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ACCESS TO HEALTHCARE FOR FOREIGNERS IN THE CZECH REPUBLIC: CHALLENGES, OPPORTUNITIES, AND PATHWAYS TO INTEGRATION

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Ключові слова: *мігранти, охорона здоров'я, інтеграція, дані, пов'язані зі здоров'ям, соціально-економічні фактори*

Abstract. Access to healthcare for foreigners in the Czech Republic: challenges, opportunities, and pathways to integration. Shuranova L., Vacková J., Svestková R., Prokešová R., Němečková K. *In the Czech Republic, foreigners constitute approximately one-tenth of the population: as of the end of 2022, over 1,065,740 foreigners were living in the country, a fourteenfold increase since 1993. The war in Ukraine has significantly increased the number of Ukrainian migrants, who now make up more than half of all foreigners in the country. This demographic shift has presented new challenges to the healthcare system, which must adapt to these changing realities. This article aims to identify the specific healthcare and social support needs of foreigners in the Czech Republic and to assess the strengths and weaknesses of their integration process. Materials and Methods This research was conducted as part of the GAJU project 101/2022/S, funded by the University of South Bohemia in České Budějovice. Data collection occurred from January to October 2023 through a survey of 1,010 migrants residing in the Czech Republic, of whom 885 were Ukrainians. The questionnaire, developed based on a literature review, included questions on body mass index (BMI), subjective perception of health, socio-economic conditions, and access to medical and social services. The data were processed using SASD 1.5.8, and statistical associations were tested using Pearson's chi-square test ($p < 0.05$). The study shows that 61.9% of migrants had a normal BMI and reported the most positive health perceptions. In contrast, 30% of migrants faced barriers to accessing healthcare services, such as language difficulties and lack of health insurance. Additionally, 45% of migrants in stable employment reported good health, compared to only 25% of those in unstable employment. Furthermore, 15% of respondents reported having chronic illnesses, negatively affecting their health and integration process. These findings emphasize the need for a comprehensive healthcare policy that addresses the socio-economic and medical needs of migrants. Improving healthcare access and promoting stable employment are critical for enhancing migrants' well-being and ensuring their successful integration into Czech society. Involving migrants in decision-making processes is essential to achieve equitable access to medical services and support their integration.*

Реферат. Доступ до охорони здоров'я для іноземців у Чеській Республіці: виклики, можливості та шляхи до інтеграції. Шуранова Л., Вацкова Й., Швесткова Р., Прокешова Р., Немечкова К. *У Чеській Республіці іноземці становлять близько десятої частини населення: станом на кінець 2022 року в країні проживало понад 1 065 740 іноземців, що в чотирнадцять разів більше, ніж у 1993 році. Війна в Україні значно збільшила кількість українських мігрантів, які зараз становлять більше половини всіх іноземців у країні. Цей демографічний зсув поставив нові виклики перед системою охорони здоров'я, яка повинна адаптуватися до цих мінливих реалій. Ця стаття має на меті визначити специфічні потреби іноземців у сфері охорони здоров'я та соціальної підтримки в Чеській Республіці, а також оцінити сильні та слабкі сторони їхнього інтеграційного процесу. Це дослідження було проведено в рамках проекту GAJU 101/2022/S, що фінансується Університетом Південної Чехії в Чеському Будейовіце. Вибірка включала 1 010 мігрантів, серед яких 885 були українцями, що відображає їхню високу частку серед мігрантів у Чехії. Збір даних здійснювався з січня до жовтня 2023 року шляхом анкетування. Анкета, розроблена на основі огляду літератури, включала питання про індекс маси тіла (ІМТ), суб'єктивне сприйняття здоров'я, соціально-економічні умови та доступ до медичних і соціальних послуг. ІМТ було обрано як ключовий показник здоров'я через його широку поширеність і легкість інтерпретації для респондентів. Дані оброблялися за допомогою програми SASD 1.5.8. Для виявлення значущих зв'язків використовувалися статистичні тести, включаючи критерій хі-квадрат Пірсона, при мінімальному рівні значущості $p < 0.05$. Дослідження показало, що 61,9% мігрантів мали нормальний індекс маси тіла (ВМІ) та найпозитивніше оцінювали своє здоров'я. Водночас 30% мігрантів стикалися з перешкодами в доступі до медичних послуг, зокрема через мовні труднощі та відсутність медичного страхування. Крім того, 45% мігрантів зі стабільною зайнятістю повідомили про хороше здоров'я, порівняно з 25% тих, хто має нестабільну роботу. Також 15% респондентів мали хронічні захворювання, що негативно впливали на їхнє здоров'я та процес інтеграції. Ці результати підкреслюють необхідність комплексної політики охорони здоров'я, яка враховує соціально-економічні та медичні потреби мігрантів. Покращення доступу до медичних послуг та сприяння стабільній зайнятості є критичними для підвищення добробуту мігрантів та забезпечення їх успішної інтеграції в чеське суспільство. Залучення мігрантів до прийняття рішень щодо їхнього здоров'я є важливим для досягнення рівноправного доступу до медичних послуг та підтримки їх інтеграції.*

