



BOOK OF ABSTRACTS

**6th European Conference on
Migrant and Ethnic Minority Health**

Organized by:  NAKMI

In association with:



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www.nakmi.no

E-mail: post@nakmi.no

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INTRODUCTION ABSTRACT BOOK

European societies are ethnically and culturally diverse. Though large-scale migrations to Europe are not a new phenomenon, Europe's handling of the refugees in 2015 was fragmented, chaotic and hopelessly inadequate and it comes as no surprise that the refugee issue dominated the public debate at national and international arenas.

So what do we do at times like this? Martin McKee, EUPHA president, is both candid and clear when he says 'we have a duty to speak out, and make the invisible visible'. The Norwegian Center for Minority Health Research (NAKMI) and The EUPHA Section for Migrant and Ethnic Minority Health aim to do this by hosting the sixth EUPHA Conference on Migrant and Ethnic Minority Health 23-25th June 2016 in Oslo.

Better health outcomes for all segments of the population is a common goal. Therefore, we have chosen Equity: the Policy Practice Gap in Health' as our theme. This conference provides a unique opportunity for stakeholders to meet, share, discuss and debate the issues related to equity in health. Inequalities in health and ethical considerations remain high on our agenda. The epidemiologists continue to count, the qualitative researchers share the stories that help us understand the numbers and thus rethink our directions in research. Furthermore, the cross-border exchange of information will help us to respond better to diversity by analyzing policies, learning from best practices, and heeding to the needs of users.

We received 370 scientific abstracts from 32 countries the world over. Our outstanding International Scientific Committee of 24 European Experts reviewed these carefully and selected the best for oral presentations. Three experts reviewed each abstract and only those attaining a high total high score were accepted.

The abstracts presented in this abstract book reflect the complex subject matter and wide ranging topics in the field of migration and health. The high quality and scientific merit, relevance and emergence of new and innovative work is evident.

We would like to take the opportunity to congratulate and thank the authors for their contributions to the conference and for highlighting the challenges and show casing the much-needed evidence. We would also like to express our deep appreciation to the International Scientific Committee for their work in reviewing the abstracts.

We hope that our joint efforts and endeavors will take the migrant health agenda forward in Europe and the world at large.

Bernadette N. Kumar
Conference Chair

Allan Krasnik
Chair Int. Scientific Committee

Conference Program Overview

| DAY 1 - Thursday June 23rd 2016 | | | | | | |
|---|---|---|--|---|--|--|
| 08:00- | Registration and help desk (open throughout the conference) | | | | | |
| 10:00-11:30 | Opening Ceremony Plenary 1: Migration, Human rights and Ethics | | | | | |
| 11:30-12:00 | Coffee and refreshments | | | | | |
| 12:00-13:30 | Parallel TM 1 Vulnerable groups | Parallel TM 2 Burden of Disease | Parallel TM 3 Access to healthcare services | Parallel TM 4 Research methods | Workshop TMW 1 Undocumented and reproductive health | Workshop TMW 2 Diabetes prevention |
| 13:30-14:45 | Lunch | | | Poster session PT1-PT8 | | |
| 14:45-16:15 | Parallel TA 1 Capacity building | Parallel TA 2 Determinants of Health | Parallel TA 3 Vulnerable groups | Parallel TA 4 Mental Health | Workshop TAW 1 Immigration and the welfare state | Workshop TAW 2 Diabetes and obesity |
| 16:15-16:45 | Coffee and refreshments | | | | | |
| 16:45-18:15 | Plenary 2: Rethinking directions in research | | | | | |
| 18:15-21:00 | No program | | | | | |
| 21:00-23:00 | Reception at City Hall | | | | | |

| DAY 2 - Friday June 24rd 2016 | | | | | | |
|---|--|--|---|--|--|---|
| 08:00- | Registration and help desk (open throughout the conference) | | | | | |
| 09:00-10:30 | Plenary 3: Responding to diversity | | | | | |
| 10:30-11:00 | Coffee and refreshments | | | | | |
| 11:00-12:30 | Parallel FM1 Policy for migrants and minorities | Parallel FM 2 NCDs, Cancer | Parallel FM 3 Maternal Health | Parallel FM 4 Research methods | Workshop FMW 1 From Evidence to Policy making | Workshop FMW 2 Access for refugees, asylum seekers, undocumented |
| 12:30-13:45 | Lunch | | | Poster session PF1-PF7 | | |
| 13:45-15:15 | Plenary 4: Migration and Diversity in Health and Education | | | | | |
| 15:15-15:45 | Coffee and refreshments | | | | | |
| 15:45-17:15 | Parallel FA 1 Enabling patient education | Parallel FA 2 Vulnerable groups | Parallel FA 3 Communi- cation | Parallel FA 4 Health services utilization | Parallel FA 5 Life cycle approach | Parallel FA 6 Children and adolescents |
| 17:30-18:00 | Skill building: How to improve your poster (No program between 18:00-20:00) | | | | | |
| 20:00- | Conference dinner (After dinner party from 22:00) | | | | | |

| DAY 3 - Saturday June 25rd 2016 | | | | | | |
|---|---|---|--|---|------------------------------------|--|
| 09:00-10:30 | Parallel SM 1 Health prevention and promotion | Parallel SM 2 Maternal and reproductive health | Parallel SM 3 Infectious diseases | Parallel SM 4 NCDs, diabetes | Workshop SMW 1 Cancer | Workshop SMW 2 Older Migrants |
| 10:30-11:00 | Coffee and refreshments | | | | | |
| 11:00-12:30 | Plenary 5: Panel Equity From Policy to Practice Closing Ceremony | | | | | |
| 12:30-13:30 | Lunch (brownbag) | | | | | |

Conference organizers

Conference Chair



Bernadette N. Kumar

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The Norwegian Centre for Minority Health Research (NAKMI) aims to promote and contribute to attaining equity in health care for immigrants and ethnic minorities with the overall aim of improving health care for all. NAKMI's goal is to be the national nexus for migrant and ethnic minority health, through research and policy development, education, training, capacity building and dissemination of research and information nationally and internationally. Our main target groups are health policy makers and managers, health professionals, researchers and students.

Our website www.nakmi.no provides further details.

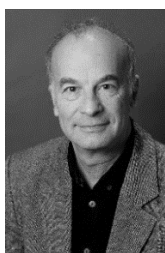
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The EUPHA Section on Migrant and Ethnic Minority Health is one of the largest sections of the European Public Health Association (EUPHA) with almost 900 members including policy makers, practitioners and researchers. The section facilitates efforts for better health among migrants and ethnic minorities by communicating information and new evidence, organizing international meetings and conferences in the field and stimulating networks between the many different actors in Europe and beyond.

See our website www.eupha.org/migrant-and-ethnic-minority-health for more information.

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THE ABSTRACTS

Session Code: PF4.03 (Poster)

A descriptive study of the diet of diabetic patients from Pakistan during Ramadan.

Authors: *Calpe, Ainhoa (Spain); Fructuoso, Elisabet (Spain); Rodero, Monsterrat (Spain); Hidalgo, Manuela (Spain); Alcaraz, Sonia (Spain); Ochando, Montserrat (Spain); Grau, Jordi (Spain); Plaza, Isabel (Spain); Perez-Hervada, Maria (Spain); Chueco, Aida (Spain); Fuertes, Maria Teresa (Spain); Fernandez, Laura (Spain); Toscano, Ainhoa (Spain); Cuni, Marta (Spain); Antonio, Violeta (Spain); Díaz, Paula (Spain)*

Keywords: diabetes mellitus, diet, treatment, pakistán.

Background: observational study based on a clinical trial: "effectiveness of an tailored diet for pakistani patients with diabetes in the metabolic control of the disease". Objectives: to analyze the eating habits of the diabetic patients from Pakistan during Ramadan period and assess adherence to drug treatment. Results: Follow-up of 15 patients who perform Ramadan. All participants do fasting during daylight hours, with water deprivation and drug treatment. There is a poor compliance with drug therapy, in smaller dosages and intake separated between 1 to 12 hours. It is observed a Poorly controlled diabetes during Ramadan with Low adherence to medication and a poorly nutrition while fasting.

Methods: Objectives: to analyze the eating habits of the diabetic patients from Pakistan during Ramadan period and assess adherence to drug treatment. Methods: qualitative study wiht observation and individual interview.

Results: Follow-up of 15 patients who perform Ramadan. All participants do fasting during daylight hours, with water deprivation and drug treatment. There is a poor compliance with drug therapy, in smaller dosages and intake separated between 1 to 12 hours.

Conclusions: It is observed a poorly controlled diabetes during Ramadan with low adherence to medication and a poorly nutrition while fasting.

Message: Ramadan fasting implied difficulties for diabetic patiens. Compliance of diet at drug treatment is difficult and primary healthcare nurses have to know and adapt this situation as to improve metabolic control of the disease.

Session Code: TA 1.3 (Oral presentation)

Advancing public health nursing care in a multi ethnic population – Critical reflection captures needs for training and assessment

Authors: *Dolvik, Stina* (Norway); *Leirbakk, Maria* (Norway); *Bratli, Elisabeth* (Norway); *Hjelmerud, Torhild* (Norway); *Opsahl, Jorunn* (Norway); *Wiborg, Kersti* (Norway); *Zeanah, Paula* (United States); *Magnus, Jeanette* (Norway)

Keywords: Continuing education, reflection of praxis, peer mentoring

Background: Stovner district with 31 700 inhabitants, 53% minorities from 142 countries, is located in Oslo, Norway. All pregnant mothers and children are offered free health care services and reaches 96% of the eligible population. Public health nurse (PHNs) offer services for mother and child, including health check-ups and vaccinations.

Objectives: An early intervention public health project, aimed at improving parent and child relationship, child development, children's social adaptation, school readiness, and possibly reduce costly secondary and tertiary preventive measures was piloted in Stovner. Each new mother was invited to have a "family" PHN that visit her during pregnancy and followed her closely after pregnancy. This is a new way of working for the PHNs. Assessment of need of additional training and expanded team work between the PHNs was initiated.

Experiences: Through monthly reflection papers guided by semi-structured questions, the PHNs were encouraged to critically reflect on their choices and strategies during home visits. The cases and reflections were discussed at regular meetings. This facilitated peer learning between the PHNs. Additional trainings were identified and seminars and workshops conducted.

Lessons: Use of Critical reflection in public health nursing care in a multi ethnic population facilitates professional assessment and identifies additional core competencies desired. Critical reflection is a useful method to capture praxis, advance practitioner's knowledge, evaluate impact of change in practice, and capture knowledge adopted during service development.

Message: Advancement of public health nursing care in a multiethnic population can be facilitated by increased peer mentoring and critical reflection followed by targeted training.

Session Code: TA 2.6 (Oral presentations)

A health and health care needs assessment for the Syrian community living in Zeytinburnu district of Istanbul

Authors: *Torun, Perihan* (Turkey); *Mücaz, Meltem* (Turkey); *Sandıklı, Büşra* (Turkey); *Acar, Ceyda* (Turkey); *Shurtleff, Ellyn* (United Kingdom); *Dhrolia, Sophia* (United Kingdom); *Herek, Bülent* (Turkey)

Keywords: Syrian, refugee, needs assessment

Background: Istanbul has a population of 14 million and hosts an estimated number of around 500 000 Syrian refugees. Although it has been more than four years since the first refugees crossed the border, no study has been previously undertaken to assess the needs of urban refugees.

Methods: A mixed methods study was conducted between June and October 2015. Syrian women from 111 households, representing 891 household members, were interviewed. Key person interviews and focus group discussions were also held.

Results: The largest challenges addressed by the study group was the cost of living in Istanbul, increased rents and language barrier. More than half of the participants (53.2%) have been living in Istanbul for the last two years and only 20.7% would like to stay in Turkey. In 54.9% of the households with a member under five years of age, at least one child has been vaccinated in Turkey. Of the 15-49 age group interviewees, 35.0% have been pregnant in Turkey but 40.0% of those did not receive any antenatal care. Almost half (49.6%) of the interviewed women knew about free health care rights for Syrians and 47.1% used social media to learn about their rights in Turkey. In the last 30 days preceding the interview, 58.6% of the participants sought health care primarily through state hospitals, primary health care centres and pharmacies. The participants had difficulty in accessing health care due to the language barrier and a lack of knowledge of the Turkish health care system. Waiting time at hospitals and negative attitudes of health care staff reduced satisfaction of these services.

Conclusions: Although the Syrian community has the right to access free health care, they were not well informed about how to access the services, while the language barrier reduced access to and satisfaction with the Turkish health services. It is important that the views of the Syrian community are captured through needs assessment to ensure that services improve for them.

Message: Although Syrian refugees living in Turkey have been given rights of access to services, there are issues with access because of language barrier and not being informed about what they are entitled to.

Session Code: FM 3.4 (Oral presentations)

A retrospective analysis of preterm births in an ethnically diverse maternal population and its linkages to area level deprivation and migrant status

Authors: *Puthussery, Shuby* (United Kingdom); *Shaw, Nathan* (United Kingdom); *Tseng, Pei-Ching* (United Kingdom); *Mathai, Matthews* (Switzerland); *Puthussery, Thomas* (United Kingdom)

Keywords: Preterm birth, UK, migrants, area deprivation

Background: Preterm birth (<37 weeks gestation) remains a major cause of infant mortality in the United Kingdom (UK). Previous research has indicated interrelations between socioeconomic deprivation, ethnicity/migrant status and increased rates of preterm birth, but the associations remain poorly understood. This study investigates links between preterm birth and area level deprivation and migrant status in an ethnically diverse maternal population and it explores geospatial patterns of preterm birth.

Methods: A retrospective cohort study using routinely collected anonymous data of women who gave live singleton births over a 8 year period from 2007-2015 in a maternity unit catering to an ethnically diverse population. Statistical and geospatial analyses were conducted to explore associations and spatial patterns of preterm births with a particular focus on area level index of multiple deprivation (IMD 2010) and maternal migrant status (UK-born vs. foreign-born). Geographical Information Systems (GIS) and logistic regression will be used to visualise spatial patterns and to model parametrically the unadjusted and adjusted relationship between preterm birth, deprivation score and other covariates.

Results: Among 39461 births recorded on the Ciconia Maternity information System (CMiS), gestational week data were available for 39458 births. Great majority (80%) of the mothers lived in neighbourhoods that are in the three most deprived IMD quintiles. Maternal country of birth was recorded for 13779 births with two fifths (41%) of mothers born abroad. There were a total of 3334 (8.4%) preterm births in the sample with one third (31.6%) of occurrences among foreign-born mothers. There were significant differences ($p = .000$) between proportions of preterm births in the most deprived (31.9%) and least deprived (12.2%) IMD quintiles. Although there was an observed difference between preterm birth proportions among UK-born (59.4%) and foreign-born (40.6%) mothers, the difference was not statistically significant ($p=0.038$)

Conclusions: Preliminary findings indicate that mothers who lived in most deprived areas are at higher risk of preterm birth compared to mothers in least deprived areas. There were no statistically significant differences in preterm birth rates between mothers who were born in the UK and those born abroad.

Message: Individual socio-economic deprivation has been indicated as a potential contributor to higher risk of preterm birth (<37 weeks gestation). Our preliminary findings suggest area level deprivation as a potential contributor to higher rates of preterm births regardless of whether mothers were born in the UK or they were born abroad. Further geospatial and statistical analyses will demonstrate spatial patterns and associations between preterm birth, deprivation score and other covariates.

Session Code: TM 2.3 (Oral presentations)

A Salutogenic Approach to Migrant Women's Health – The Protective Effect of Sense of Coherence (SoC) in the Face of Migration and Integration.

Authors: *Slootjes, Jasmijn* (Netherlands); *Keuzenkamp, Saskia* (Netherlands); *Sawitri, Saharso* (Netherlands)

Keywords: migrant women, health, sense of coherence, salutogenic approach, coping, narratives, life history

Background: Migrant women have the highest prevalence of health problems in Europe. Previous studies on migrant health primarily focus on risk factors, in this study we take a salutogenic approach identifying protective factors. In a review study of over 400 studies Sense of Coherence (SoC) has been found to be a strong predictor of health. According to Antonovsky's SoC theory there are differences in the extent to which individuals perceive consistency in stimuli (comprehensibility), in the extent they feel they have enough resources and are able to deal with arising issues (manageability), and the extent to which they are motivated to invest energy to deal with arising issues (meaningfulness). We will study how individuals' SoC and associated patterns of coping strategies protect migrant women's health when facing migration and integration, taking a life history approach.

Methods: Life story interviews were held in 2015 with native Dutch (control), Surinamese, and first and second generation Turkish and Moroccan women living in the Netherlands (N=60). Participants also filled in the SoC-13 questionnaire.

Results: The preliminary results show that women with a strong SoC have the ability to construct coherent and meaningful life narratives. Despite having faced similar difficulties, high SoC women are able to positively reinterpret these hardships considering them to be endured for a higher purpose, often found in religious, family and moral values/goals. Suffering, when considered meaningful and purposeful, seems to less strongly impact their psychological health. Moreover, especially political refugees and Surinamese women are able to draw from powerful narratives of meaningful endurance of hardship in their communities. Some individual cases highlight possible narrative routes and resources for Turkish and Moroccan women which could provide health practitioners with ways to aid the construction of coherent and meaningful life narratives which could result in better health outcomes.

Conclusions:

Message: SOC protects migrant women's health from risk factors associated with migration and integration.

A strong SOC enables the reinterpretation of previous hardships in a meaningful and coherent way.

Session Code: TA 3.1 (Oral presentations)

Access and Utilization of health services by immigrant domestic helpers in Cyprus: the role of the employer

Authors: *Kantaris, Marios (Cyprus); Theodorou, Mamas (Cyprus); Kaitelidou, Daphne (Greece)*

Keywords: immigrant domestic helpers, immigrant employers, immigrant health care

Background: Immigrant Domestic Helpers (IDH) play a substantive role in the daily running of the contemporary household. They have particular health needs emanating from the nature and conditions of their work. In 2015, IDHs from Third Countries (TC) made up 53.6% of legal immigrants from TC in Cyprus. In the absence of a national health system, coverage is achieved via private health insurance with its cost equally shared by IDH and employer. Besides the cost dimension, these health insurance contracts have low coverage and significant restrictions making access and utilization problematic while many IDH are left uninsured because their employers do not renew their policies. The dominant role of the employer on health matters has in most of the cases a negative impact on the already complex issue of healthcare provision for IDHs. Research relating to the opinions of IDH employers remains scarce. The aim of the study was to investigate the role of employers on matters of healthcare access and use by their IDHs.

Methods: Three studies were carried out using semi-structured interviews with IDHs (n=13) and employers of IDHs (n=12) and structured questionnaires with IDHs (n=625). Data collection took place from January 2010 till October 2012. Content analysis for qualitative findings was carried out using QSR Nvivo 10 and for quantitative using SPSS version 17.

Results: Findings provide information about immigrant health needs from different views leading to improved documentation via multiple triangulation. The first action in case of a health problem reported by IDH, is seeking advice and assistance from their employer (62%). Employers play a key gatekeeping role but are not in position to provide sufficient information and guidance to their IDH. Employers perceived the dependence from their IDH as inevitable but supportive, unlike the IDH who viewed this as inhibiting. IDH reported a need for health services which was not met (18%), attributing this to their employers not granting them permission.

Conclusions: The role of employers is critical with regard to the access and use of health services of the IDH. The involvement of the employer in IDH health matters functions as a barrier. A significant gap exists between employers and IDH regarding the health needs of the latter. The introduction of a national health system in the future should include IDH in the vulnerable groups.

Message: The views of employers and immigrant domestic helpers on the health needs of the latter are examined, with focus on the role of the employers. This role is critical and has an impact on the quality of care provided to this immigrant group.

Session Code: PT2.14 (Poster)

Access to healthcare for the Roma and Moroccan migrants in Belgium

Authors: *Varga, Bernadett Maria* (Hungary)

Keywords: Roma, Moroccan, migrants, undocumented, access, healthcare

Background: The rising number of the EU Roma citizen from the CEE countries and Moroccans in Belgium makes it interesting to see that 91.9 per cent of its migrants population [including migrant EU citizens and all patients outside the EU/third-country nationals] face barriers when accessing health services [with a European Health Insurance Card (EHIC)] or have no health coverage at all [no legal entitlement]. The Belgian migrant health policies are seemingly well structured and responsive to the needs of migrants, however, this high percentage raises the question whether the legislations are responsive enough to the needs of migrants and what barriers migrants face when accessing health services.

Methods: Literature review and expert interviews were conducted in a qualitative research design setting with descriptive research questions. The literature review focused on access to health services and migrant health policies in Europe and in Belgium in particular. The target group of the research was EU Roma citizen with nationalities other than Belgian and Moroccan migrants residing in Belgium. The selection of the seven experts for the interviews was based on references, recommendations as well as on their professional experiences with the migrant populations. The research was carried out in Brussels, Belgium in 2015.

Results: The results of this study show that in theory the legal entitlement for accessing healthcare for migrants is satisfactory, while in practice they face difficulties, such as prejudice, discrimination and other barriers (language, logistical) when approaching health services. Among others the expert interviews revealed that these migrants lack trust in the health system and healthcare professionals as well as they are not aware of their fundamental rights to healthcare. The literature review gave an overview about the current policies and legislations as well as about the structure of the Belgian health system in general; however, there was no literature found focusing on the barriers in particular neither in Belgium nor in other countries, except for language barriers.

Conclusions: Legal entitlements for EU migrant citizens do not differ within EU countries but they significantly vary for undocumented migrants Europe-wide. In Belgium there seems to be a mismatch between the legal entitlements for undocumented migrants in theory and their implementation in practice. Recommendations have been formed in this study, which include re-allocating the social aid (CPAS) offices, eliminating the obligatory registration of migrants in order to obtain health insurance cards, strengthening the role of the NGOs as well as training both the health care professionals and migrants.

Message: The European migrant health policies have to be strengthened as well as the health systems.

Session Code: PF1.02 (Poster)

Access to HIV services for migrants with irregular status in ten European countries

Authors: *Bagyinszky, Ferenc* (Germany); *Brands, Ronald* (Netherlands); *Cosmaro, Lella* (Italy); *Espacio, Ramon* (Spain); *Gangarova, Tanja* (Germany); *Inverardi, Gaia* (Italy); *Kalogiannis, Apostolos* (Greece); *Kapronczay, Stefania* (Hungary); *Klausser, Nicolas* (France); *Kloka, Marianella* (Greece); *Krone, Michael* (Germany); *Petkovic, Nenad* (Serbia); *Radcliffe, Sarah* (United Kingdom); *Stranz, Richard* (France); *Tomczynski, Wojciech Jerzy* (Poland)

Keywords: undocumented migrants, people with irregular status, access to healthcare, HIV treatment, the right to health

Issue: Policies and practices in most European countries do not provide access to HIV treatment and care for migrants with irregular status. Limited or no access to HIV services has negative consequences on both individual and public health.

Description of the problem: AIDS Action Europe's European HIV Legal Forum (EHLF) survey conducted in ten European countries looked at legal frameworks, policies and practices comparing access to different level of health care services for people with regular and irregular legal status.

Results: The results of the survey show that regardless of constitutional protection of the right to health and existing good practice policies, access to healthcare is not fully guaranteed for migrants with irregular status in any of these countries. Although access to emergency care and HIV testing are universal, access to HIV treatment and care is only granted in three of the participating countries. Insurance based health care systems further limit universal access to health care services. Administrative and language barriers, lack of rights literacy and awareness, and stigma generate difficulties in access. Civil society plays a crucial role in supporting migrants in accessing HIV services. In recent years, austerity measures have further deteriorated access in Europe, moreover, migration and health care access to undocumented people is often used in political context using the myth of health tourism.

Lessons: National good practice examples show that providing universal access to HIV services for migrants with irregular status is both beneficial for the individual and public health and is cost-effective. Early diagnosis and providing HIV treatment not only improves individual health and life quality of people living with HIV but due to its preventive effects is also a public health interest. States should comply with international obligations and revise their national legislation to integrate human rights based approaches in their healthcare services to provide universal access to HIV services for migrants regardless of their legal status.

Message: Access to free HIV treatment and services for migrants with irregular status is beneficial both at the individual and the public health level. Besides cost-effectiveness of such interventions, few European countries provide access.

Session Code: FM 1.4 (Oral presentation)

Access to Preventive Health Care for Undocumented Migrants: A Comparative Study of Germany, the Netherlands and Spain from a Human Rights Law Perspective

Authors: *Flegar, Veronika* (Netherlands); *Dallí, María* (Spain); *Toebe, Brigit* (Netherlands)

Keywords: preventive health care, undocumented migrants, right to health, human rights indicators, underlying determinants of health

Issue: Previous research shows differences in the provision of healthcare services to undocumented migrants in Spain, Germany and the Netherlands. However, research on access to preventive health care for undocumented migrants is largely non-existent.

Description of the problem: The study analyses the preventive healthcare provisions for undocumented migrants in Germany, the Netherlands and Spain from a human rights perspective. It focuses on four indicators of preventive healthcare which can be derived from the international human rights framework: immunization, education and information, regular screening programs and the promotion of the underlying determinants of health.

Results: The indicators reveal that all three countries have severe shortcomings in the preventive healthcare for undocumented migrants. While the countries largely pay sufficient attention to preventive health care of nationals, the access to preventive healthcare for undocumented migrants remains very limited. A rights-based approach reveals the shortcomings in the access to preventive healthcare for undocumented migrants. Through the identification of concrete indicators, this approach can thus help to refine and concretize the individual rights and state obligations in the field of health.

Lessons: While the present study shows that the human rights framework is still insufficiently clear in some respects, the project also clearly concedes the added value of a rights-based approach as evaluation tool, advocacy framework and moral principle to keep in mind when adopting or evaluation state policies in the health sector.

Message: Preventive healthcare for undocumented migrants in the three countries is insufficient from a human rights perspective. More attention should be paid to immunization, screening, education and the underlying determinants of health.

Session Code: SM 3.7 (Oral presentations)

Access to tuberculosis screening and optimizing follow-up for the most vulnerable: a trans-sectoral project in Geneva, Switzerland

Authors: *Jackson, Yves* (Switzerland); *Wuillemin, Timothée* (Switzerland)

Keywords: tuberculosis screening, trans-sectoral approach, follow-up

Background: Whereas asylum seekers are systematically screened for tuberculosis upon entry in Switzerland, hard to reach groups such as homeless and undocumented immigrants are not despite having high risk of infection. Previous studies showed high rates of loss in transition between the community and health institution after initial screening reducing the overall yield of programs. Geneva' health and social authorities designed a collaborative project to screen for active Tb in shelters for homeless and undocumented immigrants with specific measures to improve transition to hospital. Emphasis was put on inter-sectoral cooperation to enhance tracing of cases while respecting confidentiality. We aimed at evaluating the feasibility, acceptability and clinical efficacy.

Methods: This cross-sectional study targets all adults applying for emergency accommodation at the City of Geneva night shelters during winter 2015-16. After undergoing a brief Tb health education, applicants are a proposed questionnaire-based screening test(www.tb-screen.ch) followed by usual diagnostic procedures at the local hospital upon positive score. Measures to optimize adherence to follow up include free delivery of services, documentations translated in different languages, use of cultural mediators, tracing by social workers in night shelters, frequent phone recalls and provision of a shopping voucher upon consulting at the hospital.

Results: Cooperative development of the project across social and health sectors allowed for strong support by both authorities. After 6 weeks, preliminary results shows that 281/403 (70%) eligible persons were informed and 217/281 (77%) agreed to participate for a global yields of 53.9%. Of the 12 (4.3%) with positive initial screening, 9 underwent diagnostic procedures at hospital. No case of active tb has been diagnosed. The vast majority of participants had no health insurance in Geneva.

Conclusions: Trans-sectoral public health project development may improve access to hard to reach groups and facilitate their access to care. While there is room for improvement in inclusion processes at this early stage, these initial results highlight the feasibility and acceptability. Of note is the positive impact of combined measures on transition to hospital.

Message: Innovative and collaborative interventions are requested to bridge the gap in access to and delivery of quality preventive care among hard to reach groups.

Session Code: SM 3.8 (Oral presentations)

Access to tuberculosis treatment: Barriers experienced by migrants and health system responsiveness

Authors: *Tschirhart, Naomi* (Canada)

Keywords: Migrants, TB, Health system responsiveness, Thailand

Background: In Tak province, Thailand migrants from neighboring Myanmar receive tuberculosis (TB) care from government and non-governmental treatment providers with the assistance of community health volunteers. Migrants experience barriers to accessing TB care related to their legal and socioeconomic status.

Methods: We conducted fieldwork in Tak province in the summer and fall of 2014 to examine pathways to TB treatment and health system responsiveness to patient barriers to treatment access. Qualitative data was collected by the study team through focus group discussions with migrant and refugee TB patients as well as key informant interviews with individuals providing TB care or working in related public health programs.

Results: In this paper we compare and contrast the barriers to TB treatment as perceived by TB patients and clinicians and describe the individual and collective actions that treatment providers have taken to improve migrant's access and adherence to TB treatment. We found that organizations working primarily with migrant populations have a keen sense of the barriers and have adjusted their programs to provide comprehensive services intended to help patients receive and adhere to treatment.

Conclusions: There is a dynamic interplay between the social determinants of health and TB in migrant populations that necessitates interventions to increase equity.

Message: Comprehensive interventions are required to improve migrant's health care access.

Organizations treating migrants with TB in Tak province have a keen sense of the barriers to care and have implemented responsive programs.

Session Code: TM 2.5 (Oral presentations)

Acculturation and health related quality of life. Results from the German National Cohort migrant feasibility study

Authors: Brand, Tilman (Germany); Samkange-Zeeb, Florence (Germany); Ellert, Ute (Germany); Keil, Thomas (Germany); Krist, Lilian (Germany); Dragano, Nico (Germany); Jöckel, Karl-Heinz (Germany); Razum, Oliver (Germany); Reiss, Katharina (Germany); Greiser, Karin Halina (Germany); Zimmermann, Heiko (Germany); Becher, Heiko (Germany); Zeeb, Hajo (Germany)

Keywords: Acculturation, marginalization, separation, socio-economic status, self-rated health

Background: Contemporary acculturation models suggest that acculturation is an interplay between receiving-culture acquisition and heritage-culture retention, resulting in four acculturation groups: integration, assimilation, separation, and marginalization. However, many previous epidemiologic studies on migrant health used only simple proxy measures for acculturation. Furthermore, most research on acculturation is from the United States and needs to be confirmed in other contexts. In this study we assessed the association between acculturation and health related quality of life (HRQoL) in a sample of Turkish migrants and of ethnic German “re-settlers” from the former Soviet Union in Germany. In addition, we analyzed factors influencing chance of being in one of the four acculturation groups.

Methods: A sample of 1,358 adult migrants was recruited in four German cities. Acculturation was assessed using the Frankfurt Acculturation Scale. Short-Form-8 (SF-8) physical and mental components assessed the HRQoL. Age, sex, socioeconomic status (SES), and migration specific factors were included as confounders. Linear and multinomial logistic regression models were used for the analysis.

Results: Separation was associated with poorer physical health (linear regression coefficient (RC) = -1.9, 95% CI = -3.7 – -0.07; reference: integration). Marginalization and separation were associated with poorer mental health (RC = -3.2, 95% CI = -5.8 – -0.6 and RC = -3.4, 95% CI = -5.6 – -1.2, respectively; reference: integration). Stratified analyses by age and sex indicated stronger negative associations of separation and marginalization with mental health among young adults and men. A low SES increased the chance of being in the marginalization (odds ratio (OR) = 4.0, 95% CI = 1.6 – 10.2) or the separation group (OR = 5.4, 95% CI = 2.4 – 12.1; reference: high SES, base: assimilation). A Turkish migrant background increased the chance of being in the separation or marginalization group compared to migrants from the former Soviet Union.

Conclusions: Marginalization and separation are associated with a poorer HRQoL. Clustering of socioeconomic and cultural disintegration aggravates this negative effect.

Message: Cultural marginalization and separation are associated with a poorer health related quality of life. Clustering of socioeconomic and cultural disintegration aggravates this negative effect.

Session Code: PT3.09 (Poster)

Advantages of collaboration – experiences from the Survey on work and wellbeing among people of foreign origin in Finland

Authors: *Jokela, Satu* (Finland); *Koponen, Päivikki* (Finland); *Weiste-Paakkanen, Anneli* (Finland); *Castaneda, Anu* (Finland)

Keywords: survey, migrants, collaboration, good practices

Background: Information about people from different background is needed in order to develop the services to respond better to changes in the population structure. Previously, information about migrants living in Finland has been collected by several separate surveys, conducted by several organizations and serving different purposes (e.g. monitoring integration, discrimination etc). It is not feasible to obtain information on migrants from general population surveys in Finland due to small number of people of foreign origin. There are also challenges in carrying out targeted migrant surveys successfully, e.g. difficulties in reaching and high non-response rates. In order to manage these challenges, The Survey on work and well-being among people of foreign origin (UTH) was carried out through the combined effort of Statistics Finland, the National Institute for Health and Welfare, and the Finnish Institute of Occupational Health. The survey is the most extensive population study targeted to migrants in Finland.

Methods: The sample included 5 449 persons, randomly selected from the National Population register. Trained interviewers from Statistics Finland, some with a foreign background, visited the respondents to carry out interviews in 12 different languages between January 2014 and April 2015. Respondents included individuals born in Finland (so-called second generation immigrants), Finnish citizens, and individuals who have lived for a short or long period of time in Finland. The interview included questions on health, labour status and social inclusion.

Results: The collaboration turned out to be beneficial because of reasonable costs, high quality of data and chance to avoid response burden in migrant communities. The response rate was very good (66 %) among persons of different ethnic backgrounds, and in all age groups. Collaboration allowed to collect information that is relevant to all authorities. The data can be widely used to develop policies and study different aspects of wellbeing and integration.

Conclusions: Information about migrants' health and wellbeing is needed to find ways to reduce inequalities between population groups. Our experiences of collaboration could be developed into best practices to be used in surveys targeted to minorities, and when building appropriate monitoring systems.

Message: Our survey demonstrates that in the future surveys targeted to migrants should be carried out in collaboration between different authorities, and including also migrants in the survey process.

Session Code: FA 4.3 (Oral presentations)

All-cause hospitalisations in Scotland: most ethnic minorities have lower rates than the majority population

Authors: Millard, Andrew D. (United Kingdom); Raj, Bhopal (United Kingdom); Buchanan, Duncan (United Kingdom); Cezard, Genevieve (United Kingdom); Gruer, Laurence (United Kingdom); Katikireddi, Srinivasa Vittal (United Kingdom); Steiner, Markus F.C. (United Kingdom); Williams, Linda (United Kingdom)

Keywords: Ethnic minority gender equality hospitalisation

Background: Research reports for individual conditions have suggested some ethnic minorities use hospital services more than the majority. Little evidence is available in Scotland to provide a true picture of service use by ethnic group. We address this knowledge gap by analysing data on all-cause hospitalisations.

Methods: The Scottish census 2001, giving self-reported ethnicity, was securely linked to National Health Service hospitalisation records from April 2001-May 2013, creating a retrospective cohort of 4.62 million people. Denominators were adjusted for death and emigration where known. All-cause admission rate ratios (RRs) were calculated using Poisson regression adjusted for age, followed by socio-economic status (SES) and country of birth (COB). The White Scottish population was the reference group (RR equals 100).

Results: For males, six of 13 ethnic groups had lower age-adjusted RRs than the White Scottish reference (i.e. 95% confidence intervals below 100). These included Chinese (60.9), African (78.5), and Other White (80.5). For females, nine of 13 ethnic groups had lower RRs e.g. Chinese (65.7), Other White (77.1), and Bangladeshi (81.4). Only Pakistani males (119, 95% CI 112,126) and females (114, 95% CI 109,119) had higher RRs. After additional adjustment for SES, eight female and six male groups had RRs with 95% CIs below 100. The RRs increased for all these ethnic groups, with higher RRs and 95% CIs not including 100 for Indian males (106), and Pakistani males (121) and females (116). Additional adjustment for COB generally, but not always, increased the RR slightly.

Conclusions: Most ethnic groups had lower rates of hospital admission than the White Scottish majority. Only Pakistani people had clearly higher rates than the White Scottish population. The “healthy migrant effect” and service under-utilisation are both plausible explanations. Linking primary care and accident and emergency data to ethnic group may further illuminate these differences.

Message: Most minority ethnic groups were admitted to hospital less often than the White Scottish majority, even when adjusted for socio-economic circumstances. The reasons for this need further exploration.

Session Code: PT2.04 (Poster)

Analysis of the use of health services by the foreign population resident in the Province of Pavia (Lombardy Region, Northern Italy) in the years 2014-2015

Authors: *Fontana, Guido* (Italy); *Frisone, Enrico* (Italy); *Dalle Carbonare, Simona* (Italy); *Cerra, Carlo* (Italy); *Camana, Luigi* (Italy); *Nieri, Simonetta* (Italy)

Keywords: foreign residents, migrants, Local Health Authority

Background: Humanitarian crisis is fostering irregular migration to Italy by sea. Apart of this, most migration to Italy still occurs through legal channels. In terms of flows it has gone from a value of 515,200 foreigners in 2007 to 255,000 in 2014. As for the normally resident foreign population (RFP) in Italy, this amounted, to 30/12/2014, at 5.014.437, datum that ranks Italy third in absolute value in the EU and represents 8.2% of the entire resident population. Foreigners with regular residence permit are enrolled in the National Health Service which entitles them to receive same health care services (HS) available to Italians. Illegal foreign citizens (STP) are anyway insured to ambulatory and hospital urgent care for essential diseases and injuries, and to preventive medicine programs. The province of Pavia has 189 municipalities and nearly 550,000 residents. Of these, to the date of 31/12/2014, foreigners were 58,524 (10.7% of the overall resident population). Given the scale of the numbers, Local Health Authority of Pavia decided to examine the pattern of use of HS by RFP compared with Italian residents. Data were analyzed even for STP.

Methods: It was decided to compare, for the period 01/01/2014-30/09/2015, use by FRP of outpatient services (OS), hospital admissions (HA) and drug prescriptions (P) vs a control population represented by Italian residents (CPIR). The FRP was derived from the Patients Data-Base and was compared with a CPIR excerpted from the same DB, in order to match to every foreigner an Italian of the same sex and year of birth. From each health stream, for the period, were extracted data of use by FRP and CPIR. As regards the STP, data were obtained from several streams of reporting.

Results: The RFP extracted from the PDB was of 44.495 and, to it, was paired the CPIR. As for OS and P, there were slightly higher numbers for CPIR than FRP (OS: 35.709 vs. 30.794; P: 29361 vs 26.371). As for HA, 5,770 FRP have benefited from 7,785 admissions compared to the 7,765 benefited from 5,762 CPIR. STP recorded, per capita, lower numbers and costs for OS and P, while lower quantities but higher per capita costs for HA (€ 4,770 vs ~ €3,330).

Conclusions: Data analysis has not revealed significant differences in the use of health services by the FRP compared to CPIR, both in terms of quantity and costs. Also from a qualitative point of view, analysis of the 10 most frequent types of services, for each of the streams analyzed, didn't highlight significant differences. Data recorded for STP are consistent with use of HS in emergency.

Message: The foreign resident population represents a significant percentage in all EU countries. It is interesting to investigate the patterns of use of health services by foreign residents

Session Code: TM 3.7 (Oral presentations)

Applying a Community-Based Participatory Research Approach to Improve Asylum-Seekers' Access to Healthcare in Israel

Authors: *Reichlin, Rachel* (United States); *Mink, Jonah* (Israel); *Weinstein, Tomer* (Israel); *Ghebrezghiabher, Habtom* (Israel); *Sultan, Zebib* (Israel); *Gottlieb, Nora* (Israel)

Keywords: asylum seekers, community-based participatory research, primary care, health inequities, social exclusion

Background: Israel hosts approximately 50,000 asylum seekers, most of them from Eritrea. Exclusive policies restrict their access to care. Prior research points to great unmet health needs and delays in care-seeking among the respective communities. In 2013, local activists and academics partnered with Eritrean asylum seekers to assess health needs as well as willingness and capacities to buy into a health insurance scheme. The study was meant a) as a step towards jointly advocating inclusion in Israel's public healthcare system, and b) to address root causes of health inequities through facilitating participation of the asylum-seeking communities in political decision-making processes.

Methods: Applying a community-based participatory research (CBPR) approach, a 22-item survey was developed by a team of activists, academics and members of the Eritrean communities. Twelve Eritrean community members were trained in research techniques and ethics; they administered the survey in four different Israeli cities during June-July 2013. Results were coded in EXCEL and analyzed using SPSS software. Six follow-up interviews and two focus group discussions helped interpret the survey findings and provided information on qualitative outcomes.

