



# Mig-HealthCare

## Minimize Health Inequalities and Improve the Integration of Vulnerable Migrants and Refugees into Local Communities

### Final Report 2020



Co-funded by the European Union's  
Health Programme (2014-2020)



**Mig-HealthCare - strengthening Community Based Care to minimize health inequalities and improve the integration of vulnerable migrants and refugees into local communities, was a three-year project that was launched in May 2017, with the financial support of the European Commission. The project was implemented by a consortium of Universities, national authorities and NGOs from ten countries across Europe, with diverse experience on issues of public health and integration of refugees and migrants. Below you will find a summary of the project - vision, objectives, methods and means - as well as the main achievements, findings and key recommendations.**



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## ► Background

Since the Middle East crisis began in 2011, Europe has seen increased flows of migrants and refugees arriving mainly at the Mediterranean shores. According to UNHCR data, 70.8 million people were forcibly displaced from their homes. Since 2015, over 2.000.000 refugees and migrants arrived in Europe. The need to address migrant/refugee health issues and facilitate health care access for this vulnerable population group is increasing.

The UN's Covenant on Economic, Social and Cultural Rights, article 12.1, cites that "The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" (UN 1966). In the European context, the Charter of Fundamental Rights states that everyone should have the right to access preventive health care and to benefit from medical treatment. Still, problems in health care access for migrants and refugees exist.

Inequalities are often the result of legal barriers that exist in many EU MS and pose barriers in accessing care for migrants, refugees and, asylum seekers and especially undocumented migrants. However, inequalities are also attributed to the economic situation of migrants who may lack the means to access or to pay for health services. Inequalities are also the result of language barriers, discrimination and, what is referred to in research, as the lack of cultural competence from healthcare providers (Lebano et al., 2018).

Migrant and refugee populations in Europe are in general young healthy adults, but they also include a substantial proportion of families, elderly and disabled people (WHO, 2018). Their health needs place them in a disadvantaged position as a result of exposure to many risk factors, such as long and perilous journeys, homelessness, lack of insurance coverage, exposure to violence, mental and physical trauma and exploitation (WHO, 2018). These are indications that migrant and refugee populations may present with worse health outcomes than the host population, such as increased infant mortality, adverse gynecological outcomes and unregulated chronic disease outcomes. Moreover, factors such as cultural and language barriers, unemployment or low paid, illegal or insecure jobs put them at increased health risks (WHO, 2018).

## ► The project

- 3rd Health Programme (2014-2020)
- Topic: PJ-01-2016 Migrants' health: Best practices in care provision for vulnerable migrants and refugees
- Duration: 38 months (01/05/2017 – 30/06/2020)

## ► Consortium

14 Partners • 10 countries



**Institute of Preventive Medicine Environmental and Occupational Health – PROLEPSIS**

Athens, Greece – *Project Coordinator*



**Centre for advancement of research and development in educational technology LTD-CARDET**

Nicosia, Cyprus



**EHESP French School of Public Health**

Rennes, France



**Medical School, National and Kapodistrian University of Athens (UoA)**

Athens, Greece



**Central Union of Greek Municipalities–KEDE**

Athens, Greece



**Ethno-Medical Centre–EMZ**  
Hannover, Germany



**KOPIN**  
San Gwann, Malta



**National Health Operations Centre,  
Ministry of Health–EKEPY**  
Athens, Greece



**POLIBIENESTAR, Research Institute on Social  
Welfare Policy**  
Valencia, Spain



**Oxfam Italy**  
Arezzo, Italy



**Region of Central Greece**  
Lamia, Greece



**Uppsala University - Department of Sociology**  
Uppsala, Sweden



**Verein Multikulturell**  
Innsbruck, Austria



**National Center of Infectious and Parasitic  
Diseases**  
Sofia, Bulgaria

## ► Our Vision

- **Improve health care access** of vulnerable migrants and refugees including mental health care and health promotion services
- **Support the inclusion and participation** of migrants and refugees in European communities
- **Lead** to better health outcomes
- **Facilitate integration** and reduction of health inequalities

