BARRIERS TO THE DUTCH HEALTHCARE SYSTEM

Policy Brief

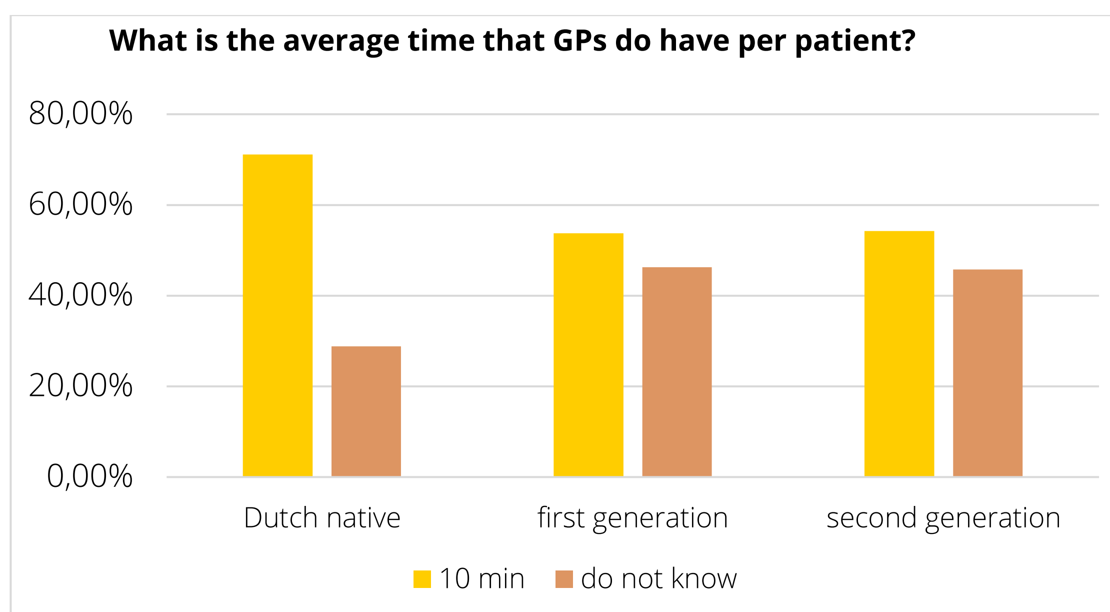
The Dutch healthcare system is evaluated as one of the best in Europe among 34 countries (3). What makes the Dutch system so unique? Historically, it is based on a principle of solidarity – "the strongest shoulders care the burden" (2). This is why the Dutch system embraces a universal health coverage idea – all residents do have insurance and consequently access to healthcare. However, not everyone benefits from the system equally. Recent studies have shown that particularly migrants face problems in navigating the healthcare system which can have a negative impact on their health (1). Migrants are not only less likely to use free of charge services due to fear of payments, but also report a lack of trust in the system. In order to contribute to a healthcare system that is able to respond to the needs of migrants living in the Netherlands, we first need to understand how migrants perceive the Dutch healthcare system and what they know about healthcare regulations that are crucial for a barrier-free access to healthcare. In the project "Barriers to the Dutch Healthcare System" we look at the perceptions, knowledge, and usage of healthcare of migrants with non-western backgrounds living in the Netherlands. We thereby distinguish between first generation migrants (people who have been born outside of the Netherlands) and second generation migrants (people who are born in the Netherlands and who have at least one parent being born outside of the Netherlands) and compare these two groups to Dutch natives. This policy brief outlines initial key findings from this study.

KEY FINDINGS

- First and second generation migrants lack knowledge about the Dutch healthcare system
    - Only 54% of first- and second generation migrants know that the GP can dedicate only 10 minutes for each patient (compared to 71% of Dutch natives)
    - Only 36% of first generation migrants know that patients are entitled to seek a specialist (on own costs) without a referral by the GP, compared to around 47% of Dutch natives and 48% of second generation migrants.
    - Lack of knowledge is also present with regards to cancer screening prevention programs. Only 17% of first generation migrants and 14% of second generation migrants know that they are entitled to participate in a colorectal cancer screening program at age 50, compared to 29% of Dutch natives.
- While 70% of Dutch natives are (totally) satisfied with the healthcare system, this is only the case for 52% of first generation migrants and 47% of second generation migrants.
- Around 20% of first- and second generation migrants seek healthcare outside of the Netherlands.

