

# Exploring Differences in the Utilization of the Emergency Department Between Migrant and Non-migrant Populations: a Systematic Review

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## INTRODUCTION

**Migrants face several barriers when accessing care**, and tend to rely on emergency services more than primary care. These barriers include: lack of insurance, fear of deportation, low or restricted access to PHC, low access to GPs, and language barriers.

Studying ED utilization is relevant because it reflects the need for urgent care and is an indicator of the accessibility and quality of outpatient and hospital-based care.

**Comparing emergency department utilization by migrants and nonmigrants** can unveil inequalities affecting the migrant population.

## METHODS

The search was conducted on March 20th 2023, on the PubMed, Scopus, and Web of Science databases. **23 articles, from 12 countries**, were finally included. The PRISMA 2020 guidelines were followed.

Inclusion criteria:

- Comparison on ED access.
- Data collected 2012-2023.
- Original research.
- English or Italian.

## RESULTS

### ACCESS TO THE ED

- Three studies reported higher utilization of the ED by migrants than the host population.
- Two studies found a lower utilization of the ED from migrants than the host population.
- One study found no statistically significant difference between the groups.

**Varying patterns concerning the frequency and likelihood** of ED visits by migrants compared to non-migrants.

### REASONS FOR ACCESSING THE ED

- Al-Hajj et al. found that refugees experienced a higher proportion of occupational injuries compared to nationals.
- Ro et al. identified higher odds of having a COVID-19-related ED visit among young undocumented patients than young MediCal patients.
- Huynh et al. found higher visits for COVID-19 in undocumented migrants.

### ADEQUACY OF UTILIZATION OF THE ED

- Three factors were analysed:
- urgency/appropriateness: four studies reported it as lower for migrants.
  - admissions for ACSC: one study reported it as higher, another as equal.
  - self-referral and walk-in access: three studies reported it as higher, one as lower.

The results show varying patterns; however, they suggest a **lower adequacy of ED utilization** by migrants compared to non-migrants.

### HOSPITALIZATION AND DISCHARGE

- Three studies found less hospitalizations in the migrant group.
- Two studies found more hospitalizations.
- One study found no difference.

As for AMA discharge, two studies report higher rates for migrants.

The results show **varying patterns** concerning ED contacts resulting in hospitalization, while **discharge AMA is higher for migrants**.

## ACKNOWLEDGEMENTS

This study was supported by Fondazione Cariplo (grant number 2022-1447).

## REFERENCES



Scan the QR code to read our paper on BMC Public Health, or click the link below!

<https://doi.org/10.1186/s12889-024-18472-3>

## CONCLUSION

- **No consensus on whether migrants access EDs more or less than non-migrants**; however, evidence suggests they access more for less urgent conditions, as walk-ins, without a referral, and are more often discharged AMA.
- Higher ED utilization and walk-ins can be related to poor access to PHC. Lower hospitalizations can be related to the "healthy immigrant effect" and difficulties affording hospitalization-related costs.
- Language barriers, lack of GP services, lack of knowledge of the local healthcare system, as well as other barriers, are **significant hindrances to migrants' effective access** to healthcare services.