## ► Specific objectives

1. Provide the current physical and mental health profile of vulnerable migrants/refugees, including needs, expectations and capacities of service providers based on existing information, evidence and original research.
2. Develop a comprehensive roadmap for the implementation of community based care models by assessing existing health services and best practices.
3. Through the roadmap it will be provided:
  - Requirements & prerequisites
  - Action steps considering legal, organizational & institutional contexts
  - Tools
4. Train community health and social care service providers on appropriate delivery of health care models for vulnerable migrants and refugees
5. Pilot test and evaluate community based care models which emphasize on prevention, health and mental health promotion, as well as integration leading to final recommendations and the creation of on line European networks of collaboration.

## ► Our target groups

1. Migrants and refugees, asylum seekers, undocumented migrants
2. Vulnerable migrant/refugee groups including women and children, unaccompanied minors, senior citizens, victims of torture and violence, people suffering from chronic and infectious diseases
3. Providers of physical and mental health and social services, especially in regional and community levels, as well as NGOs
4. Policy makers
5. Local communities

## ► Methods & Means

1. Critical analysis & review of existing evidence
2. Participatory research
3. Focus groups
4. Survey
5. Review of existing approaches and assessment of best practice
6. Development of a roadmap and a toolbox
7. Training, pilot implementation & evaluation

# ► Physical and mental health profile of vulnerable migrants/refugees - needs, expectations and capacities of service providers (WP4)

The overall aim was to provide a comprehensive physical and mental health profile of vulnerable migrants/refugees in the EU and specifically in partner countries including needs, expectations and capacities of service providers as well as existing services

**Leader:** University of Uppsala

## Outputs

1. Online database. The online database comprises two parts:

- [Country profiles, healthcare provision and challenges](#) in each partner country.
- [Interactive map](#) including health and social care services and psychosocial support services.

An interactive online map was created presenting the resources in an easy to use, accessible manner in multiple languages. The map includes relevant services and stakeholders, relevant Apps/Websites/E-tools and Current Studies and Projects for 13 EU countries. The interactive map also contains a short description of each country's legal framework concerning the provision of health and social care to migrants and refugees.

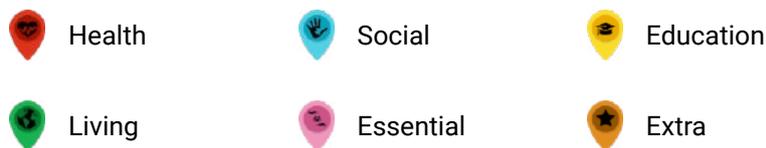
For the development of the interactive map the Mig-HealthCare project worked together with another project funded under the same call – My-Health project - [www.healthonthemove.net](http://www.healthonthemove.net). After realizing early on in the project that both projects shared certain common tasks, an agreement was reached between the two consortia to collaborate on this activity creating a commonly shared and owned map of identified services, projects and tools.

2. [Literature review](#): This review scoped 71 papers from ten European countries in order to provide an overview concerning migrants' and refugees' access to health care.
3. [Interview, survey and focus group research reports](#)
  - Surveys conducted among migrants and refugees in the 10 consortium countries.

- Focus groups conducted with service providers working on migrant and refugee health, to explore the barriers and facilitators to offering better health care to migrants/refugees.
4. [Prediction model](#): The Mig-HealthCare research (literature review, focus groups, survey, mapping of services and best practices) was used to design scenarios that predict the health care services that will be needed to address and respond to the needs of different groups of vulnerable migrants and refugees in the future.



Snapshot from the interactive map. The interactive map contains currently 193 resources and each service is indicated with a different icon according to the main service offered.



## ► Comprehensive roadmap for the implementation of community based care models (WP5)

The overall aim was to develop a comprehensive roadmap for the implementation of community-based care models. The roadmap indicates requirements and prerequisites and includes concrete steps to action taking into consideration the different legal, organizational and institutional environments in Europe. The roadmap also includes a toolbox of tools that can be used by service providers addressing a comprehensive list of physical and mental health issues pertaining to migrants and refugee.

