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

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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:

  o **Different frames of reference** regarding health

  o Overcome health professionals *prejudices*

  o Gap between **different understandings and meanings of illnesses**

  o **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 ...

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.


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