



Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

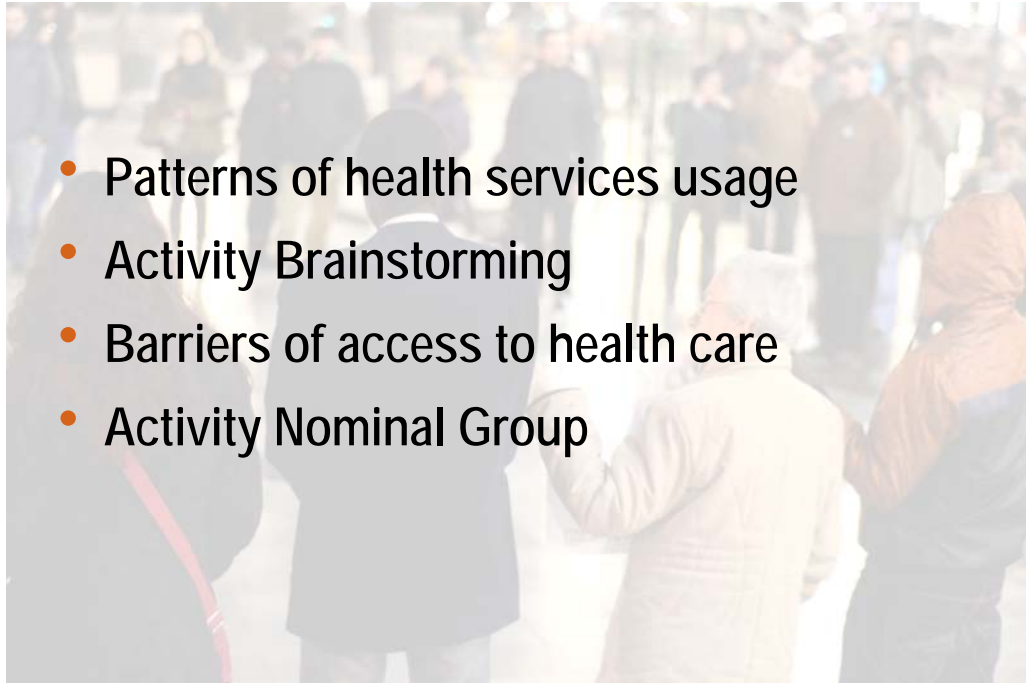
MODULE 2: KNOWLEDGE ABOUT MIGRANTS, ETHNIC MINORITIES AND THEIR HEALTH

Unit 2: Migrants' and ethnic minorities' use of health care

Elaborated by:
Olga Leralta, Andalusian School of Public Health, 2015

Outline of contents

- Patterns of health services usage
- Activity Brainstorming
- Barriers of access to health care
- Activity Nominal Group



Patterns of health services usage

Activity Brainstorming

- Service utilisation is determined by **need** and **access**
- Migrants and ethnic minorities are often under-represented in service utilisation, considering health prevention and promotion and health care and treatment
- It is not always possible to determine whether differences in service use reflect **differences in need or in access**:
 - ✓ Why is there an increased use of GP services?
 - ✓ Why is there an increased tendency for using emergency services?
- Some differences have been found in the **patterns of use for the descendants of migrants**



- Regarding **Roma**, patterns of access and use of health services are not homogenous across EU, implying **different impacts** on Roma health and experience of health care.
- The **level of marginalisation or integration** of the Roma populations appears to be a **crucial factor**.
- Patterns of health care utilisation among Roma differs from the general population, for instance including **higher levels of use of acute hospital services**

Barriers of access to health care



- Reducing legal, structural, linguistic and cultural barriers in the access to health care as an **ethical imperative**.
- *"Facilitating access is concerned with **helping people to command appropriate health care resources** in order to preserve or improve their health"*
- Several dimensions: **non-discrimination**, **physical accessibility**, **economical accessibility** (affordability) and **information accessibility**.
- Access depends on 'entitlement' or 'coverage'. **Exclusion, extra charges or payments at the point of services supply** ("out of pocket" payments) affects negatively the access to health care
- Access concerns **health 'services'** and not simply health 'care'