**Leader:** University of Athens

### Outputs

1. [Review of models of community health and social care and best practices](#) – The research was based on a scoping review of the scientific, peer-reviewed literature and on a review of related grey literature on best practices and tools for migrant and refugee health.
2. [Tools](#) to address misconceptions among local populations on issues related to public health and migrants/refugees – The tools developed were based on focus groups research findings. They include a poster linked with a QR code, which brings the audience to a landing page providing correct information about the identified misconceptions.
3. [Roadmap](#) to the effective implementation of community care models – This roadmap is an online resource for a wide variety of stakeholders both at the individual as well as the organizational level, targeted to health professionals, managers, migrants/refugees, patients, families and caregivers.
4. [Toolbox](#) – Based on the developed roadmap and for each of the above categories a toolbox comprising important tools for service providers to facilitate their work in community care services was developed. The toolbox includes approximately 300 tools and can be accessed directly from the Mig-Health-Care website or through the different Roadmap categories. Searching for tools is facilitated by various filters (thematic category, language, end user, type of material).

www.mighealthcare.eu

**“Migrants carry infectious diseases”**

**“Migrants overload national welfare systems”**

**You are both wrong.**

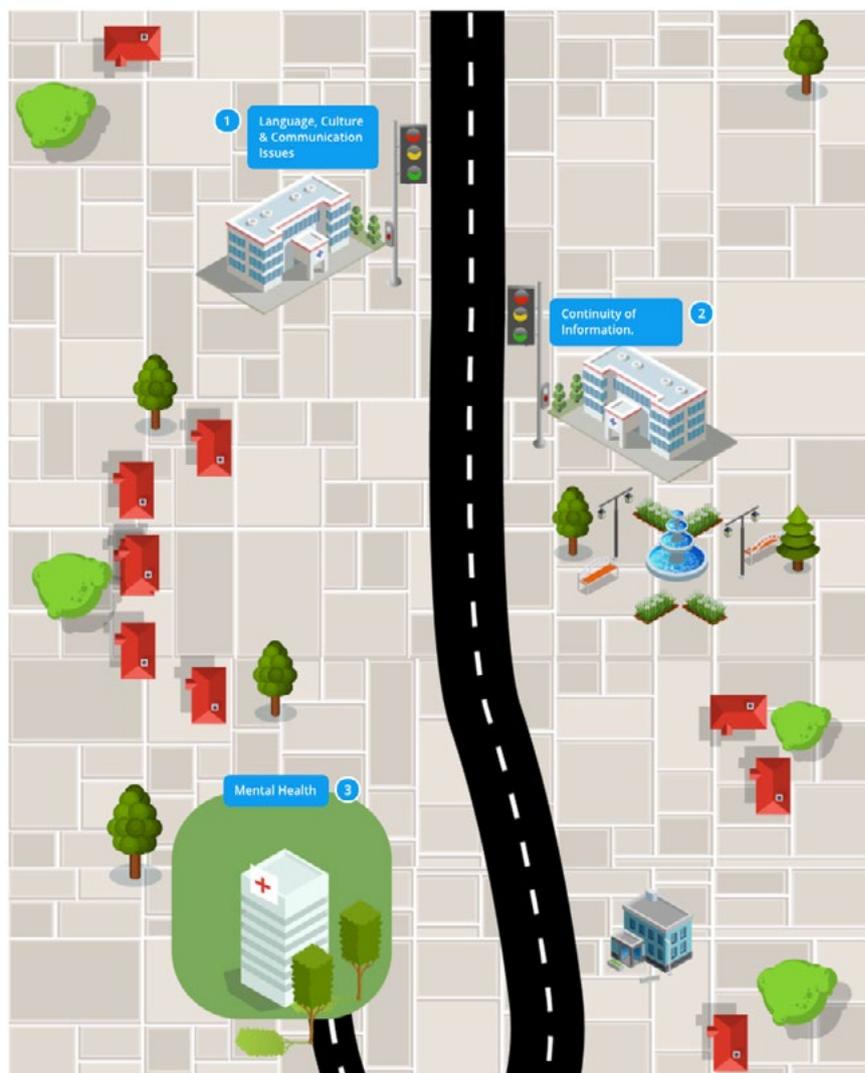
*Scan here for the real facts*

Co-funded by the European Union's Health Programme (2014-2020)