In the Czech Republic, foreigners constitute approximately one-tenth of the population, meaning that more than one million immigrants reside in the country permanently or temporarily [1]. As of the end of 2022, over 1,065,740 foreigners were living in the Czech Republic, a fourteenfold increase since 1993, when the country gained independence [1]. The war in Ukraine has led to a significant rise in the number of Ukrainian migrants, who now account for more than half of all foreigners in the country. This

demographic shift has challenged the healthcare system, which must adapt to the new realities.

One of the most severe challenges foreigners' faces is access to medical care outside the public health insurance system. Data indicate an increase in the number of foreigners using hospital services not covered by public insurance, a trend that is increasing [2]. In 2022, the number of foreigners receiving medical care increased by 1.6%, with a 3.8% rise among patients from non-EU countries [2]. This underscores the need

for improved healthcare policies that consider the specific needs of foreigners, particularly in the context of financial accessibility to medical services.

It is also important to note that the health of foreigners depends not only on access to medical services but also on social and economic factors such as working conditions, housing, access to education, and social integration [3]. According to contemporary health definitions, which emphasize its multidimensional nature, including physical, mental, social, and existential aspects, it becomes evident that integrating foreigners into society is crucial for their overall well-being [4]. Therefore, it is necessary to pay more attention to the mental health of foreigners, taking into account specific needs related to adaptation to their new environment, overcoming cultural and social barriers, and maintaining social ties [5]. This study aims to identify the primary needs of foreigners in healthcare and social support, as well as to analyze the strengths and weaknesses of their integration process into society. The findings may serve as a foundation for developing effective strategies to enhance the quality of life for foreigners and ensure equal access to medical care [6, 4].

This article aims to identify the specific needs of foreigners in relation to predefined health and social parameters, as well as to analyze the strengths and weaknesses in the integration process of these individuals into society. The project seeks to provide insights that will contribute to the development of effective strategies and policies aimed at improving the health status and overall well-being of foreigners, ensuring equitable access to healthcare services, and facilitating their successful integration into the community. This research was conducted as part of the GAJU project 101/2022/S, approved by the Ethics Committee under number 008/2022.

MATERIALS AND METHODS OF RESEARCH

This research was conducted as part of the GAJU 101/2022/S project, funded by the University of South Bohemia in České Budějovice, Czech Republic. The study involved 965 respondents, including 726 Ukrainians, given the high representation of Ukrainians among migrants in the Czech Republic. This sample selection ensures relevance to the Ukrainian reader. The study aimed to identify the needs of migrants in the Czech Republic, taking into account pre-defined parameters of their health and social situation, and to analyze the strengths and weaknesses of the integration process.