Knowledge about GPs and Specialists

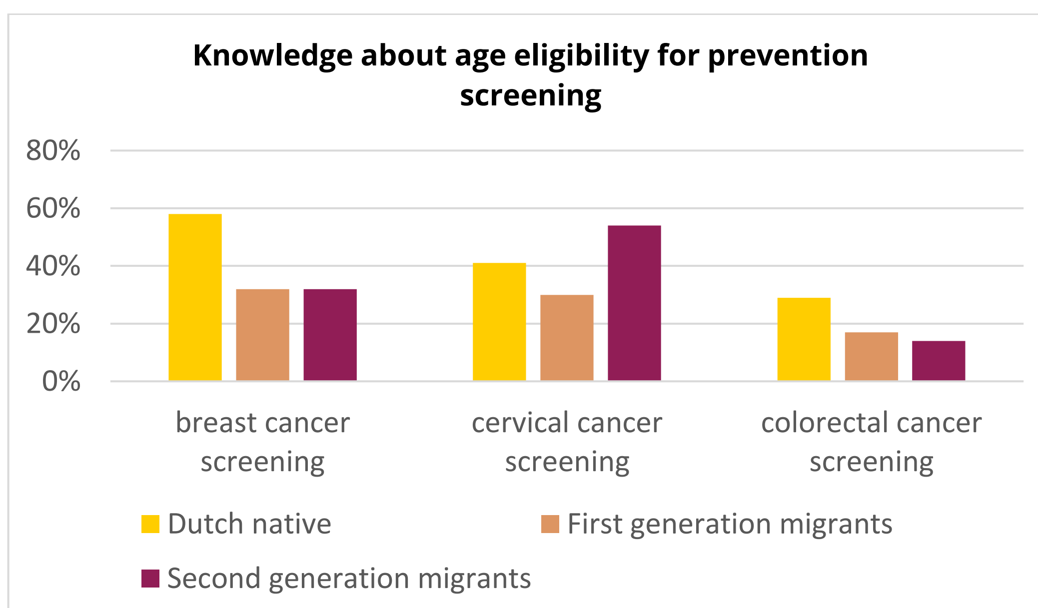
First and second generation migrants know less about the role of the General Practitioner (GP) than natives. For example, compared to 71% of Dutch natives, only 54% of first-and second generation migrants know that the GP can dedicate only 10 minutes for each patient. There is not only uncertainty about the time of consultation; not everyone knows about the broad spectrum of treatments GPs can provide to their patients. For example, Only 47% of first generation migrants and 51% of second generation migrants know that the GP also provides minor surgical procedures such as suturing an open wound or removing a mole (compared to 76% of Dutch natives).



One of the reasons GPs provide such a broad spectrum of treatments lies in their role as gatekeepers and to reduce the demand for secondary (specialistic care) and tertiary care (hospitals). Only if the GP cannot treat the patient sufficiently a referral to a specialist is written. The role of gatekeepers is always met with different perceptions from both patients and providers – and again, we observe ethnic differences. Our results show that migrants are less in accordance with the GPs' role of gatekeepers than Dutch natives. For example, 22% of first generation migrants and 19% of second generation migrants (strongly) agree with the statement that it takes too long until their GP agrees to a transfer them to a specialist (compared to only 9% of Dutch natives). There are alternative options in order to get in contact with specialists in the Netherlands (not only via GP); however, migrants also know little about these alternative options. Among first generation migrants only 36% are aware that they are entitled to seek a specialist (on own costs) even if the GP does not provide a referral (compared to around 47% among Dutch natives and 48% of second generation migrants). Again, we see that second generation migrants are more similar in their knowledge to native Dutch than first generation migrants. One reason could be that second generation migrants have similar opportunities than Dutch natives to acquire health knowledge, for example via school, social networks, and work.

