

# Equity

Equity is one of the values of the National Health System. It aspires to provide people with health care on the basis of equality in both its treatment of them and the results obtained. However, in order to achieve results like those, the processes of the National Health System must take into consideration the fact that people are different, they live in different places and their experiences of society and health are heterogeneous. For this reason, the objective of equity can be reached only by ensuring that the services arrive at all the people in the same degree, but that their different needs are also catered for, so that the services must be different in order to reach people better.

When the *Quality Plan for the National Health Service* was presented in 2006, the promotion of equity was included as one of the six areas of action. Equity in health care is a priority goal of the National Health System, as the General Health Act of 1986 made clear. There is plenty of evidence of the relation existing between social inequalities and its effect on health, but there is little information on how the problem can be tackled by the health systems.

The regional health services of the Autonomous Communities have adopted various strategies to provide territorial equity. Many of them are completing the roll out of services in the more rural areas of their territory to ensure that these inhabitants enjoy the same opportunities as those who live in the cities, whether for adequate diagnosis and treatment when required, or for inclusion in health and prevention programmes.

This is most noticeable in those communities where population density shows the greatest variation, where the cities contain the greater part of the population while the rural areas are small and dispersed (such as Aragon, Castile and Leon and Extremadura). The responses to the challenge of territorial equity have involved the creation of a network of high resolution centres or the setting up of specifically rural resources in areas such as mental health or caring for patients with long-term dependency in Aragon, the Primary Care Units of the Community of Castile and Leon, and the increased number of health zones, and therefore health centres, and continuous care centres in Extremadura.

Territorial equity can also be addressed in the different districts of a city, as can be seen in Andalusia in the coordinated actions in zones of social transformation (accion.com), in Catalonia (global health actions in fragile urban areas) or the evaluation of the impact on health of the wholesale transformation of the district of Uretamendi-Betolaza-Circunvalación in Bilbao.

Actions which involve collaboration with other administrations, such as city councils, or improvements in communications also have an impact on the progress towards equity in health services and can improve access, as several Autonomous Communities have found.

The tools of telemedicine are also being introduced progressively to make access to certain specialists easier and to avoid the need for travel, as Extremadura has discovered.

As regards *gender equity*, most of the Autonomous Communities refer to the existence of an Equality Plan for men and women which has been drawn up by their equality bodies, and which brings together aspects of health issues and health services.

They are all working on the aspects relative to health care contained in the Act 1/2004 addressing gender-based violence. Widespread efforts are being made to train health personnel to enable them to diagnose and offer adequate treatment in such cases.

Some Autonomous Communities have carried out actions specifically aimed at promoting the inclusion of gender when preparing health policies. For example, in 2003 Andalusia included an evaluation of the impact and support of its application across all its plans, processes and programmes by means of meetings and courses at different levels.

Basque Country and Navarre have developed the aspect of research and analysis, producing lines of research studying inequalities which include social and gender studies and variations by gender.

Some of the initiatives taken by a majority of autonomous communities refer to programmes aimed at women, whether of a general nature, as in Galicia, which has drawn up its Plan for Complete Medical Assistance for Women's Health and is now introducing it, or more specific health issues, such as breast cancer. Others refer to the improvement of information on women's health, such as the publication of an educational guide promoting health among the middle-aged, such as in Navarre. Galicia has introduced free emergency contraception for all women.

As regards *equity in attention for persons of different ethnic backgrounds*, the initiatives that the Autonomous Communities report show differences because the population residing in them is different, in terms of their numbers, their culture and their countries of origin.

Some of the Autonomous Communities have general plans for the integration of the immigrant population, which include both health issues and health care, in the framework of intersectorial intervention. One example of this intervention would be the interrelation of the II Comprehensive Immigration Plan of Andalusia (2006-2009) and the objectives of the III Health Plan for Andalusia for developing actions both within and between sectors. One tool for this work is the *Manual of health care for Immigrants*.

At state level there is the National Plan for Integration and Citizenship (2007-2010) with its health objectives. The right to health care and attention for immigrants is recognized by law to the same degree as for Spanish people (in Immigration Legislation and the Cohesion and Quality in the National Health System Act, among others). Access to medical attention is guaranteed

to all immigrants who are legally recognised as such, and they can obtain their health card in the same way as the local people, as can underage children, pregnant women and those persons in emergency situations.

Besides this, some Autonomous Communities include specific objectives in their health plans or develop health programmes aimed at immigrants. Most of the actions that have been developed have been aimed at easing communication (mediation, interpreting and translating in doctors' surgeries and emergency units), improving the information (leaflets, guides and other tools in different languages and dealing with different aspects of the health system or health practices) or handling groups with special needs (pregnancy and childhood). There are also activities for training and raising awareness among health personnel.

The comprehensive plan of Castile and Leon includes training for health personnel and adaptation of clinical documents, with a glossary of medical terminology and clinical history in five languages.

Galicia has established agreements with immigrant organizations for dealing with underage travellers on holiday in this Autonomous Community. La Rioja has had a document for paediatric examinations translated into four languages.

Several Autonomous Communities have programmes for attending to ethnic minorities, while some have specifically plans for the Gypsy Population. This is the case of the Basque Country and Navarre (health promotion). The Basque Country has also taken steps to speed up the obtaining of the TSI (individual health card) for the immigrant population.

Ceuta and Melilla have the CETI (temporary holding centres for immigrants) for providing attention to immigrants. The hospitals also provide translation and have adapted the menus to cater to different cultural characteristics as regards nutrition.

Some Autonomous Communities have developed specific programmes for persons suffering social exclusion, such as male and female prostitutes, and other vulnerable groups (Andalusia, Catalonia, Ingesa and Madrid).

There have also been actions specifically aimed at providing attention for persons with disabilities or chronic illnesses through agreements and subsidies for organizations representing the affected groups (Aragon, Extremadura, Rioja and Ingesa), prevention programmes (deafness screening in Castile and Leon), transversal actions (Catalonia), plans or specific and general statutes (Valencian Community, Galicia, Madrid and Murcia) free access to medicines (Extremadura), interpreters with sign-language (Valencian Community) or the elimination of physical barriers in hospitals (Navarre).

Some Autonomous Communities have shown a special sensitivity as regards equity in infancy and adolescence, developing specific actions and programmes (Balearic Islands, Madrid and Basque Country).

