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HEALTH-CARE MIGRATION IN UMBRIA (*)

There is only slight information about sick persons who more and more move from a Local Health Unit to another in the same Region, Umbria, or in Italy or even abroad to look for the best treatment conditions. This migration is today one of the most serious health problems in Italy.

First of all it is to take into consideration where the facilities are which, for their specialistic services, have an attractive role in a large area, whose borders exceed those of a single Local Health Unit and also those of the Region.

The hospital mobility is due to the health-care flows both of non-resident patients, who have been admitted to a hospital in the Region, and resident patients, who have been admitted in a hospital outside the Region, consequently the residence is considered as a point of start.

This health-care migration involving many problems (social, demographic, economic, psychological) injures the personal sphere of the patient, but above all, the whole community. In addition this has a major impact on the territory, where it is necessary to plan, program, establish and furthermore have at disposal suitable health-care facilities, which have to assure high level services in their right location.

As a matter of fact the movement of patients outside their place of residence is due to the lack of facilities, or to the perception of inadequacy of the services offered in the place of residence. This movement indeed leads to psychological and economic discomforts.

In order to explain better this problem in Umbria, we have to show briefly the national situation. From this point of view, Italy is divided in two

(*) This paper is a further probing into the question. See, on the same subject, by De Santis G. and Patella Scola L.V., *Le strutture sanitarie in Umbria*, in Palagiano C., De Santis G. and Cardillo M.C. (eds.), *Le strutture sanitarie tra pubblico e privato*, in «Atti del quinto Seminario Internazionale di geografia medica, Roma, 1-3/12/1994», Perugia, Rux, 1995, pp. 285-306, where are given in detail the general characteristics of health-care in Umbria.

This paper was financially supported by «MURST 40% (1993) contribution», in the context of the Working-group «Health, Environment and Development» sponsored by A.Ge.I. (Italian Geographers Association) (National Coordinator Prof. C. Palagiano).

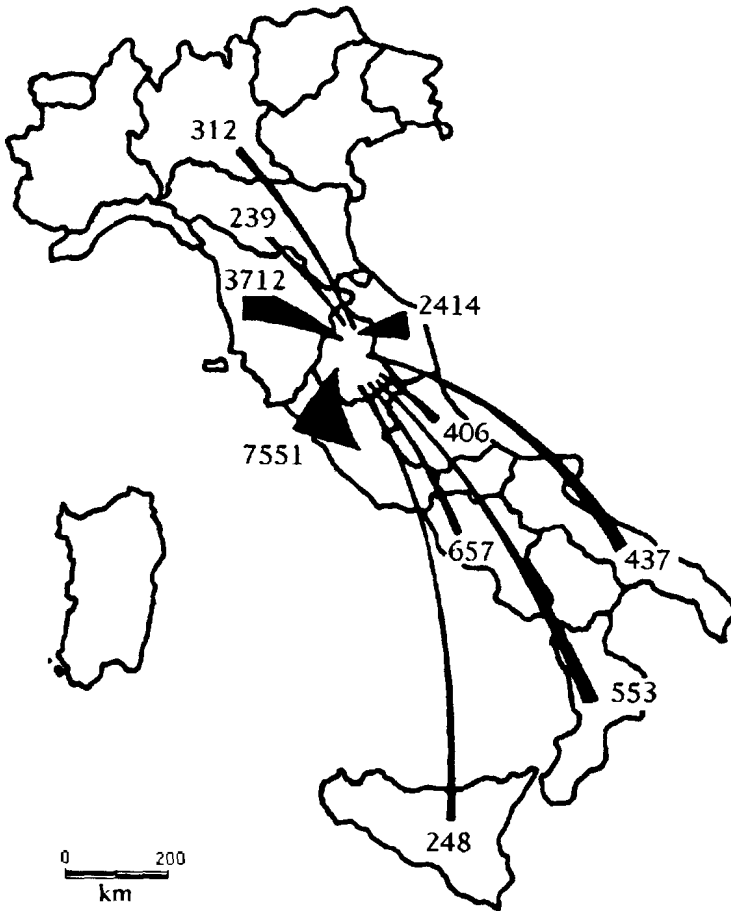


FIG. 1 – ITALIAN HEALTH-CARE MIGRATION IN THE REGION OF UMBRIA (1992).

parts, the central-northern Regions, except Piedmont, Valle d'Aosta and Trentino-Alto Adige, being affected by strong immigration [in 1992 only Lombardia (45,146), Veneto (24,911) and Emilia Romagna (39,902) showed a positive balance of 110,000 units] and instead the southern Regions that are, including Sicily and Sardinia, a large basin of moving patients with a negative balance [in the same year 1992 of over 170,000 units on a whole movement of 585,354 patients].