Data collection

Data were collected from January 2023 to October 2023 using a survey developed from a literature review. It included questions on body mass index (BMI), subjective perception of health, socio-economic

conditions, and access to medical and social services. BMI was selected as a key health indicator because it is widely recognized and easy for respondents to interpret based on standard guidelines [7]. The sample of respondents (n=965) was drawn from migrants residing in the Czech Republic, facilitated by collaboration with non-governmental organizations specializing in migrant support.

Data analysis

The collected data were processed using SASD 1.5.8, a freely accessible software that does not require a license [8, 9]. Statistical tests, including Pearson's chi-square test, were used to analyze associations with significance levels set at $p < 0.05$ [10]. The research was conducted following the principles of bioethics outlined in the Helsinki Declaration on "Ethical Principles for Medical Research Involving Human Subjects" and the "Universal Declaration on Bioethics and Human Rights (UNESCO)", minutes No. 008/2022 of the meeting of the Bioethics Committee of the Faculty of Health and Social Sciences of University of South Bohemia dated 03.11.2022.

RESULTS AND DISCUSSION

Integrating foreigners into a new society is a complex process that involves addressing various aspects of life, particularly health and social well-being. This study, which included 885 valid respondents out of a total sample of 1,010, offers valuable insights into the health perceptions and socio-economic conditions of the Ukrainian population in the Czech Republic. The success with which foreigners adapt to the conditions of their new country impacts not only their well-being but also the stability and development of the host society. In the Czech Republic, where the number of foreigners is increasing, the issue of their integration is becoming increasingly pertinent. Health is a crucial factor in successful integration, as it is closely linked to socio-economic conditions.

The study yielded a range of significant data, allowing for conclusions to be drawn regarding the health status of migrants in the Czech Republic and their integration into their new society. The results are supported by clear statistical tables that help illustrate the relationship between health indicators, such as Body Mass Index (BMI), and migrants' subjective perception of their health.

The data analysis revealed a clear relationship between Body Mass Index (BMI) and the subjective perception of health, as illustrated in Table 1. The majority of respondents (61.9%) fell into the normal BMI category, corresponding to a healthy weight. Within this group, 61.1% reported their health as good or very good, demonstrating a strong association between maintaining a normal BMI and a positive self-perception of health. Respondents

classified as overweight accounted for 19.1% of the sample. Among them, 45% rated their health as good, but only 8.9% reported it as very good. This reflects a decline in positive health perception compared to those with a normal BMI. Migrants with obesity represented 8.6% of the sample. In this group, only 30.3% perceived their health as good, while a significant proportion (43.4%) described their health as average. These results highlight that obesity is associated with a poorer perception of health. The underweight group comprised 10.4% of respondents and displayed mixed results. While 51.1% rated their health as good, a small but significant portion (2.2%) reported their health as very poor, indicating variability in health perception within this group.

These findings highlight a significant association between BMI and subjective health perception, confirmed by the Chi-Square test ($p < 0.001$). Respon-

dents with a normal BMI reported the most positive health assessments, while those in the overweight and obese categories experienced progressively less favorable perceptions. The underweight group displayed a more diverse trend, with positive and negative health evaluations.

In addition, 15% of respondents reported chronic illnesses, which further negatively impacted their overall health and ability to integrate effectively into society.

Table 1 provides a detailed breakdown of these results, linking BMI categories to migrants' health perceptions. The data clearly show that migrants who were overweight or obese were significantly less likely to rate their health as good or very good. These findings underscore the importance of maintaining a healthy BMI for better physical well-being, which in turn supports the integration process.

Table 1

Association between Body Mass Index (BMI) Categories and Perception of Physical Health

BMI Categories	Very Poor (%)	Poor (%)	Average (%)	Good (%)	Very Good (%)	Total Count	% of Total
Underweight	2 (2.2%)	5 (5.4%)	22 (23.9%)	47 (51.1%)	16 (17.4%)	92	10.4%
Normal Weight	3 (0.5%)	29 (5.3%)	181 (33.0%)	244 (44.5%)	91 (16.6%)	548	61.9%
Overweight	0 (0%)	11 (6.5%)	67 (39.6%)	76 (45.0%)	15 (8.9%)	169	19.1%
Obesity	2 (2.6%)	11 (14.5%)	33 (43.4%)	23 (30.3%)	7 (9.2%)	76	8.6%
Total	7	56	303	390	129	885	100%

Table 1 demonstrates a significant association between Body Mass Index (BMI) and the subjective perception of health, as confirmed by the Chi-Square test ($p < 0.001$). This finding highlights BMI as a valuable indicator of health perception, even though it has certain limitations when diagnosing obesity.