Results: 445 asylum seekers participated in the survey. The clear majority (97%) voiced interest in buying into a health insurance scheme and to pay 5-7.5% of their average monthly income in contributions. The results further indicate that access to primary care will reduce asylum seekers' care-seeking from emergency rooms, private providers and charitable clinics. Follow-up interviews as well as continued grass-roots organizing suggest increased collective efficacy among the asylum-seeking communities.

Conclusions: The study shows that low-income migrants are willing to invest a significant part of their income in a fair insurance scheme. Access to primary care, in turn, has the potential to mitigate human suffering as well as preventable economic and social costs. The outcomes of this study support the potential of CBPR to engage marginalized populations and to move this engagement into practice by placing capacity building and greater political participation as a bridge between evidence and policy. Developing a public health workforce prepared to practice CBPR is key to formalizing this approach.

Message: 1) Asylum seekers are willing to buy into a fair health insurance scheme. 2) Community-based participatory research can help bridge evidence and practice through the engagement and greater political participation of migrants.

Session Code: SM 2.1 (Oral presentations)

Are all immigrant mothers really at risk of low birth weight and perinatal mortality? The crucial role of socio-economic status

Authors: *Racape, Judith* (Belgium); *Schoenborn, Claudia* (Belgium); *Sow, Mouctar* (Canada); *Alexander, Sophie* (Belgium); *De Spiegelaere, Myriam* (Belgium)

Keywords: Perinatal health, low birth weight, perinatal mortality, health inequalities, migrants, socioeconomic status

Background: Increasing studies show that immigrants have different perinatal health outcomes compared to native women. Nevertheless, we lack a systematic examination of the combined effects of immigrant status and socioeconomic factors on perinatal outcomes. Our objectives were to analyse on national Belgian data 1) the socioeconomic status (SES) as a confounder and/or modifying factor of the association between maternal nationality and perinatal outcomes; 2) the effect of adopting the Belgian nationality on the association between maternal foreign nationality and low birth weight (LBW) on one hand and perinatal mortality on the other.

Methods: Data are related to all singleton births between 1998 and 2010 whose mothers were living in Belgium. Perinatal mortality and low birth weight (LBW) were estimated by SES (maternal education and parental employment status) and by maternal nationality (at her own birth and at her child's birth). We used logistic regression to estimate the odds ratios for the association between nationality and perinatal outcomes after adjusting and stratifying by SES.

Results: Compared to Belgians, we observed an increased risk of perinatal mortality in all migrant groups ($p < 0.0001$), despite lower rates of LBW in some nationalities. Immigrant mothers with the Belgian nationality had similar rates of perinatal mortality to women of Belgian origin and maintained their protection against LBW ($p < 0.0001$). After adjustment, the excess risk of perinatal mortality among immigrant groups was mostly explained by maternal education; whereas for sub-Saharan African mothers, mortality was mainly affected by their parental employment status. After stratification by SES, we have uncovered a significant protective effect of immigration against LBW and perinatal mortality for low SES but not for high SES.

Conclusions: Our results show a protective effect of migration against perinatal mortality and LBW when taking into account SES. Hence, this study underlines the greater influence of low SES on adverse perinatal outcomes compared the migrant status. We question whether the attention ought to be shifted to women of lower SES, rather than to migrants. Further studies are needed to analyse more finely the impact of socio-economic characteristics, using more comprehensive measurements.

Message: This study underlines the greater influence of low socioeconomic status on adverse perinatal outcomes compared to migrant status.

Session Code: FA 5.8 (Oral presentations)

“Are migrants half persons?” Health care for undocumented migrants in Belgium: complexity within large discretionary space.

Authors: *Dauvrin, Marie* (Belgium); *Keygnaert, Ines* (Belgium); *Gysen, Julie* (Belgium); *Kerstens, Birgit* (Belgium); *Lorant, Vincent* (Belgium); *Derluyn, Ilse* (Belgium)

Keywords:

Background: Since 1996, Belgium has a unique procedure granting access to health care for undocumented migrants (UM): the “Urgent Medical Aid” (UMA). This research aimed at assessing the current procedures granting UMA from the perspectives of both health care professionals and UM in order to improve the accessibility and availability of UMA for UM.

Methods: In 2015, we conducted a SWOT analysis to identify both challenges and good practices in the application of the UMA. We conducted 33 interviews with UM and 6 focus groups with health care professionals and health care managers in 5 major Belgian cities. Data were analyzed with the framework of De Bie & Roose including 7 dimensions of access to and quality of care, and integrated into a SWOT framework.

Results: Complexity of the procedures and discretionary decisions in all stages of the procedure were two of the cross-cutting themes that were mentioned by both UM and health care professionals. Currently, each local social service has important freedom in how the UMA is organized and delivered, evoking uncertainty in the way access to the procedure is (not) granted and leading to unequal ways of treatment across UM. The specific procedural requirements to grant and carry out UMA also vary from municipality to municipality, complicating the medical practice of health care professionals. Therefore, the availability and accessibility of UMA highly depend on the persons involved in the procedure. Further, some practices clearly contradict the legal frameworks on social support and patient rights, leading to micro-violations of these laws. Standardization of the procedures, developing an independent system of quality control and providing UMA to a household instead of to a single individual were amongst the solutions that participants identified.

Conclusions: The procedural complexity and the discretionary decisions undermine the UMA’s objectives to grant access to health care to all UM, equally as universal health care to Belgian nationals. Yet, the proposed standardization of procedures requires caution in order to avoid a decrease in the health care package that is currently covered by the UMA.

Message: Complexity of the procedure and discretionary decisions undermine the humanitarian objectives of the UMA procedure in Belgium. Discretionary decisions lead to law violations, which remain unpunished as long as UM do not report on it.

Session Code: FM 3.1 (Oral presentations)

Are women with a foreign background more likely to have an induced abortion as compared to nonimmigrant women? A study conducted in Stockholm, Sweden

Authors: Larsson, Elin C. (Sweden); Gmezell-Danielsson, Kristina (Sweden); Essén, Birgitta (Sweden); Klingberg-Allvin, Marie (Sweden)

Keywords: abortion, immigrants, second generation immigrants, access, contraception

Background: Several European studies have shown that immigrants are more likely to have an induced abortion as compared to nonimmigrants. Preventing unwanted pregnancies from a population perspective would help reduce abortion rates, and knowledge as to what risk factors are associated with abortion is key in reducing contraceptive failure or non-use. The aim of this study was to examine if women with a foreign background are more likely to have an induced abortion as compared to nonimmigrant women.

Methods: A cross sectional study conducted in eight abortion clinics in Stockholm County during January to April 2015. The eight clinics conduct more than 90% of all abortions in Stockholm County. Inclusion criteria were all pregnant women 18 years old or above, seeking for induced abortion. Exclusion criteria were individuals under 18, not decided about having an abortion and women who had travelled to Sweden to have an abortion. A total of 787 women were included in the study and interviewed using a standardized questionnaire. When needed a professional interpreter was used.

Results: In this study 66.6% of participants were nonimmigrants, 23.3% were foreign born and 10% were second-generation immigrants. Proportions were significantly different from the general population. There was a significant higher incidence of abortion among second-generation immigrants. Immigrant women were older as compared to non-immigrant women. However, immigrant status was not a significant predictor for having a repeat abortion. Immigrant women from certain countries were overrepresented among women seeking abortion care and did not correspond to the proportion in the general population. In addition, contraceptive use ever in life, and at time of conception was lower among immigrant women as compared to non-immigrant women.

Conclusions: Contrary to previous European research immigrants were less likely to have an induced abortion as compared to nonimmigrants, but the study suggests that second generation immigrants are presenting for induced abortion in higher numbers. More research is needed to understand the reasons for this and why access to contraception is lower among immigrant women.

Message: There is a need to understand how to prevent unintended pregnancies among second generation immigrant women, and to increase access to effective contraception by using relevant interventions.

Session Code: PF3.05 (Poster)

Aspects related to children health in diverse cultural groups. Experience within a qualitative study of the views of primary healthcare professionals.

Authors: Plaza, Isabel (Spain); Casanovas, Cristina (Spain); Díaz, Paula (Spain); Calpe, Ainhoa (Spain); Alcaraz, Sonia (Spain); Fuertes, Maria Teresa (Spain); Fernández Gutiérrez, Laura (Spain); Toscano, Ainhoa (Spain); Sánchez Escalera, Laura (Spain); Aparicio Valero, Carmen (Spain); Cuní, Marta (Spain); Antonio, Violeta (Spain); Arias Alonso, Lucía (Spain); Nasarre, Carla (Spain); Pérez Escalante, Natalia (Spain); Grau, Jordi (Spain); Hidalgo, Manuela (Spain); Rodero, Montserrat (Spain); Ochando, Montserrat (Spain); Fructuoso, Elisabet (Spain)

Keywords: Qualitative research; Children; paediatrician; ethnic minorities.

Background: When it comes to children's health, foreign users accessing health services much earlier and are much tighter for their sons so the continuity of care is followed and the compliance with the prescribed treatment.

Methods: Methods: Qualitative study of socioconstructivism approach developed in 7 primary healthcare centers with high percentage of immigrant population and specific cultural profile: Pakistani, Philipino, Latinamerican and Maghreb. Intentional and reasoned theoretical sample of primary healthcare professionals with profile variable based on bibliography. Profile variables were: profession, age, sex and professional seniority. 7 focus groups conducted in each of the Primary healthcare centers with the participation of 62 health professionals: 48% family physician; 38% Nurses; 8% Pediatricians 8% and 4% Assistants Clinical and 2% Social Workers. Video recording and literal transcription of the conversations. Confidentiality of information and analysis with thematic content Atlas.ti program. Limitations of the study: We show the opinions of professionals that did not get discursive saturation (inconclusive results) but we believe are of interest to share the experience with other professionals.

Results: Preliminary results show categories related with the prejudices of parents about the care of the baby. Regarding vaccines, there is an over vaccination in South american countries, a lack of registration in other countries and gratuity of our environment which means that there is a proper monitoring of children in pediatric care in Catalonia. Regarding the code "nanny": Chinese parents work all day and the nanny is the professional intermediary. Philippines: parents who care for babies: Filipino women working and the father takes care of the baby. They don't know how to care for the baby, nor have the ability or effort to learn. They don't follow professional tips. Tradition of "family bed" in Pakistan: the mother shares her bed with her son until he is 10 years old or until the birth of the following brother. The tradition of " family bed" is common throughout the world except North America, Europe and Australia. "Children alone": Pakistan children are more autonomous, attend doctor visits alone or with siblings with only seven years, fact that worries health professionals when prescribing pharmacological treatment or giving medical advice.

Conclusions: Professionals are concerned about the perception of a high prevalence of type 2 diabetes, hypertension, obesity and iron deficiency in children from different cultures and they share the opinion of the need for an approach adapted to the specificities of their culture.

Message: Primary healthcare professionals share the opinion that they need to approach health aspects in children adapted to the specificities of their culture.

Session Code: PT2.10 (Poster)

Assessing culturally sensitive interactive nutrition literacy across health professions: Validating newly developed measurement scales applying Rasch modelling.

Authors: *By, Eilin Lundekvam* (Norway); *Guttersrud, Øystein* (Norway); *Pettersen, Kjell Sverre* (Norway)

Keywords: Interactive nutrition literacy, culturally sensitive nutrition interaction, cultural sensitivity, nutrition communication, quantitative research, Rasch modelling

Background: An increasingly multicultural population challenges health professions to provide culturally appropriate nutrition information and guidance. Culturally Sensitive Interactive Nutrition Literacy (CS-INL) responds to the gap that exists between the need for cultural sensitive nutrition communication and the motivations and competence among health professions for supporting equity in health care for all. The aim of this study was to develop and validate measurement scales for assessing CS-INL in diverse health professions involved in nutrition counselling.

Methods: From a theoretical perspective, CS-INL is a composite construct consisting of a competence- and an attitude dimension. Cultural Sensitive Competence (CSC) was measured by an 8-item Likert-like response scale consisting of the two subscales knowledge and skills. Cultural Sensitive Attitudes (CSA) was measured using a 6-item Likert-like response scale operationalising the two subscales interest and motivation. As subscales associated with different aspects destroy unidimensionality at a theoretical level, Rasch analysis (RUMM 2030 and ConQuest 4 software) and confirmatory factor analysis (LISREL software) were applied to study whether unidimensionality also was destroyed at the empirical level. A total of 420 practicing dietitians and nutritionists (DN) and public health nurses (PHN) in Norway responded to the electronic questionnaire.

Results: The CSC- and CSA-scale items had ordered response categories, acceptable individual fit to the Rasch model and sufficient reliability. Some multidimensionality was observed in the CSC-scale, while the CSA-scale was adequately unidimensional. Uniform DIF for the person factor health profession (PHN and DN) was observed for one item in each scale. The CSC-scale was well-targeted, whereas the targeting of the CSA-scale might be improved.

Conclusions: The analyses support the use of the scales as measures of aspects of health professions' CS-INL. The study implies a need for further targeted culturally sensitive nutrition communication education and improved CS-INL among health professions. More research is needed to establish the scales as invariant measures across the diversity of health professions involved in nutrition counselling.

Message: Measuring competencies and attitudes essential to culturally sensitive nutrition counselling. The necessity of CS-INL in health care is undisputable, however this study implies a need for improved CS-INL among health professions.

Session Code: TM 2.6 (Oral presentations)

Assessing ethnic differences in avoidable mortality in Scotland: The Scottish Health and Ethnicity Linkage Study

Authors: *Cezard, Genevieve* (United Kingdom); *Katikireddi, Srinivasa Vittal* (United Kingdom); *Bhopal, Raj* (United Kingdom); *Gruer, Laurence* (United Kingdom); *Douglas, Anne* (United Kingdom); *Steiner, Markus* (United Kingdom); *Sheikh, Aziz* (United Kingdom)

Keywords: ethnicity, avoidable mortality, Scotland

Background: Ethnic minorities may benefit less from health interventions than the majority population due to various forms of disadvantage. We investigated if healthcare and public health policies serve different ethnic groups equitably by studying amenable, preventable and avoidable mortality in Scotland.

Methods: The 2001 Scottish Census recorded self-reported ethnicity. We linked it (4.62 million people) to mortality records (May 2001- April 2013). We studied three categories of death which ideally should not occur: amenable with medical treatment, preventable through public health interventions, and avoidable using either/both of these approaches. We used Poisson regression to calculate ethnicity and sex-specific event rates (per 100,000 person-years) for each of these outcomes, adjusted for socio-economic (SE) covariates.

Results: Marked ethnic differences in all three outcomes were observed, with similar patterns in both sexes. The White Scottish majority had high amenable mortality rates (206.2 in men; 142.7 in women). Other White British had lower rates (130.7 in men; 98.7 in women) and Chinese the lowest (81.4 in men; 87.8 in women). White Scottish had the highest preventable mortality rates (358.6 in men; 229.4 in women) and Chinese the lowest (153.7 in men; 119.0 in women). Adjusting for SE status increased the rates for Chinese and Other White British. Avoidable deaths were common in all ethnic groups, but their contribution to overall mortality was particularly high for White Scottish (36.4% in men; 23.1% for women), largely due to preventable mortality.

Conclusions: Amenable mortality was lower in most ethnic minority groups than in the majority population. This does not suggest ethnic minorities in Scotland are disadvantaged as a result of healthcare or public health policy provision and could be due to the healthy migrant effect.

Message: Mortality-based indicators of healthcare and health policy show no disadvantage for ethnic minorities in Scotland.

Session Code: PF5.06 (Poster)

Assessing trauma and mental health status in refugee children and youth: a systematic review of validated screening tools

Authors: *Gadeberg, Anne Kristine* (Denmark); *Montgomery, Edith* (Denmark); *Frederiksen, Hanne Winther* (Denmark); *Norredam, Marie* (Denmark)

Keywords: refugees, children, youth, trauma, mental health, screening, validation

Background: It is estimated that children below 18 years constitute 50% of the refugee population worldwide, which is the highest figure in a decade. Due to on-going conflicts like the Syrian crises, children are continuously exposed to traumatic events such as displacement, war and hunger. Trauma exposure can potentially cause mental health problems that may in turn increase the risk of morbidity and mortality. Screening tools such as questionnaires and interview guides are being used extensively to detect trauma and mental health problems, despite the fact that only a few have been tested and their validity confirmed in refugee children and youth. Our aim was to provide a systematic review of the validated screening tools available for assessment of trauma and mental health among refugee children and youth.

Methods: We systematically searched the databases PubMed, PsycINFO and PILOTS using a combination of search terms. The search yielded 913 articles and 97 articles were retained for further investigation. In accordance with the PRISMA guidelines two authors performed the eligibility assessment. The full text of 23 articles was assessed and nine fully met the eligibility criteria. Only studies reporting statistically on the criterion-validity against comparators were included.

Results: Only nine studies had validated trauma and mental health screening tools in refugee children and/or youth populations. A serious lack of validated screening tools for refugee children below the age of six was identified.

Conclusions: There is a lack of validated trauma and mental health screening tools for refugee children and youth, especially for young refugees below the age of six. The detection and treatment of mental health issues among refugee children and youth should be a top priority both within the scientific community and in practice in order to reduce individual morbidity and mortality, and thereby also to facilitate integration of refugee children and youth and help them ensure the most optimal chances of a healthy childhood where they can thrive both socially and educationally.

Message: There is a serious lack of validated trauma and mental health screening tools for refugee children and youth, especially for young refugees below the age of six.

Session Code: TA 2.7 (Oral presentations)

Assessment of Health Status Among Displaced Syrian Agricultural Workers in Turkey

Authors: *Varol, Zeynep Sedef* (Turkey); *Davas, Hediye Aslı* (Turkey); *Altın, Zeynep* (Turkey)

Keywords: Syrian, refugee, social determinants of health, health status

Background: There are 2.181.000 Syrian refugees in Turkey as of November 2015. Most of the Syrians (85%) live outside of refugee camps without any national or international support for their basic needs like nutrition, access to clean water and sheltering, except limited rights to healthcare access in Turkey. Because they have no work permit, they recruited as seasonal agriculture workers without any economic and social employment protection and living in detrimental conditions with their families. The aim of this study is to assess the health status and needs of immigrant Syrian seasonal agricultural workers and their families accepting their working and living conditions are the main predictors of their health.

Methods: This descriptive study was consisting the data of 411 Syrains living at a temporary tent settlement of seasonal agricultural workers near Izmir. Qualitative and quantitative data were collected at a field health screening in January,2015. Asylum household assessment forms which included questions about nutrition, housing, working status, basic primary healthcare follow ups were used to collect data.

Results: We visited 50 tents without ground sheets. The mean tenthold size was over eight. There were 11 infants, 57 children under five years old, 91 women between 15-49 years old. There wasn't any common or private toilet, bathroom and kitchen around the settlement. Water was supplied from a well which had no bacteriological analysis. There were no heating tool or mechanism in 46% of the tents. There were no food security at all tents and the hygiene was poor. 58% of population was working as seasonal laborers with informal subcontracts determined by agricultural intermediaries. Their daily wages was far below the Turkish laborers and declared they didn't receive it fully and timely. None of the infants and children had monitored and vaccinated in Turkey due to lack of registration to a family physician. Pregnant women didn't receive any antenatal care. Women who are in childbearing ages had no access to contraception methods.

Conclusions: In the context of social determinants of health, interventions are required to ensure the 'International Protection' standarts for Syrian refugees. Considering the importance of preventive-primary health care services, Syrian refugees' accessibility to these services should be provided immediately.

Message: Most of the Syrians (85%)live outside of refugee camps without any national or international support for their basic needs which are main predictors of their health. Primary healthcare services is limited for them in Turkey.

Session Code: PF6.07 (Poster)

Associations between psychosocial factors and physical activity during pregnancy across different ethnic groups

Authors: *Richardsen, Kåre Rønn* (Norway); *Berntsen, Sveinung* (Norway); *Ommundsen, Yngvar* (Norway); *Martinsen, Egil Wilhelm* (Norway); *Shakeel, Nilam* (Norway); *Jenum, Anne Karen* (Norway)

Keywords: Physical activity; pregnancy; ethnic minorities

Background: Studies of physical activity (PA) in Western populations often report positive associations between psychosocial factors and physical activity. We aimed to explore the association between psychosocial factors and moderate-to-vigorous intensity physical activity (MVPA) accumulated in bouts ≥ 10 minutes across different ethnic groups in early pregnancy.

Methods: Data originate from the Stork Groruddalen Cohort study (Norway) based on pregnant women included from 2008 to 2010. Data was collected before gestational week 21 at local child health clinics. MVPA was recorded with SenseWear™ Pro3 Armband (SWA). Women were asked to wear the SWA for 4 days. Ethnicity was defined by country of birth or mother's country of birth if non-Western. Ethnic categories were South Asian, Middle Eastern, Western and other. Data on perceived behavioural control (PBC), injunctive and descriptive norms were collected by multi-item scales. Sum-scores dichotomized by the median ("high" vs. "low") were analysed. Differences in MVPA min/day were analysed by Mann-Whitney U Test.

Results: Data were from 697 women with complete psychosocial data and ≥ 1 day with ≥ 19.2 hours of SWA wear time. Among Westerners, MVPA was lower among those with low vs. high scores ($p < 0.01$) on PBC (15 vs. 23 min/day), injunctive norms (15 vs. 23 min/day) and descriptive norms (16 vs. 23 min/day). Among South Asians high score on injunctive norms was negatively associated with MVPA (low vs. high = 9 vs. 4 min/day), while MVPA did not differ significantly by low vs. high score on descriptive norms (8 vs. 6 min/day) or PBC (7 vs. 10 min/day). Among Middle Easterners MVPA differences between low vs. high scores for injunctive norms (8 vs. 8 min/day), descriptive norms (7 vs. 12 min/day) and PBC (11 vs. 5 min/day) were not significant.

Conclusions: The findings suggest that psychosocial factors holds differential importance for moderate-to-vigorous physical activity among women in different ethnic groups during early pregnancy.

Message: Controlled designs are required to determine if ethnicity modifies the effect of psychosocial factors on physical activity.

Session Code: FA 3.4 (Oral presentation)

Attitudes and use of Video Interpretation in a Danish Hospital – a Retrospective Study

Authors: *Mottelson, Ida* (Denmark); *Sodemann, Morten* (Denmark); *Svabo, Arndis* (Denmark); *Nielsen, Dorte* (Denmark)

Keywords: video interpretation, health professionals, clinical practice

Background: In Denmark, ethnic minority citizens represent more than 200 different countries and languages. Video interpretation is a technology that is carried out through a camera and a microphone. It is used in medical consultations. The aim was to document the practice, the attitudes and barriers towards the use of video interpreting at two hospitals

Methods: In December 2014 an electronic questionnaire was sent to 99 charge nurses. The questionnaire was pretested and consisted of six closed, retrospective questions and two closed with an opportunity to comment on the question. The questionnaires were conducted, and sent out using Survey Xact, and analyzed using descriptive statistic.

Results: Out of 99 charge nurses 78(79 %) completed the questionnaire. In total, 25(32 %) nurses lead an outpatient clinic, 5(6 %) a daycare center, and 31(40 %) lead a hospital ward. There were 19(24%) departments who had not used video interpretation within the last 12 months. Reasons for this included lack of equipment, use of attendance interpreter, and use of the patients' relatives. A total of 48(77%) charge nurses expressed that video interpretation was generally functioning to their satisfaction, 42(68%) of them also used a regular attendance interpreter. 47(76%) of the "users" indicated that video interpretation actually increased the quality of the conversation with the patient and 45(73%) stated it was easy to use. Of all responses, 37(47%) departments were using family members and 17(22%) were using patients' friends.

Conclusions: Most departments (76%) were using video interpretation and the charge nurses (77%) expressed their satisfaction with the technology and found it easy to use. However, family members were still being used in non-acute situations.

Message: Majority of the consulted charge nurses claimed, the video interpreter technology was easy to use and most said that video interpretation increased the quality of the conversation with the patients.

Session Code: FM 3.6 (Oral presentations)

Attitudes towards epidural analgesia of women of Turkish origin and German women

Authors: *Petruschke, Inga* (Germany); *Borde, Theda* (Germany); *David, Matthias* (Germany)

Keywords: epidural analgesia, immigrant women, turkish, Germany, attitudes

Background: Publications from several countries report differences in the use of epidural analgesia (PDA) between immigrant women and women of the receiving country. A recent quantitative survey (n=4268) in Berlin, Germany, funded by the German Research Foundation showed significantly lower proportions of PDA in women of Turkish origin residing in Germany compared to German women: 28.2% vs. 44.4% (p<0.001). The aim of this study was to elicit attitudes towards PDA in both groups.

Methods: Women during routine antenatal care were asked to participate in semi-structured interviews in one maternity clinic in Berlin, Germany. Socio-demographic factors, obstetrical information as well as on immigration/accluturation were assessed by a short questionnaire. Interviews were conducted in German and Turkish, recorded verbatim and analyzed using qualitative methodology. The use of PDA of the women interviewed was assessed from the records.

Results: In 2015 interviews with 11 German and 19 women of Turkish origin were analyzed (average duration 17 min). Women of Turkish origin disapproved of PDA compared to German women. Reasons were 1) fear of complications when PDA is placed 2) fear of (longterm) sequalee such as back pain and palsy and 3) desire for an unmedicated birth. Women of Turkish origin more often ascribed meaning to labour pain. Women of both groups stated to not depend their decision concerning PDA on their partners' opinion.

Conclusions: Women of Turkish origin disapproved of PDA compared to German women for different reasons: fear of complications and desire for an unmedicated birth. The ascription of meaning to labour pain possibly serves as a coping strategy to them. Misconceptions of the risks of PDA should be addressed during antenatal care to enable a fully informed decision.

Message: The lower proportion of PDA in women of Turkish origin corresponds with their attitude towards PDA. However, underlying misconceptions of the risks of the procedure are to be addressed.

Session Code: FA 4.6 (Oral presentations)

Avoidable Hospitalization among migrants or minority groups: a systematic review

Authors: *Dalla Zuanna, Teresa* (Italy); *Milana, Marzio* (Italy); *Spadea, Teresa* (Italy); *Canova, Cristina* (Italy)

Keywords: Avoidable Hospitalisation, Migrants, Ethnic Minority, primary health care

Background: Avoidable Hospitalization (AH) is an indicator of the performance of primary health care (PHC), and can highlight differences across groups with different socio-economic status, such as migrant and minority groups. Migrant people living in Europe are rapidly growing and the assessment of their PHC access and quality is essential. We aim to systematically review all published studies on AH comparing migrant/native or different racial/ethnic groups.

Methods: We conducted a systematic search for original articles on AH in migrant population or ethnic minorities, published in English or Italian and indexed in PUBMED, WEB OF SCIENCE and THE COCHRANE LIBRARY. Two authors independently screened the articles, including those with hospitalization for at least one group of AH diagnosis as outcome variable. Studies that present AH rates and/or rate ratios between at least two different ethnic minority groups or between migrants and natives were included.

Results: After screening 462 articles, 42 papers were included in this review. Of them, only seven were conducted in a country other than the United States (four in New Zealand, two in Australia and one in Singapore) and none in Europe. Most studies (33) used a cross sectional design, the remaining nine a longitudinal design. Migrant/minority exposure was defined in almost all articles by ethnicity or race, or a combination of the two. Only in one Australian study the exposure variable was the country of birth. The majority of the studies found significant differences in the rates of AH among racial/ethnic groups, with non-Hispanic whites that generally showed the lowest rates when compared to one or more ethnic minorities. Differences were found in all age groups, and chronic conditions usually present higher rate differences than acute ones.

Conclusions: AH has been used to underline differences in the quality of PHC among different racial/ethnic groups, while there are very few studies—none in Europe—that compare migrants to natives. Other health outcomes such as overall and avoidable mortality have shown disadvantages in migrant health status, and therefore studies evaluating AH between migrants and natives can be helpful in identifying other priorities in migrant health care.

Message: Avoidable Hospitalization has been widely used to underline differences in Primary Health Care performance among different racial/ethnic groups, while there are very few studies—none in Europe—that compare migrants to natives.

Session Code: TM 3.3 (Oral presentations)

Barriers and facilitators in access to health care services by Polish migrants in Norway

Authors: *Czapka, Elzbieta* (Norway)

Keywords: Polish migrants, access to health services, barriers, facilitators

Background: Poles constitute the largest foreign population in Norway. One of the key aspects of migrants' structural integration is access to health care services. The sooner migrants learn to navigate the health care system and the faster and more efficient this system can adapt to the specific needs of migrants, the better for both the migrants and the hosting society. The main aim of the study was to explore the barriers to and facilitators of Polish migrants' access to Norwegian health care services.

Methods: The qualitative study is a part of a larger, ongoing mixed-method study of Polish migrants' access to health care services in Norway. It was carried out between November 2013 and July 2014. Semi-structured interviews were conducted with 19 Polish migrants in Oslo. Thematic analysis was performed to identify barriers and facilitators related to the use of Norwegian health care services.

Results: The findings indicate that migrants experienced several barriers to and facilitators of access to health care services in Norway. The barriers most often mentioned by informants were lack of information regarding health services in Norway and lack of language competence. The other barriers were related to the organization of the Norwegian health system and the attitudes of health care personnel. The findings show that factors such as a friendly attitude of the medical staff, perception of equal treatment, and having a Polish social network act as facilitators in access to health services.

Conclusions: The study shows that there are both system- and patient-related barriers to and facilitators of migrants' access to health services in Norway. These findings suggest that for migrants' successful integration into Norwegian health care system it is crucial to generate systematic knowledge on migrants' health information needs and their access to health care services in Norway.

Message: Entitlement to health services does not guarantee full access to health care services. The main barriers in access to health services are related to lack of information and lack of language competence.

Session Code: PT7.01 (Poster)

Barriers in accessing antenatal services for vulnerable groups of women including Roma

Authors: *Mladenovik, Brankica* (Macedonia); *Skenderovska, Sebihana* (Macedonia); *Lucheska, Irina* (Macedonia); *Mitov, Aleksandar* (Macedonia)

Keywords: antenatal, services, barriers, vulnerable, women.

Background: National average value of infant mortality (9.9 per 1000 live births in 2014) masks the disparities within the indicator. The progress is not equal for all groups of women and in 2014 infant mortality continue to be higher among children born from women with a low educational level (12.4 per 1000 live births) and among Roma (14.2 per 1000 live births). The main objective of the study was to investigate possible barriers to antenatal services among socially vulnerable women, including Roma.

Methods: Data were obtained through cross-sectional survey. In April-June 2015, ninety one women from four cities with largest Roma communities were purposely selected according to social vulnerability criteria (level of education, employment status, family income level, social benefit recipient, insurance status, Roma ethnicity) to participate in face-to-face interview using structured survey instrument.

Results: Twenty three percent of participants have visited gynecologists during the pregnancy less than 3 times which is lower than recommended number of 8 visits and the national average of 7,2 visits; 82.4% of women visited gynecologists during the first trimester of pregnancy (national average is 32%). All participants declared that they were charged for services that should be free, with 2 to 15 EUR. Most reported reason for irregular antenatal visits were lack of finance for service fee and transportation costs (23.1%), lack of health insurance (5.5%) and 2.1% did not visit gynecologist because they "did not have any problem". Regarding the examinations recommended with national guideline for antenatal care, blood pressure was not measured to 9.9% of the women, 27.7% were never measured body weight, 17.7% were not referred for urine test and 8.8% for microbiological smear. Forty six percent of the women "did not understand fully" the information provided during the visits.

Conclusions: Financial barriers are dominant and influence access, utilization and quality of antenatal services. Based on the study results, epidemiological data, advocacy activities and experts suggestions, Ministry of Health introduced policy changes in order to eliminate financial barriers removing fees for all antenatal and delivery services regardless of the insurance status of the pregnant women.

Message: Health policies need to address differences in vulnerability. Further reduction of the equity gap through social determinants approach and changing of the understanding of progress is needed.

Session Code: PT2.03 (Poster)

Barriers to access and use of healthcare services: comparison between Arabic-speaking and English-speaking Caucasian patients with type 2 diabetes

Authors: *Alzubaidi, Hamzah* (United Arab Emirates); *Mc Namara, Kevin* (Australia); *Marriott, Jennifer* (Australia)

Keywords: ethnic minorities, diabetes, access, health care services

Background: Globally, healthcare systems in upper-middle and high income western countries face significant challenges to provide equitable, accessible and culturally competent health care for growing ethnic minority groups. These groups are known to delay access to available healthcare services. To date, limited information is available about health seeking behaviors in Arabic-speaking patients with diabetes. The objective of this study was to explore and compare the decision-making processes that determine access and use of healthcare services and associated barriers in Arabic-speaking and English-speaking Caucasian patients with type 2 diabetes.

Methods: Face-to-face semi-structured individual interviews and group interviews were conducted at various healthcare settings - diabetes outpatient clinics in two tertiary referral hospitals, six primary care practices and ten community centers in the Melbourne metropolitan area, Australia. Interviews were audio-taped, transcribed and coded thematically. Socio-demographic and clinical information was gathered using a self-completed questionnaire and medical records.

Results: A total of 100 participants were recruited into two groups: 60 Arabic-speaking and 40 English-speaking Caucasian. Both groups had similar demographic and clinical characteristics. Only 5% of Arabic-speaking participants had attained recommended glycemic control levels (< 7%) compared to 17.5% of the English-speaking group. Only Arabic-speaking immigrants intentionally delayed access to healthcare services when obvious signs of diabetes were experienced. For Arabic-speaking immigrants, four barriers to access of healthcare services were identified: relinquishing of independent decision-making and negative influence of significant other(s), unique socio-cultural and religious beliefs, experiences with healthcare providers, and lack of knowledge about healthcare services.

Conclusions: Arabic-speaking migrants intentionally delay access to medical services even when symptomatic. Unique barriers to health services access have been identified. Culturally-appropriate interventions must be employed to: improve access to available health services, facilitate timely diagnosis of diabetes and ultimately to improve glycaemic control for Arabic-speaking communities

Message: The socio-cultural context within Arabic-speaking migrant communities influenced participants decision-making process to access and use healthcare services.

Session Code: PF5.07 (Poster)

Becoming (ethnic minority) teenagers: A practice study of emotional wellbeing at a Danish sports school

Authors: *Tørslev, Mette Kirstine* (Denmark); *Nørredam, Marie* (Denmark); *Vitus, Kathrine* (Denmark)

Keywords: School wellbeing, transnational practices, ethnography, early adolescence

Background: Research finds that wellbeing decreases during adolescence (e.g. increase in stress, depression, sleep deprivation, eating disorders). Also, social and ethnic disparities in emotional health and wellbeing are measurable among school children in Denmark. School has a dual position in relation to children's health and wellbeing: on the one hand a vehicle and arena of health promotion (curriculum, policy), on the other hand an interacting agent in students' everyday practices (learning, playing, eating). Research on how school influences and interacts with students' everyday life as they approach youth is essential to understand and promote emotional wellbeing, intersected by social factors such as ethnicity. This paper explores how everyday school life interacts with students' practices of 'becoming teenagers' at a Danish school, analysing how age and ethnicity intersect emotional wellbeing.

Methods: The paper builds on an ethnographic study, using multiple participatory research methods, at a Danish public sports school (six months, 2012-2013, 56 students, age 11-14, 65% ethnic minorities). Taking a practice approach, the paper firstly analyses school as a social site, secondly turns phenomenological attention to lived experience of youth, and thirdly analyses intersections of ethnicity and transnational identifications at school.

Results: School as social site, constituted by discursive, material and social arrangements, shapes a normative becoming at school, i.e. becoming a responsible, healthy, Danish citizen. However, embodied experiences of becoming teenagers are ambiguous and students express a dissonance between their embodied being and the expected 'normality' at school.

Conclusions: Dissonance between embodied being and expected normality affects the emotional wellbeing of ethnic minority students, whose transnational practices are constrained within a national school practice architecture.

Message: Transnational practices play a significant role to ethnic minority students' everyday lives. Constraining these practices at school, affects emotional wellbeing of ethnic minority students negatively.

Session Code: FM 2.7 (Oral presentations)

Breast cancer diagnosis and all-cause mortality in patients by stage and migration background: A nation-wide cohort study in Sweden

Authors: *Abdoli, Gholamreza (Sweden); Botai, Matteo (Sweden); Sandelin, Kerstin (Sweden); Moradi, Tahereh (Sweden)*

Keywords: Breast cancer, stage, mortality, cohort, immigrant, comorbidity, Sweden

Background: Survival is the key indicator for the overall effectiveness of health care in the management of cancer patients. Despite increasing breast cancer survival rate, survival disparities across migration- and social position background has been observed. We explored differences in diagnosis and all-cause mortality in breast cancer patients by stage of disease at the time of diagnosis and by country of birth considering the effect of comorbidity, regional and socio-demographic factors.

Methods: We used Swedish national registers to follow a cohort of 35,268 patients (4232 foreign-born) with breast cancer considering stages at diagnosis between 2004 and 2009 in Sweden. We estimated odds ratio (OR) and hazard ratio (HR) with 95% confidence intervals (CI) using multinomial logistic regression models and multivariable Cox proportional hazard, respectively.

Results: We observed 4,178 deaths due to any causes, among them 418 women were born abroad. Foreign-born patients were on average 3 years younger at the time of breast cancer diagnosis and had higher risk of stage II tumors compared with Sweden-born women (OR=1.09, 95% CI 1.00-1.19). Overall mortality increased with decreasing level of education, increasing tumor size, level of lymph node, anatomic stage, and co-morbidity as well as among patients with metastatic disease, regardless of country of birth but the risk of dying was always higher for foreign-born patients for the same tumor characteristics as in Sweden-born women and highest for women born in Asia. In multivariable analysis adjusted for age at diagnosis, education, county of residence and Charlson Comorbidity Index, we observed 28% (HR=1.25, 95% CI 0.90–1.84) and 38% (HR=1.38, 95% CI 1.04–1.83) higher risk of dying in foreign-born breast cancer patients if the tumor was diagnosed at stages III and IV, respectively, when compared with Sweden-born patients. The risk was about two times higher among women born in Southern Europe and in Asia if the tumor was diagnosed at stages III and IV, respectively.

Conclusions: The worse prognosis in foreign-born patients with late stage tumors compared with Sweden-born patients, not explained by educational level or co-morbid diseases need further studies for better understanding of the reasons behind the disparities.

Message: Increased risk of mortality among low educated breast cancer patients remains certain and is not explained by migration background or comorbid diseases. We further conclude that the worse prognosis among foreign-born breast cancer patients could not be explained by tumor stage, comorbid diseases or educational level. Further studies on care and management of breast cancer patients are clearly important to find the reasons behind these disparities in order to be able to remove them.

Session Code: FA 1.3 (Oral presentation)

Bridging Cultural and Language Barriers with Personalized Tooth Treatment for Children

Authors: *Danner, Elisabeth* (Austria)

Keywords: Cultural and Language Barriers, Pediatric Dentistry

Background: Dental treatment of pre-school age children frequently requires use of general anesthesia for various reasons, including communication challenges tied to language and cultural barriers present in non-native speaking families.

Objectives: This study describes the introduction of a new approach for relating to very young, hard-to-treat pediatric patients. Selected two to six year olds, 75 percent of whom were children of immigrants living in Austria, visited a dental clinic of the Health Service in Graz, received an approach called Personalized Tooth Treatment for Children (PTTC), in an attempt to mitigate these challenges and decrease general anesthesia administration. Key PTTC components include: 1) Welcoming children with animated animal stories, 2) Tactile approaches using finger massage techniques, 3) Communication during treatment adapted to the child's cultural and language needs and 4) Documentation to assure continuity in use of successful PTTC approaches for future visits.

Experiences: Application of PTTC upon arrival to the dental clinic was assessed for 100 patients out of a total of 718 receiving this application over a seven year period. Many of the families were in difficult economic situations and did not speak German. Prior to implementation of a PTTC centered approach, extreme difficulties in comprehension, commonly resulted in the need for general anaesthesia at the Health Clinic. Preliminary evaluation of patients receiving PTTC at arrival showed that only 35 percent needed a pharmaceutical sedative and less than five percent required general anaesthesia

Lessons: CPTT, particularly in situations of existing cultural and language barriers, shows promise as an effective tool for minimizing general anaesthetics use and improving the overall first experience of dental care in the very young.

Message: Dental treatment of young children frequently requires general anesthesia due to language and cultural barriers. This study describes Personalized Tooth Treatment for Children (PTTC) as a way to decrease this need for anesthetic use.

Session Code: SMW 1 (Workshop: Round Table)

Cancer and immigrants in Norway

Authors: *Knobloch, May-Britt (Norway); Kumar, Bernadett (Norway); Ursin, Giske (Norway)*

Keywords: : Health, cancer, migrants, early detection, information.

Background: The first Norwegian research paper about cancer and immigrants was published in 2014/15. This study reported a low rate of mammography screening in migrants as well as a high incidence rate of liver cancer in migrants from Asia and East Africa. What do different organizations like the Norwegian Center for Minority Health Research Center, the Cancer Registry of Norway and the NCS suggest for call of actions?