In this context Umbria shows an incidence of 1.8 per cent of emigrations and of 2.9 per cent of immigrations. These percentage values seem to be ridiculously low at first sight, but the absolute values (17,149 units) mean over a tenth (12.6 per cent) of all admissions in the Region (135,648 units) (fig. 1).

Entering into the details, we have to consider the data of census of 1991, because they: (i) can present a valid comparison with the demographic situation; (ii) specifically show the migratory health-care flows from and to Umbria; and (iii) show the situation of the health-care flows between the Local Health Units of Umbria.

First of all we have to consider that in 1991 the resident population (811,831) had a poor incidence on the Italian total (1.4 per cent), but this was not a disadvantage in order to increase the health-care facilities in the Region so that they could capture remarkable health-care flows of outside users; particularly, as we will see further, from Central Italy.

Health-care migration, according to the census data of 1991, in Umbria shows a positive balance of 8,626 admissions, deriving from an emigration of 7,484 patients and an immigration of 16,110 ones. Major areas of emigrations outside the Region, as shown in the Table 1, are Tuscany (39 per cent), Latium (21 per cent) and Marche (15 per cent), which together gather over 5,000 patients. But from these same Regions we have also the major immigration health-care flows: Latium (40 per cent), Tuscany (22 per cent) and Marche (16 per cent), that in absolute values exceed 12,500 units.

As a result, it follows that there is a strong interdependence: we can say a mutual treatment with the neighbouring Regions, which are involved for about the 4/5. This puts into evidence the effective existence of a basin, that exceeds the regional borders, so that the health-care Authorities could imagine to create an inter-regional macro-structure. A basin like this could further be the best use for health-care facilities.

Perhaps the most interesting consideration is that in Perugia there are two universities. The first, the ancient *Università degli Studi*, that has always attracted the students coming from central-southern Italy, draws continuous health-care flows (2,572 patients, i.e. 16 per cent of total). The health-care facilities of Umbria indeed admit not only the non-resident students, but also their relatives and friends. That is more evident if we consider that the migration from these Regions is very low (451, of which 233 from Abruzzo).

The *Università Italiana per Stranieri* is the other university, which registers an average daily presence of 2,000 students during the winter semester and of over 3,000 during the summer semester. But foreigners coming to Perugia for other purposes were in total 16,113, so that Umbria is the third Region of Italy with the largest number of legal presences of foreigners. In order to evaluate better this phenomenon we used the data by OERU (Umbrian Region Epidemiological Observatory), that, taking into account the dismissal forms, has ascertained the admissions of 1,117 foreigners with place of origin and diseases. Predominant origin is from Africa, particularly Morocco, with over 31 per cent, followed by Asia (16 per cent) and Eastern Europe (15 per cent). The wards with higher admissions are: obstetrics (27 per cent), surgery (24 per cent) and medicine (22,6 per cent). Most admissions cover the age group 15-45 for both sexes, while for the women the main cause is pregnancy.

We have to remember that in Italy Umbria generally occupies a place similar to that of Northern Regions and therefore we can use good indices: as those of escape of 5.9 per cent (percentage of admissions of residents in Umbria in other Regions) or of attraction of 11.2 per cent (percentage of admissions in Umbria of residents in other Regions).

To show better this phenomenon it is necessary to examine the mobility by levels of treatment, as we can see in the following table:

Admissions by Branch				Index (%)	
	Emigration	Immigration	Balance	Escape	Attraction
General	5,551	12,857	+7,306	5.2	11.3
Middle					
Treatment	1,312	2,146	+834	5.4	8.
High					
Treatment	497	755	+258	10.2	14.4
Intensive and					
subintensive Therapy	124	352	+228	1.3	3.6
<i>Total</i>	<i>7,434</i>	<i>16,110</i>	<i>+8,656</i>		

It is evident that the general treatment (medicine, surgery, pediatrics, obstetrics) and the middle treatment capture most flows both of emigration (92.3 per cent) and immigration (93.1 per cent), while there is not a remarkable difference in the high treatment and in the intensive and subintensive therapy. That is for the presence of specific services, which show no difference inside or outside the Region.