According to the literature, inequality in access to healthcare between migrants and non-migrants remains a significant issue despite official efforts to ensure equal access [11]. This underscores the need for increased efforts to guarantee equitable access to medical services for all population groups.

An essential aspect of the study was analyzing access to healthcare services among migrants (Table 2). According to the data, 50% of respondents with access to a general practitioner reported a positive perception of their health, while 20% faced barriers, primarily due to language difficulties or lack of insurance. The remaining 30% fell into the "not applicable" category.

The results in Table 2 demonstrate a statistically significant relationship between access to a general practitioner and migrants' health perception ($p < 0.05$). Migrants with access to a general practitioner were more likely to report good health compared to those who faced barriers.

In contrast, the availability of health insurance and the number of doctor visits in the past year did not show statistically significant associations with health perception. Specifically, health insurance availability had a p-value of 0.497, while the number of doctor visits resulted in a p-value of 0.397.

These findings emphasize the critical role of access to primary healthcare services, particularly general practitioners, in influencing migrants' health perception and overall integration into society. Addressing barriers such as language and insurance issues is essential to improving healthcare access and supporting the well-being of migrants.

Table 2

Association between Access to Healthcare Services and the Health of Migrants, presented as (abs., %), M (SD)/M (95% CI) for normally distributed data, or Me (25%; 75%)/Me (95% CI) for non-normally distributed data, % (95% CI) for proportions (statistical comparison within the entire group of respondents based on access to a doctor, insurance, and number of visits)

Parameter	n	p	Good Health Perception (%)	Facing Barriers (%)	Not Applicable (%)	Association Coefficient
Availability of a General Practitioner	959	<0.05	50.0%	20.0%	30.0%	Chi-Square (p<0.05)
Available Health Insurance	959	0.497	40.0%	30.0%	30.0%	Not Significant
Number of Doctor Visits in the Past Year	944	0.397	100.0%	-	Not Applicable	Not Significant

Notes: n – represents the sample size, indicating the number of participants included in the analysis for each parameter; p-value less than 0.05 indicates a statistically significant association, while values equal to or greater than 0.05 suggest the association is not significant.

Table 2 indicates that access to a general practitioner plays a critical role in developing the positive health perception of migrants, as demonstrated by a statistically significant relationship (p<0.05). In contrast, the availability of health insurance (p=0.497) and the frequency of doctor visits (p=0.397) do not show a statistically significant influence on migrants' health outcomes in this study.

Comparison with other studies indicates that, despite state efforts, the issue of equal access to healthcare services for foreigners still needs to be addressed. As authors [12] have noted, issues such as discrimination, equal rights, access to healthcare for foreigners, and professional skills development receive insufficient support. This suggests that the problem of migrant integration, particularly in terms of access to healthcare, requires further attention.

According to the 2030 Agenda for Sustainable Development and the Global Compact on Migration and Refugees, achieving equal access to healthcare services is essential in realizing sustainable deve-

lopment goals [13]. However, gaps in understanding the relationship between migration and health remain a challenge that policymakers, practitioners, civil society, and researchers must jointly address [14].

The study results show that 45% of migrants have stable full-time employment, which positively correlates with their integration process. Meanwhile, 25% of respondents have temporary or unstable employment, complicating their integration and access to social services (Table 3). Table 3 highlights that stable employment is a significant factor in migrants' health perception, with those in stable employment more likely to report good health than those in unstable or temporary positions.