Objectives: Participants will learn about the current status in Norway concerning cancer and migrants. Further, we want to inform the participants on how these challenges can be met and resolved by the organizations mentioned above.

Results: This workshop will give us the opportunity to present novel research studies about cancer and migrants in Norway. The assistant secretary general will be the facilitator of the panel discussion where all panel members will be presented. The subject will be discussed between the panel members, the facilitator and the participants. The objective of this workshop is to highlight the relevant issue regarding migrants and cancer, and discuss what kind of solutions to propose.

Message: Studies reveal high incidence of liver cancer in migrants in Norway – what actions can be done to improve this situation?

Session Code: PF4.02 (Poster)

Cardiovascular risk factors among Russian, Somali and Kurdish migrants in comparison with the general Finnish population: a population-based study.

Authors: Skogberg, Natalia (Finland); Laatikainen, Tiina (Finland); Koponen, Päivikki (Finland)

Keywords: migrant; obesity; lipids; glucose; cardiovascular risk

Background: Despite a growing number of migrants in many European countries, information on cardiovascular risk profiles among various migrant groups is scarce. We compared the prevalence of cardiovascular risk factors among Russian, Somali, and Kurdish migrants aged 18-29 years and 30-64 years.

Methods: Cross-sectional data from 1360 participants of the Migrant Health and Wellbeing Study (2010-2012) were used. Cardiovascular risk was examined with established definitions of dyslipidaemia, hyperglycaemia, hypertension, obesity and daily smoking. Age and gender-adjusted prevalence and their 95% CI were calculated using Poisson regression with robust variances.

Results: All of the examined cardiovascular risk factors, with exception of smoking, increased in prevalence with age. Among men in both age groups, Kurds had the highest prevalence of dyslipidaemia, hyperglycaemia and obesity. Kurds in the 18-29 age group also had notably the highest prevalence of smoking (38.4%, 95% CI=29.2-50.6). Kurdish and Somali men aged 30-64 had similarly high prevalence of hyperglycaemia (43.9%, 95% CI=36.2-53.3 and 43.4%, 95% CI=32.0-59.1 respectively). Somali men in both age groups had notably the lowest prevalence of smoking and obesity. Somali men aged 18-29 had the highest prevalence of hypertension (11.8%, 95% CI=4.6-30.5). In the older age group, prevalence of hypertension was notably the highest among Russian men (33.6%, 95% CI=26.2-43.3), who also had the highest smoking prevalence (30.3%, 95% CI=22.3-41.2). Among women in both age groups, Kurds had the highest prevalence of dyslipidaemia. Hyperglycaemia was rare in the younger age group. In the 30-64 age group, however, hyperglycaemia was notably more common among Somali women (42.3%, 95% CI=33.1-54.0). In both age groups, Somali women had the highest prevalence of obesity (13.3%, 95% CI=6.8-25.9 and 65.1%, 95% CI=56.0-75.0 for younger and older age group respectively). Russian women in both age groups had the highest prevalence of hypertension and smoking.

Conclusions: Prevalence of majority of risk factors was higher in the older compared with the younger age group. However, the magnitude of the increase was not the same for all risk factors. There were significant differences in the risk factor profiles between the three migrant groups.

Message: There are differences in cardiovascular risk profiles not only by migrant group but also by age group and sex.

When planning health promotion strategies, actions should be targeted also to the younger migrants.

Session Code: PF2.03 (Poster)

Caring for asylum seekers in Switzerland : needs for humanitarian medicine competences ?

Authors: *Durieux Paillard, Sophie* (Switzerland); *Wagner, Elise* (Switzerland)

Keywords: refugee's crisis; health care systems adaptation; dual system;

Issue: In 2015, like other European countries, Switzerland had to tackle with a great number of people seeking for political asylum. With 34'600 applications for the January-November period, representing a 55.7% increase compared to 2014, the country faced a refugee's crisis. Each of the 26 "cantons" of this federal state of 8.3 million inhabitants had to find solutions for housing, health care provision and to cover the social and education needs of the refugees. Unlike its adjoining countries who received mainly Syrian, more than 50% of the asylum seekers arriving in Switzerland come from 2 countries: Eritrea and Afghanistan, Syrians represent only 11% of the total. The Canton of Geneva is a tiny urban region, with few affordable housing facilities. Therefore, the cantonal authorities decided to open underground fallout shelters. At the end of 2015, 20% of the Geneva asylum seekers lived in that kind of accommodation. As the migrant journeys of Eritreans and Afghans are long and hazardous and because of their native epidemiology, the incidence of infectious diseases like tuberculosis, but also skin diphtheria rose in that population in 2015. Schistosomiasis proves to be very prevalent among Eritreans, with a rate of 72% of seroprevalence, and 48% of stool samples positive for eggs of parasites. It constitutes an economic challenge for the treatment as Praziquantel is not registered by the Swiss Agency for Therapeutic Products. Scabies constitutes another challenge, like Vitamins D and C deficiencies. Finally, mental health problems like post traumatic stress disorder (PTSD) and major depression are highly prevalent in that population who experienced repeated traumatic events.

Description of the problem: Our unit is in charge of medical care for the asylum seekers allocated to Geneva. The raise of asylum seekers constituted an adaptability challenge for staff, promises, medical competences and costs. Patient advocacy became also a concern as living conditions have an impact on health. Moreover, like in many European countries, mental health symptoms became more pronounced with the harsh Swiss refugee's policy and faced health professionals to ethical dilemma.

Results: Specific screening programs for tuberculosis, scabies and schistosomiasis, new procedures like groups evaluation and therapy were organized.

Lessons: adaptability is the key word

Message: Caring for migrants implies to improve cultural competences. Caring for refugees requires attention to the epidemiological and geopolitical context of the migrant journeys, capacity building in patient advocacy and ethical concern

Session Code: PT2.13 (Poster)

Caring for ethnic minority patients: a mixed method study of nurses' self-assessment of cultural competency.

Authors: *Alpers, Lise-Merete* (Norway); *Hanssen, Ingrid* (Norway)

Keywords: Cultural competency; Ethnic minority patients; Pain assessment

Background: Research shows that nurses tend to be lacking cultural competence, which may influence treatment and care for ethnic minority patients negatively.

Methods: Three focus group interviews were conducted before the development of a Likert-type questionnaire containing six topics and a total of 35 statements. 145 Medical Unit nurses (90%) and 100 Psychiatric Unit nurses (81%) returned the questionnaire. SPSS was used to analyze the quantitative data; hermeneutic thematic analysis was used for the qualitative data.

Results: Both the Medical Unit nurses and the Psychiatric Unit nurses indicated that knowledge about illness and treatment philosophies other than Western biomedicine was inadequate. The respondents also found symptom assessment difficult, and they were offered little, if any, in-service education. Work experience added little substantive knowledge.

Conclusions: Experience alone does not equip nurses with adequate knowledge for intercultural symptom assessment and culturally competent treatment and care. Formal education, in-service classes, courses, feedback and access to relevant information are needed together with reflection upon clinical practice.

Message: Aim: To get knowledge on nurses' self-assessment of their cultural competence (focus group interviews/survey). Their knowledge was inadequate in many areas, among others non-Western treatment philosophies and symptom assessment.

Session Code: FM 2.4 (Oral presentations)

Cervical cancer screening non-adherence among immigrants in Norway

Authors: *Leinonen, Maarit (Norway); Campbell, Suzanne (Norway); Tropé, Ameli (Norway); Nygård, Mari (Norway)*

Keywords: cervical screening, non-adherence, smear-taker, barriers, socioeconomic status, migration

Background: Migrants from non-western countries are more prone to cervical cancer but often lack screening programmes in their home countries. We assessed the screening uptake among immigrants and native Norwegians, and estimated factors that predicted non-adherence among immigrants.

Methods: The study population consisted of 1 157 538 (83.9%) native Norwegians and 222 990 (16.2%) immigrants. Non-attendance was defined as no Pap smear registered within the last screening interval of three years. Poisson regression was used to determine sociodemographic, health care, and migration –related variables associated with non-adherence.

Results: 55.2% of immigrants and 31.6% of native Norwegians were non-attenders in 2008–2012. The proportion of non-attenders was different across immigrant groups. It was lowest among women born in other Nordic countries, 42.3% (95% CI 41.5-43.1%), and highest among immigrants from Baltic countries, 78.6% (95% CI 77.1-80.2%). Screening uptake varied also significantly regionally, and the proportion of underscreened immigrants was highest in the north of Norway, 57.4% (95%CI 56.1-58.7%). Living less than 10 years in Norway was the strongest determinant of non-attendance (adjusted relative risk 1.43, 95% CI 1.40-1.45). Also being outside of the workforce, being aged ≥ 55 years, having children, having a male general practitioner (GP), having a foreign GP and having a young GP predicted non-adherence to screening.

Conclusions: Immigrants face special barriers to screening some of which are religious, cultural and language related. Barriers related to the health care system can be reduced by programme- and physician-targeted interventions. Screening options that are acceptable across immigrant groups need to be studied and screening programmes may need adaptations to reduce disparities in cervical screening.

Message: 55% of immigrants are underscreened, but there are substantial differences across immigrant groups. To increase screening uptake among immigrants may warrant specific physician- and population-targeted interventions.

Session Code: PT2.12 (Poster)

Experience in monitoring food habits for diabetic patients from Pakistan.

Authors: *Fructuoso, Elisabet (Spain); Calpe, Ainhoa (Spain); Ochando, Montserrat (Spain); Hidalgo, Manuela (Spain); Rodero, Montserrat (Spain); Aparicio Valero, Carmen (Spain); Sánchez Escalera, Laura (Spain); Alcaraz, Sonia (Spain); Chueco, Aida (Spain); Pérez-Hervada, María (Spain); Grau, Jordi (Spain); Antonio, Violeta (Spain); Cuní, Marta (Spain); Arias, Lucía (Spain); Pérez, Natalia (Spain); Nasarre, Carla (Spain); Díaz, Paula (Spain); Toscano, Ainhoa (Spain); Fernández Gutiérrez, Laura (Spain); Plaza, Isabel (Spain)*

Keywords: Diabetes mellitus, diet habits, Pakistan.

Background: People from South East Asia are particularly vulnerable to diabetes. They have a higher prevalence than seen in Caucasians. Moreover, in Pakistan it is estimated that there are 5.2 million patients. Diabetes mellitus is a major risk factor for cardiovascular disease and a health goal in Primary Health Care. To achieve this goal, one needs to consider the cultural differences and specific eating habits of this community and adapt to the real environment as well, getting better compliance with treatment. On the other hand, the factor of communication and the language barrier in which we find ourselves, makes it a challenge in terms of health for professionals.

Methods: Descriptive observational study within the framework of a multicenter and randomized clinical trial: "Effectiveness of a tailored diet for Pakistani population in the metabolic control of diabetes". Objectives: To determine the nutrition of Pakistani patients suffering from Diabetes Mellitus II (DM II) in three urban Primary Health Centres (PHC). Identify the amount of carbohydrate (HC) routinely ingested. Assess whether they meet the recommendations for HC rations recommended by the Clinical Practice Guidelines for DM II.

Results: Follow-up of 15 patients. They have knowledge about their disease and diet to follow. Usually they make 3 meals a day. They do not eat food supplements. High consumption of HC, mainly as "chapati" (whole wheat flour) and "Dhal" (skinless legumes). Shortage of proteins. Few raw vegetables and dairy. High consumption of tea and soda. Variability in the diet based on socio-cultural characteristics and family.

Conclusions: There is an excessive consumption of carbohydrates, above the recommendations for good metabolic control of DM II.

Message: During follow-up of these patients we experienced an improvement in intercultural communication, resulting in better compliance with the scheduled visits. They are grateful for the interest shown by the professional towards its culture and language. They also valued the professionals's effort to show them alternatives to adapt their diet to their specific conditions to improve their health.

Session Code: FA 2.2 (Oral presentations)

Challenges in the implementation of health insurance policy for undocumented migrants in Thailand

Authors: *Suphanchaimat, Rapeepong* (Thailand); *Mills, Anne* (United Kingdom)

Keywords: Migrants, Health policy, Health insurance, Thailand

Background: The Thai Ministry of Public Health (MOPH) has introduced a health insurance policy for undocumented migrants since 2004, focusing on immigrants from its neighbouring countries. However, the policy still encounters many implementation constraints, including a large number of uninsured migrants. This study sought to determine factors contributing to challenges in the implementation of this policy.

Methods: Qualitative in-depth interviews with 25 key informants (7 policymakers and 18 ground-level staff) were conducted in 2014. The respondents were drawn via purposive and snowball sampling. Literature review was performed on various policy documents including official minutes and laws. Thematic analysis was applied.

Results: Three key factors/themes were identified: lack of coherence in policy content across ministries, instability of the policy, and difference in policy directions between authorities. The first theme was exemplified by the fact that the Ministry of Labour (MOL) confined its responsibility only to 'migrant workers', while the MOPH interpreted its scope to 'all migrants'. The policy instability was reflected in frequent changes in the insurance premium and frequent openings and re-openings of the registration periods for illegal migrants over the past decade. An instance of diverse policy directions was that the Ministry of Interior (MOI)'s aimed to register all illegal migrants as part of national security, but it, in practice, less emphasized on health and welfare of those registered. This was reflected through poor linkage between the MOI's data registered data and other relevant ministries.

Conclusions: The implementation of migrants' insurance policy cannot be effective unless integration between all authorities is strengthened. This includes having more coherence in policy content and fine-tuning diverse policy directions across ministries. Long term policies that address health and citizenship-status problems throughout the 'whole' migration process need to be set up.

Message: The implementation of migrant health policies cannot be effective without more coherence in policy content and reducing gaps of policy directions between ministries.

Session Code: PT3.11 (Poster)

Characteristics and disease patterns among complex immigrant patients at an immigrant-specific hospital clinic

Authors: *Rosenkrands, Hanna* (Denmark); *Kjersen, Helge* (Denmark); *Nørredam, Marie* (Denmark)

Keywords: Migrant health, Immigrants, Migrant-specific health initiatives

Background: Section of Immigrant Medicine (SIM), founded in 2013 at University Hospital Hvidovre in the Capital Region of Denmark, is a pioneering clinic specifically addressing immigrants with complex symptoms and comorbidity issues. This study aims to illuminate the sociodemographic characteristics, prevalence of symptoms and morbidity patterns of the patients referred to SIM.

Methods: A cross-sectional survey based on 178 immigrant patients referred to SIM from January 1st 2014 to April 30th 2015. Ethical approval was given by Section for Administrative Systems and IT Security in the Capital Region. Data concerning sociodemographics, referral patterns, migration background, symptoms and comorbidity were collected in Screening Questionnaires (SQ). Baseline blood test results were later included. Data was entered into the Immigrant Medicine Database (IMD) and analysed using descriptive statistics.

Results: Patients at SIM of whom 81% were women had a mean age of 49.3 years; many were of Middle Eastern origin (51%), 65% were family reunified and 57% had resided in Denmark for > 20 years. However, 78% reported needing interpretation. Twenty per cent had no formal schooling, and only 4 % were employed whereas 65% received cash benefits. Symptoms were often pain-related, and 74% reported ≥ 6 symptoms. Multi-morbidity (≥ 2 reported diagnoses) was seen in 64% and type II diabetes (27%), hypertension (32%), hypercholesterolemia (31%) as well as PTSD (11%) and depression (6%) prevalence were high. The two latter were likely underreported due to the SQ structure. Vitamin D insufficiency was identified in 49% through baseline bloodwork.

Conclusions: The patients at SIM were socioeconomically disadvantaged and showed complex comorbidity patterns. More knowledge is needed regarding the effect of migrant-specific clinics like SIM; their impact on patients' health outcomes, access to care and ultimately equity in health.

Message: The complex, multi-morbid patients at SIM were mainly women, often illiterate and with low employment. Many were multi-symptomatic, multi-morbid, and had a high prevalence of Vitamin D deficiency and cardiovascular risk factors.

Session Code: PF3.04 (Poster)

Children as next of kin in immigrant families

Authors: *Hjelde, Karin Harsløf* (Norway); *Guribye, Eugene* (Norway); *Magnussen, May-Linda* (Norway); *Ali, Warsame* (Norway)

Keywords: children as next of kin, immigrant families, health personnel

Background: The Norwegian government has over time worked to strengthen underage children as next of kin in the Norwegian health care system. In June 2009 amendments were made to The Health Personnel Act in order to establish the duty of health personnel to contribute to look after children as next of kin. With this in mind BarnsBeste decided, along with NAKMI (Norwegian Center for Minority Health Research) and Agder Research, to initiate a research project with the aim of investigating whether children as next of kin to parents with immigrant background receive necessary follow up.

Methods: The project used qualitative research methods consisting of three informant groups; health care personnel (19), patients who migrated to Norway (5) and their children aged 12-18 years of age.(4) The recruitment of informants for this project took place in 2 main hospitals in 2 different places in the South-East part of Norway and in total of 4 divisions within these hospitals. The divisions are placed under Clinical Medicine and the Psychiatric Clinic. The project used a focus group method as well as individual interview.

Results: The findings showed differences among health personnel in the understanding of "necessary follow up" as it is stated in The Health Personnel Act. There are also different views on who has the responsibility for the necessary follow up among the health personnel and the child support workers we interviewed. The study also showed that there can be differences in the understanding of what is best for the child, between health personnel and parents with immigrant background, when it comes to what information children should get. It can be challenging for health personnel to make sure the children are followed up and receiving information. There are two main barriers: 1) Language barrier and 2) different understanding of what is best for the child.

Conclusions: When there is a language barrier in the process of following up and informing children as next of kin to patients with immigrant background, there is a clear barrier when the divisions don't have good routines for the use of an authorized interpreter. The phrasing on securing the child's interests, without examining critically that there might be different views on this among families, seems one-sided. This is particularly clear when it comes to immigrant families.

Message: The study showed differences among health personnel informants in how they interpreted the phrasing of The Health Personnel Act. As well as differences between health personnel and patients on what information children should receive.

Session Code: PF3.01 (Poster)

Children on the move between Bangladesh and India: Contextual barriers to the translation of transnational child protection policy into practice

Authors: *Skovdal, Morten* (Denmark); *Gotfredsen, Anne Christina* (Denmark); *Reale, Daniela* (United Kingdom)

Keywords: Children on the move; child protection; transnational policy; South East Asia

Background: Every day, a large, but unknown number of children move from Bangladesh to India for a variety of reasons, voluntarily or involuntarily, with or without their parents or other primary caregivers. It is a journey that places them at risk (or at an increased risk) of economic or sexual exploitation, abuse, neglect and violence. A number of policies, bilateral instruments, and standard operating procedures have been developed to protect and repatriate children on the move. However, translating these policies into practice remains a challenge. This paper seeks to identify and unpack the contextual factors that shape challenges for Bangladesh and India to adopt transnational child protection mechanisms.

Methods: This qualitative study draws on interviews with 26 key informants from India and Bangladesh as well as interviews with six Bangladeshi children living in shelters in India, awaiting their repatriation. Interviews were transcribed and thematically organized using NVivo 10.

Results: There is a reasonably sound policy framework in place to safeguard children on the move between Bangladesh and India. However, enacting this framework is constrained by: i) a strong anti-trafficking discourse which skews transnational child protection services, misrecognizing the diversity of migrating children; ii) lack of government investment in law enforcements and child protection services, which leave the response reliant on limited civil society resources; iii) a culture of misrecognizing children as social actors.

Conclusions: The contextual factors that shape transnational child protection mechanisms must be located in the wider context of conceptualizations of aid and poverty; and the ongoing tension between seeing children as either victims or social actors. There is a need to take heed of contextual factors that shape possibilities and challenges for countries to perfect transnational child protection mechanisms for children on the move.

Message: There is a need to take heed of contextual factors that shape possibilities and challenges for countries to perfect transnational child protection mechanisms for children on the move.

Session Code: PT2.19 (Poster)

Clinical support systems at Primary healthcare: use of e-learning and medical illustrations in attention to immigrants with language barrier.

Authors: *Cuní Munné, Marta* (Spain); *Grau i Bartomeu, Jordi* (Spain); *Plaza España, Isabel* (Spain); *Hidalgo Ortiz, Manuela* (Spain); *Alcaraz Puertas, Sonia* (Spain); *Rodero Nuno, Montse* (Spain); *Fuentes Rodríguez, Teresa* (Spain); *Antonio Arqués, Violeta* (Spain); *Fructuoso González, Elisabeth* (Spain); *Calpe Cristino, Ainhoa* (Spain)

Keywords: e-learning; medical illustrations; clinical decision support, patient preferences; shared decision making

Background: Incorporating patient active participation on the medical visit boosts his confidence and satisfaction, reducing drug abuse and health cost. If the visit is tailored by an e-learning, increases the diagnostic and therapeutic accuracy, minimizing errors and side effects.

Objectives: MAIN OBJECTIVE: To evaluate the use of e-learning and medical illustrations in shared decision making at a Primary healthcare Center. SECONDARY OBJECTIVES: To assess the effectiveness of the use of images and graphics to empower the population to be able to understand and participate in making decisions about their health. To know patient's satisfaction and preferences. METHODOLOGY: Design: phenomenological qualitative study. Field of study: Primary healthcare Center of Raval Sud in Barcelona. Study Population: Patients attended (snowball sampling) who agree to participate upon signing the informed consent study. Information gathering techniques: observations of the doctor-patient communication during the e-learning visit and semi-structured individual interviews for professional and patient. Analysis: Sound record and subsequent literal transcription of the text, marking quotations, codes and categories by Atlas.it computer program.

Experiences: Preliminary results: the pilot test shows us a greater understanding between professional and patient during the visit, the patient is satisfied and prefers the use of e-learning and medical illustrations to the traditional visit.

Lessons: The incorporation of tools to improve the communication and empowerment, in case of patients from other cultures or with language barrier, helps in the care process, and eases the dialog and shared decision-making form.

Message: The use of new communication tools facilitates empowerment and patient participation in decision making.

Session Code: FA 1.4 (Oral presentation)

Co creation: of an ethical educational tool for interpreters, migrants and practitioners.

Authors: *Jackson, Ima* (United Kingdom); *Piacentini, Teresa* (United Kingdom); *Phipps, Alison* (United Kingdom)

Keywords: Interpreters Film Ethical Education Migration Clinical

Background: Given rapidly increasing intra-European mobility, and a resultant increasing number of migrants who are permanently or temporarily settled in the UK as in other countries, many health care practitioners are grappling with issues and challenges of intercultural communication in clinical and non-clinical settings. Internationally there is well documented evidence of the reduced health outcomes as a result of poor intercultural communication between practitioners and their patients. This research used film and a novel co-creation approach to develop evidence based educational resources to support shared learning, within the context of intercultural practice. This research developed from examining the tri partite experience of those involved within interpreting in health care provision

Objectives: A key objective was to use drama as pedagogy and articulate through cross disciplinary research the knowledge of those experienced in using interpreters in healthcare practice in both community and clinical settings. Although the films are in English, the visual narrative offered through film enables for the issues of the interpretative moment to be clearly understood even for those who practice in other countries and for whom English is a second language.

Experiences: The five educational films and supporting worksheets developed directly from the analysis of the data, re present the findings of the research in an innovate and accessible format. Positioning participants as experts within this experience uncovered the challenges and strategies used to negotiate the clinical interpretative moment.

Lessons: The process of re interpreting data analysis into filmed scenarios required considered inter disciplinary working which resulted in using drama as pedagogy, to develop intercultural guidance for health care practitioners, interpreters and interpreting service users in health care settings. The filmed scenarios and accompanying worksheets deliberately avoid a “how to” approach, instead base the educational approach developed from the analysis of the data by reflecting on the tri partite relationship experiences of those who are daily engaging in the practice in order to facilitate the educational experience. Those who have participated in the workshops and professional development days have reported increased confidence within practice. The reach from the study has been international and includes embedding in local health boards interpreter and equality education programmes to NGO’s such as Victims of Torture.

Message: Using drama and film to directly represent research results is innovative. Articulating the skills and knowledge from those involved immersed in the tri partite relationships is key to learning good practice

Session Code: FA 1.5 (Oral presentations)

Co-production and testing of a community genetic literacy intervention among a minority ethnic community

Authors: *Salway, Sarah* (United Kingdom); *Ali, Parveen* (United Kingdom); *Ahmed, Saima* (United Kingdom); *Such, Liz* (United Kingdom)

Keywords: consanguinity; genetics; participatory; co-production; infant mortality; congenital disorder

Background: Infant mortality shows significant ethnic inequalities in Britain. The UK Pakistani population has an infant mortality rate of over 9/1,000 live births, more than twice that for the general population. Elevated risk is in part due to rare autosomal recessive genetic disorders linked to customary consanguineous marriage. WHO recommends community level action to raise genetic literacy combined with enhanced access to genetics services. However, UK interventions are in their infancy with no national response. A combination of (1) a valued social practice affecting marginalised, ethnic minority communities, (2) complicated patterns of risk, and (3) low professional awareness, makes this a complex and contentious issue. This study aimed to develop a community-level genetic literacy intervention that was responsive to local needs.

Methods: Our participatory approach (2013-15) drew on user-centred design and engaged 6 local people as 'co-researchers' in Sheffield, UK. Two phases of insight gathering used group discussions, interviews and participatory exercises to describe current understanding, knowledge gaps and trusted communication networks. A series of testing-and-refinement cycles followed. A set of communication materials was co-produced and tested for acceptability, appeal and comprehension. We used both open-ended tools and a before-and-after structured design (including multi-choice knowledge questions).

Results: Over 200 people participated in the insight and testing work. Information needs and preferred communication channels varied widely. Despite some resistance, there was strong engagement and high demand for information. A narrative, 'real life' video was indicated and developed, supported by factual information in leaflets and a website. Conveying accurate information was challenging, as was meeting differing demands for detail within generic materials. Knowledge gain through one-off exposure was mixed, with older participants showing less improvement. Materials were, however, well-received, being considered credible, relevant and inoffensive.

Conclusions: Participatory action research can result in culturally appropriate genetic literacy materials. Repeated exposure and opportunities for discussion are needed to address misconceptions, particularly among older, uneducated individuals.

Message: Action is needed to address ethnic inequalities in infant mortality linked to genetic conditions. Participatory research methods can help to develop acceptable approaches to raising genetic literacy at community level.

Session Code: SM 4.6 (Oral presentations)

Comparison of obesity and type 2 diabetes among homogenous sub Saharan African Origin populations living in rural and urban Africa, and 3 European countries – The RODAM study

Authors: *Agyemang, Charles* (Netherlands); *Meeks, Karlijn* (Netherlands); *Erik, Buene* (Netherlands); *Stronks, Karien* (Netherlands)

Keywords: Type 2 diabetes, pre-diabetes, obesity, African migrants, Europe

Background: Evidence suggests an overly high risk of obesity and Type 2 Diabetes (T2D) among migrant populations in high-income countries. Sub-Saharan Africa (SSA) migrant populations in Europe have increased substantially for the last few decades, but data on their health status are lacking. We therefore assessed the prevalence of obesity, T2D and impaired fasting glucose (pre-diabetes) among a homogenous SSA migrant group (Ghanaians) living in three different European countries and their compatriots living rural- and urban-Ghana.

Methods: A multi-centre RODAM (Research on Obesity and Diabetes among African Migrants) study was conducted among Ghanaian adults (n=5659) aged 25-70 years residing in three European cities (Amsterdam, London and Berlin) and in rural and urban Ghana. Comparisons among groups were made using age-adjusted prevalence ratios (PRs).

Results: The prevalence of obesity was higher among Ghanaians living in urban-Ghana and Europe than in rural-Ghana, ranging from 6.9% (PR 4.67; 95% CI: 3.25-6.72) and 33.9% (2.48; 2.18-2.82) in urban-Ghanaian men and women, to 21.4% (9.83; 6.96-13.89) and 54.2% (3.46; 3.06-3.92) in London-Ghanaian men and women compared with 1.3% and 8.3% in rural-Ghanaian men and women. Prevalence of T2D was similarly higher in urban-Ghanaians and European-Ghanaians ranging from 10.3% (3.10; 1.7-15.43) and 9.2% (1.83; 1.26-2.67) in urban-Ghanaian men and women to 15.3% (4.68; 2.67-8.18) and 10.2% (2.22; 1.35-3.64) in Berlin-Ghanaian men and women compared with 3.6% and 5.5% in rural-Ghanaian men and women. Pre-diabetes prevalence was higher only in Amsterdam-Ghanaian men (32.4%; 2.70, 2.03-3.60) and women (23.9%; 2.30, 1.77-2.99) and London-Ghanaian men (17.0%; 1.23, 1.01-1.99) compared to rural-Ghanaian men (13.0%) and women (10.8%).

Conclusions: Obesity and T2D are a major burden among urban-Ghanaians and migrant Ghanaians in Europe. There is an urgent need to unravel the potential factors contributing to the high prevalence of obesity and T2D among these populations to inform targeted intervention and prevention programmes.

Message: Obesity, T2D and pre-diabetes are major burden in all sites with migrants in Europe being the most affected.

Urgent action is needed to unravel the potential factors contributing to the high prevalence rates among these populations.

Session Code: SM 4.5 (Oral presentations)

Consistent associations between an insulin-resistance-related dietary pattern and hyperglycemia in South Asian migrants residing in Asia and Europe

Authors: Dekker, Louise (Netherlands); Nicolaou, Mary (Netherlands); Shyong, Tai (Singapore); Lee, Jeanette (Singapore); Rebello, Salome (Singapore); Peters, Ron (Netherlands); de Vries, Jeanne (Netherlands); Snijder, Marieke (Netherlands); Stronks, Karien (Netherlands); van Dam, Rob (Singapore)

Keywords: Dietary patterns, type 2 diabetes, South Asians

Background: Dietary pattern is an important risk factor for Type 2 Diabetes Mellitus (T2DM). Specific elements of diet may be important to consider in the prevention of T2DM in South Asians. In the present study we aimed: 1. to derive an insulin-resistance related dietary pattern and to confirm the association with fasting glucose concentrations in a South Asian origin migrant population in Singapore (N= 660). 2. To test the consistency of this dietary pattern in predicting fasting glucose concentrations in a South Asian origin migrant population in the Netherlands (N=689).

Methods: Food intake was measured using food frequency questionnaires. A dietary pattern in the Singapore population was derived using Reduced Rank Regression: Dietary data was reduced to 34 food groups (exposure variable) and the homeostatic model assessment (HOMA) index for insulin resistance (HOMA-IR) was used as the response variable. We subsequently assessed the associations between the derived dietary pattern and fasting glucose in both populations using multiple linear regression models with adjustment for potential demographic and lifestyle confounders.

Results: A dietary pattern characterized (absolute factor loading >0.15) by high intakes of roti, high-sugar beverages, eggs, fish and seafood, and low intakes of high-fiber bread, breakfast cereal, potato and root vegetables, fruit and fruit juice, fat-based savoury sauces, cheese and low fat dairy products was identified. In the multivariable model, dietary pattern scores showed a positive association with fasting glucose concentrations (Singapore: β 0.24 mmol/L, 95% CI 0.02 to 0.46 P for trend = 0.01; the Netherlands (β 0.09 mmol/L, 95% CI -0.02 to 0.21, P for trend = 0.05) comparing the highest to the lowest quartile.

Conclusions: We found indications that adherence to the insulin-resistance-related dietary pattern was positively associated with fasting glucose concentrations in two independent South Asian origin migrant populations. A novel high-risk dietary pattern has been identified which may be particularly relevant in South Asians

Message: We found evidence that similar dietary patterns underlie type 2 diabetes mellitus risk in different south Asian populations. Dietary interventions in different settings may address the intake of some specific foods.

Session Code: PT2.16 (Poster)

Cross Cultural Competence in Social Preventive and Rehabilitative Work

Authors: *Bylica, Jacek* (Poland)

Keywords: cross cultural competence, social prevention & rehabilitation

Background: A new, master level curriculum implemented in the Institute of Education at Jagiellonian University in Kraków emphasizes the development of cross cultural competence among students. The assumption states, that culturally sensitive students will be more effective in their work with culturally differentiated individuals and groups inside the society.

Objectives: The main objective of the education programme was to develop cross cultural competence among the students of social rehabilitation studies in the time frame from February to May 2014. Teaching methods used included participatory exploration, practical workshops (e.g. ethnographic interview), preparation and presentation in small groups of the final project pertaining to cross cultural research. The basic questions to evaluate the program were: What progress in cross cultural competence have the students achieved? Which areas and categories of cross cultural competence were the most/least developed?

Experiences: To evaluate the effectiveness of the author's course the following methods were applied: a self – report questionnaire, a participant observation and a comparative analysis. The results showed that 10 (33%) of 30 students have achieved a small progress in terms of cross cultural competence, 11 (37%) of them achieved reasonable progress and nine (30%) progressed substantially. More specifically, the students have achieved middle harmonic level in "Language Competence" (harmonic level is the highest possible). Regarding "Individual Self-Esteem" and "Social Action Skills" the students have scored at the low end of the harmonic level and at the high end of the ethnorelative level.

Lessons: It is possible to develop basic cross cultural competence among full – time students during a short (30 hours coursework) and intensive course. However, the most advanced categories need to be worked through in longer term processes. The development of such abilities is an important and relatively cheap way of stimulating holistically understood health in European societies.

Message: Cross cultural approach is a positive and vital, transdisciplinary concept. It seems to be controversial to some extent, because it states, that there is something essential in between cultures.

Session Code: TA 1.5 (Oral presentation)

Cross cultural competence training for Psychotherapist in German

Authors: *Möske, Mike* (Germany)

Keywords: Concept development, evaluation; mental health care service

Background: People with a migration background show a lower utilization rate of in- and outpatient mental health care services in Germany. Next to structural and institutional barriers the lack of cross-cultural competence on behalf of the professionals is discussed as another major barrier. German professionals report in this context the insecurity and diffusion of expectations with patients with a different ethnic background as well as significant difficulties in the psychotherapeutic setting because of different felt values systems. So far evaluated trainings for psychotherapists at least in Germany are missing. Based on the pre-project where "Guidelines for cross-cultural competence training for psychotherapists" (www.kultursensible-psychotherapie.de) a concept for cross-cultural competence training for psychotherapists has been developed, implemented and evaluated. The research project was founded by the European Integration Funds.

Objectives: Based on an international literature and manual search and prior to this developed guidelines a broad training concept has been developed for training cross-cultural competence for psychotherapists. This concept has been presented and discussed in a two-day workshop with experts in the field of cross-cultural competence training in (mental) health and afterwards finalised. The elaborated training concept was pretested with two group of psychology students (n=37) and afterwards slightly modified. The main intervention was applied to two groups of psychotherapists (n=39) and two groups of psychotherapists in advanced clinical training (n=32). The pre-post evaluation was mainly based on the questionnaire to assess Cross-cultural competence of Health care Professionals (Bernhard et al., 2015).

Experiences: The two day training concept consists of 18 coordinated lessons divided into five modules: general cultural understanding, migration specific stressors and resources, experience of alienation in clinical setting, cultural sensitive diagnostic and working with interpreters. Significant pre-post improvements could be measured.

Lessons: The training concept has meanwhile been taken over by lots of further clinical training institutions for Psychotherapists in Germany. Parts of the concept have been adopted for teaching medical students in cross-cultural issues.

Message: Cross-cultural trainings are an important instrument to reflect critical cross-cultural issues in psychotherapy.

Cross-cultural trainings can have positive short term effects.

Session Code: TA 1.7 (Oral presentations)

Cultural competence: a challenge for European medical education

Authors: *Sorensen, Janne* (Denmark); *Nørredam, Marie* (Denmark); *Suurmond, Jeanine* (Netherlands); *Pakoras, Olivia* (United States); *García-Ramírez, Manuel* (Spain); *Krasnik, Allan* (Denmark)

Keywords: cultural competences, medical education, curriculum, questionnaire

Background: Europe is becoming more social and cultural diverse as a result of the increasing migration, but the physicians are largely unprepared. The education programmes and the teachers have not evolved in line with development of the population. Culturally competent curricula and teachers are needed, to ensure cultural competence (CC) among health professionals and to tackle inequalities in health between different ethnic groups.

Methods: The objective of this EU financed study is to investigate the role of CC in the medical educational programmes. We developed a questionnaire in order to uncover strengths and weaknesses regarding CC in the programmes. The questionnaire consisted of 32 questions. All questions had an evidence box to support the informants understanding of the questions. The questionnaire was sent by email to the 12 European project partners. 13 completed questionnaires were returned as one partner contributed with two programmes.

Results: Most medical programmes do not offer CC training for teachers within the programme, and resources spent on initiatives related to CC are few. Furthermore, most of the medical programmes acknowledge that the training is not adequate for future jobs in the health care service in their respective country in regard to CC, e.g. most medical programmes do not train students to work effectively with an interpreter.

Conclusions: Generally, there is room for improvement regarding CC in the European medical programmes. Key challenges are how to integrate cultural diversity in health and disease within medical education, how to develop a curriculum that fosters students' awareness of their own culture without promoting cultural stereotypes and how to motivate and engage stakeholders (teachers, management etc.) within the organisation to promote and allocate resources to CC training for teachers.

Message: Medical schools need to improve curricula and organisational support in order to better prepare future physicians to provide care for a diverse population. Medical teachers should also receive training in cultural competences.

Session Code: FA 1.2 (Oral presentation)

Cultural Sensitive Nutrition Education Material Provided to Participants in the Introductory programme in Oslo, Norway

Authors: *Eriksen, Aud Marit (Norway); Terragni, Laura (Norway)*

Keywords: Nutrition education material, Cultural sensitive material, health literacy, newly arrived immigrants.

Background: Newly arrived immigrants, asylum seekers and refugees may find challenges in a new food environment, and adopt less healthy habits increasing the risk of developing nutrition-related health problems. Early provision of nutrition education may facilitate the transition and possibly reduce the risk of developing nutrition-related diseases. Resource-Center for Migration Health together with researchers and students from Oslo and Akershus University College, the Norwegian Diabetes Association and program advisors have developed teaching material on food and health to be used in the introductory program.

Objectives: The objective is to present culturally sensitive material to be used by programme advisors to increase the awareness about nutrition and health among participants in the introductory program.

Experiences: The material consists of a combination of new material, and material made by the Norwegian Health authorities adjusted to the needs of program advisors and participants. The piloting included testing of the education program in three districts and evaluation with both program advisors and participants. After the piloting, the education material was revised. Information targeting specific religious groups (as halal foods) was reduced; more pictures of familiar foods and dishes were used, the text was simplified, cartoon characters representing a more diverse group were added and more support to programme advisors in form of a guide on how to use the material was provided.

Lessons: The program is suitable as a short nutrition education program. However, to develop a material suited for such a heterogeneous population is difficult. It is recommended to develop nutrition education material for more homogeneous groups and programs that follow up participants over time. It is also recommended that the program is adapted to be used in different settings, e.g. at the arrival stage in the new country.

Message: Making cultural sensitive nutrition-material suited for newly arrived immigrants with different literacy levels, and sharing the experience is of great importance for both immigrants and health-personnel providing care to them.

Session Code: FA 2.4 (Oral presentations)

Demographics of Undocumented Status in a Study of Farmworker Health

Authors: *Schenker, Marc* (United States); *James, Kaitlyn* (United States); *Mitchell, Diane* (United States)

Keywords: undocumented migrants, Latino farmworkers, immigrants, chronic health

Background: Latino farmworkers make up over 90% of all hired farmworkers (approximately 500,000) in California; the vast majority are immigrants. The undocumented experience precarious work status. We examine whether this group is more likely to experience detrimental chronic health outcomes.

Methods: 299 Latino hired farmworkers, participants in a California population-based cohort study of farming exposures and health, were surveyed in 2011. They were categorized as documented (citizen, permanent resident, or had picture identification), or undocumented. Demographic and health responses, weight and height were collected in a subset (n=230).

Results: After six years participation in the cohort study 67 (22.6%) of the farmworkers were still undocumented. Undocumented status was associated with younger age and female sex. The mean age of documented farmworkers was 45.2 (95% CI 44-46.5) years versus 36.05 (95% CI 33.84-38.26) for undocumented pval = 0.025. 36% of the documented were female, but 57% of the undocumented pval = 0.032. Undocumented workers were paid less, with only 19.7% earning over \$30,000 per year compared to documented workers, 35.8% of whom earned this highest wage category pval = 0.004. Although the total number of days worked was not significantly different between immigration categories, females were significantly more likely to work fewer days pval=<0.0001. Prevalences of health outcomes as self-rated health, any chronic respiratory symptom, any major musculoskeletal problem, adjusted for sex and age, were not different based on immigration status. Body Mass Index (BMI), tracked in a sub-set of 230, adjusted for sex and age was lower in the undocumented, mean 29.4 (95% CI 28.0 – 30.8) versus the documented 31.4 (30.5 – 32.1) pval =0.022.