This poster is part of the project '738186 / Mig-HealthCare' which has received funding from the European Union's Health Programme (2014-2020). The content of this poster represents the views of the author only and is his/her sole responsibility; it can not be considered to reflect the views of the European Commission and/or the Consumers, Health, Agriculture and Food Executive Agency or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.

Mig-HealthCare poster to address misconceptions among local populations on issues related to public health and migrants/refugees.

5. [The Algorithm](#) – is an online tool to guide health professionals through all the necessary steps when delivering health care to migrants/refugees.
6. [Mig-HealthCare Roadmap & Toolbox Handbook](#) – A practical guide/hardcopy of the roadmap and toolbox, including also the algorithm questions flow. The Handbook is available in English as well as in all consortium languages (Greek, Spanish, German, Bulgarian, Swedish, French, & Italian).
7. [Roadmap & Toolbox tutorial video](#) – A short tutorial video, presenting the Mig-HealthCare Roadmap and Toolbox.
8. [Algorithm tutorial video](#) – A short tutorial video, presenting the Mig-Health-Care Algorithm.



Snapshot from the roadmap

## ► Pilot Implementation (WP6)

The overall aim was to train, pilot test and evaluate the community-based care models which emphasize on prevention, health and mental health promotion and integration. More specifically, partners in different countries focused on piloting specific elements of the Roadmap & Toolbox. Pilot and evaluation were implemented with local authorities in Greece, Italy, France, Spain, Austria, Bulgaria and Malta. More specifically:

**Leader:** Prolepsis Institute

COUNTRY	PILOT MATERIAL	PILOT ACTION
<b>Germany</b>	The Circle of Health model/Health promotion	Realization of a five-hour workshop in Berlin (12 professionals and 5 mediators)
<b>France</b>	Engaging migrant/refugee minors in peer-support activities to promote healthy habits in their community	Three-month ethnographical observations 3 formal interviews with under-aged migrants and 10 with volunteers Informal interviews
<b>Spain</b>	Community-based health education and lifestyle intervention to reduce risk factors associated with chronic diseases/NCDs	4 group sessions of over a 1-month period (1,5 hour each) with migrants over 18 years old Groups consisted of 10-15 participants The intervention targeted health literacy and lifestyle change to prevent chronic conditions
<b>Malta</b>	Training health professionals on the roadmap and toolbox	Online training (due to COVID-19 pandemic) on the roadmap and toolbox
<b>Bulgaria</b>	Vaccination part of the roadmap/toolbox	Training of 12 service providers and piloting the Roadmap & Toolbox with an emphasis on vaccination issues 3 MDs, a nurse, 6 social workers, a psychologist, and a health mediator