Table 3 demonstrates a statistically significant relationship between economic status and migrants' health perception (p<0.001). Migrants with stable full-time employment reported a 45% positive perception of their health, whereas those with temporary or unstable employment reported significantly lower positive health outcomes (25%).

Table 3

Association between Health Perception and Economic Factors, presented as (abs., %), M (SD)/M (95% CI) for normally distributed data, or Me (25%; 75%)/Me (95% CI) for non-normally distributed data, % (95% CI) for proportions

Parameter	n	p	Good Health Perception (%)	Temporary/ Unstable Employment (%)	Not Applicable (%)	Association Coefficient
Health Perception vs Economic Status	880	<0.001	45.0%	55.0%	Not Applicable	Chi-Square (p<0.001)
Health Perception vs Nature of Employment	734	0.099	25.0%	75.0%	Not Applicable	Not Significant

Notes: n – represents the sample size, indicating the number of participants included in the analysis for each parameter; p-value less than 0.05 indicates a statistically significant association, while values equal to or greater than 0.05 suggest the association is not significant.

These findings highlight the substantial impact of socioeconomic conditions on migrants' health and their ability to integrate into a new society. Stable employment contributes to economic security, which in turn improves overall health and reduces risks such as social isolation and limited access to healthcare services.

In contrast, migrants in unstable employment are significantly less likely to report good health outcomes, underscoring the importance of ensuring stable working conditions to support both health and successful integration.

Indeed, global and regional social and economic inequalities are most powerfully expressed when the migrant is seen as someone who crosses borders in search of work, education, and new horizons [15]. Better access to higher wages, health insurance, education, more robust social security support, and generally safer living conditions are critical factors that positively impact migrants' health [14]. However, migrants' access to healthcare is often complicated by language barriers, inadequate insurance coverage, lack of rights to see a general practitioner, and unfamiliarity with the local healthcare system [16].

The European Union faces the challenge of taking a more proactive stance and ensuring countries' effective implementation of inclusive measures to improve migrants' access to healthcare services [17]. Language and cultural barriers among labor migrants complicate access to information about health risks [18]. Health policies for migrants in destination countries have primarily been protectionist, aimed at preventing the spread of infectious diseases and avoiding excessive strain on healthcare systems [19].

Migrants generally face an increased risk of physical and mental health disorders but have less access to healthcare services [20]. Policy reforms to achieve "health for all" are urgently needed to affirm all immigrants' health and human rights [21]. The most significant barriers for both migrant patients and healthcare providers include language barriers, cultural differences, differences in treatment expectations, and limited organizational cultural competencies [22].

The findings indicate that overcoming barriers to healthcare access requires more effective dissemination of information about healthcare services through education, positive interaction between service providers and consumers, and health promotion strategies considering age and cultural specificities [23, 24, 25, 26].

CONCLUSION

The conclusions emphasize the need for a comprehensive approach to supporting the health of migrants, which considers both the socio-economic and medical aspects of their lives in the Czech Republic:

1. Most migrants in the Czech Republic rate their overall health as satisfactory, with a significant portion having an optimal body mass index. However, the presence of chronic diseases among some respondents negatively affects their well-being and ability to integrate into society.

2. Access to healthcare services is a crucial factor influencing migrants' subjective perception of their health. Even though most respondents have access to a general practitioner, many migrants face barriers such as language difficulties and a lack of health insurance, complicating their integration.

3. Socio-economic conditions and exceptionally stable employment positively impact the health of migrants and their integration into society. Migrants with stable jobs are more likely to rate their health as good, highlighting the importance of ensuring stable working conditions to improve migrant well-being.

4. There are significant inequalities in access to healthcare services between migrants and non-migrants, which require further attention at the state level. The need to improve policies ensuring equal access to healthcare for all population groups remains pertinent.

5. For the effective integration of migrants, involving them in decision-making regarding their health is essential, as it can enhance their access to healthcare services and overall health status.

Contributors:

Shuranova L. – conceptualization, investigation, writing – original draft, writing – review & editing, visualization;

Vacková J. – project administration, writing – review & editing, supervision;

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