Conclusions: Over 20% of a population based cohort of California farmworkers remained undocumented after six years. Undocumented status was associated with younger age, female sex and lower wages but not with chronic health problems or higher BMI.

Message: California farmworkers, undocumented for at least six years, were not more likely to report chronic physical health problems but were likely to be younger, less obese, female and earn less.

Session Code: TA 4.1 (Oral presentations)

Depression and anxiety among immigrants from sub-Saharan Africa in France

Authors: *Pannetier, Julie* (France); *Lert, France* (France); *Bajos, Nathalie* (France); *Lydié, Nathalie* (France); *Dray-Spira, Rosemary* (France); *Desgrees du Lou, Annabel* (France)

Keywords: Depression, sub-Saharan Africa migrants, France

Background: Despite recent evidence of higher rates of depression among non EU-immigrants in Europe there is still a lack of comprehensive studies about the determinants of common mental disorders among specific groups of immigrants. We measured the respective influence of migration conditions, living conditions in France as well as negative life experiences on depression and anxiety among immigrants from sub-Saharan Africa living in France.

Methods: The ANRS-PARCOURS life-event history survey was conducted in 2012-2013 among 2648 immigrants from sub-Saharan Africa consulting in health-care facilities in the Paris region: 926 receiving HIV care, 779 with chronic hepatitis B, and 763 with neither HIV nor hepatitis B (reference group). Depression and anxiety were measured with the Patient Health Questionnaire-4 (PHQ-4). Data on main reason of migration, residential, economic and administrative situation in France and forced sex through life were collected. Survey-weighted adjusted linear regressions were computed for women and men separately.

Results: The prevalence of a severe depression and anxiety disorder (PHQ-4 score ≥ 9) was frequent compared to the general population (1.5%). In women, it was of 14.9% in the HIV group, 10.4% in the HBV group and 11% in the reference group ($p=0.372$). In men, it was of 9% in the HIV group, 6.5% in the HBV group and 4.5% in the reference group ($p=0.150$). For both women and men, being unemployed, having no social support, ever slept in the street after migration and life time forced sex were associated with common mental disorders. Furthermore, for women, migration because of a threat in the country of origin, and, for men, having no resident permit were other associated factors to common mental disorders.

Conclusions: Common mental disorders are frequent in Sub-Saharan immigrants living in France and are both related to known risk factors and increased among women refugees and undocumented male immigrants.

Message: Common mental disorders are frequent in Sub-Saharan immigrants living in France due to threat before migration and hardship in France and should be screened in health care facilities.

Session Code: PF5.02 (Poster)

Depression and anxiety in refugees and labor migrants – a systematic review

Authors: *Lindert, Jutta* (Germany); *von Ehrenstein, Ondine* (United States)

Keywords: Depression, anxiety, host country, refugees, labor migrants

Background: Prevalence rates of depression and anxiety among migrants (i.e. refugees, labor migrants) vary among studies. Prevalence rates of depression and anxiety may be linked to financial strain in the country of immigration. We aim to review studies on prevalence rates of depression and/or anxiety; to evaluate associations between the Gross National Product (GNP) of the immigration country as moderating factor for depression and anxiety among migrants and refugees.

Methods: Systematic literature review in the databases MEDLINE and EMBASE for population based studies published from 1990 to 2007 reporting prevalence rates of depression and/or anxiety according to DSM- or ICD- criteria in adults; and calculation of combined estimates for proportions using the Dersimonian-Laird estimation.

Results: 348 records were retrieved with 37 on 35 populations meeting the inclusion criteria. 35 studies were included in the final evaluation. Combined prevalence rates for depression were 20 percent (95 percent CI: 14, 26) among labor migrants vs. 44 percent (95 percent CI: 27, 62) among refugees; for anxiety the combined estimates were 21 percent (95 percent CI: 14, 29) among labor migrants vs. 40 percent among (95 CI: 23, 49) (n=24 051) refugees. Higher GNP in the country of immigration was related to lower symptom prevalence of depression and/or anxiety in labor migrants but not in refugees.

Conclusions: Depression and/or anxiety in migrants and refugees require separate consideration. Better economic conditions in the host country reflected by a higher GNP appear to be related to better mental health in migrants but not in refugees.

Message: Depression and/or anxiety in migrants and refugees require separate research. Further research should include research on social determinants in the host country. Social determinants in the host country are critical determinants for migrants and refugees mental health.

Session Code: PT1.01 (Poster)

Development and evaluation of recruitment strategies for sampling Turkish immigrants: a feasibility study in Germany

Authors: *Yesil-Jürgens, Rahsan (Germany); Frank, Laura (Germany); Krist, Lilian (Germany); Keil, Thomas (Germany); Schlaud, Martin (Germany); Ellert, Ute (Germany)*

Keywords: recruitment strategies, snowballing, migration, turkish background, Germany

Background: : People with Turkish background (TB) in Germany constitute a large part of the population in metropolitan areas. In general, this subpopulation is poorly represented in epidemiological studies, due to language barriers and cultural differences that hamper study participation. This feasibility study (Nov 2011 - Sept 2012) was designed to find new and effective ways of health study enrolment for Turkish immigrants in Berlin, Germany

Methods: Two sampling strategies were applied. (A) A random sample was drawn from the population register of Berlin, followed by an onomastic name check for TB. A total of 2,987 persons with TB (aged 20-69 years) got invitation letters in German and Turkish language. In case of no reply, written reminders were sent, followed by phone contacts and home visits done by bilingual study personnel. (B) The community-orientated strategy (snowballing) comprised the acquisition of a convenience sample via key persons from migrant networks who supported the recruitment, invitation talks and distribution of study materials in migrant settings etc. After written informed consent, participants filled out a questionnaire (Turkish or German) and underwent a physical examination including a blood sample.

Results: From sample A, 479 out of 2,987 invited individuals were interested to participate and 286 took part. Sample B, a total of 383 have shown interest and 315 participated. Strategy A took 6 months and B about 3 months to reach the intended number of approx. 300 participants. Also, for sample A more personnel resources were necessary, but the sample was similar to the source population. Sample B needed less personnel resources, but particularly more older women took part whereas younger men were underrepresented.

Conclusions: In comparison, approach B was less staff- and resource-intensive but more prone to selection bias. Therefore a balanced decision is necessary when planning a particular study.

Message: The snowballing sample is a good method with regard to 'hard to reach groups' and subpopulations.

Session Code: FA 6.1 (Oral presentations)

Dietary transition among black immigrant families in Ottawa, Canada

Authors: *Blanchet, Rosanne (Canada); Sanou, Dia (Canada); Batal, Malek (Canada); P. Nana, Constance (Canada); Giroux, Isabelle (Canada)*

Keywords: dietary transition, perceptions, Black, immigrants, children, Canada

Background: Nutrition transition and its consequences have a direct impact on the health of newcomers to Canada. Black immigrants are among the most vulnerable groups to developing obesity and associated chronic diseases in Canada. Still, very few studies have looked at how nutrition transition affects black immigrants in Canada, and even fewer assessed their children.

Methods: In 2014-2015, we recruited a convenience sample of 169 black women born in Sub-Saharan Africa or Caribbean living in Ottawa (Canada) and their 6-12 year old child. As part of a mixed method study, we asked children to draw foods related to their diet in their home country and in Canada, and to explain their drawings. Transcripts from the discussions were thematically analysed with NVivo. We also asked mothers if they were eating more, less or about the same amount of different food categories such as meat, fish, snacks, salty snacks high in fat, fried foods, etc., since their migration.

Results: Nutrition transition was visible in several children's drawings. For example, an 11 year-old boy mentioned fast food restaurants, chicken nuggets, candies and pizza for Canada, and spinach, mandazi, chapatti and ugali for Kenya. Milk products, meat, snacks, and salty, high-fat snacks were eaten more in Canada than in home countries by over half of mothers. On the other hand, fish and fried foods were the only categories mothers reported eating less in Canada, as compared to home country; almost half of mothers were eating less of these 2 categories since migration.

Conclusions: These findings suggest a diet shift from healthy staple foods to unhealthy processed foods (children's perception) coupled with an overall increase in food consumption since migration (mothers' perception). This dietary transition most likely increases the risk of obesity and associated chronic diseases of our participants. It is crucial to develop interventions targeting black immigrants to foster a healthy nutrition transition.

Message: Our results suggest an unhealthy diet shift coupled with an overall increase in food consumption. It is crucial to develop interventions targeting newcomers to foster healthy dietary transition.

Session Code: SM 3.5 (Oral presentations)

Difference in influenza vaccination coverage between at-risk adult immigrants and Italian citizens

Authors: *Fabiani, Massimo* (Italy); *Di Napoli, Anteo* (Italy); *Declich, Silvia* (Italy); *Gargiulo, Lidia* (Italy); *Riccardo, Flavia* (Italy); *Petrelli, Alessio* (Italy)

Keywords: immigrants; influenza; vaccination coverage

Background: Due to their increased vulnerability, immigrants are considered a priority group for communicable disease prevention and control in Europe. This study aims to estimate the influenza vaccination coverage (IVC) among regular immigrants and evaluate factors leading to different rates compared to Italian citizens (IC).

Methods: Based on data collected by the National Institute for Statistics during a population-based cross-sectional survey conducted in Italy in 2012-2013, we analysed information on 42.048 adult residents (≥ 18 years) at risk for influenza complications and with free access to vaccination (elderly ≥ 65 years and/or people with specific chronic diseases). We compared IVC between 885 regular immigrants and 41.163 IC using log-binomial models while controlling for potential confounders.

Results: IVC among immigrants was 16.9% compared to 40.2% among IC (vaccination coverage ratio (VCR)=0.42, 95% confidence interval (CI): 0.36-0.49). Adjusting for gender, age and area of residence, this difference was greatly reduced but remained statistically significant (VCR=0.71, 95 CI: 0.61-0.81). Further adjustment for socio-economic factors (education, occupation, family composition and economic status) and a composite indicator of health-services utilization (e.g., hospital admissions and outpatients visits) did not significantly affect the difference (VCR=0.78, 95% CI: 0.68-0.90). However, only recent immigrants showed a significantly different IVC compared to IC (≤ 12 years in Italy: VCR=0.68, 95% CI: 0.56-0.83; > 12 years in Italy: VCR=0.92, 95% CI: 0.76-1.10).

Conclusions: The results adjusted for demographic and socio-economic profile and for health-services utilization show a reduction by 32% of IVC in recent immigrants compared to IC. This suggests that other factors, such as cultural and linguistic barriers, could affect IVC among recent immigrants and need to be investigated to adequately plan effective strategies to improve IVC in this vulnerable group.

Message: Differences in demographic and socio-economic profile and health-services utilization do not fully explain the reduced influenza vaccination rate in recent immigrants compared to Italian citizens. Investigations are needed to identify other factors affecting influenza vaccination uptake in recent immigrants and adequately plan effective strategies to increase it in this vulnerable group.

Session Code: FM 2.3 (Oral presentations)

Differences in cervical cancer screening between immigrants and non- immigrants in Norway – A primary health care register-based study

Authors: *Møen, Kathy Ainul (Norway); Kumar, Bernadette (Norway); Qureshi, Samera (Norway); Diaz, Esperanza (Norway)*

Keywords: Emigrants and immigrants; Cervical cancer; Population Register; Screening; Primary Health Care

Background: Low rates of cervical cancer screening among immigrants have been reported from several Western countries. Despite the growing number of migrants to Norway, and slightly higher rates in some immigrant groups, no study on cervical cancer screening attendance among immigrants has been conducted in Norway yet. The aim of our study was to compare the proportion of different groups of immigrant women with non-immigrants attending primary health care for cervical cancer screening in Norway.

Methods: Register based study using merged data from four national registries. All Norwegian born women (1,168,832) and immigrant women (152,800) in screening age for cervical cancer (25-69 years) registered in Norway in 2008 were included. Immigrants were grouped by world's geographic region. Descriptive analyses and several logistic regression models were conducted. Our main outcome variable was whether the woman had been registered with a Pap smear in 2008 or not.

Results: Immigrant women had lower rates of participation compared to Norwegian-born women; Western Europe (Adjusted Odds Ratio (OR), 95% confidence interval (CI): 0.84, 0.81-0.88), Eastern Europe (OR 0.64, 95% CI: 0.60-0.67), Asia (OR 0.74, 95% CI: 0.71-0.77), Africa (OR 0.61, 95% CI: 0.56-0.67) and South America (OR 0.87, 95% CI: 0.79-0.96). Younger age, higher income, living in rural areas and having a female General Practitioner were positively associated with Pap-smear. Longer residential time in Norway and having a non-immigrant doctor were positively associated with screening for some immigrant groups.

Conclusions: Intervention methods to close the disparity in cervical cancer screening between immigrants and non-immigrants should be developed and evaluated.

Message: There is lower participation rate in cervical cancer screening among immigrants in Norway. Younger age, higher income, living in rural areas and having a female provider are the main factors positively associated with screening.

Session Code: TM 4.6 (Oral presentations)

Disability pension in first and second generation of immigrants: the role of age and area of birth

Authors: *Di Thiene, Domitilla* (Sweden); *Helgesson, Magnus* (Sweden); *Alexanderson, Kristina* (Sweden); *La Torre, Giuseppe* (Italy); *Tiihonen, Jari* (Finland); *Mittendorfer-Rutz, Ellenor* (Sweden)

Keywords: immigrants, disability pension

Background: Immigrant status has been associated with risk of labour market marginalization, however, there is little knowledge regarding the risk due to disability pension. The aim of this study was to investigate if the risk of diagnosis-specific disability pension differed in first and second-generation immigrants and from different regions and if there were any interactions of immigrant status with age compared with the risk in natives

Methods: This is a nationwide prospective cohort study with a 6-year follow-up. Hazard ratio (HR) and Confidence Intervals (CI) for psychiatric and somatic disability pension were calculated, stratified by age and region of birth. The study base consisted of all individuals between 19 and 50 years of age and resident in Sweden at 31 December 2004 (N=4,100,075).

Results: After multivariate adjustment, both psychiatric and somatic disability pension risk of first generation was higher in comparison to natives (psychiatric: HR: 1.17 (1.12-1.22), 1.74 (1.69-1.79); somatic HR: 1.15 (1.09-1.22), 1.70 (1.66-1.74) below and above 35 years respectively). Particularly the group born in Russia and European countries outside EU25 and immigrants from outside Europe had highest risk estimates. In the second generation the HRs were higher for disability pension (psychiatric HR: 1.29 (1.21-1.37), 1.18 (1.10-1.27); somatic HR: 1.30 (1.19-1.42), 1.10 (1.03-1.17) below and above 35 years respectively). When the area of origin was taken into account, the Nordic group showed the highest risk estimates. Statistically significant differences with age and with immigrant groups with regard to the outcomes were found.

Conclusions: In comparison to natives, the risk of disability pension was higher both in first and second generation immigrants. Focusing on the area of birth the risk estimates were highest for first generation and second generation from Russia/Europe outside EU25 and Nordic countries, respectively. This excess risk was not explained by differences in socio-demographics and morbidity.

Message: In comparison to natives Swedes the risk of disability pension was higher in first generation immigrants. In second generation the risk was higher only in immigrants from Nordic countries.

Session Code: PT8.01 (Poster)

Discrimination at the Medical University of Innsbruck? A reflection on how medical students with a Turkish migration background experience discrimination

Authors: *Tauber, Gloria* (Austria); *Siller, Heidi* (Austria); *Hochleitner, Margarethe* (Austria)

Keywords: discrimination; medical students; Turkish migration background;

Issue: Turkish migrants are one of the largest groups of non-German speaking migrants in Austria (Statistik-Austria, 2015) and also at the universities in Innsbruck. The objective of this study was to investigate Turkish medical students' experiences with discrimination as discrimination can have an impact on the students' health.

Statistik-Austria. (2015). Migration & Integration. Zahlen, Daten, Indikatoren 2015. Available: http://www.statistik.at/web_de/services/publikationen/2/index.html?includePage=detailedView§ionName=Bev%C3%B6lkerung&pubId=710.

Description of the problem: Description of the problem The purpose of this research was to investigate aspects of discrimination that medical students experience during their medical curriculum. Discrimination has an impact on well-being and thus on the health status. Focus groups were conducted with medical students of Turkish descent (12 women, 9 men). These groups were separated by gender and each group had two appointments and in analysis grounded theory was applied according to Strauss and Corbin.

Results: The participants of the female focus group, who wore headscarves, reported that they experienced discrimination. Even though discrimination ceased when entering medical school, female participants still experienced some discrimination, mostly during their internships. Most of the discrimination came from doctors and rarer from patients, but all of these conditions related to the migration background. Also the male participants experienced discrimination, especially during their school education but it stopped when they started to study medicine. The female medical students have to deal with disadvantages and discrimination every day and frequently the only escape they perceive is to cast off the headscarf.

Lessons: It is debatable if the discrimination against female medical students ceases if they do not wear headscarves. There is still need to challenge prejudices against students with migration background, especially women; moreover it is essential to increase diversity in the medical workforce as well as to ensure a healthy and non-discriminatory working environment.

Message: Discrimination against women in medicine is also noticeable at student-level. Having a migration background appears to intersect with discrimination.

Session Code: FA 4.7 (Oral presentations)

Disparities in Sexual Health Services Use and Uptake of HIV testing among Sub-Saharan African migrants in Portugal

Authors: *Dias, Sónia* (Portugal); *Gama, Ana* (Portugal); *Reigado, Vera* (Portugal); *Ferreira, Andreia* (Portugal); *Carreiras, Emília* (Portugal); *Mora, Cristina* (Portugal); *Simões, Daniel* (Portugal)

Keywords: Sub-Saharan African migrants; health services use; sexual health; HIV testing

Background: Migrants from Sub-Saharan Africa tend to be at risk of poor sexual health (SH) outcomes, including HIV infection. Migrants' SH vulnerability is partially related to underuse of health services. This study aims to assess SH services use and uptake of HIV testing among Sub-Saharan African migrants and associated factors.

Methods: A cross-sectional survey was conducted with 790 African migrants residing in Lisbon (58% men). In a participatory approach, a geographic mapping was developed to identify migrant social venues as data collection sites. A venue-based sampling was used. Data were collected in Jan-April 2015 using a structured questionnaire on sociodemographics, attendance to SH consultation and HIV testing. Logistic regression analyses were used to examine the factors associated with attendance to SH consultation and HIV testing.

Results: About 52% of migrants reported having never attended a SH consultation, more frequently those undocumented ($p=0.006$). Never had a SH consultation was more likely among older migrants ($OR=1.02, 95\%CI=1.01-1.04$), males ($OR=19.58, 95\%CI=13.25-28.95$) and those with shorter length of stay in Portugal ($OR=1.03, 95\%CI=1.01-1.05$). About a half of migrants had never tested for HIV and 54.4% reported not knowing where to have a HIV test. Males ($OR=3.09, 95\%CI=2.28-4.19$), those older ($OR=1.02, 95\%CI=1.01-1.03$) and those with shorter length of stay ($OR=1.02, 95\%CI=1.01-1.03$) were less likely to never been tested. HIV testing was positively associated with having had a SH consultation ($p<0.001$) and knowing where to have a HIV test ($p<0.001$).

Conclusions: African migrants underuse SH services and present low HIV testing rate. Integrated SH and HIV health services entail opportunities for SH promotion. Gender, cultural and migration-related aspects must be disentangled as they influence SH services use. Strategies promoting SH services use should target subgroups as recent migrants and males addressing its specific needs.

Message: About 52% of migrants reported having never attended a SH consultation and 49.7% had never tested for HIV.

Strategies promoting SH services use should target subgroups as recent migrants and males addressing its specific needs.

Session Code: PF6.01 (Poster)

Does the implementation of essential public health and family planning services equalization policy improve the utilization of maternal health care among migrant women? -Evidence from Guangdong Province, China

Authors: *Chen, Wen* (China); *Han, Siqi* (China); *Song, Xiaolei* (China); *Zou, Xia* (China); *Ling, Li* (China)

Keywords: Migrant, Equalization, Policy implementation, Maternal health care

Background: Migration is a risk factor in the utilization of maternal health care. The implementation of essential public health and family planning services equalization policy aimed to enable the migrant population in China to enjoy equal services as permanent residents, including maternal health care. The current study intends to explore whether the implementation of the equalization policy can improve the maternal health care utilization among migrant women.

Methods: Cross-sectional surveys were conducted in May 2014 in Zhongshan, a city that has implemented the policy since October 2010, and from August to December 2014 in Guangzhou, a city that has not implemented the policy, respectively. 123 and 143 migrant women who had conceived and given birth in Zhongshan and Guangzhou since October 2010 were included. Data were collected by household face-to-face interviews.

Results: Our study demonstrated that proportions of participants who had established a maternal archive during the first trimester and received postpartum visits varied significantly between Zhongshan and Guangzhou (89.84% vs 76.76%, $P < 0.01$; 73.44% vs 55.94%, $P < 0.001$). Compared with participants in Guangzhou, the likelihood of establishing a maternal archive and receiving postpartum visits among migrant women in Zhongshan were 5.69 (AOR=5.69, 95%CI: 2.44-13.27) and 2.47 (AOR=2.47, 95%CI: 1.35~4.53) times. Educational level, medical insurance in current residential city and parity were also significant predictors of maternal health care utilization.

Conclusions: We concluded that the implementation of the equalization policy tends to improve the maternal health care utilization among migrant women in China. Moreover, broadening a policy pathway of targeting migrant women who are lack of medical insurance in current residential city, less-educated and multiparous may improve the maternal health care utilization effectively.

Message: The implementation of the equalization policy tends to improve maternal health care utilization among migrants. Broaden a policy pathway on migrant women who are multiparous, less-educated and without local medical insurance.

Session Code: FA 5.3 (Oral presentations)

Elder Migrants' Special Needs and Care Policy Making

Authors: *Altintop, Nevin* (Austria)

Keywords: Intercultural Opening, care policies, elder migrants

Background: 'Intercultural Opening' and 'Diversity Management' are presented as nationwide agreements against inequity in elderly care with respect to migrants. As a general aim, access barriers for migrants should be identified and reduced. At present 'Intercultural Opening' is sometimes even called a failed concept and disappointment is witnessed among some previously enthusiastic actors in elderly care. In my talk I will present a detailed analysis of the relevant discourses on this topic and I point out a number of problematic aspects.

Methods: My investigation roots in a field research of culturally sensitive and culturally specific elderly care options in larger cities of Germany and Austria (Berlin, Hamburg, Munich, Vienna) and in a qualitative analysis of the discourse on migrant-related aspects in elderly care. Latter is based on interviews, a literature survey and includes also an analysis of workshops and panels. According to the discourse itself the focus in my research is on elder Turkish and former labor migrants in the need of care. Most of the data presented is from Germany.

Results: The analysis shows that the discourse has developed several problematic characteristics. These are: A market-driven-character in the background of the proceeding privatization of elderly care services, the exclusiveness of special panels and consortia and the closeness with respect to the discourse elite. As a result the discourse supports a persistent use of stereotype models through repetitively used slogans that overemphasize cultural and ethnic motifs. The lack of independent research can finally be seen as a result of the strong closeness of the participating discourse elite. One of the main inherent problems in the adaption of the concept of 'Intercultural Opening' on elderly care for migrants is finally the continuous reversal of the original reform ideas against paternalism.

Conclusions: To conclude, elderly care for migrants finds itself more and more divided between economy and integration policies.

Message: This work is a qualitative analysis on elderly care options and the discourse of elderly care for migrants in the frames of Intercultural Opening and Diversity Management.

Session Code: PT5.03 (Poster)

Elderly migrants and dementia: Experiences and perspectives of healthcare personnel in Norway

Authors: *Spilker, Ragnhild Storstein (Norway); Sagbakken, Mette (Norway)*

Keywords: migrants, dementia, healthcare personnel, experiences

Background: As the number of elderly migrants in Europe rises, dementia in migrant and ethnic minority populations warrants attention. Studies confirm inequalities in use of services and people with dementia from migrant or ethnic minority groups experience several barriers in accessing health and care services. There is therefore a need for adapting dementia care to diversity. In order to do so investigating the experiences and the perspectives of healthcare personnel is key to a better understanding. This study seeks to explore and describe health personnel's perceptions of challenges, their need for training and building competence and how diverse needs can be met within the health care system.

Methods: A qualitative research design with interviews and focus groups was used to explore the experiences and perspective of healthcare personnel working in both primary care and specialist services, caring for persons with dementia. A purposive selection of 27 health professionals from different parts of Norway was made, including general practitioners, staff in nursing homes, home nursing care and specialist services (leaders, doctors, nurses, auxiliary nurses). All interviews and focus group discussions were recorded and transcribed verbatim. The data material was analyzed and interpreted using systematic text condensation.

Results: Despite the fact that most of the participants work in areas with a relatively high proportion of migrants, few had encountered elderly migrants with dementia in the services and therefore had little experience. Our respondents pointed to universal aspects in dementia care, and that good quality care would be much of the same for any person with dementia regardless of background. Some added that focusing on differences and culture could jeopardize good quality treatment and care and enforce stereotyping. On the other hand, our respondents also underlined that many elderly migrants differ from ethnic Norwegians with dementia when it comes to language and communication barriers, the role of the family and a greater need for knowledge and information on dementia and the health care system. Health care personnel with migrant background were identified as an important resource when being able to speak the same language and being familiar with culture specific needs of elderly migrants. Use of qualified interpreters was emphasized as essential in assessment and diagnosis of dementia. The use of adjusted and appropriate diagnostic tools was also emphasized. According to our respondents, there is a rather limited focus on how to adapt services to diverse language and cultural needs for elderly migrants with dementia in Norway today. Health care personnel acknowledged a need to increase their knowledge migration and health and the specific needs related to language and cultural background of elderly migrants. In addition, they also highlighted need for better knowledge on dementia in the health and care services in general.

Conclusions: Health care personnel in dementia care should receive training on migration, health and dementia. Services need to be accessible and sensitive to the cultural and communication needs of elderly migrants with dementia. Health care personnel with migrant background can play a vital role in adapting services. Therefore this needs to be given due consideration by the health authorities in the planning and delivery of services.

Message: There is need for training, research and good practice on how to adapt the health and care services to meet diverse needs of elderly migrants with dementia.

Session Code: FA 1.6 (Oral presentations)

Enabling Canadian Immigrants Access Health Care Services: Development of a Health Education Program

Authors: *Ghahari, Setareh (Canada); Parvaneh, Shahriar (Canada)*

Keywords: immigrants, health access, Canada

Background: Research shows significant decline in immigrants' health four years after settling in Canada. Despite their needs, there is strong evidence that immigrants experience inequity in accessing Canadian health care services (CHCS). Lack of information on how to access or navigate the CHCS is one of the most important barriers that Canadian immigrants face. The aim of this study was to develop a health education program to enable immigrants to build knowledge, experience, and self-confidence in navigating the CHCS, specifically in Ontario, Canada.

Methods: The program was developed in three steps. First, we completed a scoping review on barriers to access CHCS by immigrants. Second, a secondary analysis on data from a qualitative study was conducted. The study included interviews with immigrants and health professionals to explore the knowledge and skills required to enable immigrant access the CHCS. Third, the program content was developed and then reviewed by stakeholders (i.e. settlement workers, immigration program coordinators and English as Second Language teachers) to ensure validity of content and simplicity of the language for those immigrants who are at the Canadian Language Benchmark 6 or above.

Results: The scoping review showed that lack of information about the CHCS, and lack of skills to overcome cultural differences are the most common barriers. Analysis of qualitative data revealed that the program has to be designed around three main topics: 1) Overview of the Ontario health care system; 2) Effective communication with health care providers; and 3) Accessing health related information and community resources. The content for Accessing Canadian Healthcare for Immigrants: Empowerment, Voice & Enablement (ACHIEVE) program and its facilitators' and participants' manuals were developed. The program was revised several times based on feedback from the stakeholders. This highly interactive program is designed in three half-day sessions and provides immigrants with a variety of skills and resources to aid in future experiences with the health care system.

Conclusions: The content for the ACHIEVE program was developed during this study. This program is one step towards improving health equity by removing health access barriers associated with the immigration experience. The next step is pilot testing the program in a sample of immigrants.

Message: During this three-step study, an interactive health education group-based program was developed to enable immigrants build knowledge and self-confidence in navigating the Canadian healthcare services.

Session Code: PT2.02 (Poster)

Enrollment to a primary care practice in Ontario: are migrants disadvantaged?

Authors: *Batista, Ricardo (Canada); Pottie, Kevin (Canada); Manuel, Doug (Canada); Dahrouge, Simone (Canada); Tanuseputro, Peter (Canada); Mark Fraser, Amy (Canada)*

Keywords: primary care, migrants, health care, inequities

Background: Ontario's primary care reform intended to enhance quality and access to primary care services. As part of the reforms, a formal patient enrollment model was introduced in early 2000s to promote patient attachment and continuity of care. This study examined enrollment in primary care services, and its effect on equitable access to the benefits of the reformed care for migrants

Methods: We conducted a population-based retrospective cohort study to determine the levels of enrolment to different primary care practices among migrants and long-term residents. A cohort of Ontario residents was created using linked health administrative databases. Repeated cross-sectional analyses over a ten-year period (2003-2012) were performed, to determine and compare the levels of enrolment by sociodemographic, migration variables and health factors

Results: We captured 9,231,840 residents, of whom 13% were migrants. Overall enrollment in primary care practices increased gradually from 2004 to 2012. Enrollment was consistently lower for foreign-born compared to long-term residents over the study period. In 2012, two thirds of the cohort (67%) was enrolled, 63% for migrants and 67% for long-term residents. Of those enrolled, migrants were nearly two times more likely to be enrolled in traditional models (40.2%), compared long-term residents (24%). In contrast, enrollment of migrants in capitation models was significantly lower (17.3%), than for other residents (25.3%). Larger difference was observed for enrollment in interprofessional practices, the most comprehensive model of care.

Conclusions: Enrollment in family care among migrants has increased in the last decade in Ontario, but significant disparities remain among migrants, especially for enrollment in more comprehensive family care practices.

Message: Ontario's health care reforms have yielded advancements in quality of primary care services. Nevertheless inequities remain, as migrants are not benefiting from accessing comprehensive primary care.

Session Code: TM 3.1 (Oral presentations)

Equity in Mental Health Service Provision for African Caribbean, Black African Refugees and Asylum Seekers

Authors: *Rabiee, Fatemeh* (United Kingdom); *Smith, Paula* (United Kingdom)

Keywords: Mental health, African Caribbean, black African, Somali, Congolese, spiritual beliefs, inequality, culturally competent care

Background: Numerous reports have identified shortcomings in mental health services and poor quality of care and treatment provided for many black people. The geopolitical situation of the last decade, and an influx of refugees and asylum seekers from African countries, has added to the public health challenge of health care provision in UK. This paper examines understanding of mental health and experience of accessing mental health services from the perspectives of black African and African Caribbean mental health service users and their carers, as part of a larger evaluation study in 2010 in Birmingham.

Methods: Qualitative data were collected through nine focus groups and four individual in-depth interviews in various community settings in Birmingham, UK. Using a purposive sampling strategy, 25 service users and 24 carers were recruited. Interviews were recorded, transcribed and analysed using Krueger's framework and Rabiee's guidelines.

Results: The participants understood mental illness as a social problem linked with material and social deprivation, racism, a triggering trauma and an inappropriate response to the treatment of physical and mental illness. Findings showed differences in the experiences of mental health services amongst African Caribbean and their black African counterparts, the impact of social inequality on mental health and the needs of asylum seekers and refugees. The link between the erosion of family and social support systems and mental illness particularly among participants from Somali and Congolese refugee and asylum seekers frequently mentioned. Lack of respect and understanding in relation to religious and spiritual beliefs, was a cross cutting theme highlighted by participants. Other issues raised were the important role of voluntary organizations in provision of care and support, insufficient provision of psychological therapies and concerns about high dosage of medication.

Conclusions: To improve mental health, the social inequalities of "people's unequal lives" needs to be understood and confronted. Engaging users and carers in care pathway, acknowledging their health beliefs and the importance of spirituality in healing, and working closely with voluntary organisations and spiritual leaders are recommended for improving clinical outcomes, patient-centred care and human rights based health policy.

Message: Innovating dissemination by users, advocacy and lobbying policy makers facilitated translating a number of above findings into policy and practice. Social inclusion increases resilience and helps recovery and emotional wellness.

Session Code: TA 4.6 (Oral presentations)

Ethnic density and mental health in Stockholm

Authors: *Johnson, Charisse (Sweden); Rostila, Mikael (Sweden); Försell, Yvonne (Sweden); Ponce de Leon, Antonio (Sweden); Engström, Karin (Sweden)*

Keywords:

Background: European research has consistently demonstrated inequalities in mental health between ethnic groups. Relatively little attention has been given to investigating the role of contextual-level factors. However, living in economically deprived areas has been associated with mental ill-health, whereas living in ethnically dense areas has, in some cases, been associated with better mental health. The aim of this study is to investigate the association between ethnic density, defined as the proportion of foreign-born individuals in an area, and mental-ill health in Stockholm. The relative effect of individual sociodemographic and area-level economic deprivation in this relationship will also be investigated.

Methods: This cross-sectional study used the baseline data of 56,793 participants (20.7% foreign-born), ages 18-64, from the 2002, 2006, and 2010 Stockholm Public Health Cohort and linked registry data. Mental health was measured using the 12-item General Health Questionnaire. Ethnic density was measured as the proportion of foreign-born individuals at both the neighbourhood and municipal levels. Multilevel logistic regression was used to investigate the effect of individual sociodemographic factors and area-level economic deprivation in the association between ethnic density and mental ill-health.

Results: The unadjusted results demonstrate a significant association between ethnic density and mental ill-health, with progressively increased effects as ethnic density increases. This trend is preserved, though partially attenuated, after adjustment for individual sociodemographic factors and area-level economic deprivation, and becomes insignificant for individuals living in neighbourhoods and municipalities with an ethnic density less than 50% and 30%, respectively.

Conclusions: This is the first paper to investigate the relationship between ethnic density and mental ill-health in Sweden. The effect of ethnic density on mental ill-health in Stockholm is mostly explained by individual sociodemographic and area-level economic deprivation. However, after a certain threshold, ethnic density does appear to have an effect on mental health. This indicates the need for policies to address socioeconomic inequalities, while also avoiding high ethnic isolation.

Message: Ethnic density is only associated with mental ill-health above a threshold of 50% for neighbourhoods and 30% for municipalities. Sociodemographic factors and area-level deprivation explain the effect below these thresholds.

Session Code: PF6.08 (Poster)

Ethnic differences in blood pressure from early pregnancy to postpartum: a norwegian cohort study

Authors: *Waage, Christin (Norway); Mdala, Ibrahim (Norway); Jenum, Anne Karen (Norway); Michelsen, Trond M (Norway); Birkeland, Kåre I (Norway); Sletner, Line (Norway)*

Keywords: Multi-ethnic, systolic blood pressure, diastolic blood pressure, pregnancy, postpartum

Background: Hypertensive complications in pregnancy are associated with high pre-pregnancy BMI and excessive weight gain, and seem to be early indicators of risk for hypertension, and predict future cardiovascular diseases. Ethnic minority women in Europe with Asian and African origin are at increased risk of cardiovascular diseases. The aims were to examine blood pressure (BP) differences and changes between and within ethnic groups from 15 weeks' gestation to 14 weeks postpartum and to explore associations between BP and explanatory variables, and the impact of these variables on ethnic differences.

Methods: A cohort study of 811 pregnant women, 59% had ethnic minority background. Participants were from Western Europe, Eastern Europe, South Asia, East Asia, Middle East and Africa. We performed ANOVA, generalized estimating equations linear regression and multiple linear regression analysis.

Results: At 15 weeks' gestation mean systolic blood pressure (SBP) was 4.9-7.0 mmHg lower and mean diastolic blood pressure (DBP) was 2.1-3.4 mmHg lower for the non-Europeans compared with Western Europeans. BP increased for all non-European groups from 15 weeks' gestation to 14 weeks postpartum ($p < 0.01$). Ethnic differences were further reduced postpartum, with only South Asians having lower mean SBP than Western Europeans ($p < 0.01$). Adjusting for explanatory variables did not change the ethnic differences. Both pre-pregnancy BMI and postpartum weight retention were independently associated with postpartum BP ($p < 0.01$).

Conclusions: Pregnancy may have a more unfavorable effect on BP trajectories from early pregnancy to postpartum among non-European women compared with Western Europeans, despite their more favorable BP in early pregnancy.

Message: Blood pressure was lower in ethnic minority groups in early pregnancy, compared with Western Europeans. Ethnic differences in blood pressure were reduced postpartum.

Session Code: SM 4.4 (Oral presentations)

Ethnic differences in gestational weight gain: a population-based cohort study in Norway

Authors: *Kinnunen, Tarja I* (Finland); *Waage, Christin W* (Norway); *Sommer, Christine* (Norway); *Sletner, Line* (Norway); *Raitanen, Jani* (Finland); *Jenum, Anne Karen* (Norway)

Keywords: Ethnicity; pregnancy; gestational weight gain; fat gain; smoking

Background: High and low gestational weight gain (GWG) increase risk for adverse maternal and fetal outcomes. Ethnic differences in GWG might contribute to ethnic differences observed in some adverse outcomes. The previous evidence on ethnic differences in GWG mainly comes from the USA or Canada. This study explored ethnic differences in gestational weight gain (GWG) in a multi-ethnic population in Norway.

Methods: This was a population-based cohort study conducted in primary care Child Health Clinics in Groruddalen, Oslo, Norway. Participants were healthy pregnant women (n=632) categorised to six ethnic groups (43% were Western European women, the reference group). Body weight was measured at 15 and 28 weeks' gestation on average. Data on pre-pregnancy weight and total GWG until delivery were self-reported. The main method of analysis was linear regression adjusting for age, weeks' gestation, pre-pregnancy body mass index, education and severe nausea.

Results: No ethnic differences were observed in GWG by 15 weeks' gestation. By 28 weeks' gestation, Eastern European women had gained 2.71 kg (95% confidence interval, CI 1.10-4.33) and Middle Eastern women 1.32 kg (95% CI 0.14-2.50) more weight on average than the Western European women in the fully adjusted model. Among Eastern European women, the total adjusted GWG was 3.47 kg (95% CI 1.33-5.61) above the reference group. Other ethnic groups (South Asian, East Asian and African) did not differ from the reference group. When including non-smokers (n=522) only, observed between-group differences increased and Middle Eastern women gained more weight than the reference group by all time points.

Conclusions: Eastern European and Middle Eastern women had higher GWG on average than Western European women, especially among the non-smokers. Although prevention of excessive GWG is important for all pregnant women, these ethnic groups might need special attention during pregnancy.

Message: Eastern European and Middle Eastern women had higher mean GWG than Western European women. Prevention of excessive GWG is important for all women and these ethnic groups might need special attention.

Session Code: TA 2.1 (Oral presentations)

Ethnic differences in labour market participation and sickness absence among mothers who care for disabled or chronically ill children

Authors: *Brekke, Idunn* (Norway); *Nadim, Marjan* (Norway); *Reisel, Liza* (Norway)

Keywords: disabled child, earnings, extra care needs, immigrant, labour market, mothers, sick child, sickness absence

Background: The paper examines ethnic differences in labour market participation and sickness absence among mothers who care for a disabled or chronically ill child. Using register data with information on the child's chronic illness and disability and information about parents' employment and sickness absence, we can study how caring for a child with special needs affects mothers' labour market participation, income and sickness absence. Taking care of a disabled or chronically ill child can be a draining and difficult task that is demanding for mothers both in terms of time and resources. Previous research indicates that mothers with chronically ill children are less likely to work compared with mothers of healthy children, but that this is particularly the case for lower income and minority families. In the present paper we ask the following research questions: Do patterns of labour market participation and sickness absence among mothers caring for a disabled or chronically ill child differ for mothers with different country backgrounds? And do we find variation across different immigrant groups?

Methods: The data used comes from Medical birth registry of Norway (MBRN) and FD-trygd compiled by Statistics Norway (SSB). The sample in the present study contains all primiparae women (N=85498) who gave birth in the period between 2000 and 2005. For the mothers we have panel information for the period 1999-2009.

Results: The temporary findings indicate that whereas having a child with extra care needs does not affect the employment probability of majority mothers, immigrant mothers with chronically sick children withdraw from the labour market to a greater extent than immigrant mothers of healthy children. However, regarding sickness absence, immigrant mothers of children with extra needs appear to be less affected than majority mothers. In relation to labour earnings, we find that having a sick or disabled child reduces maternal labour earnings, particularly among immigrant mothers.

Conclusions: Caring for a child with special needs seems to affect immigrant mothers' labour market participation to a greater extent than for majority mothers.

Message: The paper examines ethnic differences in labour market participation and sickness absence among mothers who care for a disabled or chronically ill child. Using register data with information on the child's chronic illness and disability and information about parents' employment and sickness absence, we can study how caring for a child with special needs affects mothers' labour market participation, income and sickness absence.

