.

Results: During the observation period (2016-2022), the percentage distribution of emergency department visits by triage code showed a higher proportion of white and green codes among immigrants compared to Italians, with trends remaining fairly stable over time. The 2022 data show the following proportions for foreigners

and Italians: 16.3% vs 10.2% for white codes and 68.1% vs 64.2% for green codes, among men; 13.4% vs 9.7% for white codes and 70.5% vs 65.5% for green codes, among women.

Conclusions: It can be hypothesized that the failure to promptly or adequately care for immigrants leads to acute events that require emergency department visits for conditions that could be managed in different care settings, such as primary healthcare and specialist care. Furthermore, the use of emergency services by immigrants for less severe conditions suggests inappropriate use due to difficulties in accessing primary care.