Knowledge about Preventive Screening Programs

In 2022, Dutch Ministry of Health (VWS) negotiated with main stakeholders certain conditions regarding the healthcare system and published the Integraale Zorgakkoord (Healthcare Agreement). This document emphasizes eight main aspects that can contribute to better access, better affordability, and better quality of the Dutch healthcare system. One of these aspects is prevention (Rijksoverheid,2022), which is also the foundation of the National Population Screening Program (NPSP), which was developed to detect certain diseases, such as cancer, early in order to prevent severe courses of sickness or even death. The NPSP invites all residents of a certain age living in the Netherlands to participate in these preventive screening programs, focusing on breast cancer, cervical cancer, and colorectal cancer. We asked respondents about their knowledge about these preventive screenings. Only 32% of first-and second generation female migrants *know* that they are eligible to participate in a breast cancer screening once they turn 50 (compared to 58% of female Dutch natives). Similarly, only 30% of first generation female migrants are aware that they are eligible for a cervix cancer screening once they turn 30, compared to 54% of second generation migrants and 41% of Dutch natives. The least people know about the colorectal cancer screening program which is offered to both, women and men. Only 29% of native Dutch men and women know that this type of screening begins at the age of 50. Still, this is almost double as much as among first- (17%) and second generation migrants (14%). Next to cultural factors and language barriers, this lack of knowledge might also explain why migrants are significantly less likely to participate in these preventive screening programs than Dutch natives. For example, among Dutch female natives, who are 50 years old or older, over 80% have participated in a screening for breast cancer, compared to 64% of first generation migrants and 43% of second generation migrants.



The limited knowledge about healthcare system among migrants might impact their attitudes and perceptions towards the Dutch healthcare system. Previous studies show that migrants visit the GP more often than native Dutch (Ruijer & Arsenijevic, 2020). However, on the other side, they are less satisfied with healthcare system than native Dutch. Our results show that only 52% of first generation migrants and 47% of second generation migrants (totally) satisfied with the Dutch healthcare system in comparison with 70% of Dutch natives. As a result, over 20% of first and second generation migrants have used healthcare outside of the Netherlands within the last 5 years. As a reason they listed unequal treatment – no possibility for appointment, unsatisfaction with healthcare system or recommendation from GP. This implies that migrants face complex system with limited knowledge and with limited support from the providers. Such a situation can impact their perception of unfair access and lack of trust towards healthcare system in the Netherlands.

Policy recommendations:

- Distribution of knowledge via tools/ networks relevant to migrants
- Provide healthcare providers with extra time for patients with language or cultural barriers
- Provide diversity trainings to healthcare providers extra time during visits with GPs
- Provide information in English or native language
- Offering online help using understandable language – such as the "patient radar".

We conclude that the Dutch healthcare system needs to be considered more through the lens of people with a migration background in order to guarantee that the Dutch healthcare system is able to provide equal access to all healthcare services to both, native Dutch and migrants.

Methodological note

This project "Barriers to healthcare" was made possible with the Seed Money funding by 'Migration and Societal Change' at Utrecht University, which allowed for a survey data collection in the LISS panel (Longitudinal Internet Studies for the Social Sciences, https://www.lissdata.nl). The LISS panel is a representative, online survey panel based on a true probability sample drawn by the Dutch National Statistics Office (CBS) from Dutch population registers. The survey was administered in Fall 2022 by CentERdata, located at Tilburg University, the Netherlands. A total of 869 panel members were eligible for the study, and 614 respondents took part in the survey (response rate of 70,7%). Of these 614 panel members, 312 panel members are of native Dutch origin, 160 panel members are first generation migrants and 142 panel members are second generation migrants.

Want to know more about the Barriers to Healthcare project or these findings? Send an email to Dr. Verena Seibel (v.m.k.seibel@uu.nl).

Authors: Verena Seibel and Jelena Arsenijevic, Utrecht University

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