Session Code: PT3.04 (Poster)

Ethnic differences in sleep duration at 5 years, and its relationship with overweight and blood pressure – the Amsterdam Born Child and their Development (ABCD) study

Authors: *Anujuo, Kenneth* (Netherlands); *Vrijkotte, Tanja* (Netherlands); *Stronks, Karien* (Netherlands); *Jean-Louis, Girardin* (United States); *Agyemang, Charles* (Netherlands)

Keywords: Sleep, Children, Prevalence, Ethnicity, Netherlands, Minority groups

Background: Sleep duration may contribute to increase in the prevalence of chronic health conditions in both children and adult populations. Ethnic differences in sleep duration in adult populations have been well reported in many studies. However, very little is known about ethnic differences in sleep duration among children, especially in Europe. We examined ethnic differences in sleep duration and its relationship with overweight and blood pressure (BP) among children living in Amsterdam.

Methods: Participants include 2384 children (aged 5 years) and their mothers from the ABCD study. Sleep was categorised into short sleep (<10hours/night) and normal sleep (10-11hours/night). Linear regressions (β) were used to study association between sleep duration and systolic BP (SBP) and diastolic BP (DBP). Prevalence ratios (PRs) were used to study ethnic differences in sleep duration and its association with overweight and raised BP.

Results: Minority groups reported shorter sleep duration compared to native Dutch, with prevalence ranging from 11.3% in Dutch to 53.1% in Ghanaians. Age-adjusted PRs ranged from 3.38 (95%CI 2.63-4.34) in Moroccans to 4.78 (95%CI 3.36-6.82) in Ghanaian compared with Dutch children. Increased prevalence of overweight was observed among children with short sleep in Dutch and Moroccans only, but this risk was no longer statistically significant after further adjustment for socioeconomic status. Short sleep was not related to SBP and DBP in all groups. No relationship was observed between short sleep and raised BP except for African Surinamese (3.65, 95% CI 1.23-10.8).

Conclusions: Like adults, children from ethnic minority populations sleep less hours than Dutch children. Efforts to improve ethnic inequalities in sleep hygiene should also include children at younger age. Associations as reported in adults with overweight and BP could not consistently be replicated in children, however.

Message: Minority children reported shorter sleep duration compared to native Dutch. Short sleep was not related to SBP and DBP in all groups. Except for African Surinamese, no relationship between short sleep and raised BP was observed.

Session Code: SM 4.3 (Oral presentations)

Ethnic differences in the accumulation of metabolic risk factors among people with normal weight

Authors: *van Valkengoed, Irene* (Netherlands); *Peters, Ron* (Netherlands); *Stronks, Karien* (Netherlands); *Snijder, Marieke* (Netherlands)

Keywords: metabolic health, type 2 diabetes, hypertension, dyslipidemia, normal weight

Background: Metabolically unhealthy normal weight (MUWN) is associated with poor health outcomes. Despite evidence that metabolic risk is already higher at a lower body mass index (BMI) in certain ethnic groups, little information is available about MUWN. Therefore, we studied ethnic differences in MUNW, and examined to what extent differences were explained by (central) adiposity measures.

Methods: We included 5666 Dutch, South-Asian Surinamese, African Surinamese, Ghanaian, Turkish, and Moroccan participants with a BMI 18-25 kg/m² (37% of total population; 18-70 years) from the population-based HELIUS study in Amsterdam, the Netherlands. MUNW was defined as the presence of one or more metabolic risk factors (type 2 diabetes, hypertension and dyslipidemia). We determined age adjusted ethnic differences in MUNW with logistic regression, and analyzed whether differences in body fat percentage or waist-hip ratio changed the estimates.

Results: The prevalence of MUNW varied from 33% (Moroccans and Dutch) to 59% (South Asian Surinamese) among men, and from 10% (Moroccans) to 33% (South Asian Surinamese) among women. The age-adjusted odds for MUNW was higher in South Asian Surinamese, African Surinamese (women only), Ghanaian and Turkish than in Dutch men and women. The differences in odds with the Dutch increased with age for South Asians and Ghanaians, and –among women- in the African Surinamese. Only waist-hip ratio in small part explained the ethnic differences in MUNW. For instance, the odds ratio changed from 3.0 (95%-CI 2.3-4.0) to 2.4 (95%-CI 1.8-3.1) among South Asian Surinamese men, and from 2.6 (95%-CI 1.7-3.8) to 2.3 (95%-CI 1.6-3.4) among Ghanaian women.

Conclusions: We found large differences in MUNW between ethnic groups, that were not explained by differences in (central) adiposity measures. Further investigation into the cause of the ethnic differences seems imperative to guide development of adequate prevention strategies.

Message: Metabolically unhealthy normal weight is associated with poor health outcomes. There are large ethnic differences in the prevalence, that are not explained by body fat percentage or central adiposity.

Session Code: FM 2.5 (Oral presentations)

Ethnic differences in the incidence of cancer in Norway

Authors: *Hjerkind, Kirsti Vik* (Norway); *Bernadette, Kumar* (Norway); *Qureshi, Samera Azeem* (Norway); *Møller, Bjørn* (Norway); *Ursin, Giske* (Norway)

Keywords: immigrants, cancer

Background: Disparities in cancer risk patterns across ethnic groups and between immigrants and native populations have been reported previously. However, since medical records in Norway do not record country of birth or origin, there has been no monitoring of cancer incidence among different immigrant groups in Norway.

Methods: This project links data from the Cancer Registry of Norway with data from Statistics Norway to examine age specific and age-standardized overall and site-specific cancer incidence rates in different immigrant groups and compare them to rates among persons born in Norway to Norwegian-born parents. We did not include non-melanoma skin cancer.

Results: Analyses of 1 475 580 immigrants show that 27 509 (14 438 women and 13 071 men) developed cancer in the period 1990-2012. During the last decade (2003-2012), the age- and period-standardized incidence rates were 418 per 100 000 person-years for women and 561 per 100 000 person-years for men. Among 4 883 612 persons born in Norway to Norwegian-born parents, 212 812 women and 230 576 men developed cancer during the same period, and the age- and period-standardized incidence rates were 428 per 100 000 person-years for women and 592 per 100 000 person-years for men. Cancer in the lung, liver, stomach, prostate, and cervix was more common in specific immigrant groups.

Conclusions: This study found differences in cancer incidence rates between immigrants and persons born in Norway to Norwegian-born parents. Identifying and monitoring cancer types among immigrants that are rare in the Norwegian population is important for early detection, and to ensure appropriate health care. At the same time, identifying lifestyle-related cancers which are less common among immigrants could help prevent lifestyle changes that may occur after migration.

Message: Cancer incidence rates differ between immigrants and persons born in Norway to Norwegian-born parents. Identifying and monitoring cancer rates among immigrants are important from a public health perspective.

Session Code: PF6.05 (Poster)

Ethnic differences in the use of folic acid supplements before and during pregnancy in Oslo, Norway

Authors: *Kinnunen, Tarja I* (Finland); *Sommer, Christine* (Norway); *Sletner, Line* (Norway); *Post, Martine C* (Norway); *Jenum, Anne Karen* (Norway)

Keywords: Ethnicity, pregnancy, folic acid supplementation

Background: Adequate intake of folate is crucial to prevent neural tube defects in the fetus. Pregnant women are recommended to use folic acid supplements prior to and in early pregnancy but many women do not use. Correct use of the supplements seems to be least common in minority ethnic groups. This study examined ethnic differences in folic acid supplement use prior to and in early pregnancy.

Methods: A population-based cohort study was conducted in primary care in Groruddalen, Oslo, Norway in 2008-2010. Healthy pregnant women (n=811) were categorised to six ethnic groups (Western European, Eastern European, Middle Eastern South Asian, East Asian, African). Data on folic acid supplement use was obtained from hospital records. The main method of analysis was logistic regression adjusting for age, parity, planning of pregnancy, education and Norwegian language skills.

Results: A higher percentage of Western European (31.0%) women had used folic acid supplements before pregnancy than of other ethnic groups (7.1 to 23.3%, $p < 0.001$). The differences were mainly not statistically significant in the adjusted logistic regression model. In early pregnancy, folic acid supplement use was most common in Western (66.1%) and Eastern European women (62.8%) and least common in Middle Eastern (29.4%) and African women (29.0%) ($p < 0.001$). As there was interaction between ethnicity and education, the analyses were stratified by education. In the adjusted model, supplement use was less common in less educated Middle Eastern (OR 0.38, 95% confidence interval, CI, 0.19; 0.75) and African women (OR 0.36, 95% CI 0.15; 0.86) than in less educated Western European women, but no ethnic differences were observed among more educated women.

Conclusions: Still few women use folic acid supplements before pregnancy. Less educated Middle Eastern and African women were least likely to use them during pregnancy. Public health campaigns should focus on increasing awareness especially in minority ethnic groups.

Message: As opposed to recommendations, use of folic acid supplements before pregnancy is low in general and some minority ethnic groups are less likely to use the supplements during pregnancy in Oslo, Norway.

Session Code: TA 4.2 (Oral presentations)

Ethnic Differences in Use of Specialized Mental Health Care among Children and Young People: A National-based Register Study in Norway

Authors: *Abebe, Dawit* (Norway); *Elstad, Jon Ivar* (Norway)

Keywords: Mental Health Care; Ethnic inequalities; Children; Young People;

Background: Underutilization of mental health services is commonly reported for children and young people in general, particularly among those with immigrant/refugee backgrounds. However, there is little research in the areas of child- or youth-specific service utilization patterns for mental disorders. Thus, this study aimed to explore ethnic differences in use of specialized mental health care across age groups (children – 0-9 years; adolescents – 10-19 years, and young adults – 20-29 years).

Methods: Data from The Norwegian Patient Register (NPR), 2008-2011, have been linked to the individual-level register data from Statistics Norway. A sample population includes ethnic Norwegians (N=1,642,108) and children born from non-Norwegian parents from Sweden (N=6,136), Poland (N=8,832), Bosnia (N=4,081), Russia (N=5,232), Somalia (N=8,477), Turkey (N=3,024), Sir Lanka (N=1,837), Iraq (N=8,453), Iran (N=4,162), Pakistan (N=4,414) and Vietnam (N=3,021). Negative binomial poisson regression models were applied for data analyses. A p-value under 0.05 was considered statistically significant.

Results: Ethnic minority children from Poland, Somalia and Pakistan had significantly lower rates of total and planned contacts to the specialized mental health care than ethnic Norwegian children. Majority ethnic minority adolescents (Poland, Bosnia, Russia, Somalia, Iraq, Pakistan and Vietnam) had significantly lower rates of total and planned contacts to the specialized service than ethnic Norwegian adolescents did. No such significant ethnic differences were found among young adults.

Conclusions: The study findings suggest that ethnic minority children and adolescents have a lower rate of use of the specialized mental health care. Policy makers and service providers should be responsive to improve the utilization of specialized mental health service among ethnic minorities.

Message: • Ethnic minority children and adolescents may underutilize the specialized mental health care. • There is no ethnic differences in the use of specialized mental health care among young adults.

Session Code: FA 5.2 (Oral presentations)

Ethnic inequalities in adjuvant chemotherapy receipt in stage III colon cancer - an exploration of explanations

Authors: *Essink-Bot, Marie-Louise* (Netherlands); *Seeleman, Conny* (Netherlands); *van Laarhoven, Hanneke* (Netherlands); *Lamkaddem, Majda* (Netherlands); *Dekker, Evelien* (Netherlands)

Keywords: ethnic inequalities in care; provider bias

Background: Ethnic inequalities in cancer care were previously shown in the USA and elsewhere. We found in a previous quantitative study that stage III colon cancer patients of ethnic minority origin in the Netherlands were significantly less likely to receive adjuvant chemotherapy than their Dutch counterparts. We explored potential mechanisms to explain these ethnic inequalities in colon cancer care provision.

Methods: Qualitative interviews with 22 providers of colon cancer care in two hospitals in Amsterdam, The Netherlands. We analysed the decision-making process about adjuvant chemotherapy.

Results: Respondents were not aware of lower receipt or acceptance of adjuvant chemotherapy by ethnic minority patients with stage III colon cancer. Eligibility for adjuvant chemotherapy is formally determined by disease stage, and additional criteria (age, physical fitness, comorbidity) were deliberated in a multidisciplinary team. In the clinical encounter with the oncologist, the combination of providing complex information about pros and cons with a language barrier was perceived as difficult, and possibly leads to physicians' earlier acceptance when patients do not intend to follow the recommended adjuvant chemotherapy. Care providers preferred shared decision-making with active patient involvement, but lacked tools to assess the patient's preferred role in decision-making. Ethnic minority patients were perceived as inclined to follow the physician's advice.

Conclusions: We found potential mechanisms in subsequent steps in the decision-making process that might contribute to ethnic inequalities in adjuvant chemotherapy in colon cancer care. Despite explicit egalitarian attitudes, some of these results suggest implicit provider bias as an explanation of lower rates of adjuvant chemotherapy in patients of ethnic minority background. These results can be used to improve cultural competence in colon cancer care.

Message: - Ethnic minority patients with stage III colon cancer were less likely to receive adjuvant chemotherapy. - qualitative interviews with care providers suggested implicit provider bias as a potential contributing mechanism

Session Code: FM 2.2 (Oral presentations)

Ethnic inequalities in colon cancer care in the Netherlands: a nationwide registry-based study

Authors: *Essink-Bot, Marie-Louise* (Netherlands); *Lamkaddem, Majda* (Netherlands); *Elferink, Marloes* (Netherlands); *Seeleman, Conny* (Netherlands); *Dekker, Evelien* (Netherlands); *Punt, Cornelis* (Netherlands); *Visser, Otto* (Netherlands)

Keywords: cancer care inequalities

Background: Ethnic inequalities in colon cancer care were shown in the United States, but results are not directly applicable to European countries due to fundamental healthcare system differences. This is the first study addressing ethnic inequalities in treatment and survival of colon cancer in a universal access health system.

Methods: Data of 101,882 patients diagnosed with colon cancer in 1996-2011 were selected from the Netherlands Cancer Registry and linked to databases from Statistics Netherlands. Ethnic inequalities in lymph node (LN) evaluation, anastomotic leakage and adjuvant chemotherapy were analysed using stepwise logistic regression models. Stepwise Cox regression was used to examine the influence of ethnic inequalities in adjuvant chemotherapy on 5-year all-cause and colorectal cancer-specific survival.

Results: Adequate LN evaluation was significantly more likely for patients from 'other Western' countries than for the Dutch (OR 1.09; 95%CI 1.01-1.16). 'Other Western' patients had a significantly higher risk of anastomotic leakage after resection (OR 1.24; 95%CI 1.05-1.47). Patients of Moroccan origin were significantly less likely to receive adjuvant chemotherapy (OR 0.27; 95%CI 0.13-0.59). These ethnic inequalities in colon cancer care indicators were not fully explained by differences in socioeconomic and hospital-related characteristics. Colon cancer patients of Moroccan origin had a higher 5-year all-cause mortality (HR 1.64; 95%CI 1.03-2.61), but no higher colorectal cancer-specific mortality. The higher all-cause mortality was statistically associated with the lower rate of adjuvant chemotherapy receipt.

Conclusions: These results suggest that ethnic inequalities are present in colon cancer care in the Netherlands. Further analysis of the role of comorbidity in explaining ethnic inequalities in colon cancer care is warranted, as well as qualitative research into the clinical decision-making process about adjuvant chemotherapy.

Message: Colon cancer patients of Moroccan origin in the Netherlands were less likely to receive adjuvant chemotherapy than patients of ethnic Dutch origin.

Session Code: FA 5.6 (Oral presentations)

Ethnic inequalities in rectal cancer care in a universal access healthcare system – a nationwide register-based study

Authors: *Essink-Bot, Marie-Louise* (Netherlands); *Elferink, Marloes* (Netherlands); *Lamkaddem, Majda* (Netherlands); *Dekker, Evelien* (Netherlands); *Tanis, Pieter* (Netherlands); *Visser, Otto* (Netherlands)

Keywords: cancer care inequities

Background: Ethnic inequalities in colorectal cancer care were previously reported in the USA. Studies specifically reporting on ethnic inequalities in rectal cancer care are limited, especially within universal access systems. We explored potential ethnic inequalities in rectal cancer care in the Netherlands.

Methods: Nationwide population-based observational study. Data of the Netherlands Cancer Registry were linked to the Dutch population registry and the Social Statistics database of Statistics Netherlands. All patients diagnosed with rectal carcinoma in 2003-2011 in the Netherlands (N=27,159) were included. We analyzed two rectal cancer treatment indicators (preoperative radiotherapy and sphincter-sparing surgery), and two indicators of short-term outcome of rectal cancer surgery (anastomotic leakage, 30-days postoperative mortality). Data were analyzed using stepwise multivariable logistic regression models.

Results: Rectal cancer patients of Western non-Dutch and non-Western origin were significantly younger and had a higher tumor stage than ethnic Dutch patients. Considering preoperative radiotherapy, anastomotic leakage and 30-days postoperative mortality, no ethnic inequalities were detected. After adjustment for age, gender, disease characteristics and socioeconomic status, Western non-Dutch and non-Western patients were significantly more likely to receive sphincter-sparing surgery than ethnic Dutch patients (OR 1.27 (95% CI 1.04-1.55) and 1.57 (1.02-2.42), respectively).

Conclusions: Non-Dutch ethnic origin was associated with a higher rate of sphincter-sparing surgery, possibly reflecting a lower acceptance of a permanent colostomy among non-Dutch rectal cancer patients. The absence of ethnic inequalities in preoperative radiotherapy, anastomotic leakage and 30-days postoperative mortality suggests that ethnic minority patients have similar chances of optimal rectal cancer care outcomes as Dutch patients.

Message: Within the Dutch universal access system, rectal cancer patients of ethnic minority or Dutch background have equal chances of optimal outcomes. Non-Dutch rectal cancer patients are more often treated with sphincter-saving surgery than Dutch patients.

Session Code: SM 4.2 (Oral presentations)

Ethnic minorities are at greater risk for type 2 diabetes and poorer glycaemic control in England and Wales

Authors: *Khanolkar, Amal* (United Kingdom); *Amin, Rakesh* (United Kingdom); *Taylor-Robinson, David* (United Kingdom); *Viner, Russell* (United Kingdom); *Warner, Justin* (United Kingdom); *Stephenson, Terence* (United Kingdom)

Keywords: Type 2 diabetes, ethnicity, prevalence, glycaemic control, children, England, Wales

Background: Ethnic minority children are at greater risk for type 2 diabetes (T2D). The current prevalence of T2D in children in England and Wales is not known. Additionally, globally very little is known on glycaemic control (diabetes management) in paediatric T2D.

Methods: This study was based on the National Paediatric Diabetes Audit (NPDA), which has >98% coverage of all paediatric diabetes cases in the country. Using data from 2012-13 audit year, we estimated A. The overall, gender- and ethnic-specific prevalence of T2D in children <16 years and B. Whether ethnicity predicts glycaemic control (measured by mean HbA1c) in children <19 years. Ethnicity was self-identified and categorised into White, Asian, Black, Mixed, Other and 'Not-stated' (those that chose not to divulge ethnicity). Multivariable linear regression was used to estimate differences in glycaemic control by ethnicity adjusting for socioeconomic status, age, diabetes duration and gender.

Results: 307 children <16 years were identified with T2D in 2012-13. Overall prevalence of T2D was 2.9/100,000 with females having a higher prevalence than males (4.3 vs. 1.5/100,000). Asians had greater than five-fold increased prevalence of T2D compared to White children (8 vs. 1.4/100,000). The highest prevalence of T2D was found in Asian (12.2/100,000) followed by Mixed-ethnicity (4.4/100,000) females. White males had the lowest prevalence (0.6/100,000). Mixed-ethnicity children had the highest mean HbA1c (83.13mmol/mol) compared to other groups; White (61.6mmol/mol), Asian (64.7mmol/mol), Black (62.82mmol/mol), Other (66.36mmol/mol) and Not-stated (60.58mmol/mol). In regression analysis, Mixed-ethnicity children had the highest HbA1c levels (adjusted mean difference with the White group was 22.30mmol/mol, 95%CI 10.93-33.65), with no significant differences observed in the other ethnic minority groups.

Conclusions: Children of all ethnic-minorities have an increased prevalence of T2D compared to White children, with Asian females being particularly affected. Results indicate a significant increase in paediatric T2D over the past decade. Those belonging to mixed-ethnic backgrounds had the poorest glycaemic control.

Message: A 15 fold increase in prevalence of T2D over the past decade in England/Wales with ethnic minority children, particularly females being affected. Mixed ethnicity children had the poorest glycaemic control.

Session Code: FM 2.6 (Oral presentations)

Ethnic variations in participation in bowel cancer screening in Scotland

Authors: *Campbell, Christine* (United Kingdom); *Douglas, Anne* (United Kingdom); *Williams, Linda* (United Kingdom); *Cezard, Genevieve* (United Kingdom); *Brewster, David H* (United Kingdom); *Robb, Katie* (United Kingdom); *Stanners, Greig* (United Kingdom); *Weller, David* (United Kingdom); *Steele, Robert* (United Kingdom); *Steiner, Markus* (United Kingdom); *Bhopal, Raj* (United Kingdom)

Keywords: bowel cancer screening ethnic minority participation

Background: Variations in uptake of bowel cancer screening by minority ethnic groups are reported internationally, but are often based on locality-based measures as a proxy for individual-level data, and have not been reported in Scotland. Linkage of the Scottish 2001 Census to the encrypted Community Health Index (CHI) provides a unique opportunity to explore variations in screening participation based on individual-level self-reported ethnicity in Scotland, where variation in colorectal cancer incidence by ethnic group was previously reported.

Methods: Data on 1.7 million individuals invited to participate in the Scottish Bowel Cancer Screening Programme in two rounds of screening (2007- 2013) were linked to the 2001 Census/ CHI register. Participation in bowel screening was based on a completed screening episode using the Faecal Occult Blood kit. The standard comparison group was the White Scottish population in the 2001 census, compared to specific ethnic groups in pre-specified analyses. Age-adjusted Poisson risk ratios (RRs) by sex and ethnic group were calculated with 95% confidence interval (CI).

Results: In the incidence screening round, compared to White Scottish men, Other White British (OWB) and Chinese men were more likely to participate (OWB RR 109.6, CI 108.8, 110.3; Chinese RR 107.2, CI 102.8, 111.8). In contrast, all South Asian males had lower participation (Indian RR 80.5, CI 76.1, 85.1; Pakistani RR 65.9, CI 62.7, 69.3; Bangladeshi RR 76.6, CI 63.9, 91.9; Other South Asian RR 88.6, CI 81.8, 96.1). A similar pattern of participation in all ethnic groups was found among females. Participation rates were higher among women in every group compared to men, apart from Pakistani and Bangladeshi women: in some cases (Caribbean, African and Chinese) participation was more than 10% higher compared to males.

Conclusions: There are large and important variations in uptake of bowel cancer screening by ethnic group and sex in Scotland. Understanding the underlying influences should inform targeted interventions.

Message: There are marked differences in bowel screening participation rates between and by sex within ethnic groups in Scotland. Understanding the underlying causes of these should inform future screening strategies.

Session Code: TMW 2 (Workshop: Round Table)

EuroDHYAN: Innovative Prevention Strategies for type 2 Diabetes in South Asians Living in Europe

Authors: *Stronks, Karien* (Netherlands); *Kumar, Bernadette* (Norway); *Jenum, Anne Karen* (Norway); *Valkengoed, van, Irene* (Netherlands); *Muilwijk, Mirthe* (Netherlands); *Qureshi, Samera* (Norway); *Beune, Erik* (Netherlands)

Keywords: Adaptation, Culture, Health promotion, South Asians, Prevention, Type 2 Diabetes

Background: South Asian populations living in Europe have an extremely high risk of type 2 diabetes. The evidence base for effective prevention in South Asians is still limited. It is important to know HOW to support South Asian people in the uptake and maintenance of a healthy lifestyle and WHAT to focus on. Therefore we conducted an in-depth analyses of the promising elements from existing interventions studies, with particular focus on the behavioural strategies employed, and the role of the environment in supporting healthy behaviour. With this knowledge we aim to develop potential preventive strategies to increase effectiveness and to test these in small scale experimental evaluation studies

Objectives: Dissemination and discussion of findings in a setting in which researchers and policy makers are invited to reflect on the main findings and future plans

Results: Dissemination of the initial findings of the study and an inspirational discussion to get promising ideas to improve interventions to test in future experiments. To achieve this we will combine presentation with subgroups discussions on specific questions arising from results and round table discussion fueled by this process

Lay out of the workshop I. (10 min) Introduction with information of the background of EuroDHYAN

II. (40 min) Presentation of preliminary results EuroDHYAN 1. Review of current strategies and recommendations for T2D prevention strategies for SA populations 2. Secondary analyses of T2D prevention studies in SA populations a. Differential effectiveness population subgroups (age, gender etc.) b. Acceptability/perceived effectiveness of its specific elements based on the experiences of participants and professionals (from focus group discussions/interviews with expert and lay target groups) Discussion of findings

III. (20 min) 1. Brief outline next step: Identification of potential behavioural elements and targets in environment 2. Discussion in subgroups and plenary presentations a. Promising behavioural elements and targets in environment b. Strategies to increase reach, acceptability c. Strategies to increase effectiveness d. Potential experiments (small scale studies), including evaluation design

IV. (20 min) General discussion with “experts” about next steps

Message: For successful cultural adaptation of strategies to prevent T2D in South Asians more far-reaching and/or other adaptations are necessary than applied until now. We will inspire discussion on promising ideas for future experiments.

Session Code: TA 2.5 (Oral presentations)

Evolution of life expectancy in good health. Differences between immigrants and natives in Spain in 2009 and 2014

Authors: *Pereyra-Zamora, Pamela* (Spain); *Tamayo-Fonseca, Nayara* (Spain); *Copete, José Maria* (Spain); *Moncho, Joaquin* (Spain); *Nolasco, Andreu* (Spain)

Keywords: Immigrants, Life Expectancy, Health Status Indicators, Spain

Background: Health expectancies are indicators that integrate mortality and morbidity in a single indicator. This shows not only longevity but quality of life and the health state of populations. Health self-perception is a basic indicator that takes into account the people's self-assessment. Life expectancy in good health is widely regarded as a comprehensive indicator of the health state of populations. In Spain, it has been said that the health of immigrant groups is changing due to socioeconomic changes. It is important to assess changes in both basic and synthetic indicators of the population health state and to compare them with that of the immigration status.

Methods: We used data from the European Health Survey from 2009 and 2014. It has also been used population data from the Municipal Population Census of 2009 and 2014 and data on deaths from 2009 to 2013 from the Statistical Bulletin of Death. All data are from the National Institute of Statistics. We calculated life expectancy in good health (HLY) perceived by the method of Sullivan for both years.

Results: Between 2009 and 2014 there has been a reduction in the HLY in the immigrant population (66.7 to 65.6 for men and 65.2 to 61.4 for women). Comparing with native only in men a reduction in HLY has been observed.

Conclusions: The European Survey is one of the first surveys that allows to capture the possible effects of the economic crisis and of the access to health care by the immigrants. This indicator shows a possible decrease of the healthy immigrant effect in Spain.

Message: The results have also showed a worsening in the state of health in the immigrant population measured by this indicator.

Session Code: FM 4.4 (Oral presentations)

Exclusion of migrants from clinical trials in Australia

Authors: *Stanaway, Fiona* (Australia)

Keywords: migrants, clinical trials, English ability

Background: One in four people in Australia have been born overseas. However, Australians from culturally and linguistically diverse backgrounds may be more likely to be excluded from health research. The Australian National Health and Medical Research Council statement for ethical conduct in human research emphasises that benefits of research should be distributed fairly.

Methods: Data on trial inclusion and exclusion criteria were collected from the World Health Organisation's International Clinical Trials Registry Platform. Data were collected on trials to be conducted in Australia and registered over a three month period from June 1 to August 31, 2015. Data were also collected on funding sources, health conditions, ethics applications, outcomes and interventions.

Results: A total of 342 trials were registered over the study period of which 72 (21%) had inclusion or exclusion criteria specifically related to English-speaking ability. A further 73 (21%) studies contained statements about the ability to provide consent that could also be used to exclude migrants with limited English skills. Only one study made specific statements about the provision of translated study materials. Logistic regression of factors associated with excluding non-English speakers from trials found that exclusions were more common in studies that were publicly funded, were concerned with mental health or pain conditions, involved questionnaires for outcome measurement and had interventions that required the use of prepared written materials or extensive face-to-face communication. There was no statistically significant relationship between exclusions based on English language ability and ethics approval status.

Conclusions: One in five clinical trials registered over a three month period in Australia excluded participants from culturally and linguistically diverse backgrounds based on English language ability. This is likely to be an underestimate as many trials without such statements may still make these exclusions. Exclusions appear related to logistical difficulties such as translation of questionnaires and intervention materials. Strategies such as increased access to translated questionnaires or separate funding for translators/interpreters could be used to increase the participation of linguistically diverse migrants in health research.

Message: Main messages: Migrants can be excluded from health research due to lack of English-language skills, particularly in studies that use questionnaires or communication-based interventions.

Session Code: FA 6.2 (Oral presentations)

Experiences of violence among Kurdish and Somali youth in capital city area in Finland

Authors: *Malin, Maili* (Finland)

Keywords: youth, refugee, violence, traumas, discrimination, bullying

Background: On-going violence or traumatic violent acts are always serious threat to life, well being and health of any person, especially when the person is under-age children. During pre- and post migration life as well as during the migration, migrants may experience different types of violence like war, persecution, human smuggling and in the host country beside physical violence or threat of it different types of mental violence like discrimination and bullying. Therefore, in this study the prevalence and type of experiences of violence among refugee background teenage are studied in order to raise awareness and in order to help them in the services of families and adolescents

Methods: This study is a part of larger study concerning health and wellbeing of Somali and Kurdish youth in capital city area (standardized interview, translated survey and health examination). The youths were identified among families in the population based random sampled study of adult Russian, Somali and Kurdish migrants in Finland done in 2010-2012 (Maamu study). Youth study was done at schools. The eligible subjects were 714 of whom 343 participated into the study (48 %) and most participants were 14-16 years of old.

Results: Fifth of youth have experienced war or armed conflict in their country of origin. Kurdish boys have experiences more than others violence or threat of violence in Finland. In the same vein, Kurdish boys and Somali girls reported more bullying at schools and in the internet than others. Kurdish boys also reported most discrimination like others' unjust behavior, other behaving like Kurdish boys are inferior or less intelligent than they are, and unfair behavior of the teachers

Conclusions: Especially mental health of Kurdish boys needs protection of the significant adults since they have experienced traumatic events in their pre-migration life and they have experienced violence and threat of violence in their everyday life beside also having more discrimination experiences in Finland than Somali youth. This is very important since according to the same study for their parents, Kurdish adults also have more mental health symptoms than Somali adults which may worsen their parental capacity

Message: Urgent actions are needed in order to eliminate experience of violence, discrimination and bullying experiences among ethnic children and youths.

Session Code: PT3.08 (Poster)

Factors associated with physical activity and sedentary behavior in school-children of immigrant and minority ethnic groups. A systematic mapping review from the DEDIPAC study

Authors: *Langøien, Lars Jørun* (Norway); *Terragni, Laura* (Norway); *Rugseth, Gro* (Norway); *Roos, Gun* (Norway)

Keywords: Physical activity; sedentary behavior; school-children; literature review

Background: Evidence indicates that European school-age children of immigrant and minorities families are less physically active and more likely to be overweight. There is need for a better understanding of factors associated with disparities in physical activity (PA) and sedentary behavior (SB) among immigrant children. The aim of this study is to present findings from a systematic mapping literature review identifying factors affecting PA and SB among school-children of immigrant and minority families living in Europe.

Methods: This study is part of a broader review on factors of PA and SB among immigrants and ethnic minorities living in Europe. A mapping review was conducted using predefined keywords in 7 relevant database. Two reviewers independently screened titles and abstracts according to the review inclusion criteria. All retrieved full-texts papers were reviewed by two researchers from a team of four. The analysis was guided by the socio-ecological model.

Results: 8017 paper were screened. 64 were in include in the whole review, of these 18 focused specifically on school-children. The analyses indicated that PA and SB among children of immigrant families is affected by factors similar to the general population (i.e. age, socio-economic status and safety) but also by specific factors such as skills and knowledge related to PA and organized sports of the country of migration; conflicting priorities related to school and religious activities; gender aspects and lack of role models, particularly for Girls-

Conclusions: The study suggest that necessity of specific measures targeting children of immigrant families. Improve skills in PA activities and attention to cultural preferences can promote PA among minorities. School based intervention together with cooperation with minorities religious and cultural organizations can improve participation to PA.

Message: Specific factors influence PA and SB in school-children of immigrants families. It is pivotal to consider these factors when developing policies and practices.

Session Code: PF1.07 (Poster)

Female migration as a determinant of health: Georgia case study.

Authors: *Lazarashvili, Veta* (Georgia)

Keywords: female migration, health, equity

Background: Feminization of migration flows, characterized by the increase of women migrating alone and leaving families and communities behind, is being increasingly discussed last years. Although foreign immigrants from poor countries have the poorest socio-economic situation but relatively better health, migration-related health inequalities especially affect women (Malmusi D., Borrel C. and Benach J., 2010). Health is shaped by “the distribution of money, power and resources at global, national and local levels” (WHO,2008) and can be tackled only in sectors other than health (Kickbusch,2015). Our study aims to examine female migration from Georgia as a determinant of health.

Methods: Study takes qualitative approach with the use of ethnographic research and intersectionality lens. Desk research is combined with participant observation, ethnographic interviews, analysis of documentation, media and expert discourse from the perspective of female-migrant, psychiatrist and medical anthropologist. Field research has been conducted in Georgia and Germany in 2010- 2015.

Results: Results of two stages of study show, that the political dimensions of intersectional relations make Georgian women vulnerable to discrimination, exploitation and abuse. Liberalization from structural constraints in home country for many of them means new modern forms of enslavement. Coercion, necessity to make decisions in situation of uncertainty and lack of information affect both health and healthcare utilization. The roles of women from Georgia as a ‘health provider’ to both ‘sending’ and ‘receiving’ societies and as an agent of resistance and change are revealed.

Conclusions: Feminization of migration affects health and health care in sending and receiving countries. Research on female migration contributes to the discourse on relationships between health and political freedom. EU visa-free movement is expected to contribute to the greater health equity, further research is required.

Message: Feminization of migration affects health and health care in sending and receiving countries. Visa-free movement is expected to contribute to the greater health equity.

Session Code: PF6.10 (Poster)

Fetal growth trajectories in ethnic Europeans and **South Asians, does the impact of gestational diabetes differ by ethnicity?**

Authors: Sletner, Line (Norway); Jenum, Anne Karen (Norway); Yajnik, Chittaranjan I. (India); Vangen, Siri (Norway)

Keywords: ethnic differences, gestational diabetes

Background: Both low birth weight, and high birth weight related to maternal gestational diabetes (GDM), are associated with a higher risk of adult type 2 diabetes. South Asians generally have a lower birth weight than Europeans, and also have a higher risk of type 2 diabetes. Our aim was to assess fetal growth in a sample of European and South Asian pregnant women with or without GDM.

Methods: Data are from STORK-Groruddalen, a population-based multi-ethnic prospective cohort of 823 pregnant women, and their offspring in Oslo, Norway (2008-2010). Mothers were screened for GDM in week 28 \pm 2 and diagnosed with either "mild" or "moderate/severe" GDM, and received treatment accordingly. Outcomes were z-scores of fetal head circumference, abdominal circumference, femur length and estimated fetal weight (EFW) in gestational week 24, 32 and 37, measured by ultrasound, and similar measures at birth. Fetal size and growth rate were assessed using separate Linear Mixed Models.

Results: Ethnic South Asian fetuses not exposed to GDM were not markedly smaller than their European counterparts in week 24, but had a slower growth on all measures until birth (mean difference in birth weight z-score (95 % CI): -0.68 (-0.81, -0.55), $p < 0.001$). Fetuses exposed to GDM ($n=67$) tended to be smaller on all body measures in week 24, and grew faster until birth than their non-GDM counterparts. This pattern was most pronounced in South Asian fetuses exposed to moderate/severe GDM, (mean difference in EFW z-score in week 24 (95 % CI): -0.95 SD (-1.53, -0.36), $p < 0.001$).

Conclusions: In presumably healthy ethnic South Asian and European pregnant women screened for GDM, there were ethnic differences in fetal growth, both in women with and without GDM. Furthermore, the impact of GDM was stronger in South Asians, with the most remarkable feature being the small size in mid pregnancy.

Message: South Asian fetuses not exposed to GDM had a slower growth during the second half of pregnancy than ethnic Europeans. South Asian fetuses exposed to moderate/severe GDM were small in mid pregnancy, but grew markedly faster until birth.

Session Code: PF5.01 (Poster)

Filipina immigrants' health care experiences and help-seeking for mental health problems

Authors: *Straiton, Melanie* (Norway); *Ledesma, Heloise Marie* (Norway); *Donnelly, Tam T.* (Canada)

Keywords: Mental health; immigrant women; health care service use

Background: Immigrant women are less likely to use primary health care services for mental health problems than non-immigrant women. It is not clear if this is due to different needs or to particular challenges associated with using the health system. Semi-structured qualitative interviews conducted with 14 immigrant women from the Philippines found that informants had not sought professional help for stress or distress experiences, even among those reporting having experienced a mental health problem. The aim of this study is to consider the reasons Filipina immigrants living in Norway may be reluctant to seek help for emotional difficulties.

Methods: Data from the same qualitative study is utilised. The 14 informants are aged between 24-49 years and have lived in Norway for less than six years. Women were asked about health care experiences in Norway, perceptions of mental health problems and the experience of stress / depression. By applying a post-colonial feminist perspective, we critically examine how contextual factors such as social, cultural, political, historical and economic circumstances interact with ethnicity, gender and socioeconomic status to influence help seeking among Filipina women.

Results: Initial impressions of the data suggest that many of the women see depression as something manageable without professional help. Stigma and lack of familiarity / availability of mental health services in the Philippines may contribute to reluctance to seek help in Norway. Informants also experience a number of structural barriers to health care related to their position as immigrants and as women.

Conclusions: Efforts to increase awareness of mental health services among immigrant women, and of how health professionals can help, may facilitate help-seeking for mental health problems.

Message: Filipina immigrants may experience a number of structural and sociocultural barriers to seeking care for mental health problems.

Session Code: TM 4.2 (Oral presentations)

First analyses of recording ethnicity at death registration in Scotland

Authors: *Gruer, Laurence* (United Kingdom); *Dixon, Frank* (United Kingdom); *Bhopal, Raj* (United Kingdom)

Keywords: Ethnicity, death registration, Scotland

Background: To compare mortality rates of different ethnic groups, the ethnic group of the deceased and accurate population size estimates for each ethnic group are needed. Scotland recorded self-reported ethnicity at the 1991, 2001 and 2011 censuses. Since 2012, the person registering a death is asked to give the ethnicity of deceased, the only jurisdiction in Europe known to do so.

Methods: After wide consultation, National Records of Scotland agreed it was in the public interest to record the ethnicity of the deceased for health research purposes and there were no ethical, legal or technical obstacles to doing so. Since January 1 2012, informants registering a death should be given a leaflet explaining why ethnic group is requested and how ethnicity is classified. Providing the information is voluntary. Anonymised data have been analysed for the three years 2012-14.

Results: During the three years, 163,876 deaths were recorded and ethnic group was given in 157,232 cases (95.9%). In 3.6% of cases, the informant was not willing to provide and in 0.5% did not know the ethnic group. Where the ethnic group was provided, 99.4% were White (87.9% White Scottish, 9.3% White Other British, 0.9% White Irish and 1.4% other White) and 0.6% non-White groups (0.2% Pakistani, 0.1% Indian, 0.1% Chinese and 0.2% other non-White). Preliminary approximate age-standardised rates were comparatively low for the non-White groups as a whole (based on their total of 923 deaths) and consistent with other unpublished results from data linking the Scottish 2001 census ethnicity and subsequent death records.

Conclusions: While 95.9% of informants gave the ethnicity of the deceased, indicating wide public acceptability, the proportion in non-White groups (0.6%) was low. We assume this is mainly because of their younger age structure: in the 2011 census, 3.8% of the population identified as non-White. Whether ethnic minorities were less likely to give the ethnicity of the deceased will be investigated.

Message: Requesting ethnicity at death registration is feasible and widely acceptable in Scotland. The validity of death rates by ethnic group calculated from these data needs further study.