COUNTRY	PILOT MATERIAL	PILOT ACTION
Italy	Community Health Educator model/ health promotion activities	<p>Health promotion activities (October 2019 – February 2020) carried out by a mediator/educator</p> <p>100 migrant women participated in total, mainly from Indian communities</p> <p>The main aims were to:</p> <ul style="list-style-type: none"> <li>– raise awareness of foreign communities on screening, reproductive health and the availability of community center services</li> <li>– create a bond of trust with the participants</li> <li>– spread the message about the activity performed by the Community Health Educator</li> </ul>
Greece	1. Algorithm testing	<p>Tested the algorithm among health professionals in Elaionas camp, Skaramagkas camp and regional health/social services in the area of Halkida, including the town hospital</p> <p>MDs, nurses, psychologists, social workers, midwives and administrative personell received training on how to use the algorithm, and were asked to use the algorithm during their consultation with migrants/refugees. Participants were asked to fill in at least one algorithm per week over a 3-month period</p> <p>114 algorithms were received and the analysis was based on the responses of 17 professionals, who tested the algorithm</p>
	2. Cultural Mediation	<p>Online webinar on cultural mediation to address issues related to culture and coping with unexpected and conflicting situations</p> <p>Teaching techniques included discussion, questions, problem solving, peer-learning, active learning, discovery learning, flipped classroom, engagement of social media and using smartphones</p> <p>Participants showed improvement in understanding their own negative behavior when working with different cultures, handling cultural diversity in the workplace, managing conflict and providing services to support and improve the care of migrants/refugees</p>
Austria	Training health professionals on the roadmap and toolbox	Training of the roadmap and toolbox with an emphasis on mental health

Details about the piloting and piloting results as well as the final recommendations are available [here](#).

## ► Our Dissemination activities

The overall aim of the dissemination activities implemented throughout the project lifetime was to ensure that the project results and deliverables were widely communicated to the target groups.

### 1. Dissemination material

- [Leaflet](#)
- Newsletters. Project's newsletters are available [here](#), & [here](#)
- [Press release](#)
- [Layman's version of final report](#)
- [Scientific articles/presentations](#)

### 2. Dissemination channels

- [Website](#)
- [Facebook account](#)
- [Twitter account](#)

### 3. EU Info day

A virtual information day was organized by Prolepsis Institute, on behalf of the Mig-HealthCare project, in order to share and disseminate the final results of the project.

#### OVERALL DISSEMINATION ACHIEVED THE FOLLOWING:

- › Over 240 Facebook followers
- › Over 80 Tweeter followers
- › Over 200 participants in pilot activities
- › Over 30.000 website views
- › 3 newsletters
- › 3 press releases
- › 4 peer reviewed articles & chapters
- › 12 public conference proceedings
- › 20 plenary and keynote lectures
- › 1 conference paper
- › Overall the project reached 91,999 people through online, print and face-to-face activities.

## ► Our Main findings

### 1. Specific health issues pose challenges to migrant/refugee health

Health care provision to migrants/refugees is often limited to treating acute or emergency situations only, without any long-term planning for disease monitoring and prevention. In addition, health care provision often selectively focuses on specific vulnerable groups, such as minors and pregnant women, hereby excluding others. Important health issues for migrants/refugee include:

- **Mental health:** The Mig-HealthCare survey conducted in 2018 in 10 European countries found that 26.6% of participants reported suffering from distress symptoms, including symptoms of depression, anxiety, worry and stress. The SF-36 score for overall mental health showed an average mental health score of 60.9 (SD 21.24), lower than the normative scores for EU populations, which lie above 65. Scores vary according to country of origin and country where the survey was conducted.
- **Vaccinations:** The Mig-HealthCare survey showed that more than 72.6% of participants did not have a vaccination card. Very few reported having received vaccinations, either in the present country of residence or in the country of entry to the EU (values range from 11.2% for influenza and 27.4% for Tetanus).
- **Maternal and child health:** Research from the project and elsewhere shows poorer maternal and new-born health outcomes for migrants and refugees compared to their respective host populations.
- **Health promotion** receives less attention from health professionals. Issues of importance identified include:
  - Screening for breast, cervical and colorectal cancers is low among migrants/refugees. Only 5.2% of participants reported having had a colonoscopy. Of the female participants from this study, merely 25.1% had ever had a Pap test and 18% had ever had a mammogram.
  - Alcohol consumption and tobacco use among migrants/refugees increases as duration of stay in the host country increases.
  - Various issues related to nutrition are of importance to the health of migrants/refugees including malnutrition, undernutrition, and food insecurity, as well as Vitamin A, D and B12 deficiency, anemia and iron deficiency, and obesity.
  - Physical activity levels among migrants/refugees are relatively low compared to host populations.

