Webinar
Migrants, Refugees, and Health

HEALTHCARE ACCESS OF IMMIGRANTS: AN INTEGRATED APPROACH

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CONTENT

1. LOGISTIC FRAMEWORK
2. MODELLING HEALTHCARE ACCESS OF IMMIGRANT POPULATION
   - I. IMMIGRATION & HEALTCARE ACCESS
   - II. METHODOLOGY
   - III. RESULTS
   - IV. DISCUSSIONS

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1. LOGISTIC FRAMEWORK

POLIBIENESTAR RESEARCH INSTITUTE

Polibienestar is a public research institute belonging to the University of Valencia (Spain) specialized in research, innovation, technical advice and training in the field of public policies, with the final purpose of improving welfare and quality of life of the European society.

Polibienestar
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Polibienestar has received funding from the European Commission for the implementation of cost-effectiveness models of the European Union social and health care systems to improve the access of immigrants and refugees.

CHAFEA

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mig Health Care

- "MigHealthCare: strengthening Community Based Care to minimize health inequalities and improve the integration of vulnerable migrants and refugees into local communities" (Ref.: 738186)

- Consortium composition: Universities, National Authorities and NGOs from 10 European countries

- The overall objective of Mig-HealthCare is to improve health care access for vulnerable migrants and refugees.

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SO1. Provide the current physical and mental health profile of vulnerable migrants/refugees in the EU 28 including needs, expectations and capacities of service providers based on existing information evidence and original research.

SO2. Develop a comprehensive roadmap for the implementation of community based care models following an assessment of existing health services and best practices.

SO3. Train community health and social care service providers on appropriate delivery of health care models for vulnerable migrants and refugees.

SO4. Pilot test and evaluate community based care models which emphasise prevention, health and mental health promotion and integration leading to final recommendations and the creation of on line European networks of collaboration.

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I. IMMIGRATION & HEALTCARE ACCESS

- "HEALTY IMMIGRANT PARADOX"
- TRADITIONAL MODELS EXPLAINING ACCESSTO HEALTHCARE
- LINEAR MODELS TO COMPLEXITY

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II. METHODOLOGY

1. A **qualitative design** based on focus groups to explore different perspectives on immigrants
2. The focus groups were recorded and transcribed.

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III. ANALYSIS

An **thematic analysis** was conducted to look for factors influencing healthcare access of immigrants based on the **Ecological Model** (Bronfenbrenner, 1979; McLeroy, Bibeau, Steckler & Glanz, 1988).

The results of this study are part of the focus groups carried out in Spain

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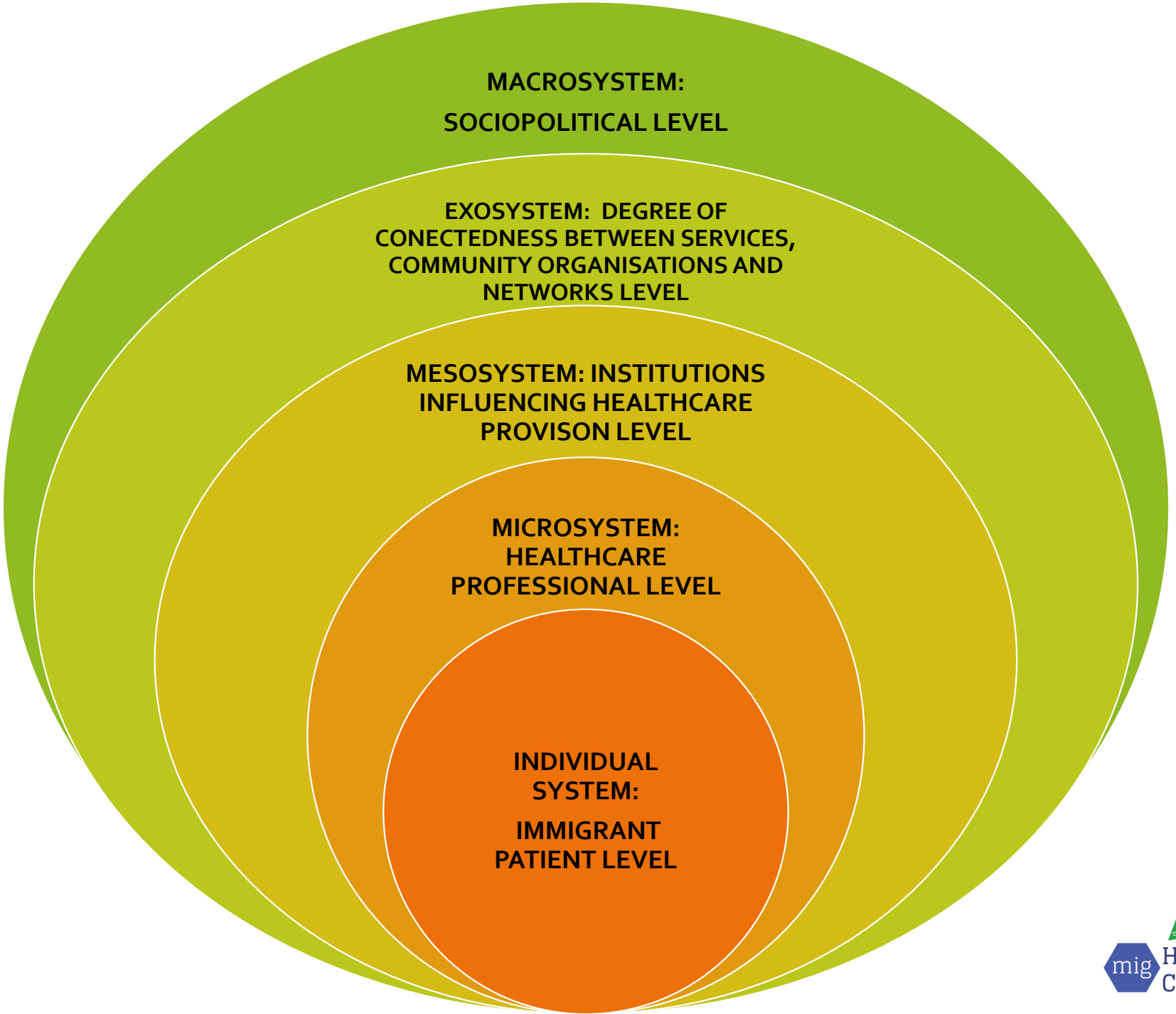
Adapting the Ecological Model into Analysis themes