Session Code: PT3.05 (Poster)

Food and nutrient intake among 12-month-old Norwegian-Somali and Norwegian-Iraqi infants

Authors: *Grewal, Navnit Kaur* (Norway); *Frost Andersen, Lene* (Norway); *Solheim Kolve, Cathrine* (Norway); *Kverndalen, Ingrid* (Norway); *Torheim, Liv Elin* (Norway)

Keywords: food, nutrition, immigrants, infants

Background: Knowledge about food and nutrient intake among children with immigrant backgrounds in Norway is limited, as these children are excluded from the national dietary surveys conducted among Norwegian infants and children. The aim of the present study was to describe food and nutrient intake among 12-month-old Norwegian-Somali and Norwegian-Iraqi infants, with a focus on iron and vitamin D intake.

Methods: A cross-sectional survey was conducted from August 2013 through September 2014. Eighty-nine mothers/infants of Somali origin and 77 mothers/infants of Iraqi origin residing in eastern Norway participated in the study. Data were collected using two 24-hour multiple-pass recalls.

Results: According to findings, 40% of the Norwegian-Somali infants and 47% of the Norwegian-Iraqi infants were breastfed at 12 months of age ($P=0.414$). Median energy percentages (E%) from protein, fat and carbohydrates were within the recommended intake ranges, except the level of saturated fats, which was 12–13 E%. Median intakes of almost all micronutrients were above the recommended daily intakes. Most of the infants (81%) consumed iron-enriched products. The median intake of iron was 8.1 mg/day among infants receiving iron-enriched products compared to 3.7 mg/day among infants not receiving such products ($P<0.001$). Most of the infants (84%) received vitamin D supplements. The median intake of vitamin D among those receiving vitamin D supplements was 14.5 $\mu\text{g}/\text{day}$ compared to 4.1 $\mu\text{g}/\text{day}$ among those not receiving such supplements ($P<0.001$).

Conclusions: The findings indicate that the food and nutrient intake of this group of infants in general seems to be in accordance with Norwegian dietary recommendations. Iron-enriched products and vitamin D supplements were important sources of the infants' intake of iron and vitamin D.

Message: Vitamin D supplements and foods rich in iron should continue to be promoted among Norwegian-Somali and Norwegian-Iraqi infants.

Session Code: PT3.10 (Poster)

Food insecurity and social support among Ghanaians living in Manchester, UK: A qualitative study

Authors: *Saeed, Hibbah Araba* (United Kingdom); *Nicolaou, Mary* (Netherlands); *Powell, Katie* (United Kingdom); *Holdsworth, Michelle* (United Kingdom)

Keywords: food insecurity, diet, Ghanaians, social support

Background: In the UK, minority ethnic groups tend to have higher levels of poverty than the white British population and therefore may be at high risk of food insecurity. Ghanaians are thought to have a high level of social support in their communities, but the role of this resource in relation to food security and on dietary behaviours is unknown. We explored perceptions of three main components of food insecurity (availability, accessibility, utilization) among Ghanaians. The role of social support in enhancing food security was explored to identify potential coping mechanisms for food insecure households.

Methods: We conducted 29 in-depth interviews using purposive sampling among Ghanaians aged ≥ 25 yrs living in Manchester. Participants varied in socioeconomic status, gender and migration status. Utilizing a framework analysis approach, we analysed themes using the three main components of food security and also generated new themes from the data.

Results: Overall, participants did not describe personal experiences of food insecurity but some identified that food insecurity existed among Ghanaians in the community. Participants reported that food insecure household may be reluctant to make use of food banks because of pride/perceived social stigma. Also the type of foods served were considered culturally unappealing. This reluctance does not extend to close and trusted networks including the church. Within the church, participants described having trusted allies that they engage with for specific needs including food and financial support when needed.

Conclusions: Our analysis suggests that the church context forms a trusted base in which people operate. We recommend that to be able to reach the most deprived among the Ghanaian community, churches could be used as a channel for interventions.

Message: Some Ghanaians face challenges related to food access and utilization. Churches could be used as a channel for interventions among the marginalised in this population group

Session Code: PF2.07 (Poster)

Food security among asylum seekers and refugees living at Norwegian asylum reception centers

Authors: *Terragni, Laura Maria* (Norway); *Karlsen, Elisabeth* (Norway)

Keywords: Food security; asylum reception centers; dietary acculturation

Background: Food security is a basic need and a human right. Food security exists when all people, at all times, have physical, social and economic access to sufficient, safe and nutritious food that meets their dietary needs and food preferences. Food security is a critical component for assuring adequate nutrition and is listed among the social determinates of health. Inadequate nutrition has been observed among asylum seekers resettled in Norwegian reception centers. There are however few studies investigating food security among this vulnerable group. The aim of this study is to investigate health challenges and barriers to food security for asylum seekers living at Norwegian reception centers.

Methods: The study took place in three Norwegian reception centers: two transit centers (provides meals) and an ordinary center (self catering). Data were collected through participant observation and qualitative interviews with residents and personnel working at the centers.

Results: The study indicated that food provided at transit reception centers did not meet residents' preferences and nutritional needs. In the self catering ordinary center meals preparation was based on the strategy to survive on as little money as possible. Aspects related to acculturation such as lack of knowledge on the new food environment, communication difficulties, lack of availability of food complying with religious rules, restricted food consumption to a limited number of food items. Also structural aspects as distance from grocery shops and lack of kitchen facilities hindered the preparation of nutritious food.

Conclusions: The study provides indication that asylum seekers and refugees living at the reception centers are not entitled to food security. This can have relevant health consequences for this vulnerable group.

Message: It is important to address challenges to food security and entitlement to adequate food for asylum seekers and refugees living at reception centers.

Session Code: SM 3.3 (Oral presentations)

Foreign born migrants in the EU/EEA are disproportionately affected by chronic hepatitis B and C

Authors: *Ahmad, Amena* (Germany); *Falla, Abby* (Netherlands); *Duffell, Erika* (Sweden); *Noori, Teymur* (Sweden); *Veldhuijzen, Irene* (Netherlands)

Keywords: Chronic Viral Hepatitis, Foreign-born Migrants, Viral Hepatitis Burden

Background: Chronic viral hepatitis B and C (CHB/CHC) can silently progress to cirrhosis and liver cancer. However, secondary prevention through effective antiviral treatment can now prevent hepatitis-related liver disease. Foreign born migrants (FBM) within and to the EU/EEA are one of the key populations at higher risk but estimates of the disease burden among FBM, needed to inform policy making, are lacking.

Methods: Systematic reviews on the prevalence of chronic hepatitis B/C in the general population worldwide at country level were identified. Based on demographic data (size of the foreign born population in each EU/EEA country) and hepatitis B/C prevalence data in the countries of origin of migrants, estimates for the number of infected migrants in each EU/EEA country as well as the relative contribution of migrants to the total hepatitis B/C infected population were estimated.

Results: With an estimated 1 to 2 million CHB cases and 300 to 900 thousand CHC cases FBM from endemic countries residing in the EU/EEA carry a substantial burden. In the EU/EEA as a whole 25% of CHB and 14% of CHC cases are estimated to be among FBM. Overall >50,000 CHB cases each are estimated to be found among FBM from Romania, China, Turkey, Albania and Russia, and 50,000-60,000 CHC cases each among FBM from Romania and Russia. Three migrant populations with relatively high numbers of both CHB / CHC cases are from EU countries namely Italy, Poland and Romania.

Conclusions: Despite wide ranges around the estimates the relative contribution of FBM is much higher than the proportion of migrants in the total population. Quantifying the number of chronic viral hepatitis infections and specifying the affected migrant groups in each EU/EEA country provides valuable insight for countries to develop culturally sensitive and targeted screening and prevention programs thereby also tackling the issue of inequity. It can also help to sensitize health professionals to screen vulnerable groups.

Message: The estimated number of chronic hepatitis B and C infections among foreign born migrants in EU/EEA countries is large and migrants are disproportionately affected by these infections. Knowledge about which migrant groups carry a major burden of chronic viral hepatitis will help to design culturally sensitive and targeted screening programs.

Session Code: TM 4.1 (Oral presentations)

Formation of a Public Panel for the Scottish Health and Ethnicity Linkage Study

Authors: *Douglas, Anne* (United Kingdom); *Ward, Hester* (United Kingdom); *Gruer, Laurence* (United Kingdom); *Stannard, Alex* (United Kingdom); *Kirkpatrick, Theresa* (United Kingdom); *Bhopal, Raj* (United Kingdom)

Keywords: Ethnicity, census, healthcare, public panel

Background: The Scottish Health and Ethnicity Linkage Study (SHELS) examines ethnic variations in disease risk, mortality and health care by linking routine health datasets to self-reported ethnicity from the 2001 Scottish Census. Research using such data should reflect the public interest and ensure public awareness of, and trust in, its aims and methods. A panel of 10-20 people representing multi-ethnic Scotland was established. The aims were to obtain the panel's views on SHELS methods, findings and dissemination approaches, including use of routine data without individual informed consent.

Methods: Applicants aged 18 and over, living in Scotland, were sought via the NHS, ethnic organisations, research networks and targeted websites. A balance of age, gender and ethnic groups was sought. Panel members were expected to attend three half-day meetings between January 2015 and June 2016. Travel expenses and a gift voucher were offered. Two meetings were held in 2015. Discussion covered SHELS background and aims; record linkage methods; data security and confidentiality; results and publication process.

Results: Of 29 applicants, 18 accepted a place on the panel. An average of 12 members attended each meeting. The panel identified themselves as Indian, Indian-Scottish, Pakistani, Chinese, Persian, Portuguese, American, Irish, and White Scottish. 11 were female, ages ranged from 29-69.

The panel actively engaged during meetings. Many pertinent issues were raised: reliability of ethnic recording; whether findings influenced policy or improved health; why the public had not been informed of the study previously? The Panel expressed no major concerns regarding use of their linked data without explicit consent as the outcomes, data security processes and quality of research justified such methods.

Conclusions: A multi-ethnic public panel was established. Overall the panel supports the use of routine linked datasets for research, without individual consent, given the value of the findings, which are relevant to all Scotland's population groups.

Message: A multi-ethnic panel can contribute to public engagement in research. There seems to be public support for the use of routine linked health data, without explicit consent, for research.

Session Code: FA 6.6 (Oral presentations)

Framing of ethnicity in childhood obesity research: a systematic review of studies in five ethnically diverse countries (Colombia, Brazil, Mexico, Canada and the United Kingdom).

Authors: *Ordonez-Betancourth, Jenny Elizabeth* (United Kingdom); *Jepson, Ruth* (United Kingdom); *Bhopal, Raj* (United Kingdom)

Keywords: Ethnicity, childhood obesity, Foresight Model, Angelo Framework

Background: While there is a large body of literature on childhood obesity risk factors, there are still gaps in the relationship between ethnicity and childhood obesity. A better understanding of this relationship may provide additional insight for interventions and policies in ethnically diverse settings. We examined the way in which ethnicity definitions have been applied for interpreting variations in childhood obesity by ethnic groups in five ethnically diverse countries.

Methods: We systematically reviewed published and unpublished cross-sectional and cohort studies without language or time frame restrictions, that compared childhood obesity in at least two ethnic groups. We identified studies in Medline, EMBASE, Global Health, WHOLIS and LILACS by using a list of search terms related to childhood, generic and specific ethnic codes potentially used in each country, obesity and contextual factors. Due to the heterogeneity of the study populations and variables, statistical synthesis of the results was not possible. We therefore undertook a narrative synthesis. We looked at explanations in the text for differences in ethnicity and then code them using the Obesity Foresight Model and the Angelo Framework.

Results: Of 206 potentially eligible publications we included 32 studies. In studies reporting ethnic differences in childhood obesity we identified a cluster of 19(57%) explanations related to physiology i.e. six of genetic predisposition to obesity, four of appropriateness of embryonic/foetal and child growth, the rest related to body composition differences. Less attention was given to other aspects such as food consumption i.e. three of dietary habits, two of nutritional quality of food and drinks, and social psychology i.e. two of television viewing, one of parental control and one of body size image, and, one of sociocultural environment. Physical activity environment and individual psychology topics were cited no more than twice and explanations related to food production were not retrieved.

Conclusions: Within the countries of interest, most authors explained ethnic variations in childhood obesity on the basis of physiology aspects. However, explanations are likely to be far more complex and could include the analysis of the provision and accessibility of food.

Message: Research on childhood obesity involving ethnic groups has been framed on the basis of physiological issues. There is a need to study economic and sociocultural environment related to weight gain in children.

Session Code: FMW 1 (Workshop: Round Table)

“From evidence to policy making: moving forward the European public health and migration agenda”

Authors: *Nguyen, Tim* (Denmark); *Severoni, Santino* (Italy); *Takahashi, Ryoko* (Denmark); *Barragán Montes, Sara* (Italy)

Keywords: migration, evidence, policymaking

Background: The increase of mixed migration flows to Europe has made migration a high-priority topic and underscores the importance of adequate preparedness, response and capacity to meet the health needs of migrating populations. The Health Evidence Network (HEN) synthesis reports summarized the best available evidence on the access to healthcare in three distinct migrant groups: undocumented, labour migrants, and refugees and asylum seekers, to provide decision-makers with evidence-informed policy options. These reports called for in-depth reviews on maternal and mental health and public health aspects of the definitions of migrants. In parallel, many developments are taking place with regards to the European public health and migration policy agenda. A recently organized High-level Meeting on Refugee and Migrant Health, held in Rome in November 2015, resulted in an outcome document, which identified a rationale, agenda and framework for collaborative action to address the public health aspects of migration. This has been used as the basis for the development of a European strategy and action plan on migration and health. The strategy will address the diverse health needs of migrating populations, as well as those of host communities, informed by the lessons learnt from the health-system assessments conducted by the Public Health Aspects of Migration (PHAME) project and the HEN reports.

Objectives: - To share key findings from the evidence syntheses on migration and health in the European Region. - To learn the role of evidence syntheses in the development and implementation of the WHO European strategy and action plan on migration in health. - To affirm joint commitments and investments in improving migrant health at the regional, national and sub-national levels.

Results: The workshop will be composed of interactive, participatory approaches including discussions to enable participants and facilitators to draw on each other and achieve intended outcome. - Welcome and opening - 5min - Setting the scene: the public health aspects of migration in the WHO Europe Region - 20 min (Describes WHO’s mandate, roles and recent developments in migration and health in the European Region; an overview of the rationale and process of the development of the European strategy and action plan on migration and health.) - HEN evidence synthesis reports on building a knowledge base on migration and health - 30min (Presentation on key findings from the HEN series on migration and health) - WHO/Europe strategy and action plan on migration and health - 10min (Presentation of the outline of the European strategy and action plan on public health and migration; and facilitated discussion with the participants on the implementation of the strategy, including the identification of specific KT/EIP needs) - Group discussion - 20min

Message: HEN evidence synthesis reports are key in moving forward the policy agenda through the development and implementation of the European strategy and action plan on migration and health.

Session Code: PT4.02 (Poster)

From Research to Policy: Process and Results of a policy brief on immigrant health in Spain

Authors: *Felt, Emily* (Spain); *Ronda, Elena* (Spain); *Casabona, Jordi* (Spain); *Hernandez, Cristina* (Spain); *Ferrer, Laia* (Spain)

Keywords: immigrant health policy, knowledge transfer, Spain, policy makers

Issue: The need for in-depth knowledge of the health profile of the immigrant population in Spain has led to a focus on research in different areas over the past ten years, however, research results have scant exposure to policy makers.

Description of the problem: Evidence about the increasingly diverse European population is needed to support health policy, yet immigrant health is a contentious political issue. Cooperation and interaction is needed among researchers and policy makers to ensure that the health system responds to the health needs of immigrants. With consolidation of research comes the opportunity to improve inter-sectoral cooperation and engage with policy makers. A policy brief on immigrant health in Spain was designed to determine 1) contribution of the scientific output of researchers, 2) recommendations in immigrant health issue areas based on scientific evidence and 3) policy impact of research dissemination. A review of Spanish literature on immigrant health was carried out. Researchers were queried by questionnaire about their scientific output, knowledge transfer activities and participation in policy-relevant actions over the past 5 years. Informal interviews and strategic review was carried out with key stakeholders.

Results: Spanish researchers have contributed significantly to immigrant health literature, specifically in the areas of tropical and infectious diseases; chronic conditions (including HIV); occupational health, sexual and reproductive health; access to health care; health equity and the social determinants of health; health policy, quality of care and health service use; mental health, and others.

This research supports policy to improve immigrant health through ensuring universal entitlement to care, developing effective screening programs for certain infectious diseases, using mechanisms to promote health service use and culturally tailor programs to immigrant populations, providing training for professionals and leadership for the health system, and easing the administrative and other barriers that prohibit access by immigrant populations.

Lessons: The politicized nature of immigration is a barrier to use of immigrant health research in health policy. There is a need to improve mechanisms that link immigrant health researchers with policy makers in Spain.

Message: 1. Policy initiatives offer the opportunity to share good practices, consolidate expertise and foster inter-sectoral collaboration on issues of immigrant health 2. The political nature of immigration requires special efforts for effective knowledge translation.

Session Code: TAW 2 (Workshop: Seminar)

Gene-environmental interaction in diabetes and obesity: A new horizon for ethnicity and health research

Authors: *Agyemang, Charles* (Netherlands); *Zafarmand, Mohammad Hadi* (Netherlands)

Keywords: Cardiovascular disease, diabetes, obesity, gene-environmental interaction, ethnic minority groups

Background: Cardiovascular disease (CVD) and its risk factors such as diabetes and obesity are a major public health burden, and ethnic minorities have been disproportionately affected compared with the European host populations. The pattern of global variation in CVD risk factors suggests a complex (but distinct) interaction between genetic and environmental risk factors across the life course. Recent advances in genomic studies coupled with international collaborations have resulted in marked progress in the identification of genetic susceptibility variants for diabetes and obesity and other chronic diseases. However, to date, most studies of interaction have sought to explain variation within European decent populations. The burning question that remains unanswered is what role does gene-environmental interaction (GEI) play in explaining the excess risk of CVD and its risk factors among ethnic minority groups?

Given this, for the last few years, European Commission has invested heavily in several projects such as the Global initiative on gene-environmental interactions on obesity and type 2 diabetes among specific populations (e.g. RODAM and EpiMigrant studies) and the InterConnect project that is currently developing a novel approach to data sharing which is secure, scalable and sustainable.

This proposed interactive workshop will provide an overview and preliminary results of the current projects such as RODAM and EpiMigrant on GEI in obesity and diabetes among ethnic minority groups in Europe. Furthermore, a range of possible strategies for studying GEI among specific ethnic groups and their differences with the InterConnect approach will be interactively discussed.

Objectives: The objectives are to provide update overview on these European initiatives and their preliminary results, to discuss the novel approach to genomic data sharing which is secure, scalable and sustainable to facilitate international cooperation and collaboration in studying diabetes and obesity among ethnic minority groups.

Results: Using a few presentations, this interactive workshop will help participants to be informed about the current European initiatives on GEI, give insights into the role of GEI on obesity and diabetes and about the main elements of the InterConnect platform that provides a mechanism for meta-analysis of individual participant data.

Message: GEI studies provide a new horizon in improving our understanding on ethnic inequalities in CVD and risk factors in Europe. InterConnect project provides a novel framework for data sharing in studying GEI among ethnic minorities.

Session Code: SMW 2 (Workshop: Seminar)

How well do older migrants living in Western Europe age?

Authors: *Klokgieters, Silvia* (Netherlands); *Fokkema, Tineke* (Netherlands); *Victor, Christina* (United Kingdom)

Keywords: non-western immigrants, ageing, outcomes

Background: The proportion of older immigrants living in Western Europe is increasing. Although many features of migration are country- and immigrant-specific, cross-country studies reveal that immigrants generally occupy disadvantaged positions in Western European societies. Compared to their native peers, for example, immigrants more often live in adverse socio-economic circumstances and have poorer health outcomes. However we have little evidence specifically examining older (aged 50+) immigrants and how 'well' they age. In this workshop we will explore whether the social, physical and cognitive outcomes of ageing among older immigrants differ from those among their native peers or their peers in the country of origin, how these outcomes vary across and between migrant groups and examine if the disadvantages demonstrated by migrants are exacerbated in later life.

Objectives: Framed around the presentation of empirical data from 3 quantitative studies of diverse migrants groups (Indian, Moroccan and Turkish) in Britain and The Netherlands after attending this workshop participants will; A) understand the heterogeneous nature of older migrant groups in terms of socio-economic factors and how these influence ageing well B) appreciate the complexity of defining the 'reference population' with which the experiences of older migrants should be compared –is it older people in their host communities or their peers in the country of origin C) understand the complexities of conducting empirical research with older migrants, speaking a range of languages, especially in terms of utilization of standardized measures of social, physical and cognitive outcome measures

Results: Ageing well is generally operationalized in terms of optimal physical, social and mental health outcomes and these will be addressed by our two presentations. Using the example of Moroccan and Turkish migrants to The Netherlands Drs Fokkema and Klokgieters will examine social, physical and cognitive outcomes and draw comparisons with the host population. Professor Victor will then 'test' the broader applicability of these findings using the example of Indian migrants living in Britain and making comparisons with older people living in India. Thus we will be able to discuss how the dimensions of ageing well vary between migrants and the host population, across migrant groups and how they compare with those ageing in the country of origin. We will facilitate a discussion focusing upon the methodological, conceptual and empirical outcomes for ageing well for migrants groups, set out the key challenges for public health and propose a research agenda to further our understanding of growing old in the context of migration and identify potential areas for the development of interventions to promote ageing well.

Message: Ageing well for older migrants varies across and within populations and with the country of origin, which we need to understand to develop effective public health interventions.

Session Code: SM 3.6 (Oral presentations)

Hardships increase HIV infection risk among sub-Saharan migrants living in France. Results from the ANRS- PARCOURS study 2012-2013.

Authors: *Desgrees du Lou, annabel* (France); *Pannetier, Julie* (France); *Ravalihasy, Andrainolo* (France); *Gosselin, Anne* (France); *le Guen, mireille* (France); *Supervie, Virginie* (France); *Panjo, Henri* (France); *Bajos, Nathalie* (France); *Lydie, Nathalie* (France); *Lert, France* (France); *Dray-Spira, Rosemary* (France)

Keywords: Sexual risk, African migrants, France, HIV acquisition, hepatitis B, hardship

Background: In France, sub-Saharan African migrants are a key population for HIV infection, due to the epidemic in their countries of origin but probably also to post-migration infections. We estimate the proportion of HIV acquisition in France in this population and we analyse how social hardships during settlement in France shape sexual partnerships and HIV risk.

Methods: PARCOURS is a life-event survey conducted in 2012 -2013 in 74 health-care facilities in the Paris region, among three groups of sub-Saharan migrants: 926 receiving HIV care, 779 with chronic hepatitis B, and 763 with neither HIV nor hepatitis B (reference group). In HIV group, we assigned HIV acquisition before or after migration using life-event and clinical information. Hardships (lack of residence permit, economic resources and housing) and sexual partnerships were documented for each year since arrival in France. For each sex, reported sexual partnerships were compared by group and their associations with hardships each year analysed with mixed-effects logistic regression models.

Results: Hardships were frequent: more than 40% had lived a year or longer without a residence permit, and more than 20% without stable housing. Most of the migrants had non-stable and concurrent partnerships, more frequent among those who acquired HIV in France (35% of migrants living with HIV) compared to reference group, as were casual partnerships among men (76.7% vs 54.2%; $p=0.004$) and women (52.4% vs 30.5%; $p=0.02$), concurrent partnerships among men (69.9% vs 45.8%; $p=0.02$), and transactional partnerships among women (8.6% vs 2.3%; $p=0.006$). Hardship increased risky behaviours: in women in particular, lacking a stable housing increased casual and transactional partnerships (resp. $OR=3.71[95\%CI: 2.75-5.00]$ and $OR=10.58[4.68-23.93]$).

Conclusions: Hardships faced by migrants increase sexual and HIV risks. Women, especially during the period without stable housing, appear especially vulnerable.

Message: Protecting migrants from hardship is a public health issue, since hardships faced by African migrants during their settlement in France shape their sexual partnerships and increase HIV risk.

Session Code: PT2.05 (Poster)

Has access to healthcare for migrants in Spain changed during the economic crisis? The health workers and migrants' perspective

Authors: *Porthé, Victoria (Spain); Vargas, Ingrid (Spain); Plaza, Isabel (Spain); Ballesta, Mónica (Spain); Malmusi, Davide (Spain); Sanz, Belén (Spain); Bosch, Lola (Spain); Ronda, Elena (Spain); Heras-Monasterio, Julio (Spain); Otero, Laura (Spain); Llopart, Josep Ramon (Spain); Colomé, Lluís (Spain); Vázquez, M.Luisa (Spain)*

Keywords: access to healthcare, migrants, economic crisis, barriers to access

Background: During the economic crisis, Spain reduced its public health expenditure and limited healthcare entitlements (RDL-16/2012) which especially affected undocumented migrants. Objective: To analyze changes in migrants' access to healthcare during the economic crisis from health workers and migrants' perspective

Methods: Qualitative descriptive-interpretative study performed in two areas of Catalonia (Nov.2014-Aug.2015) based on individual interviews with a theoretical sample of primary and secondary care professionals (24), administrative workers (10) and migrant users (19) with/without an individual health card (IHC). Thematic analysis was carried out. Data quality was ensured through triangulation

Results: All informants described changes in access to healthcare related to restrictions on entitlements to care and changes in the services. While professionals signaled restrictions in access to the continuum of care and the services responsiveness, migrants identified an increase in barriers to get the IHC. Regarding use of services, professionals and migrants perceived an increase in waiting times at all care levels due to reductions on human resources; and health workers also due to organizational changes to increase efficiency (increased process standardizations and justifications for prescribing). Migrants signaled their worse economic and working conditions as barriers to healthcare and health workers also that the deterioration of those conditions increased difficulties to access services during working hours, inability to afford public transport and to pay for medicines and to less health services utilization

Conclusions: Increasing barriers to entry the health system related to specific changes in health coverage were reported. Services structural and organizational changes affect all patients use but especially migrants due to the deterioration of their economic and working conditions. Policies should remove restrictions and address those of barriers

Message: Health workers identify restrictions on entitlements to care affecting access to the continuum of care and responsiveness. Migrants referred to worse economic and working conditions as barriers to healthcare

Session Code: FM 1.1 (Oral presentation)

Health and access to care for migrants facing multiple vulnerabilities in Europe

Authors: *Simonnot, Nathalie* (France); *Chauvin, Pierre* (France); *Vuillermoz, Cecile* (France)

Keywords: Vulnerabilities in health- non access to prevention and care

Issue: Migrants are facing multiple vulnerabilities in health, worsened by laws and/or practices hindering their access to care, especially when they are undocumented migrants. Since 1995, Doctors of the World surveys their health condition and barriers to healthcare publishing previous year data collected during face to face social and medical consultations. In 2015, data were published about 23,341 persons seen in 11 countries in 2014. In addition to the routine data collection, specific data was collected in 2015 among migrants arriving by boat in Greece. An analysis of the legal contexts to access care completes the data.

Description of the problem: Cross sectional analysis of routine data among 23,341 persons in 11 countries in 2014 during 43,152 consultations in MdM free clinics. The vast majority of patients seen were migrants (94.6%), and two thirds (66%) were undocumented ; 15.6% were migrant European citizens, a majority from Romania and Bulgaria. Nearly half of the non EU citizens had been concerned by asylum seeking (but only 5.6% had obtained a refugee status at the time of their interview).

Results: 62.9% of patients had no health coverage, 91.3% were living under poverty line. Main barriers to healthcare were financial, administrative or related to a lack of knowledge of healthcare systems and rights to access care. The migrants had been living in the country for 6.5 years in average, only 3% cited health as one of migration reasons, and only 9.5% of patients with a chronic disease knew about it before arriving in Europe. A majority of pregnant women had no access to antenatalcare, a majority of children had not been vaccinated.

Lessons: The population seen by Doctors of the World live in particularly disadvantaged conditions throughout Europe. They need more (and certainly not less) protection and facilitated access to prevention and care. They haven't migrated for health issues. Access to prevention and care must be universal.

Message: People facing multiple vulnerabilities in health should have full access to prevention and care, for public health and human rights reasons. Data highlighting their health condition and obstacles to care should be used for inclusive health policies.

Session Code: PF1.08 (Poster)

Health and health care needs of Afghan and Uyghur refugees living in the Zeytinburnu district of Istanbul

Authors: *MÜCAZ, Meltem* (Turkey); *TORUN, Perihan* (Turkey); *SANDIKLI, Büşra* (Turkey); *ACAR, Ceyda* (Turkey)

Keywords: Health care needs, Afghan and Uyghur refugees, Afghan and Uyghur refugees living in the Zeytinburnu

Background: Turkey has been receiving refugees for decades, not only from neighbouring countries but also from countries like China and Afghanistan. Afghan and Uyghur 'conditional refugees' have been living in Istanbul for decades without access to services. In order to bring the neglected refugees to the attention of the authorities, the current situation of raised awareness towards Syrian refugees could be taken as an opportunity.

Methods: Semi structured interviews with key informants and focus group discussions with women from Afghan and Uyghur communities were conducted in September-October, 2015.

Results: More than 7000 Uyghur -with a higher proportion of women-and 6000 Afghan refugees are estimated to live in Zeytinburnu. As 'conditional refugees' they cannot register with the authorities, and hence have no right of access to free health care. Both communities have set up NGOs to address their needs, including for health care, through lobbying or temporary arrangements with hospitals. Primary prevention initiatives are inevitably neglected. Apart from challenges of receiving health care, there are problems with education of children as they cannot be enrolled by government schools, and with employment as refugees are not granted work permits. The women of both communities also suffer further for reasons such as being a single mother or the negative effect of past experiences. Arrival of Syrians raised hopes in both communities as a result of increased awareness and sensitivity towards refugee issues although some negative effects such as increase in rents were mentioned.

Conclusions: In Turkey there is a need for new policies to address the needs of all refugees whether 'conditional' or ordinary. Considering the high possibility of lifelong settlement in Turkey, it is necessary to develop long term solutions to provide services for the benefit of the locals as well as of the refugee communities.

Message: In Turkey Syrian refugees are granted rights for services. It is important that the needs of refugees from other countries also addressed and the current climate is conducive to promoting access to services.

Session Code: FA 5.4 (Oral presentations)

Health and lifestyle of elderly immigrants in the Netherlands

Authors: *El Fakiri, Fatima* (Netherlands); *Bouwman-Notenboom, Jessica* (Netherlands)

Keywords: health survey, ethnic differences, elderly immigrants, Netherlands

Background: The elderly population in western countries is growing and becoming more ethnically diverse. However, current data on health status and lifestyle of elderly immigrants are scarce. The aim of this study is to get insight into the prevalence of health problems and lifestyle related risk factors among three elderly immigrant populations compared to their Dutch counterparts.

Methods: Secondary analysis of data from a large health survey conducted in 2012 in the Netherlands' four largest cities. A total of 8,469 Dutch, 193 Moroccans, 199 Turks, 595 Surinamese and 1,504 from other ethnic groups aged 65 years and over were included in the study. Response rates ranged from 54% to 57% in Dutch, 23% to 35% in Moroccans, 28% to 33% in Turks, and 31% to 55% in Surinamese. Ethnic differences in the prevalence of health problems were studied by logistic regression analysis controlling for age, sex and social economic status (SES).

Results: Elderly immigrants reported diabetes, multimorbidity, and limitations in hearing, sight and mobility more often than did their Dutch counterparts. Also their perceived health was worse than that of the Dutch elderly (OR=6.9, 95% CI=3.9-12.0 for Moroccan; OR=3.2, 95% CI=2.5-4.2 for Turks and OR=2.5, 95% CI= 1.6-3.9 for Surinamese). Compared with the Dutch, Moroccan do experience more depressive symptoms (OR=3.6, 95% CI=2.1-6.1), followed by Turks (OR=2.8, 95% CI=1.6-4.8), and Surinamese (OR=2.3, 95% CI=1.5-3.3). The prevalence of obesity was four times higher in Turkish elderly. There were no remarkable ethnic differences in smoking behavior and physical activity. These differences between elderly immigrants and elderly Dutch still persisted after controlling for age, gender and SES.

Conclusions: Generally, elderly immigrants are in poorer physical and psychological health than elderly from the native Dutch population. Culturally sensitive interventions are recommended to reduce these ethnic disparities in health.

Message: Elderly immigrant populations in the Netherlands are in poorer physical and psychological health than elderly Dutch population. Culturally sensitive strategies are required to target these ethnic disparities in health.

Session Code: FM 3.3 (Oral presentations)

Health behaviors during pregnancy among migrant women living in France: results from the nationally representative French study.

Authors: *El-Khoury, Fabienne* (France); *Melchior, Maria* (France)

Keywords: Migrant, health indicators, birth cohort, migrant mothers

Background: Migrant status is commonly associated with precarious health outcomes including a higher risk of adverse birth outcomes among pregnant women, because of low socioeconomic status and lack of knowledge regarding the health care system in the country where they live. Inversely, migrants may benefit from protective factors typical of the cultural and way of life in their country of origin. Additionally, first-generation migrants often represent the fittest segment of their community ('healthy migrant effect'). Thus, the health and birth outcomes of migrant women may vary depending on the country of origin and degree of acculturation, as well as socio-demographic characteristics.

Methods: We examined health characteristics of mothers and infants participating in the French ELFE nationally representative French birth cohort study (n=18 014 mothers of children born in 2011, including 2330 women born elsewhere than in France), according to their migrant status and geographical region of origin. Analyses were adjusted for age, educational level, number of children, occupational grade, and partner's support.

Results: Migrant women were more likely to have persistent psychological problems during pregnancy, and perceive their health as poor compared to native French. On the contrary, they were less likely to smoke tobacco and consume alcohol during pregnancy. We observed no association between migrant status and infant premature birth. Women's health status during pregnancy varied with geographical region of origin, women of Sub-Saharan or North African origin appeared particularly vulnerable.

Conclusions: Even after accounting for socio-demographic characteristics, migrant women, especially of Sub-saharan or North African origin, have worse health indicators during pregnancy than native French women. However they are also less likely to have negative health behaviors such as tobacco smoking and alcohol consumption during pregnancy.

Message: Efforts aiming to prevent mental health difficulties among pregnant women should be tailored to meet the needs of migrant women who represent an important share of childbearing women in many European countries.

Session Code: PT2.18 (Poster)

Health communication with migrants as tool to address disparities in health- Stockholm County Council, Sweden, 2015

Authors: *Hussein, Haibe* (Sweden)

Keywords: migrants, refugee, knowledge transfer, public health, health communication

Background: To address the pressing health needs of refugees and newly arrived migrants, Stockholm county Council have employed and trained a group of multilingual health advisers with background in healthcare. Health advisers speak languages that are common among refugees and other newcomers. They have as well a good cultural competence and in-depth knowledge of the setting and countries current refugees are come from. The initiative of Stockholm County Council to employ Health advisers, also called health communicators, as a new profession in Sweden is aimed at promoting the health and preventing ill-health among newly arrived migrants- through information, knowledge dissemination and dialogue with migrants in their mother tongue about diverse health topics.

Objectives: The overall objective of Health advisers Health communicative work is to promote health through dialogue and group meeting sessions. About thirty health related themes, including migration and health, sexual health, Swedish health care system and living habits are discussed in diverse setting. Each started groups session lasts from 4-10 weeks, giving migrants good platform to express their health need and gain knowledge. Health communication creates opportunities for a mutual learning process which promotes health care on equal terms, and good health for the entire population. Health advisers periodically inform and guide Healthcare providers about health needs of newly arrived migrants.

Experiences: Migrants come from different countries with different health system and varying backgrounds. Difficulties in understanding how the Swedish health care system work is often cited by many as barrier in getting optimal healthcare. Many newcomers are as well in need of a targeted healthcare on arrival in Sweden. Health advisers unique role and linguistic, cultural and health competence gives migrants needs-based help. In 2015, health advisers hade 50 group meetings with newly arrived migrants in 10 of Stockholm regions municipalities. Group session were conducted in arabic, dari, somali, tigrinja and swedish languages and lasted from 4-10 weeks.

Lessons: Mother tongue based health communication and knowledge transfer to migrants is innovative approach promoting health and assessing the needs of newly arrived migrants

Message: Multilingual health advisers in Stockholm county council can contribute to better health among migrant population, through health promotion and innovative, mother tongue based, culturally sensitive dialogue (group meetings)

Session Code: PF2.04 (Poster)

Health education and HIV test offer in a population of refugees and asylum seekers: an experience in Ferrara area.

Authors: *Segala, Daniela* (Italy); *Contini, Carlo* (Italy); *Libanore, Marco* (Italy); *Sighinolfi, Laura* (Italy)

Issue: Migration flows are increasing and involve a wide range of populations, such as workers, refugees, students, undocumented migrants and others, each with different health determinants, needs and levels of vulnerability. Among these, there are HIV/AIDS infection and other sexually transmitted disease (STDs): traditional approaches are insufficient to address these complex challenges. In Italy, 30% of new HIV infections occur in foreign people. Major concern is the limited access to health services and less information about transmission of HIV and other STDs. In Ferrara, the majority of refugees and asylum seekers are young men in the sexually active stage of their lives. Our aim is to improve HIV/AIDS-related knowledge within migrants, refugees and asylum seekers, to favour access to public health service and HIV/STDs test.

Description of the problem: A collaboration was established between 2 public services in Ferrara area: HIV/AIDS outpatient unit of S. Anna Hospital and CAMelot association that provides assistance for refugees and coordinates a public information point for migrants. Major problems were identified: accessibility of health service, preventive care, health education, linguistic and cultural barriers. On this basis, a collaborative project was proposed and included training courses on HIV/AIDS and STDs for healthcare workers and cultural mediators, recruitment of staff for migrant's health education, encourage and offer screening for HIV and STDs.

Results: The project started in may 2013: an interdisciplinary staff was identified (infectious disease health workers, cultural mediators, experts in international migration human rights). The staff had meetings with migrants in order to give informations about health system, migrants rights, HIV/AIDS and STDs prevention; each meeting was 1.30 hour long. -246/388 (63,4%) migrants accepted to participate in the project: they were male, age 20-28, 88% from Africa (Nigeria, Senegal, Mali), 12% from Pakistan. -2/246 (0,8%) were found HIV +. This confirm that most of migrants acquires HIV infection in the new country. -32/246 (13%) were HBsAg +: new tests have been performed in order to better define their clinical status. -56/246 (22,7%) were anti-HBs positive and thus protected, 158/246 (64,2%) migrants were negative for HBV infection and sent to the vaccination centre in order to prevent possible new infections do the potential promiscuity with people with HBV active disease.

Lessons: The health of migrants is a major concern for host countries. We need programs to reduce barriers to health services and to offer information about HIV/STDs transmission. Migrants agree with this form of information, in particular they appreciate the presence of cultural mediators to explain health service opportunities, HIV/STDs prevention and transmission. This confirms the need to improve the project and the possibility to extend these initiatives to other health problems.

Message: Migration flows are increasing and involve a wide range of populations. The project aim is to improve HIV/AIDS-related knowledge within migrants, refugees and asylum seekers, to favour access to public health service and HIV/STDs test

Session Code: PF2.01 (Poster)

Health examination for newly settled refugees in Oslo – a new model

Authors: *Kreso, Aida* (Norway); *Olsen, Heidi* (Norway)

Keywords: Health examination, refugees, general practitioners

Issue: The Norwegian authorities anticipate a significant increase in the number of newly arrived refugees entitled to settlement in Oslo in the coming years. As migration alone is seen as a health risk, it is crucial to ensure access to quality health services, both upon arrival and after settlement. Many refugees suffer from experiences associated with war, conflicts and abuse that make them vulnerable to poor health. When settled, many have poorer health outcomes once they become ill. If medical attention is required, many do not contact or have fewer visits with their general practitioner (GP). Lack of knowledge about available health services, practical, culture and linguistic barriers may reflect inequities in the way these services are made accessible to this group. The Norwegian Directorate of Health recommends that refugees obtained- or seeking legal permit undergo a free Health Examination (HE) as soon as possible after settlement. Goals are early detection of psychological or physical illness and prevention of chronic conditions.

Description of the problem: HE have been provided by the Oslo Municipality since the early 1970's. Since 2013, they have been provided by the Resource Center for Migration Health (RMA). However, a centralized model is inadequate in reaching all who could benefit from HE.

Results: Therefore the City Council of Oslo has commissioned RMA to develop this further, involving GP's directly. Aims are to establish early contact with the physician, ensure continuation of treatment through follow-up, widen outreach involving the right to access health services and ensure availability within the local community. Ongoing pilots in three Oslo districts are testing new models for implementation. So far, GPs are reporting the HE to be time consuming.

Lessons: Lessons learned could be relevant for health professionals from other settings, particularly in their effort to provide quality health services to this group at the local level.