The flows inside the Region are directed over all to the Local Health Unit n. 3, Perugino, as shown in the figure 2, where there are the sophisticated facilities of University medical structures (*Policlínico*) and Regional medical structures (*Ospedale Silvestrini*). In fact, as we can see in table 2 and figure 3, in 1993, the whole movement of the patients inside the Region was of 29,526 units, to which we have to add 18,111 coming from outside the Region. This Local Health Unit n. 3 gave hospitality to 50.5 per cent of all Umbria patients; in comparison, emigration was only of 8.7 per cent of residents inside this LHU. An emblematic case is that of Local Health Unit n. 9, Valnerina, whose patients are treated outside its health-care facilities for 53.6 per cent.

Also in 1994, the trend is steady, even if we have to remark higher movement inside the Region where the health-care migration has clearly increased (+30.6 per cent) mostly because the increase of the total number of patients. But also the patients coming from outside the Region have increased of 46.7 per cent, and considerable contribution is due to the Local Health Unit n. 12, Conca ternana.

This paper has only the aim to show the trend of the phenomenon in a little and scarcely inhabited Region, that is, nevertheless, in the major natio-

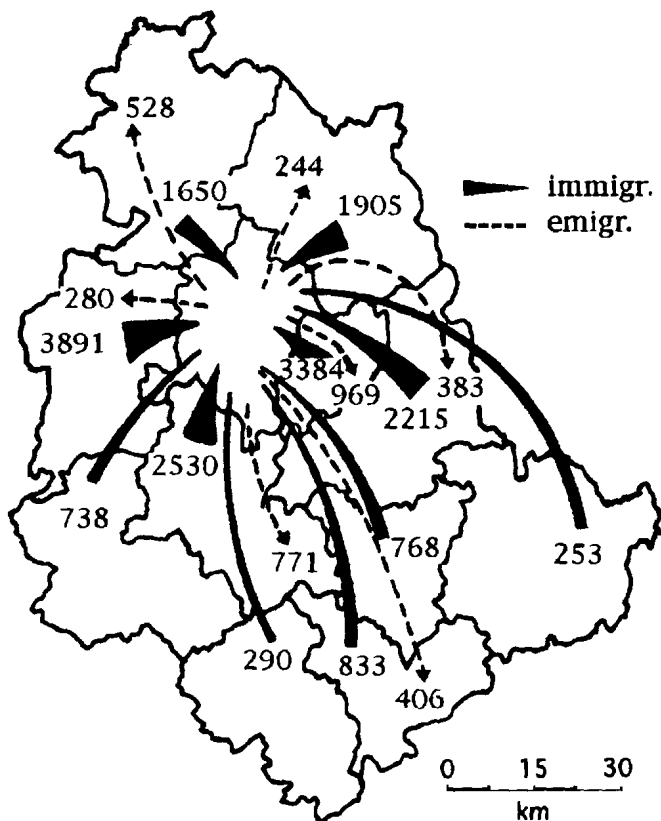


FIG. 2 – UMBRIAN HEALTH-CARE MIGRATION IN LHU n. 3 «PERUGINO» (1993).

nal context. In fact, also the presence of particular factors, like the two universities, which are a great cultural draw, helps the request of more and better health-care services to increase, and then urges to increase and improve both the substructures and the health-care facilities, particularly those of general and middle treatment.

This situation is the result of the balanced development of the hospital system of Umbria, in spite of the costs are higher than expected. But we think that the aim of the health-care is to provide a close network of efficient services on the territory. In Umbria the facilities of great dimension (the *Policlinico* and the *Ospedale Silvestrini* in Perugia and the ones of Foligno and Terni) are connected with a network of minor facilities which are located in mountainous and uncomfortable areas (smaller hospitals). A system like this seems to be fit for a good treatment, particularly as regards the general treatment, so that many non-resident patients move to Umbria to safeguard their good health.