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Focus group Configuration

Focus Group	Profile of participants	Nº of participants	Duration of the focus group
1	Healthcare professionals	5	55 min
2	NGO representatives	11	1:30h
3	Policy-makers	5	1 h
4	Community organisations	8	45 min

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RESULTS IN THE IMMIGRANT PATIENT LEVEL

Gender inequities (FG HP): "the more vulnerable group are women"

Special attention for children (FG HP): "we especially follow up the children situation"

Social Needs (FG PM): "we provide care to the immigrant population, the immigrant population with greater needs, homeless immigrants"

Health literacy (FG HP): "if locals' health literacy is low, for immigrants coming from their own systems… we have to teach them"

Acculturation (FG CO): "sometimes if they are not integrated they ask for impossible things, facing more complex situations to have access to proper care"

Legal situation (FG HP): "Sometimes their legal situation or the lack of identity documents difficulties everything"

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RESULTS IN THE HEALTH CARE PROFESSIONALS LEVEL

Lack of knowledge (FG HP): "sometimes the people in the front door don't know how to deal with immigrants, and it could be a barrier hindering the access of immigrants to be in front of the doctor"

Discriminatory attitudes (FG NGO): "we have users who report feeling discrimination against them based on culture"

Intercultural competence (FG HP): "the professional's competence to deal with different cultural backgrounds is quite individual, though the system is the same for everyone"

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RESULTS IN THE INSTITUTIONS INFLUENCING HEALTHCARE PROVISON LEVEL

Healthcare services (FG NGO): "depending on the health care centre that you visit the Accessibility is different"

NGOs (FG NGO): "we support newcomer immigrants to get Access. Moreover, we report the discrimination cases and advise policy-makers"

Family – Relatives (FG HP): "some mothers come with their children who have better proficiency in the language"

Ethno-group (FG HP): "they come with friends with high proficiency than them to translate"

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RESULTS IN THE CONECTEDNESS BETWEEN SERVICES, COMMUNITY ORGANISATIONS AND NETWORKS LEVEL

Interinstitutional coordination (FG PM): "we have to be coordinated with the regional health system"

Coordination among different institutions and services (FG PM): "strength ties and have face-to-face interactions with different professionals to facilitate it"

Community engagement of the healthcare service (FG PM): "the relationship among the service and the community is really important"

The relationship between NGO and services (FG NGO): "We work really close with some primary care centre, and the situation in the area has improved a lot for the population there"

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RESULTS IN THE SOCIOPOLITICAL LEVEL

Political agenda (FG PM): "This is a matter of political willingness, time, Budget, awareness"

Racism (FG CO):"General ideas and misconceptions related with the use of healthcare services based on racism"

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IV. DISCUSSIONS

- This ecological framework gives a better understanding of the diverse interrelated factors acting at different levels in the access to healthcare of immigrants

- From this framework actions addressing diverse factors at different levels are more effective

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