- **Legal barriers** mostly related to **entitlement**. There are considerable variations in the extent of the care provided and the conditions attached to it among EU countries.
 - ✓ **Legal migrants**: difference between those **nationals of an EU/EAA** country and **'third country nationals'** (TCN) EU/EEA
 - ✓ **Asylum seekers**: **free emergency care** during application and special provisions for particularly **vulnerable groups**
 - ✓ **"Irregular" migrants**: most countries **restrict provisions to emergency care**, many apply special provisions for particularly **vulnerable groups**
 - ✓ Besides entitlement, there are **other legal aspects** affecting access to health.



- Lack of information

- ✓ "Health literacy": "*the degree to which individuals have the capacity to obtain, process and understand basic health information needed to make appropriate health decisions and [access] services needed to prevent or treat illness*" Affecting migrants and ethnic minorities and other vulnerable groups.

- ✓ Information is essential for occupational health.

- ✓ Provide adequate and *targeted* information in order to reach all effectively.



- **Practical barriers**

- ✓ **Geographical**



- ✓ **Opening hours of health care**

- ✓ **Complicated registration procedures and lack of needed documentation.**

- ✓ **Risk for “irregular” migrants of being reported to authorities; health professionals not aware of their rights.**

- ✓ **Migrants in detention**

- ✓ **Fragmentation of disciplines and specialities**

- Cultural barriers

- ✓ From “culture” as fixed set of characteristics to *diversity within cultures*

- ✓ Cultural competence/diversity sensitivity contribute to deal with:

- Different frames of reference regarding health

- Overcome health professionals prejudices

- Gap between different understandings and meanings of illnesses

- Conflicting expectations concerning appropriate behaviour for both health professionals and patients and their families



- Language barriers

- ✓ **Miscommunication** is common and costly problem
- ✓ **Basic fluency** in the language **may not be enough** to effective communication and understanding
- ✓ Certain **illnesses** are **highly dependent** on the skills of HP
- ✓ **Need for and usefulness of interpreters and health mediators BUT:**
 - **Cost** as major problem
 - **Illusion of understanding**
 - **Good communication** not appreciated enough
 - Practical **organisation problems** regarded as outweighing



- **Discrimination and mistrust**

- ✓ Many migrants and ethnic minorities **experience discrimination** in trying to access health services
- ✓ **Mistrust** of healthcare services and professionals as a result of expectations of discrimination
- ✓ Lack of trust between migrant and ethnic minority communities and HP based on **linguistic or *cultural* differences and antagonisms**



- Barriers between the health system and migrant or ethnic minority communities
 - ✓ “**User participation**” makes partnership between health services and users. Users **take active responsibility** for their own health and **contribute** to their treatment
 - ✓ “**Participatory spaces**” to allow service users to **contribute** to designing and running services BUT migrants and ethnic minorities are usually **poorly represented**
 - ✓ In general, **research is carried out ‘on’ them** instead of ‘with’ them, and interventions are designed and implemented from above

Activity Nominal Group





Thank you and questions ...

*Pictures: Andalusian Childhood Observatory (OIA, Observatorio de la Infancia de Andalucía), 2014;
Josefa Marín Vega 2014; Redlsir 2014; Morguefile 2014.*