TAB. 1

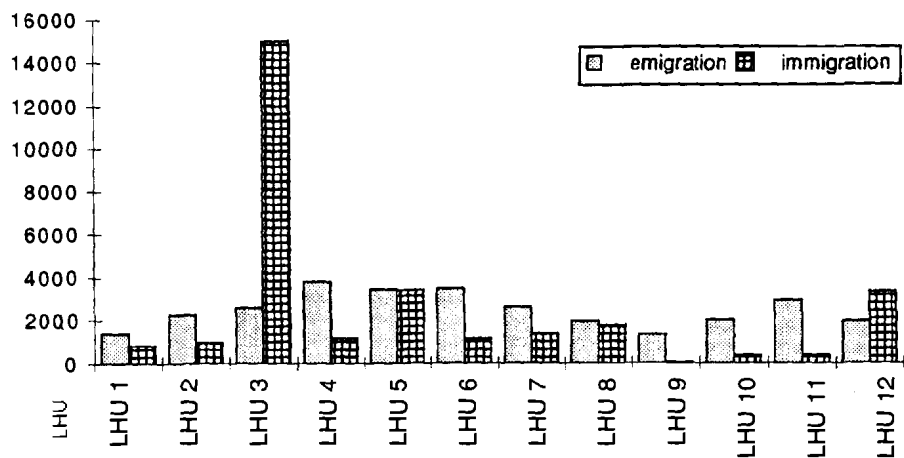
ITALIAN HEALTH-CARE MIGRATION IN THE REGION OF UMBRIA (1991).

	emigr.	immigr.		emigr.	immigr.
Piedmont	67	150	Latum	1,575	6,792
Valle d'Aosta	5	4	Abruzzo	233	289
Lombardy	458	332	Molise	11	89
Prov. Bolzano	18	6	Campania	60	474
Prov. Trento	43	24	Apulia	61	461
Venetia	201	117	Basilicata	5	109
Friuli-V.Giulia	66	48	Calabria	25	807
Liguria	104	76	Sicily	40	251
Emilia-Romagna	672	258	Sardinia	16	92
Tuscany	2,400	3,402	<i>Total</i>	<i>71,241</i>	<i>16,109</i>
Marche	1,064	2,328			

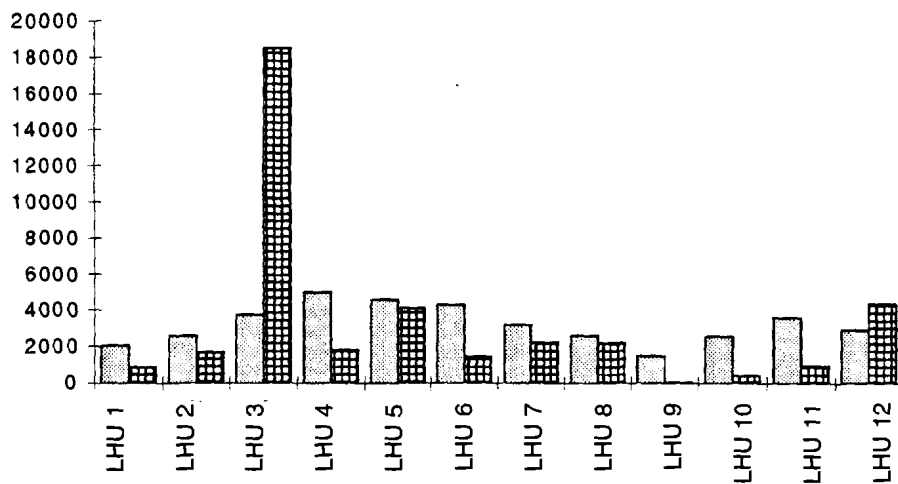
TAB. 2

UMBRIAN HEALTH-CARE MIGRATION

	1993		1994	
	emigration	immigration	emigration	immigration
LHU 1	1,376	823	2,040	839
LHU 2	2,251	957	2,561	1,664
LHU 3	2,578	14,973	3,724	18,457
LHU 4	3,783	1,145	4,986	1,786
LHU 5	3,425	3,398	4,597	4,118
LHU 6	3,449	1,129	4,295	1,447
LHU 7	2,591	1,345	3,201	2,251
LHU 8	1,957	1,741	2,619	2,222
LHU 9	1,302	24	1,477	23
LHU 10	1,980	353	2,558	459
LHU 11	2,903	358	3,604	948
LHU 12	1,931	3,280	2,898	4,346
<i>Total</i>	<i>29,526</i>	<i>29,526</i>	<i>38,560</i>	<i>38,560</i>



1993



1994

FIG. 3 - UMBRIAN HEALTH-CARE MIGRATION.

We hope that the restructuring of the National Health System started on January 1st, 1995 does not give discomforts to the users, because, as Mr. Baronti said at the Fifth International Seminar on Medical Geography, December 1995 in Rome, «the true causes of the non-fulfilment of the [previous] law... are those to have put in the first place not the needs of citizens, and the health-care facilities, but instead the defence of guilds and servants».

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