Message: Health examination for newly settled refugees in Oslo is crucial in order to detect early signs of illness and to prevent chronic conditions

Health examination should be made available with all GPs

Session Code: PT2.09 (Poster)

Health service utilization and its correlates among rural-to-urban migrants in Guangzhou

Authors: *Song, Xiaolei* (China); *Zou, Guanyang* (China); *Chen, Wen* (China); *Zou, Xia* (China); *Ling, Li* (China)

Keywords: migrants, health service utilization

Background: Rural-to-urban migration is a special phenomenon in the progress of transformation of China. Previous studies about health service utilization of rural-to-urban migrants have been focused on migrant workers, ignoring the family members who had moved to live together with them. This study aims to describe the health status and health service utilization of rural-to-urban migrants in Guangzhou and explore the factors associated with their health service utilization.

Methods: A cross-sectional study was performed between September and December in 2014. 2906 rural-to-urban migrants were sampled from 8 districts of Guangzhou. A structured questionnaire adapted from National Health Service Survey (NHSS) was used to collect data. Chi-square test was used to compare the differences of health status and health service utilization between male and female rural-to-urban migrants. Logistic regression was applied to explore the factors influencing their service utilization.

Results: Recent two-week morbidity rate of the respondents was 8.09%. Recent two week physician visit rate was 4.03%. The main reason for not visiting a doctor when they felt discomfort was that they considered it unnecessary. Logistic regression result indicates that marital status, employment status, self-rated health levels, type of disease are statistically significant associated with their recent two-week treatment-seeking behavior. Annual hospitalization rate was 6.47%. The main reason for hospitalization was giving birth(50.00%). Conditions requiring hospitalization was 10.90%. The principal reason for not accepting hospitalization was self-perception of unnecessary (43.48%). 6.37% of total respondents had returned hometown for medicare.

Conclusions: Rural-to-urban migrants in Guangzhou were in good health. Underusing of health services was probably related to “healthy migrants effect”. Insufficient health awareness and lack of time were main obstacles to their health service utilization.

Message: Rural-to-urban migrants were in good health. Underusing of health services was probably related to “healthy migrants effect”.

Session Code: PF2.13 (Poster)

Health services for migrants on the Balkan route - is Macedonia up to the challenge?

Authors: *Gudeva Nikovska, Dance* (Macedonia); *Soleski, Kiril* (Macedonia); *Stojanovska, Miljana* (Macedonia); *Lokvenec, Emilija* (Macedonia)

Keywords: Balkan route, access, health

Background: Since June, 2015, more than 6-10000 refugees and migrants cross daily the border from Macedonia to Serbia, the main route followed by refugees and migrants being Greece, entry in Macedonia (Gevgelija to Tabanovce), mainly traveling by train, less by bus or taxi. The main objective of the assessment was to assess current health situation in the 2 transit centers, identify health related activities in the project area, availability of health care services for the target populations and map actors involved in humanitarian and health assistance.

Methods: Face-to-face interviews with actors involved in provision of services at 2 transit centers were performed, in addition to review of medical records at Macedonian Red Cross outpatient clinic, as to identify medical conditions for which refugees are seeking health care and type of care provided.

Results: The biggest problem identified is lack of emergency service vehicles (only 2 available in the Health Centers close to transit centers), since they provide emergency transport for refugees in need to be transported to General Hospital Kumanovo, jeopardizing general population in the region and often creating annoyance both among doctors and general population. There is lack of translators from Arabic, Farsi and other languages that hinder close collaboration with people in need. This is especially the case with patients referred to hospitals, where there are nor translators, neither feedback on barriers to communication among doctors and patients (some of them hospitalized for more than 7 days). There is no information on health status of refugees walking 7 km from Macedonian to Serbian border, since there is no organisation working in the "no man's land" between the countries. There are no activities that target mental health of employees at NGOs involved in providing humanitarian assistance.

Conclusions: Although there is comprehensive set of services provided, including health care services, there are still areas that need improvement and further activities strengthening. Clear is the need to establish a system to follow up patients referred to hospitals, as well as provision of translators at hospitals that will facilitate communication among local health staff and patients, as well as communication with waiting families. Establishment of a feedback mechanism between Macedonian and Serbian centers, given that migrants are walking 7 km from one point to the other and provision of points to serve hot tea or other drinks is essential, given the winter period which will become harsher in the coming months. Short questionnaire to screen migrants for tuberculosis (TB) should be developed and implemented by health care providers at migrant centers, given that respiratory system symptoms are most prevalent and migrants are coming from high TB burden countries. Establishment of activities that will assess mental health of employees at NGOs providing services at migrant centers is one of the priorities to be considered.

Message: Macedonia provides comprehensive set of services to migrants, but with areas requiring improvement. Only basic health services provided may cause increased number of health problems

Session Code: PF2.12 (Poster)

Health status of Asylum Seekers shortly after their arrival in Italy: findings from a Local Health Unit in Veneto Region.

Authors: *Dalla Zuanna, Teresa* (Italy)

Keywords: Asylum Seekers, communicable disease, health needs

Background: In 2015 Italy received almost 65.000 Asylum requests, the same amount of 2014 and 143% more than 2013. This sudden increase has fostered in the public opinion the fear of re-emerging and tropical diseases. This risk, however, has never been confirmed by evidence. Asylum Seekers (AS) were distributed in accommodation facilities located in the whole Italian territory. As WHO recommends, Local Health Unit staff provided a first visit in order to check their health status and to identify communicable disease that can prevent them from living in a community. The aim of this study is to describe health characteristics of AS hosted in the biggest accommodation structure in Treviso (Veneto Region, Italy).

Methods: We collected data from all first visits between 15th July 2015 and 30th November 2015. Patient data and diagnoses were recorded according to patient complaints and information or to doctor's inspection. Symptoms and diagnoses were classified according to International Classification of Primary Care 2nd Edition (ICPC-2). Data were systematically analysed for age, sex, country of origin and symptom/diagnosis.

Results: A total of 630 visits were performed, mostly within 10 days after their arrival in the structure. AS were mainly male (90%), 81% between 15 and 29 years old. 61% came from 16 African countries, mostly from Nigeria (24.3%) the remaining 39% were from five Asian countries, especially from Pakistan (16.3%) and Bangladesh (16.2%). 57% of people had no symptoms nor signs of disease (65% of Asians and 51% of Africans). The most common diseases, all related to travel, concerned respiratory tract (9% of AS), skin (7.6%), gastrointestinal tract (6.8%), musculoskeletal system (4.5%), and injury-related problems (3.2%) - blows, burns or crush injuries on the boat. Six women were pregnant. For what concerns communicable diseases, one AS was found having contracted chickenpox, three pediculosis and six suspected Scabies. One pneumococcal meningitis was diagnosed before the first visit could be performed.

Conclusions: As expected, AS were mostly healthy or had mainly travel-related health needs. The detected infectious diseases are common also in Italy, due to overcrowding and lack of hygiene. People coming from Asia had less and different health complaints than those from Africa, maybe due to different trades or different symptom perception.

Message: Asylum Seekers arrived in Treviso are mostly healthy or had travel-related health needs. Differences in health status for people from different countries can be explained by the diversity of trades or different symptom perception.

Session Code: TA 2.4 (Oral presentations)

Health status of second generations of immigrants: a heritage of inequalities?

Authors: *González-Rábago, Yolanda* (Spain); *Martín, Unai* (Spain); *Rodríguez-Álvarez, Elena* (Spain)

Keywords: Second generation; inequalities in health

Background: Several studies have shown the existence of health inequalities by migrant status as a result of the unequal distribution of the social determinants of health, which include socioeconomic status (SES) but also other factors beyond SES such as discrimination and social support. The evidence about migrant status as an axe of inequality in health has been collected, above all, among adults. However, few studies, especially in Spain, have examined the health among children and young people with an immigrant origin, which has been called 'second generation'. The aim is to examine the differences in health among children and teenagers differentiating between natives and those with an immigrant background

Methods: Cross-sectional study in population aged 0 to 18 years, with data from the Health Survey of the Basque Country (Spain) 2013 (n=1,974). We used prevalence adjusted for age, sex and SES of health variables: self-rated health, chronic problems, obesity and physical activity. The significance of the associations was estimated through odds ratio crude and adjusted, calculated by logistic regression models. Second generation was defined as people whose parents were born in a low income country

Results: Children and teenagers with an immigrant origin showed higher prevalence of poor self-rated health [ORadj: 2.3(95% CI=1.5-3.4)]. Obesity was more prevalent among second generation than natives [ORad: 2.1(95% CI=1.1-3.5)] and sedentary habits were more frequent among immigrant [ORad: 2.9(95% CI=1.6-5.3)]. After controlling for SES differences in self-rated health and physical activity continue to be significant, but not in obesity [ORad: 1.7 (95% CI=1.0-3.1)]. No differences were found in chronic problems

Conclusions: A worse health status was found among second generation of immigrants than natives, even after adjusting for SES. Results seem to indicate a heritage of inequalities among children with an immigrant origin. It is necessary to monitor the social inequalities in health and implement policies to change the impact of social determinants of health on this population

Message: A worse health status was found among second generation of immigrants than natives. It is necessary to monitor health inequalities in children in order to avoid a heritage of health inequalities

Session Code: FA 2.5 (Oral presentations)

Health system responses to the influx of refugees in Europe

Authors: *Rechel, Bernd* (United Kingdom); *Mladovsky, Philipa* (United Kingdom); *Williams, Gemma* (United Kingdom); *van Ginneken, Ewout* (Germany)

Keywords: refugees, health systems, responsiveness

Background: In 2015, some countries in Europe witnessed an unprecedented influx of refugees, leading to talk of a “refugee crisis”. The sudden influx of refugees requires health systems to be able to respond swiftly and adequately, but so far little systematic research has been undertaken on health system responses in Europe. Our study presents the results of a research project by the European Observatory on Health Systems and Policies and the World Health Organization Regional Office for Europe.

Methods: Our study (2015-2016) is based on an in-depth analysis by national experts of health system responses in a selection of some of the European countries facing the greatest challenges (Austria, France, Germany, Greece, Hungary, Italy, Malta, Portugal, Serbia, Spain and Sweden), the identification of best practices at national, sub-national and local level, and a thematic analysis of how health systems in Europe have responded to the influx of refugees. The country case studies are based on a common template and a conceptual framework for policy comparison.

Results: Preliminary results suggest that health system responses differ vastly across countries and that there is huge potential for cross-country learning. There are innovative approaches in some countries, such as one-stop services for health care, welfare, education and other needs in Portugal or the issuance of health insurance cards to asylum-seekers in the German states of Bremen and Hamburg. Furthermore, some countries (such as France or Portugal) offer all categories of refugees (including undocumented migrants) comprehensive health services. Intersectoral action for health assumes particular importance in view of different asylum policies and the often substandard shelter and living conditions in reception centres, as well as widespread sentiments against migrants and their perceived association with infectious disease.

Conclusions: More needs to be done to map existing practices and responses and to identify best and worst practices.

Message: • Policy-makers need to ensure that their health systems can respond adequately to the influx of refugees. • Best practices can be identified, but are difficult to scale up or replicate.

Session Code: PF6.02 (Poster)

Health-related deservingness and maternal healthcare for im/migrant women in Sweden

Authors: *Robertson, Eva Katarina* (Norway)

Keywords: health-related deservingness, Im/migrants, women's reproductive health

Background: The concept of deservingness illuminates the moral worth and addresses ethical consequences of those implicated in local health settings. In contrast to the universal human rights, legal and formal, deservingness concerns the concrete provision of health care services for im/migrants. This presentation discusses the consequences of being reckoned undeserved or deserved how it influences im/migrant women's experiences of healthcare encounters in pregnancy and childbirth.

Methods: The concept is applied on data material from focus-group discussions, pair interviews and individual interviews that were conducted as in southern Sweden between 2006 and 2009, with 25 women with heterogeneous backgrounds, originating from 17 different countries that had experienced childbirth in Sweden. Qualitative content analysis was used with an intersectional approach, taking into consideration intersections of ethnicity, gender and socio-economic status.

Results: The interviewed women talked about barriers and experiences of both being treated as a stranger in society, undeserved and being ignored or rejected in healthcare encounters, were devaluing and discriminating. These different hardships made the women feel overstrained, tense, and disembodied. The women handled these experiences in diverse ways depending on their capabilities such as language skills and education level, but also dependent on the structural forces limiting or allowing them to act in decisive life situations. When feeling deserved and being taken seriously, it made the women feel stronger and had fewer complications during pregnancy and childbirth. It enabled the women to boost their sense of self, as we live through our bodies as sensing and feeling whole entities.

Conclusions: Caregivers/midwives should promote health and not perpetuate health disparities. In addition, awareness is important about how rights for health is affected by perceptions about health-related deservingness in healthcare settings and their ethical implications.

Message: Health-related deservingness concerns social justice and has ethical and economic consequences. When reckoned deserving care and being taken seriously, women felt stronger and had fewer complications in pregnancy and childbirth.

Session Code: PT3.03 (Poster)

Healthy forms of domestic work: priorities for improved living and work conditions of young female domestic workers

Authors: *Svensson, Jenny* (United Kingdom); *Zimmerman, Cathy* (United Kingdom); *Buller, Ana Maria* (United Kingdom)

Keywords: Health; Wellbeing; Domestic work; Gendered labor migration

Background: Domestic workers, working in private households, are generally invisible and isolated. In India, migrant women and girls commonly carry out domestic work, which is primarily an informal, unregulated sector. In 2011, child domestic work was identified by the International Labor Organization as hazardous labor posing serious health risks. Yet, evidence on the health and well-being of girl domestic workers is limited and the health of child domestic workers remains under-researched. This study explores young female Indian domestic workers' experiences and the implications for their health and well-being.

Methods: The study adhered to principles of participatory research and critical ethnography, which prioritize the involvement and voices of the participants. Ethnographic methods including observations, group discussions and in-depth interviews were applied. Study participants were: 25 young female domestic workers, aged 12-20 working in Delhi; 8 employers located in Delhi who had or have employed young female domestic workers under the age of 20; 8 parents who either had a or have a daughter aged 12-20 engaged in domestic work in Delhi. Data were collected from January to December 2015 in the National Capital Territory of New Delhi, India.

Results: Preliminary findings suggest that the main health challenges for young female domestic workers include: muscle pain from heavy lifting, long walking distances and little to no rest; cuts and burns from cooking; lower back pain from mopping and sweeping floors. Findings indicate that preliminary challenges to the well-being of young female domestic workers are highly related to: treatment by the employer; future life prospects; young worker's personal family situation; level of her agency; public, formal recognition of the domestic labor sector.

Conclusions: The health and well-being of young domestic workers is at risk because of occupational hazards such as muscle pain, cuts, burns as well as psycho-social implications involving ill-treatment and future life prospects. Although child domestic work is officially unregulated in India, due to rampant poverty, this practice is unlikely to end anytime soon. Therefore, the health and safety of young workers should be recognized in laws and regulations affecting the living and work conditions of all domestic workers in India, including young workers.

Message: Despite the public health implications related to child domestic work, there remains little attention from the public health community. The health risks need to be acknowledged to foster safe and healthy living and work conditions.

Session Code: FM 4.2 (Oral presentations)

Heterogeneity in ethnicity classifications: a global perspective

Authors: *Villarroel Williams, Nazmy* (United Kingdom); *Davidson, Emma* (United Kingdom); *Pereyra-Zamora, Pamela* (Spain); *Krasnik, Allan* (Denmark); *Aspinall, Peter* (United Kingdom); *Quan, Hude* (Canada); *koller, Inez* (Hungary); *Bhopal, Raj* (United Kingdom)

Keywords: Ethnic groups, censuses, surveys and questionnaires

Background: Global migration and the increasing heterogeneity of populations in countries throughout the world challenge the public health community to understand the health needs of diverse groups. Ethnic group classifications that capture population heterogeneity are said to be granular. Little is known on how granular classifications of ethnic group are. We aim to explore approaches from selected countries in Europe, Asia, Canada, Latin America, and Oceania, related to collecting, analysing, and reporting granular ethnic classifications.

Methods: Data were obtained from official population census, population registers and national health surveys. For each country these registers were analysed by ethnicity, language and religion. When ethnic information was not captured, country of birth and/or parent's country of birth (CoB) and national identity was used as a proxy for ethnicity.

Results: The collection of granular ethnicity data was found in seven countries: The UK focus their ethnic classification on the Asian and ethnic subgroups; Hungary includes national and ethnic minorities; Denmark uses CoB and/or parents' CoB. Malaysia identifies a cross-cultural group, and Canada, Bolivia and New Zealand focuses on their indigenous populations. The findings suggest that 1) ethnicity is operationalized in different ways for the selected countries, yet, in measuring ethnicity, self-definition compared to CoB may be regarded as a valid way for ethnic enumeration 2) categories vary widely for these countries and while in some countries categories are based on migration history, in others they could be influenced by political economy, ideology and cultural identity 3) there is a critical lack of data disaggregated by ethnic groups.

Conclusions: Aggregating data under large ethnic group denominations could mask diversity. The increase of plural societies challenges us to reconceptualise the categories of ethnicity, nationalism, CoB and other indicators to maximise granularity and thus allow comparisons over time and across countries.

Message: A standard definition on ethnicity classification will allow comparisons across countries. An approach to collecting granular ethnicity data is needed in order to generate information on where to target interventions.

Session Code: TA 3.4 (Oral presentations)

Hierarchies of suffering. The biopolitics of Eritrean asylum-seeking women's stratified social rights in Israel

Authors: *Gebreyesus, Tsega* (United States); *Davidovitch, Nadav* (Israel); *Gottlieb, Nora* (Israel)

Keywords: access to care, asylum seekers, Israel, qualitative research, women

Background: International law endows asylum seekers with the right to state protection, including healthcare. Women's unique protection needs, however, are often asserted through other legal and humanitarian mechanisms. Approximately 10% of the 45,000 Eritrean asylum seekers in Israel are women. They face great health risks before, during and after their migration. In Israel, they remain excluded from basic services. NGOs remain the main mechanism for addressing their needs. Our research explored how Eritrean asylum-seeking women navigate the complex patchwork of formal and informal systems of support in the current Israeli context.

Methods: 37 in-depth interviews and eight focus group discussions with key informants and community members were conducted in Tigrinya, Hebrew and English in Israel between January 2012 and September 2013. They were recorded, transcribed into English and analyzed based on Grounded Theory. Member checking ensured the trustworthiness of our results.

Results: Our results underscore asylum-seeking women's limited options to obtain state support, as most forms of assistance are reserved for women who are recognized as victims of trafficking or forced (sex) labor. Also some of the local NGOs limit their aid to single mothers or victims of rape. Our study found that some asylum seekers manage to capitalize on the existing discourse to mobilize support; that is, they present themselves in ways that fit the above categories in order to meet their needs.

Conclusions: The study highlights asylum-seeking women's agency within an exclusionary context. Yet, it also pinpoints the downside of this agency: namely the reproduction of a genderized and sexualized discourse of pity and rescue for the select few that "deserve" healthcare according to the accepted hierarchies of suffering and need. This leaves asylum-seeking women in the humanitarian non-citizenship sphere that was described by Agamben as "bare life", instead of constructing them as right-holders based on a concept of global solidarity and equitable health rights.

Message: The current Israeli context impels asylum-seeking women to present themselves in ways that fit accepted hierarchies of suffering. These hierarchies reproduce a discourse of pity and rescue rather than one of equitable rights.

Session Code: PF7.01 (Poster)

HIV, hepatitis B and abortion among migrants from sub-Saharan Africa living in Île-de-France

Authors: *Bulegon Pilecco, Flavia* (France); *Guillaume, Agnès* (France); *Ravalihasy, Andrainolo* (France); *Lert, France* (France); *Bajos, Nathalie* (France); *Lydié, Nathalie* (France); *Dray-Spira, Rosemary* (France); *Desgrées du Loû, Annabel* (France)

Keywords:

Background: Diseases such as HIV and chronic hepatitis B (CHB) heavily affect population of sub-Saharan African people living in France. They can have an impact on reproductive decisions, due to fear of transmitting the virus to the child and not to live long enough to raise a child. Therefore, this study aimed to estimate the prevalence of induced abortion after migration to France and evaluate its association with HIV and hepatitis B among migrants from sub-Saharan Africa living in Île-de-France.

Methods: ANRS Parcours is a retrospective life event survey conducted in health facilities in Île-de-France from February 2012 to May 2013. Data on history of pregnancies was collected in three groups of women born in sub-Saharan Africa: women living with HIV, with CHB and attending primary care centers. Among pregnancies occurred after migration, we measured the proportion ended by abortion and the factors linked to abortion probability. Multivariable analysis was made through clustered logistic models.

Results: Among analyzed pregnancies, 11.0% at primary care, 10.1% at CHB and 16.0% at HIV group ended in induced abortion ($p=0.01$). After adjusting for other variables, association between pregnancies ended by abortion and living with CHB (OR 0.96, 95%CI 0.57-1.61) or with HIV (OR 1.03, 95%CI 0.69-1.55) were not significant. Probability of induced abortion increased in women with high school, who migrated for study/work or because of threat at home country or medical reasons, when pregnancy was mistimed or unwanted and preceded by another induced abortion. It diminished when women were 35 or older.

Conclusions: Personal and professional life projects, as well as reproductive and contraceptive trajectory and pregnancy intention, play an important role in the decision to abort among migrants from sub-Saharan Africa living in Île-de-France. Therefore, migrant women must have access to family planning programs suited to their needs in order to prevent unwanted pregnancies and allow women more control of their reproductive lives.

Message: Life project and reproductive trajectory, alongside with the intention of pregnancy, play a more important role in the decision to abort among migrants than to be living with HIV or hepatitis B.

Session Code: FA 4.4 (Oral presentations)

Hospital based patient coordination for ethnic minority patients - a health technology assessment

Authors: *Sodemann, Morten* (Denmark); *Ølholm, Anne Mette* (Denmark); *Lundstrøm Kamionka, Stine* (Denmark)

Keywords: Patient centered care, patient coordination, patient navigation, quality of care, inequity, health technology assesment, cultural case management

Background: Ethnic minority patients face inequity in access to health care. Increasing evidence has pointed at more subtle or hidden barriers to equal hospital treatment in terms of type, quality, follow-up, secondary prevention and rehabilitation. The Migrant Health Clinic at Odense University hospital was started in 2008 as a cross diciplinary, cross specialty and cross secotoral outpatient clinic aiming at documenting and preventing barriers to health care for ethnic minority patients. Regional health authorities were interested in feasibility and asked for a health technology assessment of the cost and aggregated effect of this new way of supporting vulnerable patients

Methods: The Health Technology Assesment consisted of 1) a systematic literature review 2)Several internal evaluations 3) Economy (salaries, running costs, hospital admissions, medicine, interpreters, social services) and 4) Register based study (use of hospital services, medicine and social services/benefits). Data collected during treatment are compared to data from the succeeding year after treatment ended.

Results: The Clinic seems to be the only hospital based Clinic of its kind in Europe aiming at cultural case management. 2/3 of patients increase their level of function. Majority of Family practitioners & social workers feel they have more meaningful conversations and patients are easier to management after treatment. Running costs of the Clinic (2 doctors,2 nurses, one social worker and one secretary) was 2,4 million dkr (2012). The register study showed that overall the Clinic net saved on: social benefits, medicine and some categories of hospital admissions. A few patients had a very high consumption of hospital and social services before they were referred to the Clinic.

Conclusions: A cross diciplinary, cross specialty, cross sectoral hospital based approach to cultural management of ethnic minority patients is effective in creating more appropriate patient flows, better quality of care and increases functional level of patients. Surprisingly the aggregated effect saves especially on public medicine expenses and social services.

Message: Ethnic minority patients can achieve increased empowerment & Equity in type and quality of hospital care through cross diciplinary cross specialty cultural case management & support between hospital departments and primary sectors

Session Code: FA 4.1 (Oral presentations)

Hospital utilization, socioeconomic position and residential characteristics: A comparison of multiple immigrant and non-immigrant groups in Norway

Authors: *Finnvold, Jon Erik* (Norway)

Keywords: Hospitalization, immigrants, social inequality, residential segregation

Background: The paper addresses variation in hospitalization from both a social and a spatial perspective. Is it the case that immigrants are more often hospitalized because of a relatively low income or educational level, or because they tend to live in areas with less favorable level-of-living conditions? And, to what extent do we find beneficial health effects of residential concentration, implying less frequent hospitalization? These questions are investigated by comparing natives and multiple immigrant groups.

Methods: The data set include all Norwegian and foreign born (11 countries, 4.1% of sample) individuals aged 20-69 (N=2 773 471), merged with sociodemographic characteristics. The outcome measure include the probability of having at least one hospital admission (neoplasms, endocrine, circulatory and respiratory diseases) in the period 2008-2011, analysed with multivariate logistic regression.

Results: The analyses revealed distinct social gradients for natives. Similar patterns was only to some extent present for immigrants as a group. Overall, for both immigrants and natives, hospital utilization increased in areas with more frequent level of living difficulties. Living in areas with a high density of non-western immigrants significantly decreased the chances of hospitalization. However, when comparing individual countries, a considerable heterogeneity was uncovered.

Conclusions: Overall, hospitalization was lower for immigrants compared to natives. The difference increased with the inclusion of individual socioeconomic position in the analysis, significantly lowering the odds of hospitalization for immigrants compared to non-immigrants. Generally, immigrants with low education and income was less likely to be hospitalized compared to natives with similar education and income. Explanations remain unclear, but the existence of local barriers to access, 'the healthy immigrant effect' or 'the ethnic density effect' represent possible explanations.

Message: Immigrants are, in particular if they have a lower education or income, less likely to be hospitalized. Explanations remain unclear, but residential segregation are one relevant factor.

Session Code: FM 2.1 (Oral presentations)

How do asylum seeking and refugee women perceive and respond to preventive health care? Cervical Screening as a case study.

Authors: *Matthews, Anna* (United Kingdom); *Mair, Frances* (United Kingdom); *Burns, Nicola* (United Kingdom); *O'Donnell, Kate* (United Kingdom)

Keywords: cervical screening, asylum seekers, refugees, women, healthcare access, health inequalities

Background: Asylum seekers/refugees (ASR) in Scotland are entitled to free primary and secondary healthcare at all stages of the asylum process. This includes primary prevention programmes, such as cervical screening. However, there are known inequalities in accessing primary healthcare for ASR, particularly women. This study explored the facilitators and barriers to both accessing and providing cervical screening for ASR women within Glasgow.

Methods: This was a qualitative research project, involving multiple interviews. Participants included ASR women (n=16), community workers (n=2) and with primary care healthcare professionals (n=5), within Glasgow.

Results: Practice data suggests a lower uptake of cervical screening in the asylum seeking (30%)/refugee (46%) population compared to the overall practice uptake (95.99%) and the national 3 year uptake (70.5%) (ISD 2015). Women interviewed within an established community women's group had a higher uptake of cervical screening than women who were not. Peer support may have empowered women to gain knowledge and navigate healthcare systems. Emerging barriers include previous female genital mutilation (FGM), sexual assault, cultural differences, lack of knowledge about cervical screening and confusion around entitlement policies by healthcare workers.

Conclusions: Inequalities in cervical screening uptake could be lessened through increased education regarding cervical screening, preferably before receipt of an invitation letter, and could be undertaken within trusted community groups. Training regarding FGM, sexual assault and caring for ASR is also recommended for healthcare workers to provide sensitive and appropriate service delivery of cervical screening to this population. A training workshop organised by AM as an impact of this study was very well attended.

Message: 1) Peer support is an important facilitator for the uptake of cervical screening by ASR women. 2) A need for training around the care of ASR in primary care was identified.

Session Code: PF5.03 (Poster)

How does family reunification affect migrants' coping strategies and resources? A qualitative perspective

Authors: *Gaillardin, Florianne* (Spain)

Keywords: migrants, family reunification, coping, health determinants

Background: From the end of the 1990's, the number of migrants in Spain increased six folds. About one third of them came through family reunification. Since the 2008 economic crisis, the gap between migrants' health and the health of autochthonous population with similar socio-economic characteristics has been expanding, with significant gender differences. Health transition models have pointed out mechanisms through which migration affects health outcomes. However, less attention has been paid to resources used by migrants for protecting their health. This study responds to the growing interest for leveraging migrant's participation in health promotion. It seeks to compare coping strategies, resources and perceived health status between migrant workers, their spouses who came through family reunification and their children.

Methods: We conducted 15 individual semi-structured interviews with all members above 16 years old in five migrant families with comparable socio-economic conditions residing in Badalona since 2005. Interviews took place at their home between June and July 2015. Families originated from the city's largest migrant communities: Pakistani, Moroccan and Bolivian. Interviews were based on life narratives, encouraging reflections on ways of coping, changes in perceived health outcomes and behaviours. Content analysis was done cross-sectionally and using family case studies.

Results: Migrants reported a degradation of their perceived health status linked to migration and the economic crisis. This process unfolded differently within the family, with strong divergences between members. Perceived health status depended on whether migrants were progressing against personal goals. Tension arose when personal goals were pursued in a context that did not allow for their fulfilment. Family ties and roles affected individual coping capacity. We observed two main non-exclusive evolutions: improved self-efficacy, and erosion of coping capacity.

Conclusions: The impact of health determinants is mediated by migrants' coping strategies and the resources they draw upon. Migrants who came for work, family migrants and children face different challenges and display different coping strategies. Understanding and integrating those in health promotion could help lever participation and improve service access for migrants.

Message: Migrants who came for work, family migrants and children displayed different coping strategies and resources. Recognising and potentiating those can be a powerful way to influence health determinants such as social integration.

Session Code: PT2.01 (Poster)

How to develop dementia information material to those ageing in an unfamiliar landscape

Authors: *Spilker, Ragnhild Storstein (Norway); Hole, Grete Oline (Norway)*

Keywords: dementia, information material, elderly migrants, health literacy, assessment tools, user involvement

Issue: Studies have shown inequities in access to dementia care for migrant and ethnic minority groups. There is a need for increasing awareness and knowledge on dementia in order to reduce barriers to diagnosis, treatment and care. Other studies have documented challenges of low health literacy among both the elderly and migrant and ethnic minority groups. Available health information is for many incomprehensible and therefore not accessible. Information material and education should be adapted to the target groups' language and literacy level as well as health literacy level. Existing research-based tools focusing on communication items that are important in enhancing clarity and aiding understanding of health information should be used in development of information material.

Description of the problem: Our purpose was to develop health information material on dementia for elderly migrants and their caregivers based on sound scientific process. In this 2-year project, we addressed the issue through: 1. Summarizing existing knowledge about: a. elderly migrant and ethnic minority groups' understanding and perceptions of dementia b. elderly migrant and ethnic minority groups' access to dementia care services c. health literacy among elderly and migrants and ethnic minorities d. health information methods and use of assessment tools e. tailoring information material on dementia for elderly migrants and ethnic minorities 2. Mapping of elderly migrants and their caregivers' knowledge and information need on dementia and healthcare services in Norway 3. Availability and quality assessment of dementia information material in Scandinavia

Results: 1. A review of existing international research was synthesized in a 100-page report that will be published in 2016. 2. Mapping of information needs among elderly migrants and caregivers was done through data collection from focus groups, interviews, and participation in organizing dementia information meetings and radio programs with migrant groups in Norway. 3. Assessment of existing health information materials on dementia using the SAM tool (Suitability Assessment of Materials) was undertaken in a workshop with health and communication professionals. A report with results and lessons learnt was published in 2015. 4. A multidisciplinary project group consisting of user representatives and various health and communication professionals developed three different information leaflets on 1) ageing and memory problems, 2) dementia (explanation, symptoms, diagnosis) and 3) dementia care services. The knowledge generated from the research and the SAM method were used to do so. The information leaflets were then user tested with a group of elderly migrants. Thereafter the leaflets were translated into a few selected languages and translations were quality controlled.

Lessons: • Knowledge from research on health literacy and assessment of health information materials should always be taken into account when developing and using health information materials • User involvement both in assessment of information needs and development and testing of information materials is essential • A sound process takes time, there is no quick-fix of just translating existing information • A multidisciplinary input is desirable when developing health information material • The use of "plain language" means using very simple language • The knowledge and experiences from the methods used in this project is applicable to other health topics, settings and countries.

Message: There is a need for guidelines and recommendations in the Norwegian health care services on how to develop, produce and evaluate health information materials directed at migrant and ethnic minority groups.

Session Code: FA 5.5 (Oral presentations)

How to promote equity from public services? Provider's Cultural Competence as a solution

Authors: *Garrido, Rocio* (Spain); *Garcia-Ramirez, Manuel* (Spain)

Keywords: cultural competence, responsiveness, public services, migrants

Background: Public services play an important role in migrant health, since they address its social determinants. Cultural competence has been one of the most studied topics in the last decades in multicultural societies in order to achieve equity. However, efforts to promote cultural competence have focused on training health professionals and have not been very effective in generating real changes in their practices, organizations and societies. To face these challenges, we propose a model of contextual cultural competence for public services' providers that incorporates different levels – individual, organizational and community.

Methods: This study was conducted in southern Spain with 526 providers from different public services. Data collection was based on the Evaluation Instrument of Contextual Cultural Competence (CCCAI), created ad hoc.

Results: A structural equation model suggest three related dimensions: (1) critical consciousness that leads providers to decode their own cultural background and social determinants of migrant health, and to find a meaning of their work; (2) capacity to act and to construct new skills and roles within the organization; and (3) familiarity with the neighbourhood, which implies mobilization of its resources. The results also predict the impact of the contextual cultural competence's dimensions on social justice and the health of providers.

Conclusions: The contextual cultural competence model and the CCCAI offer theoretical and practical contributions to migrant health and professional training. It incorporates a multilevel perspective to achieve equitable practices in public services.

Message: The contextual cultural competence allows providers to address migrant health and promote equity at multiple levels. Providers develop critical consciousness and meaning of their work, capacity to act within the organizations and neighbourhood familiarity. These dimensions impact on their own health and social justice.

Session Code: SM 2.8 (Oral presentations)

How to reduce inequalities in accessibility and quality of maternal health care delivery for migrants in WHO European region: a systematic review.

Authors: *Keygnaert, Ines* (Belgium); *Ivanova, Olena* (Belgium); *Guieu, Aurore* (Belgium); *Van Parys, An-Sofie* (Belgium); *Leye, Els* (Belgium); *Roelens, Kristien* (Belgium)

Keywords: maternal health, Europe, Central Asia, migrants, reproductive health

Background: The WHO European region lays at the crossroads of many migration routes. The number of female migrants in childbearing age is rapidly increasing which poses specific sexual and reproductive health needs. This review aimed to assess the evidence on the reduction of inequalities in accessibility and quality of maternal healthcare delivery for migrants in the WHO European (EU) region.

Methods: We conducted a systematic literature review of academic literature published between 2000-2015 in English, Russian and Ukrainian and a critical interpretative synthesis of policy frameworks on maternal health of migrants residing within the 53 countries of the WHO EU Region. Out of an initial database of 2771 sources, we included 266 academic papers and 221 policy documents.

Results: Compared to native women, female migrants residing in the WHO EU region face poorer maternal health including higher rates of maternal complications and mortality, worse perinatal health outcomes, including increased rates of obstetric interventions, perinatal mortality, low birth weight, and preterm birth. They are at particular risk of sexual violence and harmful cultural practices which might heavily impact their (potential) maternal health both in the short and long run. Their entitlement to care is often linked to their migration status and does not stem from a human rights approach. Furthermore, their access to maternal health care is jeopardized by problems with notoriety, knowledgeability, acceptability, availability and affordability. While universal definitions of quality of care indicators are still lacking, research is anonymous on the need for culturally-competent care.

Conclusions: Female migrants residing in the WHO EU region face poor maternal health and important barriers in accessing maternal health care. Ensuring that the right to sexual and reproductive health is realised regardless of their legal status will enhance their access to sexual and reproductive care and subsequently improve migrant maternal health. In addition culturally-competent sexual and reproductive health care is urgently called for.

Message: Female migrants in the 57 countries of the WHO European region face poor maternal health as well as barriers in accessing care

Entitlement should be rights-based and sexual and reproductive health care culturally-competent

Session Code: FM 4.3 (Oral presentations)

How we define immigrant status matters. Impact of nationality, area of birth, and length of stay in the host country on mortality rate estimates.

Authors: *Gimeno-Feliu, Luis Andrés* (Spain); *Calderón-Larrañaga, Amaia* (Sweden); *Diaz, Esperanza* (Norway); *Laguna-Berna, Clara* (Spain); *Coscollar-Santaliestra, Carlos* (Spain); *Poblador-Plou, Beatriz* (Spain); *Prados-Torres, Alexandra* (Spain)

Keywords: Mortality; Immigrant status

Background: Mortality is a robust outcome offering valuable insight into immigrants' health. Yet, mortality estimates vary importantly depending on the definition of immigrant status. Nationality, area of birth, and length of stay in the host country are all variables that contribute to shape this definition

Methods: Cross-sectional retrospective study of all adult patients registered within the public health service of Aragón, Spain (N=1,253,292), of whom 161,219 were foreign-born and 149,149 were had foreign nationality. Cumulative death rates (by 100,000 inhabitants) were calculated for years 2012-2014. Adjustment for age and sex was performed through direct standardization

Results: The cumulative death rates were 31.6 (95% CI 31.3-31.9) for the Spanish-born, 19.9 (17.9-21.9) for the foreign-born and 12.8 (10.6-15.0) for those with a foreign nationality. Among the foreign-born, the lowest mortality rate was seen for Asians (10.8, 5.0-16.7) and the highest for Africans (25.0, 19.8-30.1). Among those with a foreign nationality, the lowest mortality rate was also seen for Asians (5.1, 1.0-9.3), but the highest was for EU immigrants (24.1, 18.1-30.0). Mortality rates were higher among those those with a length of stay ≥ 5 years compared to < 5 years, either among those foreign-born (25.3, 22.8-27.8 vs 5.1, 2.8-7.4) or with a foreign nationality (19.0, 15.6-22.3 vs 4.7, 2.4-7.0).

Conclusions: Mortality rates were lower among immigrants irrespective of the applied criteria. However, when using nationality instead of area of birth in the definition, mortality rates tend to be underestimated. The age and sex adjusted mortality rates increase with a longer length of stay in the host country. Numbers varied remarkably depending on the area of birth

Message: Based on a robust health measure, the healthy migrant effect was corroborated in Spain. Using nationality instead of area of birth to define immigrant status tends to underestimate mortality rates

Session Code: TM 1.5 (Oral presentation)

Humanitarian response to face basic health needs of migrants in Calais - France

Authors: *Laurence, Sophie* (France); *Bossy, Cécile* (France); *Chevelle, Marie* (France); *Etienne, Aurélie* (France); *Corty, Jean-François* (France)

Keywords: Migrant, health system, health determinant, impact of environment

Issue: From the middle of 2014, thousands of migrants have been arriving in Calais, fleeing conflict areas and repressive countries, most of them seeking to enter the United Kingdom (UK). In April 2015 the French authorities removed migrants and refugees from sites throughout Calais, to a slum. Around 3,000 people were living there. Lack of infrastructure, of shelters, water point, toilets, waste management and access to medical consultations was a real issue.

Description of the problem: Because the health conditions of the people living in the slum were a public health issue, and to overcome the gaps in healthcare services and information, MdM decided to set up a medical programme to offer medical and mental healthcare on-site to the migrants. The programme provides free services and aims to give access to healthcare in the camp; improve living conditions; be witness to the situation.

Results: Overall, between 29 June and 30 September 2015, 3,462 medical consultations were recorded. Most diagnoses were related to four types of diseases: trauma (24%), ear, nose and throat (ENT) disorders (23%), skin conditions (19%) and respiratory diseases (16%). Four out of ten were related to the living conditions in France. It was recorded that 602 patients underwent psychosocial interventions. The most frequent problems recorded are post-traumatic stress disorder (PTSD), depression and suffering related to torture and violence in the patients' home countries or during their migration journey.

Lessons: Purpose of having this type of action in a developed country where health system is present is first to respond to the vital needs of the population in this camp but also to bring out evidence of what government should address as health issue. The main short-term objective for MdM is that the authorities fully face their responsibility to respond to all the basic needs of the people at the Calais camp.

Message: Give access to basic health care to vulnerable people living in poor condition Denounce insufficient response of authorities

Session Code: TA 1.2 (Oral presentation)

Immigrant mental health: Training interpreters for cultural consultations (Paris, France - December 2015)

Authors: *Larchanché, Stéphanie* (France); *Rostirolla, Daria* (France)

Keywords: interpreters, immigrant mental health, training

Background: ISM-Interprétariat is a 50 year-long association for professional interpreters located in Paris, France. Over the years, the development of training programs for professional interpreters has focused on interventions in social service and medical settings more broadly. Recently, a need for a targeted training on the specificities of interpreting in transcultural mental health consultations was brought up by interpreters and mental health professionals. Indeed, professional interpreters are widely required in mental healthcare where cultural diversity poses many challenges: language barriers and cultural representations of illness and care can lead to misunderstandings and wrong diagnosis. Interpreters' interventions consist in translating suffering and painful emotions, finding a meaning in a setting often characterized by non-sense. A specific training in mental health is necessary to preserve their subjectivity and ensure a professional approach.