References

- Mock-Muñoz de Luna C, Ingleby D, Graval E, Krasnik A. Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015. Available at: http://www.mem-tp.org/pluginfile.php/619/mod_resource/content/1/MEM-TP_Synthesis_Report.pdf
- Mock-Muñoz de Luna C, Ingleby D, Graval e. Appendix IV Utilisation of health services, barriers to access and good practices to address them. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015b. •
- OSF, Open Society Foundations. Roma Health Mediators. Successes and challenges. New York: OSF, 2011. <http://www.opensocietyfoundations.org/sites/default/files/roma-health-mediators-20111022.pdf> (retrieved: March 5, 2015).
- OSF, Open Society Foundations. Mediating Romani Health: Policy and Program Opportunities. New York: OSF, 2005. http://www.opensocietyfoundations.org/sites/default/files/roma_health_mediators.pdf (retrieved: March 5, 2015)
- Martin Y, Collet TH, Bodenmann P, Blum MR, Zimmerli L, Gaspoz JM, Battegay E, Cornuz J, Rodondi N. The lower quality of preventive care among forced migrants in a country with universal healthcare coverage. *Preventive Medicine* 2014;59:19-24.
- Phillips AL, Kumar D, Patel S, Arya M. Using text messages to improve patient-doctor communication among racial and ethnic minority adults: An innovative solution to increase influenza vaccinations. *Preventive Medicine* 2014;69:117-119.
- Champion J, Harlin B, Collins JI. Sexual risk behavior and STI health literacy among ethnic minority adolescent women. *Applied Nursing research* 2013;26:204-209.
- European Roma Rights Centre (2006). Ambulance not on the way. The disgrace of health care for Roma in Europe. Budapest: Roma Rights Centre.
- Kosa, K., Adany, R. (2007). Studying vulnerable populations: lessons from the Roma minority. *Epidemiology* 18: 290-9
- Public Health Fact Sheet. Left Out: Roma and access to health care in Eastern and South Eastern Europe. Open Society Institute, Public Health Program, Roma Health Project. (no date)
- Ingleby, D. (2008). New perspectives on migration, ethnicity and schizophrenia. Willy Brandt Series of Working Papers in International Migration and Ethnic Relations 1/08, IMER/MIM, Malmö University, Sweden

References

- Schaaf, M. (2007). Confronting a hidden disease: TB in Roma Communities. Research report: Roma Health Project, Open Society Institute.
- Kingston, L., Cohen, E., Morley, C. (2010). Limitations on universality: the "right to health" and the necessity of legal nationality. *BMC International Health and Human Rights*, 10 (11).
- Kühlbrandt, C., Footman, K., Rechel, B., McKee, M. (2014). An examination of Roma health insurance status in Central and Eastern Europe. *Eur J Public Health*;24(5):707-12.
- Jesuit Refugee Service Europe, (2010). Becoming Vulnerable in Detention. Report of the DEVAS project (co-financed by the EC, European Refugee Fund). Available at <http://bit.ly/100Jo31>
- Mladovsky et al, (2012b). Responding to diversity: an exploratory study of migrant health policies in Europe. *Health Policy*, 105: 1-9.
- Ingleby, D. (2012). Introduction by series editor. In: D. Ingleby, A. Chiarenza, W. Devillé & I. Kotsioni (Eds.) *Inequalities in Health Care for Migrants and Ethnic Minorities*. COST Series on Health and Diversity, Volume II (pp. 9-28). Antwerp/Apeldoorn: Garant.
- U.S. Department of Health and Human Services (2013, December). About Health Literacy. Health Resources and Services Administration. Retrieved from <http://www.hrsa.gov/publichealth/healthliteracy/healthlitabout.html>
- Institute of Medicine, (2004). *Health Literacy: A Prescription to End Confusion*. Washington DC: Institute of Medicine.
- Priebe, S. et al (2011). Good practice in health care for migrants: views and experiences of care professionals in 16 European countries. *BMC Public Health*, 11:187.
- Mladovsky, P. et al (2012a). Good practices in migrant health: the European experience. *Clinical Medicine*, Vol 12, No. 3: 248-52.
- Netto, G., et al (2010). How can health promotion interventions be adapted for minority ethnic communities? Five principles for guiding the development of behavioural interventions. *Health Promotion International*, 25: 248-57
- Norredam, M., Mygind, A & Krasnik, A. (2006). Access to health care for asylum seekers in the European Union — a comparative study of country policies. *Eur J Public Health* 16(3): 285-289.
- Roma Health Report. European Commission, Health and Consumers. http://ec.europa.eu/chafea/documents/health/roma-health-report-2014_en.pdf (accessed on 25th of November, 2014)
- Gulliford, M. et al (2002). What does "access to health care" mean? *Journal of Health Services Research & Policy*, 7(3), 186–188.
- Wild V. Challenging bioethicists' agenda: The example of immigration, health care and ethics. *Bioethics Forum* 2011;4(2):64-65.