- **Dental and oral health:** The Mig-HealthCare survey showed that the most frequent chronic health problem migrants/refugees face is caries (12.2 %), whereas among the most important health issues are teeth problems (52.9%).
- **Non Communicable Diseases (NCDs):** NCDs are an important health burden for migrants/refugees. Some NCDs, such as diabetes, often go undiagnosed with outcomes worsening over time. Management of NCDs is challenging. Those already suffering from NCDs are more vulnerable to the stress caused by the migration journey and are more prone to disease complications, because of adverse conditions and inability to access suitable health care.

## 2. There are significant barriers in the delivery of health care to migrants/refugees related to continuity of care, language culture and communication and health literacy

There are specific barriers that hinder the effective provision of adequate health services to migrants/refugees. These barriers include lack of continuity concerning personal health information, as well as language, culture and communication issues. These have been defined by the Mig-HealthCare project as core requirements to be met during planning and delivery of health care to migrants/refugees.

## 3. Health related misconceptions about migrants/refugees exist among host populations

Participatory research within Mig-HealthCare showed that the most prevalent misconceptions about migrant/refugee health are that (1) refugees are vectors for diseases (new or eradicated), and (2) migrants overload the national welfare systems.

## 4. There are specific elements that can contribute to the effectiveness of community interventions aiming to improve migrant/refugee health

A review of promising practices identified specific elements that contribute to the effectiveness of interventions aiming to improve migrant/refugee health. These include inclusion of community members to ensure sustainability, tailor-made activities, cultural and linguistic adaptation of material, material in migrant/refugee languages, school-based interventions, and training of healthcare professionals.



## ► Our Key recommendations

Engage communities and emphasize community action, engage multi-disciplinary teams of experts

### *The Mig-HealthCare contribution*

Community action should include migrants/refugees themselves as well as local populations health professionals but also other related professionals such as social workers, cultural mediators, psychologists etc.

Community-based interventions which were piloted within the Mig-HealthCare project showed promising results for migrant/refugee health. More specifically the following practices were piloted:

An intervention engaging migrant/refugee minors in peer-support activities to promote healthy habits in their community. Five positive impacts emerged:

1. Creating links between previously isolated groups of migrants/refugees
2. Boosting of feelings of recognition and social usefulness
3. Boosting of feelings of happiness
4. Better communication
5. Development of new skills
  - A community-based health education and lifestyle intervention to reduce risk factors associated with chronic diseases reported satisfaction and increase in knowledge and skills among migrants/refugees and health professionals.
  - Cultural mediation training sessions for professionals, including professionals working outside the strictly medical/health field showed increased satisfaction and increase in knowledge and skills concerning cultural issues of migrants/refugees.
  - An intervention focusing on the training of professionals working with migrants/refugees so as to create shared knowledge and understanding regarding health promotion (the circle of health approach). Results showed an increase in awareness of the important factors to be taken into account when addressing health promotion.
  - Community-based training implemented by members of the migrant/refugee communities on issues related to cervical and breast cancer screening.

Community health care services for migrants/refugees need to address issues related to continuity of information, language, culture and communication and health literacy. This will make services more inclusive and responsive to the multiple sociocultural needs of migrants/refugees

### *The Mig-HealthCare contribution*

- A unified tool for facilitating health assessment and creating a line of communication across EU states and across different services is necessary to make the retracing of medical information possible. Respecting confidentiality and securing consent is essential. Mig-HealthCare through the Roadmap and Toolbox offers guidance and examples of tools that can ensure efficient continuity of health information.
- Language and culture influence effective communication between health care professionals and migrant/refugee patients. Good communication between provider and patient results in better health outcomes and contributes to the overall health of the community. Translators and cultural mediators are essential in health care facilities providing care to migrants/refugees. They should be provided by state health care systems as a person-to-person service or as a virtual platform-based one. Various tools can support this effort. The Mig-HealthCare Roadmap and Toolbox offers relevant guidance and tools on issues related to culture and communication.
- Efforts to inform health professionals on the importance of health literacy need to be taken. Specific focus needs to be put on the fact that limited health literacy is more common among ethnic minorities and migrants/refugees, as well as patients with low educational attainment and of older age. Relevant tools to assess health literacy are available for health professionals who can then tailor care according to actual health literacy needs. The Mig-HealthCare Algorithm provides an assessment tool to evaluate health literacy while the Roadmap and Toolbox provides information and relevant examples and tools that can be used to increase health literacy among migrants and refugees.