References

- WHO (2006). Ninth futures forum on health systems governance and public participation, Copenhagen: WHO Regional Office for Europe.
- F. Riccardo, M.G.Dente, M.Kojouharova, M.Fabiani, V.Alfonsi, A.Kurchatova, N.Vladimirova, S. Declich. Migrant's access to immunization in Mediterranean Countries. *Health Policy* 2012; 105:17– 24.
- IHC (2011). Impact of Communication in Healthcare. Available at <http://bit.ly/1o6nHGj>
- Gushulak B, Pace P, Weekers J (2010). Migration and health of migrants. In: Poverty and social exclusion in the WHO European Region: health systems respond. Copenhagen, WHO Regional Office for Europe.
- Meeuwesen, L., et al (2012). Interpreting in health and social care: policies and interventions in five European countries. In D. Ingleby, A. Chiarenza, W. Devillé, & I. Kotsioni (Eds.), *Inequalities in health care for migrants and ethnic minorities* (pp. 158–70). Antwerp-Apeldoorn, Belgium: Garant Publishers.
- Gimeno-Feliu, LA, Magallón-Botaya, R et al (2012). Differences in the use of primary care services between Spanish National and Immigrant patients. *Immigrant Minority Health*
- Nørredam, M., Nielsen, S.S., Krasnik, A. (2009). Migrants' utilisation of somatic health care services – a systematic review. *European Journal for Public Health*, Vol. 20 (5): 555-563.
- Nørredam, M. et al (2010a). Excess use of coercive measures in psychiatry among migrants compared with native Danes. *Acta Psychiatrica Scandinavica*, 121 (2): 143-151
- A.J.M. Waelput, P.W. Achterberg (2007). *Etniciteit en zorg rondom zwangerschap en geboorte: een verkenning van Nederlands onderzoek*. RIVM: Centrum Volksgezondheid Toekomst Verkenningen.
- European Migration Network (2014). *Migrant access to social security and healthcare: policies and practice*. DG Home, European Commission.
- Ingleby, D. (2012). Acquiring health literacy as a moral task. *International Journal of Migration, Health and Social Care*, 8(1), 22-32.
- Leye, E. (2006). Health care in Europe for women with genital mutilation. *Health Care for Women International*, 27:4. Pg. 362-378.

© European Union, 2015

For any reproduction of textual and multimedia information which are not under the © of the European Union, permission must be sought directly from the copyright holders.

© Cover Illustrations: Observatorio de la Infancia de Andalucía, Escuela Andaluza de Salud Pública. Junta de Andalucía.

Migrants & Ethnic Minorities
Training Packages



Escuela Andaluza de Salud Pública
CONSEJERÍA DE IGUALDAD, SALUD Y POLÍTICAS SOCIALES



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Reggio Emilia



JAGIELLONIAN UNIVERSITY
MEDICAL COLLEGE



Funded by the European Union in the framework of the EU Health Programme (2008-2013) in the frame of a service contract with the Consumer, Health, Agriculture and Food Executive Agency (Chafea) acting under the mandate from the European Commission. The content of this report represents the views of the Andalusian School of Public Health (EASP) and is its sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or Chafea or any other body in the European Union. The European Commission and/or Chafea do not guarantee the accuracy of the data included in this report, nor do they accept responsibility for any use made by third parties thereof.