Health care delivery should also incorporate routine disease management activities addressing specific health concerns and health issues for migrants/refugees in addition to the emergency care entitlement. Such services are best effective at the primary health care and community levels.

### *The Mig-HealthCare contribution*

- According to the project's research findings, particular health conditions pose challenges for migrant and refugee health, such as mental health, chronic



diseases and oral and dental health. It is anticipated that these issues will pressure the health care systems of migrant/refugee receiving countries. It is important to address these issues early on through the primary health care and community level. The Mig-HealthCare roadmap and toolbox offers information and tools on migrant specific health issues in the consortium and migrant/refugee languages. In addition, the algorithm highlights the main concrete steps in a comprehensive health needs assessment of migrant and refugee health. The algorithm can be utilized by community health services and specifically, GPs and family doctors, primary health care professionals and nursing staff as well as by health administration personnel taking the 1<sup>st</sup> interview from migrant/refugee patients.

Health care delivery should address health promotion and disease prevention and implement relevant interventions at the community level

#### *The Mig-HealthCare contribution*

- Health promotion should be a core part of health care delivery following careful assessment of the target population's specific needs. Promoting cancer screening, as well as tackling smoking, alcohol, nutrition and physical activity issues is important. Rapid assessments with appropriate tools, understanding the situation, partnership with health professionals and migrants/refugees, as well as inclusive approaches are essential. Funding through partnerships between governments and community providers is also important.
- Elements of successful health promotion practices include inclusion of community members to ensure sustainability, tailor-made activities, cultural and linguistic adaptation of material, material in migrant/refugee languages, school-based interventions, and training of healthcare professionals.

Health care professionals should understand local community perceptions about migrants/refugees, identify misconceptions, design strategies to manage and overcome differences through appropriate action

#### *The Mig-HealthCare contribution*

Community approaches to health care involve all members of a community, including citizens themselves. This entails understanding how migrants/refugees are perceived by community members and addressing erroneous perceptions with tailored tools. Mig-HealthCare developed communication tools to be used for tackling misconceptions.

Health care professionals should be offered easy access to language appropriate material and tools relevant to migrant and refugee health

### *The Mig-HealthCare contribution*

A plethora of information and research about migrant and refugee health exists mainly in the English language. A relevant finding from the Mig-HealthCare pilots showed that there is a need to offer resources in the host country language as well and easy access to tools and material that can facilitate the work of health professionals with migrants and refugees.

To address this need, a version of the Mig-HealthCare roadmap was translated in the consortium languages (i.e. Greek, German, French, Italian, Bulgarian, Swedish, & Spanish) while the toolbox includes tools in many migrant and refugee languages.

## ► Conditions and prerequisites

Improving health for migrants and refugees and facilitating integration into the host communities requires that certain conditions are met. These include:

- Universal access to health and social care and services must be ensured for all migrants/refugees (including undocumented migrants, such as visa or permit 'over stayers', rejected asylum seekers and individuals who have entered a country without documentation). Guaranteeing the same legal entitlement as other residents of the country is a fundamental step towards improving migrant/refugee health.
- The integration of migrants/refugees requires fostering better living conditions in host countries, and access to fundamental needs (access to shelter potable water, adequate sanitary facilities), as well as employment and education and training opportunities.
- Within the EU, differences remain in terms of integration especially between first entry and destination countries. Implementing community based care is harder when migrants and refugees continue to remain in camps instead of integrating with the host population.



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