Objectives: A 2 days training with follow up was conceived for interpreters working in mental health in order to develop skills in psychosocial interventions and psychopathology, to learn how to decenter, and to improve the management of intercultural communication. We integrated psycho-anthropological theoretical frames and implementation practice with role-playing, discussions, and work groups.

Experiences: Results show the difficulties related to the issue of neutrality in mental health care settings. The competence in decentering by themselves is a tool to be improved. The training helps to share experiences and to reduce feelings of isolation. The session also raised the necessity of training mental healthcare professionals themselves.

Lessons: Training for interpreters focused on how to cope with psychopathology in cultural consultations and how to decenter as essential strategies to ensure efficient interventions. This specific training can be considered an innovative strategy at different levels: first, its psycho-anthropological framework makes it transposable to any clinical setting; second, its positive impact on clinical interactions implies that it leads to improving the integration of immigrant and refugee patients by facilitating mental healthcare access for all, and thus reducing disparities and social exclusion.

Message: A specific training on mental health issues for interpreters is required to ensure professionalism and manage emotional suffering in cultural consultations

Session Code: FA 6.3 (Oral presentations)

Immigrant mothers caring for children with special needs: Facing social exclusion or empowerment?

Authors: *Liden, Hilde* (Norway); *Kvarme, Lisbeth* (Norway); *Albertini Fruh, Elena* (Norway)

Keywords: children with special needs, mothers, social inclusion, empowerment

Background: In this paper dynamics of social exclusion and empowerment of immigrant mothers who are caring for chronically ill or disabled children will be discussed. In Norway certain measures are implemented to ensure that parents of children with special needs are able to participate in professional life and in society. Women's labour marked participation is a political goal in Norway, and women's share in employment is high. Nevertheless, for many families having children with special needs lead to reduced labour participation among mothers (Hauge m.fl. 2013; Tøssebro & Paulsen 2014). In our study we explore how mothers with immigrant backgrounds experience their aspirations for and access to the labour marked. We ask what kind of incentives and obstacles they themselves identify, and how these are respectively linked to the health care system, to the labour marked and to their family life and social network. Further we ask what the mothers see as conceivable coping strategies in this context.

Methods: The study is based on an exploratory qualitative design, and is a part of a larger research project including different methods (register data, interviews, and documents). The qualitative study is based on 27 individual semi-structured interviews and three focus groups with immigrant parents from Poland, Pakistan, and Vietnam.

Results: We find that most mothers want to work, however many fail to have full-time or part-time jobs because of insufficient information on their rights, accessibility to public services, assistance and financial support. The mothers' language skills, education, and previous work experience are also vital to employment opportunities.

Conclusions: We find that improved information about their rights is crucial to early and sufficient access to public care assistance. Easier access to language classes for newly arrived immigrants will increase their job opportunities. This will improve their chances to attend education, the labour market, as well as expand their social networks. We also identify processes of empowerment of the mothers through their interaction with the health system and with teachers and others in the child's kindergarten and school arrangements.

Message: Immigrant mothers who are caring for chronically ill or disabled children meet extra challenges to combine care work with their aspiration to attend the labour market. This might be explained by the intersection of the family dynamic, their limited knowledge of their rights to health services and their employment opportunities. For most mothers this leads to social isolation and health problems. At the same time their interaction with the health service and the child's education system over time increases their knowledge about the society and their opportunities, and may give them an alternative social network.

Session Code: TM 3.6 (Oral presentations)

Immigrants' self-reported affiliation with the regular general practitioner scheme: Survey of an emergency outpatient clinic population in Oslo, Norway

Authors: *Ruud, Sven Eirik (Norway); Hjortdahl, Per (Norway); Natvig, Bård (Norway)*

Keywords: Regular general practitioner scheme, General practitioner, Immigrants, Disparities and inequities

Background: Continuity of health care provided by a regular general practitioner (RGP) is associated with prevention of illness and death, and reduced emergency department attendances and emergency hospital admissions. Undocumented immigrants, rejected asylum seekers, and short-term labour immigrants fall outside the RGP system, but they have the right to receive emergency health care. The objective of this study was to explore the self-reported affiliation with the RGP scheme in a diverse population of immigrants attending an accident and emergency outpatient clinic.

Methods: A multilingual anonymous survey was administered to all walk-in patients at Oslo Accident and Emergency Outpatient Clinic (OAEOC) during two weeks in September 2009. We analysed demographic data, the patients' country of origin and self-reported affiliation with the RGP scheme. We used descriptive statistics to obtain frequencies and Pearson's chi-square to test categorical variables.

Results: The analysis included 3,864 walk-in patients of which first- and second-generation immigrants comprised 1,364 (35%). Among first-generation immigrants only 689 (71%) reported an affiliation with the RGP system in contrast to 2,326 (96%) of Norwegians ($p < 0.001$), and second-generation immigrant registrations, 336 (96%). The least frequent RGP affiliation was among immigrants, including both first- and second generation, from Sweden (32%, $p < 0.001$), Poland (65%, $p < 0.001$), Irak (84%, $p < 0.001$) and Somalia (91%, $p < 0.001$).

Conclusions: Subgroups of immigrants report lower affiliation with the RGP scheme than Norwegians. Disparity in access to a RGP involves inequity in continuity of primary health care.

Message: This study reveals lower self-reported affiliation with the RGP scheme compared to Norwegians among first-generation immigrants and certain immigrant subgroups grouped by nationality.

Session Code: TAW 1 (Workshop: Seminar)

Immigration & the politics of the welfare state : a world tour

Authors: *Dauvrin, Marie* (Belgium); *Raphael, Dennis* (Canada); *Trummer, Ursula* (Austria)

Keywords: welfare state, healthy immigrant effect, multiculturalism, equity, solidarity, health outcomes, lived experiences

Background: The workshop focus on the role played by public policy in influencing immigrant health outcomes. It aims at answering the following question: How does form of the welfare state interact with immigration policy and local conditions to shape the lived experiences and health outcomes of immigrants? Several hypotheses were made and the response to this question was brought through 9 case studies. Using the Esping-Andersen's typology of welfare state, three approaches have been studied: Anglo-Saxon (Australia, Canada, UK), Continental (Austria, Belgium, Germany), or Nordic tradition (Denmark, Norway, Sweden). Each approach entails a different concept that informs public policies. While multiculturalism is particularly dominant among Anglo-Saxon nations, continental nations focus on solidarity while developing public policy likely to shape immigrant experiences. When looking at the Nordic nations, public policy regarding immigration is shaped by the concept of equity. These case studies display the lived experience of immigrants and the impact of public policy on these experiences. Health status is examined in relation to these two concerns, including the healthy immigrant effect. Form of the welfare state interacted with societal attitudes towards immigrants such each one nation from each form of welfare state was identified as having an approach towards immigration that could be seen as potentially health threatening.

Objectives: •To provide a comparative view on immigration/integration policies in relation to outcomes on equity in terms of socioeconomic status and health. •To provide insights about the health immigrant effect and how public policy may impede/support it •To discuss the typology of Esping-Andersen and its application to the topic of immigration experience, health and public policy.

Results: We aim at providing a more comprehensive and comparable landscape on the relation of immigration policies and observable effects on socioeconomic/health status of immigrant populations. It aims at providing some guidelines for public policy to address these issues. - Introduction: public policy, health status & welfare state -From Canada to Australia: how welfare state interact with immigration policy? -Supporting public policy: what are the guidelines ? -Open discussion based on critical thinking questions

Message: The workshop identifies key guidelines for supporting public policy in health and immigration. Interaction between public policy, lived experiences, health outcomes and immigration support the health in all-in-policies approach.

Session Code: PF2.09 (Poster)

Impact of Syrian refugees on Turkey's migration policies and regulations

Authors: *Acar, Ceyda* (Turkey); *Mucaz, Meltem* (Turkey); *Sandikli, Busra* (Turkey); *Torun, Perihan* (Turkey)

Keywords: Impact of Syrian refugees on Turkey's migration policies and regulations

Background: Turkey has offered temporary protection to around almost 2 million Syrians who fled their country within a short period of time. A number of regulations and policies were introduced in the last four years, to govern the rights and entitlements of the Syrian refugees.

Methods: The changes to Turkey's policies and regulations since 2011, in relation to migration, were reviewed. Furthermore, the experiences of refugees and service providers in implementation were assessed using mixed methods approach.

Results: Facing a sudden influx of migrants from Syria urged Turkish authorities to develop policies and set up systems to meet the needs of this community, although refugee issues in the past have always been dealt with on an ad hoc basis. The law on 'Foreigners and International Protection' (LFIP) was passed in 2013 to regulate the principles and procedures with regard to foreigners living in Turkey. As migrants from eastern borders are not classified as refugees by law, Syrian refugees were welcomed as 'guests' initially. Later the adoption of 'Temporary Protection Regulation' (TPR) in 2014 allowed officials to grant rights of access to services for these unofficial refugees. In 2013, 'Directorate General of Migration Management' was established to "implement policies and strategies related to migration; ensure coordination between the related agencies and organisations". Syrians were given rights for health care and education through circulars in 2013 and 2014. However, work permit has still not been granted and Syrians struggle with living expenses. There are also challenges regarding the implementation of policies. Language barrier has been a major impediment to the delivery of services with limited availability of interpreters. Moreover, Syrians are confused about their rights and on how to use health care system due to lack of effective communication between organisations and with refugees.

Conclusions: Although Turkey's fast development of migration policies and regulations is impressive, there still remain issues with work permit, coordination of work between institutions and with the implementation of policies on the ground. Evaluating the impact of policies could be beneficial for further development.

Message: Turkey has developed policies in response to Syrian refugees' needs. Although major steps were taken by decision makers, the impact on the ground needs to be assessed for continuous improvement.

Session Code: PF7.04 (Poster)

Impact of the economic crisis in the incidence of hepatitis A in native residents and immigrants from Barcelona

Authors: *González Antelo, Alicia* (Spain); *Fernández Quevedo, Manuel* (Spain); *Manzanares Laya, Sandra* (Spain); *Millet, Joan Pau* (Spain); *Caylà, Joan* (Spain); *Gorrindo, Pilar* (Spain)

Keywords: economic crisis, hepatitis a, urban, inequities, migrant

Background: Periods of economic depression have been linked with changes in health outcomes at a population level. Research on impact in communicable diseases is lacking, although some data suggests incidence increases in vulnerable groups. We described the evolution of acute hepatitis A infection during 14 years in Barcelona and compared incidence rates (IR) before and after the onset of the Spanish recession.

Methods: A retrospective longitudinal study was performed using data from the city's registry of notifiable diseases and census. Residents between the 1 January 2001 and the 31 December 2014 were included. We described sociodemographic and epidemiological factors of notified cases. Annual IR by age, sex and socioeconomic area level were measured in native and foreign residents. IR ratios and change in trends were calculated by means of a multilevel model assuming a negative binomial distribution and adjusting for socioeconomic and demographic factors.

Results: 1,108 cases (32% natives, 68% foreigners) were notified. Male ratio was 2.7 and 23% were under 15 years. Overall IR was 4.9 cases/100,000 residents per year (4.2 cases/100,000 in natives and 7.5 cases/100,000 in foreigners). IR was higher during the pre-crisis period both in Spanish and immigrant residents (Spanish IR decreased from 4.5/100,000 to 3.7/100,000, and non-Spanish IR decreased from 10.2/100,000 to 6.1/100,000; IR interperiod differences were 0.9 and 4.1, respectively). IR among natives increased 4% per year during the first period and decreased 8% afterwards. Foreigners IR decreased more rapidly during the second period, dropping from a yearly 3% decrease to a 16% decrease. All other factors being equal, immigrants presented a higher risk of hepatitis A in the multilevel analysis (IR ratio 2.3; 95% CI=1.9-2.7, $p<0.001$). Living in a low-income area was associated with higher IR than living in a high-income area in the multilevel model only among foreigners (IR ratio 6.4; 95% CI=1.5-26.8, $p=0.011$). Two epidemiological waves in 2002 and 2009 linked to outbreaks among men who have sex with men accounted for 32% of cases.

Conclusions: Incidence of hepatitis A infection decreased significantly after the onset of the economic regression. The burden of disease fell mostly on foreigners and men. Migratory movements, outbreaks among defined groups at risk and a changing epidemiological profile may explain these findings.

Message: Incidence of hepatitis A has decreased in Barcelona after the onset of the Spanish economic crisis. A higher risk of disease was detected among males and foreigners. Two outbreaks in men who have sex with men were observed during the period

Session Code: TM 2.7 (Oral presentations)

Impact of the economic crisis in the incidence of hepatitis B and C in native residents and immigrants from Barcelona

Authors: *González Antelo, Alicia* (Spain); *Fernández Quevedo, Manuel* (Spain); *Manzanares Laya, Sandra* (Spain); *Millet, Joan Pau* (Spain); *Caylà, Joan* (Spain); *Gorrindo, Pilar* (Spain)

Keywords: economic crisis, hepatitis c, hepatitis b, viral hepatitis, urban, inequities, migrant

Background: Periods of economic depression have been linked with changes in health outcomes at a population level. We hypothesized that the last financial crisis could have an impact in the burden viral hepatitis in Barcelona. Incidence rates (IR) of acute hepatitis B (HB) and hepatitis C (HC) were measured before and after the onset of the Spanish recession.

Methods: A retrospective longitudinal study was performed using data from the city's registry of notifiable diseases and census. Residents between the 1 January 2001 and the 31 December 2014 were included. We described sociodemographic and epidemiological factors of notified cases. Annual IR by age, sex and socioeconomic area level were measured in native and foreign residents. IR ratios and change in trends were calculated by means of a multilevel model assuming a negative binomial distribution, adjusting for socioeconomic and demographic factors.

Results: 516 HB cases (64% natives, 36% foreigners) and 290 HC cases (74% natives, 26% foreigners) were notified. The IR for HB and HC were 2.3 and 1.3 cases/100,000, respectively. HB IR presented an acceleration of the downward trend after 2009 from 8% to 11% annual decrease ($p < 0.001$); changes were similar among Spanish and non-Spanish residents. Immigrant males presented a higher incidence of HB (IR 6.2/100,000) than natives (IR 2.4/100,000). In the multilevel model, immigrants presented a higher risk of HB than natives (IR ratio 3.5; 95% CI=2.8-4.4, $p < 0.001$), as well as males compared to females (IR ratio 3.4; 95% CI=2.6-4.3, $p < 0.001$). Pre-crisis HC IR decreased 5% per year and 8% afterwards ($p = 0.002$); no differences in global trend were found by origin. Being male (IR ratio 3.4; 95% CI=2.3-5.0, $p < 0.001$) and foreigner (IR ratio 2.1; 95% CI=1.4-3.0, $p < 0.001$) were associated with higher risk of HC in the multilevel model. A rise in HC incidence among males was seen in the last 3 years, attaining 1.3 cases/100,000 Spanish residents and 7.4 cases/100,000 non-Spanish residents.

Conclusions: A downward trend in HB and HC incidence was observed over the whole period. Risk of viral hepatitis was unequally distributed in the population, males and foreigners being the most affected groups. An increase of HC IR among males since 2012 was noted. This could be linked to higher screening and diagnosis rates and to occurrence of sexually transmitted clusters as described in other European cities.

Message: Incidence of hepatitis B and C decreased during the last 14 years in Barcelona. An increase in hepatitis C was detected since 2012. Risk is unequally distributed in the population, males and foreigners being the most affected groups.

Session Code: PT4.03 (Poster)

Imperfect models of patient empowerment, incapacitation and intrinsic structural violence in health care threaten equity in health and patient safety

Authors: *Sodemann, Morten* (Denmark); *Nielsen, Dorthe* (Denmark); *Rehling, Charlotte* (Denmark)

Keywords: Patient centered care, health literacy, structural violence, quality of care, inequity

Issue: Patient centered care, health literacy assessments and patient empowerment are interlinked and have gained political momentum in attempts to increase patient satisfaction and quality of care. Clinical experience from The hospital-based Migrant Health Clinic at Odense University Hospital has previously demonstrated how failures in clinical assessment and communication with ethnic minority patients have long term consequences. Inequity in hospital care to ethnic minorities continues to be a challenge with many hidden barriers

Description of the problem: In a continuous effort to identify in-hospital barriers to equal care we conducted qualitative analysis of selected patients with complex somatic conditions investigated in multiple hospital departments. The patient cases analysis was conducted in real-time and indicates synergistic barriers to equity in hospital care for ethnic minority patients

Results: Assumptions behind patient centered care turn out to be insufficient with regard to individual patient needs. Contrary to the intention patient centered care increases patient vulnerability and generates hidden inequalities. Health care systems exercise concealed structural violence in attempts to protect simple routines, limit system challenges, simplify administration and to avoid development of specialized clinical care adjusted for patient subgroups with special needs. Patients struggle to be granted time for questions. Low patient literacy of doctors jeopardizes communication, confuses patients and lead to misinterpretation of health information - hence patient questions are regarded as irrelevant and discarded as "cultural misperceptions". Patients' relatives are regarded as necessary partners of patient care but ethnic minority patients often lack a functional social network of relatives willing and able to assist. Ethnic minority patients are excluded from user satisfaction surveys because they are un-able to read or refuse to participate because of fear of retaliation from social services or withdrawal of residence permits

Lessons: Hyperspecialized hospital care & time constraints shifts responsibility for coherent patient care to patients and their relatives which imposes a selective hidden inequity for ethnic minority patients. Vulnerable patients are incapacitated by structural violence in hospital care

Message: Health professionals & decisionmakers lack understanding of vulnerable patients. Training of health professionals in patient literacy & specialized care support for vulnerable patients is likely to reduce inequity in hospital care

Session Code: PT6.01 (Poster)

Improving access and help for migrant youth with mental health problems and (mild) intellectual disability

Authors: *Logghe, Kristel* (Netherlands); *Van Diepenbeek, Anke* (Netherlands); *Van Der Weg, Ernie* (Netherlands)

Keywords: youth mental health care early diagnosis improving acces migrant youth intellectual disability mental health problems

Issue: Migrant youth receive less and/or later than Dutch children/youngsters help of the mental health care system: they are underrepresented in voluntary 'light' care and overrepresented in compulsory 'heavy' care. This is also the case in other West-European countries. In 4 municipalities in NL (Nijmegen, Rotterdam, Gouda and Ede) with ca 25 collaborating partners we worked to: 1. Develop innovative methods for rapid alert (observation and diagnosis), redirection to and/or delivery of (light) care and psycho-education to vulnerable migrant youth and their parents 2. Embedding 'culture-sensitive' youth mental health care in the municipality and local health care infrastructure. 3. Develop transferable approaches for the access of this vulnerable migrant youth in care and the organisation of culture-sensitive youth mental health care on the local level.

Description of the problem: For 2 years we worked on 4 simultaneous strategies: 1. Training of professionals from primary care/education/welfare in early observation and diagnosis of mental health problems and mild intellectual disability amongst migrant youth and in 'culture-sensitive' working with parents. 2. Implementation of rapid consult, screening en offering light help/care provision on schools and in neighbourhoods. 3. Low threshold psycho-education to parents (and in some case youngsters themselves). 4. Structural embedding the approaches and methods in the 'chain' of youth mental health care and mild intellectual disability care organisations.

Results: 20 trainers educated, 500 neighbourhood professionals trained, 300 times consultation offered to professionals, teachers etc. 2. 6 families intensive help in Ede, 30 times experts went on home visits. In Gouda 9 classes (10-11 years) were screened on mental health/disability problems. In Nijmegen 107 short term help was given. In Rotterdam 33 migrant families were supported. In the 4 cities ca 1000 parents followed low treshold psycho-education. 4 movies made of the methods, 47 knowledge transfer documents, 24 training/education materials, 10 research reports, 6 policy documents.

Lessons: Give help before diagnosis is made.. (to less characters for more lessons..)

Message: Attention to early diagnosis in neighbourhoods by training prof. and educating parents. Give mental help without diagnosis. Give consultation to professionals and train them in culture-sensitive communication. Collaborate more.

Session Code: SM 1.3 (Oral presentations)

Improving minority blood donation. Anthropological approach in a migrant community.

Authors: GRASSINEAU, Dominique (France); CHIARONI, Jacques (France); PAPA, Kassim (France)

Keywords: blood transfusion, Donors recruitment, rare blood phenotypes, minorities, Comoros, medical anthropology, user involvement

Background: As a result of blood group polymorphism, distinctive blood types have evolved in populations around the world. In countries with large migrant populations finding rare blood types for transfusion can be challenging. This is especially true for sub-Saharan African immigrants living in countries with predominantly European populations. This problem is further compounded by hereditary disorders such as sickle cell disease and by traditional cultural values that discourage routine donation.

Methods: The purpose of this report is to describe our drive to recruit more safe rare blood type donors in a Comorian immigrant community living in Marseille, France. Using a culturally adapted message developed on an anthropological approach and working in close collaboration with scientific and medical members of the Comorian community, we propose to sensitize this population with the gift of blood.

Results: We were able to achieve a targeted collection of specific sub-Saharan African blood types. However taking into account the high rate of infectious markers among products collected in this targeted collection, we decided to promote blood donation in this minority by addressing people directly towards our principal blood center site. Since set up of this adapted communication, regular donors present themselves spontaneously without community pressure. Infectious markers rate is then equal to general blood donors population's rate.

Conclusions: The results of our drive demonstrate the utility of an anthropological approach and cultural mediation in identifying donors with specific blood types in migrant communities and recruiting second-generation donors. The techniques described in this study could also be applied to collection of other tissues including organs and stem cells in minorities.

Message: The results of our drive demonstrate the utility of an anthropological approach and cultural mediation in identifying donors with specific blood types in migrant communities and recruiting second-generation donors. The techniques described in this study could also be applied to collection of other tissues including organs and stem cells in minorities.

Session Code: PF2.10 (Poster)

Incidence of HIV infection and late presentation among HIV infected migrants in Denmark compared with native Danes.

Authors: *Deen, Laura* (Denmark); *Cowan, Susan* (Denmark); *Wejse, Christian* (Denmark); *Norredam, Marie* (Denmark)

Keywords: Migrants, Refugees, Ethnic Minorities, HIV/AIDS, Late Presenters, Risk Factors.

Background: The HIV epidemic continues to be a public health issue in Europe with migrants representing a considerable proportion of new HIV infections. Migrants may experience formal or informal barriers to HIV testing and care in the recipient country and are therefore considered a group at risk of late presentation for HIV care. The aim of this study was to determine the incidence of HIV infection and the risk of late presentation among migrants living in Denmark compared to native Danes.

Methods: A historically prospective cohort study was conducted comprising all adult refugees and family reunified migrants, who obtained residence permission in Denmark between 1.1.1993 and 31.12.2010 (n=114.331), matched 1:6 on age and sex to a Danish-born comparison group. Data on HIV infection and CD4 cell counts at diagnosis was retrieved from the National Surveillance Register. Using Poisson regression incidence rate ratios for HIV infection are estimated and factors associated with late HIV presentation among migrants are identified.

Results: The Poisson regression analysis is still in progress. Meanwhile, our preliminary frequency distributions showed that during follow up, 793 HIV cases were reported. Our preliminary findings showed that HIV infection is more frequent among migrants compared to Danish-born: with respects to migrants 429 (0,38%) HIV cases were identified, while the proportion of Danish-born HIV infected individuals amounted to 363(0,053%)(p-value <0,001). In the analysis of late presentation for care we only included patients who had an AIDS defining illness at diagnosis or patients diagnosed with HIV-infection with available information on CD4 cell count (N=659). Patients presenting with a CD4+ count < 350 cells/ μ l or with an AIDS-defining event regardless of the CD4+ cell count were classified as late presenters. The preliminary findings showed that late presentation is more common among migrants (76,2%) compared to Danish-born (64,9%) (p-value= 0,002). Further analysis will include the following risk factors associated with late presentation: age, sex, migrant status and geographical origin.

Conclusions: Our preliminary frequency distributions showed that HIV infection is more prevalent among migrants. Late presentation still represents a significant problem, and is more common among migrants as compared to Danish-born. This appears to call for more systematic strategies for testing and care in relation to vulnerable migrant groups.

Message: Migrants have a higher frequency of HIV infection compared with Danish born, and late presentation is more common among migrants compared with Danish-born.

Session Code: PT2.06 (Poster)

Indicators of immigrant integration in Italy: the health domain

Authors: *Rosano, Aldo* (Italy); *Mignolli, Nadia* (Italy); *Pace, Roberta* (Italy); *Tagliaferro, Claudio* (Italy)

Keywords: indicators, health status, accesso to care

Background: The integration of immigrants is high on the policy agenda of EU countries. Integrating immigrants and their children into the society is vital for promoting social cohesion and economic growth of host countries and the ability of migrants to become self-reliant citizens. Integration also supports host population's acceptance of further immigration.

In an integration perspective, healthier immigrants are able to work and can build broader social networks. Full integration improves health outcomes, as immigrants increasingly have the ability to seek health care when needed.

EU, with OECD, has selected a set of indicators to Immigrant Integration. Italy adopted the same indicators in order to investigate the integration of immigrant among Italian regions, ensuring the comparability of the measures.

The study analyses self-reported health and the lack of medical treatment comparing immigrants and the nationals.

Methods: We calculated age and sex adjusted proportion of persons who claimed to be in good health and the proportion of persons who had unmet medical needs. Such proportions were calculated for immigrants and native-born by region of residence, distinguishing immigrants coming from EU and extra-EU countries. Data from the Italian 2013 EUSILC survey were used.

Results: Seven out of ten of interviewed persons in the Italian regions claimed to be in good health, whether native-born or immigrant. Approximately 15% of immigrants coming from extra EU countries had unmet medical needs, this percentage is two times higher in comparison to immigrants from EU countries and Italians. The gap is higher in southern regions and for women.

Conclusions: Immigrant population in Italy is in good health, similar to what happens in the other EU countries in the Mediterranean area. Access to care is a rather significant problem for citizens of countries outside the EU. The lack of access to necessary may lead to the deterioration of health status, a phenomenon that can be detected even in the short term among the most vulnerable people.

Message: The majority of immigrants in Italy claimed to be in good health, while access to care is problematic.

Compared with other EU countries, the indicators show remarkable similarities.

Session Code: TA 3.5 (Oral presentations)

Indigenous nomadic minorities experience similar levels of health and socio economic inequalities; Evidence from the Canadian Inuit and Irish Travellers

Authors: *Quirke, Brigid* (Ireland); *Muckle, Gina* (Canada); *Daly, Leslie* (Ireland); *Kelleher, Cecily* (Ireland)

Keywords: Health inequalities; Indigenous minorities; Culturally appropriate provision, Community engagement

Background: Indigenous minority peoples across the world appear to experience similar social, health and wellbeing challenges. The objective of this analysis was to compare the health and socio economic status of Irish Travellers an indigenous minority in Ireland with that of the Canadian Inuit relative to the experience of their majority counterparts in order to inform policy recommendations and models of good practice.

Methods: We employed data from the 2007 census of 7042 Traveller families from The All Ireland Traveller Health Study (AITHS) and included data collected from the Central Statistics Office (CSO 2006); the Department of Health and interviews, research reports from Quebec CHU Research Centre, including Inuit child Cohort and Nunavik Inuit Health Survey 2004 and research reports from Aboriginal organisations and Statistics Canada to prepare comparative tables.

Results: Both Inuit and Travellers share a similar population and health profile; 63% of Travellers < 25yrs Vs 60% of Inuit; 3% of Travellers > 65yrs Vs 3% of Inuit; Travellers' life expectancy (LE) is 65.9 yrs. Vs Inuit LE of 66.9yrs; Traveller infant mortality rate (IMR) is 14 per 1,000 Vs 14.8 per 1,000 Inuit live births; Travellers Standard Mortality rate(SMR) is 3.5 times Vs Inuit SMR is 3.8; The Traveller suicide rate is 58 per 100,000 Vs Inuit rate of 163 per 100,000. The health gap between these minority groups and the majority populations is also very similar.

Traveller smoking rates are 52% Vs Inuit rates of 70%. Inuit and Travellers have higher rates of diabetes, respiratory and cardiovascular disease. They also experience social exclusion and have low levels of trust, income, education and accommodation.

Conclusions: There are striking similarities in health and wellbeing outcomes between the Inuit and the Irish Traveller populations and there are similar gaps related to the majority populations of Canada and Ireland. There are also similar institutional and social determinants impacting on their health inequalities.

Message: Policy makers: • need to address the institutional and social determinants that drive these health gaps • engage with minority populations to design culturally appropriate interventions and policies

Session Code: SM 4.7 (Oral presentations)

Insulin resistance and β -cell dysfunction among Ghanaians resident in different geographical regions – the RODAM study

Authors: *Meeks, Karlijn* (Netherlands); *Beune, Erik* (Netherlands); *Stronks, Karien* (Netherlands); *Agyemang, Charles* (Netherlands)

Keywords: Insulin resistance, type 2 diabetes, West Africans

Background: Insulin resistance and β -cell dysfunction precede the onset of type 2 diabetes. Previous studies have shown inconsistencies in insulin resistance and β -cell dysfunction among sub-Saharan African populations in different geographical regions. It is unclear whether environmental exposures or genetics are driving the differences. We therefore studied differences in insulin resistance and β -cell dysfunction among a homogenous West African population resident in different sites in Europe and Ghana. Furthermore, we assessed whether the association between insulin resistance, β -cell dysfunction and pre-diabetes varies across sites.

Methods: Data from the RODAM study (aged 25-70) were analysed including Ghanaians resident in Amsterdam (n=1540), Berlin (n=547), London (n=1080), urban Ghana (n=1449) and rural Ghana (n=1043). Insulin resistance and β -cell dysfunction were determined using HOMA-IR and HOMA- β . Logistic regression was used to study the association between insulin resistance, β -cell dysfunction and prediabetes.

Results: Mean insulin resistance was found highest in London in both men (2.1, 95%CI 1.6-2.4) and women (2.3, 95%CI 2.0-2.6) and lowest in rural Ghana (men: 0.9, 95%CI 0.8-1.0; women: 1.5 95%CI 1.4-1.6). β -cell dysfunction means ranged from 73.7 (95%CI 69.8-77.6) in Amsterdam to 107.5 (95%CI 102.3-113.3) in London among men, and from 93.1 (95%CI 89.3-96.9) in Amsterdam to 145.1 (95%CI 123.5-166.6) in Berlin among women. Insulin resistance was associated with prediabetes in all sites, in both men (OR=1.20, 95%CI=1.13-1.27) and women (OR=1.16, 95%CI=1.11-1.21). β -cell dysfunction was not associated with prediabetes in any of the sites.

Conclusions: The observed differences in insulin resistance and β -cell dysfunction among a homogenous West African population resident in multiple geographical regions suggests that environmental exposures are important.

Message: Insulin resistance and β -cell dysfunction among Ghanaians differ by geographical region of residence. Insulin resistance is associated with prediabetes among Ghanaians resident in different geographical regions.

Session Code: SM 2.2 (Oral presentation)

Integration of a comprehensive home visit program for first time mothers in a multiethnic Norwegian district

Authors: *Opsah, Jorunn* (Norway); *Dolvik, Stina* (Norway); *Leirbakk, Maria* (Norway); *Bratli, Elisabeth* (Norway); *Hjelmerud, Torhild* (Norway)

Background: In Norway, all pregnant mothers and children are offered free health care services and utilization is over 96%. The services are mainly provided in the clinic by specially trained Public health nurses (PHNs). In an increasingly complex society with large social differences, Norway spends considerable resources on secondary and tertiary measures. Stovner district in Oslo are faced with significant social and ethnic health disparities. Coming from 142 different countries, 53 % of the population (31 700) is immigrants. Among children under 4 years, 60% are immigrants or born to immigrant parents.

Objectives: Studies show that early intervention can improve parent and child relationship, child development, children's social adaptation and school readiness and reduce the need for costly secondary and tertiary preventive measures. The PHNs work at the clinics is closely regulated by a host of various policies. A total of 11 visits including clinical assessment and vaccination from birth until age two years are recommended. A new home visit program to all first time mothers during pregnancy was initiated. This has to be seamlessly integrated in the ongoing services.

Experiences: Experienced PHNs were selected for the pilot. The PHNs identified added values and unique challenges of early home visits during pregnancy. A closer relationship between the family and the PHN was achieved. The PHNs experienced an increased efficiency during clinics visit when meeting the mothers at home. The PHNs identified more easily the resources in even challenged families.

Lessons: :In this multi-ethnic and multi-cultural community a pilot of home visits to first time mothers initiated positive changes in the PHNs work in the clinics. Assessment and monitoring is important to ensure integration of new services.

Message: PHN home visits to first time mothers impacts the routine clinical services in a positive way.

Session Code: TM 1.7 (Oral presentation)

Interactive development of Roma Community Health Mentor training program

Authors: *Szilard, Istvan* (Hungary); *Katz, Zoltan* (Hungary); *Marek, Erika* (Hungary)

Keywords: Roma communities, health promotion, health mentor training

Background: Very low life expectancy at birth, disease profile characteristic, cultural roots, health behaviour and health related attitude, way of communication of the Roma population need special knowledge, skills and attitude from health professionals, while currently preventive care is often completely ignored and community based health promotion programs are non-existent in Roma communities and health literacy of Roma people is very limited.

Objectives: We aimed to develop in strong cooperation with the representatives of the target population a training program for a new type of community actor who: •understands the special health care needs of the Roma population; •is sensitized and prepared to cope with the cultural and health behaviour differences; •will bear the knowledge, skills and techniques for launching community based health promotion activities; •will be capable to empower Roma communities in advocating for their right to health.

Experiences: Our project team has established an excellent working relation with the representatives of Roma communities in the South-western region of Hungary, where numerous small settlements with dominantly Roma inhabitants are situated. During an initial two day workshop of experts, academic people and Roma community representatives, where participants have listed and summarized the needs and expectations of the communities, an agreement has been achieved on the objectives and form of the training program. As an especially important aspect of the initiative, representatives of the self-government bodies of the settlements have expressed their intention to employ the freshly trained Roma Community Health Mentors. During the development process two additional workshops were organized where the Roma community leaders as 'end users' feedback on the training development process was discussed. It has supported well the 'really existing need focused' finalization of the curriculum.

Lessons: Migrant and Ethnic Minority Health Team of University of Pécs Medical School has developed a new, six module, 450 hours (contact + practicum) secondary level training program that has been adopted by the Hungarian vocational training system. It will build new, until now missing type of professionals in order to improve the health of Roma people at community level. The training will start in the autumn of 2016.

Message: Health status of Roma communities could be changed only by health promotion movements keeping in focus the following: - actions should go with the community and for the community; - being 'culturally competent' is a key to success.

Session Code: FA 3.6 (Oral presentations)

International medical graduates and colleagues' experiences of handling difficulties in everyday collaboration - a qualitative study

Authors: *Skjeggstad, Erik* (Norway); *Gulbrandsen, Pål* (Norway)

Keywords: International medical graduates and colleagues' experiences of handling difficulties in everyday collaboration - a qualitative study

Background: Many doctors work outside their countries of origin. Language barriers and cultural differences may result in miscommunication and tension, which can result in errors in performance and interfere with quality and even safety. There is little knowledge, however, about how foreign doctors and their native colleagues perceive their collaborations and handle situations that can affect health service safety and quality.

Methods: Two groups of informants were interviewed for this study: 16 foreign doctors that had recently started working in Norway, and 12 doctors, nurses, and healthcare leaders who had extensive experience working with foreign doctors. Interview transcripts were analyzed by the systematic text condensation method.

Results: The foreign doctors described themselves as new and unknown and found it difficult to speak with colleagues about their own shortcomings because they wanted to be perceived as competent. The colleagues saw that the foreign doctors had demanding workdays and therefore found it difficult to give them negative feedback. Colleagues also feared possible reactions from the foreign doctors after correction. Both the new doctors and colleagues took great care to prevent misunderstandings and took responsibility for shortcomings, but struggled to talk to each other about them.

Conclusions: Silence seems to be the coping strategy that both foreign doctors and colleagues are most familiar with when difficulties occur in their collaboration. In such situations, foreign doctors are socialized into a culture that avoids speaking about uncertainty and shortcomings due to the absence of effective leadership and procedures to facilitate appropriate dialogue. Insufficient communication between health workers could cause a safety hazard.

Message: There are lack of structures to establish collaboration for new foreign doctors and colleagues; safety culture building could make improvements. Responsive leadership and colleague feedback are crucial components of these systems.

Session Code: PT4.07 (Poster)

Interventions to improve migrant health. A scoping review

Authors: *Diaz, Esperanza* (Norway); *Ortiz Barreda, Gaby Margarita* (Norway); *Holdsworth, Michelle* (United Kingdom); *Chung, Roger Y* (Hong Kong); *Salami, Bukola* (Canada); *Rammohan, Anu* (Australia); *Krafft, Thomas* (Netherlands); *Ellison, George* (United Kingdom); *Padmadas, Sabu* (United Kingdom); *Ben-Shlomo, Yoav* (United Kingdom)

Keywords: Migrants, Health intervention, Culturally adapted interventions, Trial

Background: Differences between migrants and their host populations regarding health status, access to health care, treatment and prognosis for several diseases have been identified across countries and continents. Health interventions designed and evaluated for majority populations are not always optimal for migrants. There is an ongoing need for information on how to optimize interventions that target migrant populations.

Methods: A scoping review appraised the extent, range, and nature of published evaluations of interventions to improve health among migrants. Thematic filters were developed for Medline [MeSh] with one filter for immigration and another for health terms. In Embase, we used keywords: immigrant*, refugee*, emigrant* and Health. We searched reference lists from identified review articles and obtained further related papers from the review group of experts. All experimental papers in English evaluating health interventions among migrants were included.

Results: 893 studies were identified and 59 full articles reviewed, including 39 randomised controlled trials (RCT) and 9 cluster RCT. Two thirds of the articles were published after 2009. Although the first studies were often conducted in the UK, USA conducted more than half of the studies since 2009, followed by Northern Europe. Hispanics were the most studied group, followed by immigrants from South Asia and the Middle East. Most studies included adults of both genders but reason for migration was seldom stated. Community members were seldom involved in the research projects. Diabetes (n=19) was the most targeted clinical field. Interventions involving community members and culturally matched materials were frequently used.

Conclusions: Culturally adapted interventions are increasingly evaluated, but few clinical areas and migrant groups have been targeted so far.

Message: The evaluation of health interventions among immigrants is still patchy and focuses on limited immigrant groups in few countries.

Session Code: TM 4.3 (Oral presentations)

Involving migrants in participatory implementation research: what is the impact?

Authors: *MacFarlane, Anne* (Ireland); *O'Donnell, Catherine* (United Kingdom); *Lionis, Christos* (Greece); *van den Muijsenbergh, Maria* (Netherlands); *Dowrick, Chris* (United Kingdom)

Keywords: user involvement; access to healthcare; participatory research; health system adaptations

Background: There are ethical imperatives and policy drivers promoting the involvement of migrants in research. However, in practice, this is rare. We report on the involvement of migrants in a research which focused on implementation of guidelines and training initiatives to improve communication in cross-cultural consultations in primary care settings. We ask (i) how did migrants evaluate their experiences of being involved (ii) what impact did their involvement have?

Methods: This is a qualitative, comparative case study in five primary care settings in Austria, England, Greece, Ireland and the Netherlands, which was informed by Normalisation Process Theory (NPT) and a Participatory Learning and Action (PLA) research methodology. Following the principles of purposeful sampling, 78 stakeholders (migrants, GPs, nurses, administrative staff, interpreters, health service planners) participated. 33 were migrants, the majority of whom were established migrants. We completed inductive and deductive thematic analysis from a combined total of 62 PLA style focus groups, conducted between 2012-2014.

Results: Migrants positively evaluated their involvement in this research. They explicitly cited the use of PLA techniques as enabling their equal participation in these dialogues. Migrants actively participating in decision making that impacted on (i) other stakeholders' perspectives and (ii) reconfiguration of work practices in the primary care research sites.

Conclusions: PLA supports equal participation of migrants in dialogues in research 'knowledge spaces' which can lead to adaptations in healthcare for migrants in practice. It is recommended that researchers employ PLA and other participatory techniques to maximise migrants' involvement in health research to inform health policy to meet the current refugee crises.

Message: Migrants' expertise can improve health systems' responsiveness to diversity

Session Code: SM 3.2 (Oral presentations)

Is HIV acquisition in migrant populations taking place after migration to Europe? Comparison of two estimation methods in the aMASE study

Authors: *Alvarez-Del Arco, Debora* (Spain); *Fakoya, Ibidun* (United Kingdom); *Thom, Christofer* (Greece); *Touloumi, Giota* (Greece); *Pantazis, Nikos* (Greece); *Monge, Susana* (Spain); *Gennotte, Anne-Francoise* (Belgium); *Zuure, Freke* (Netherlands); *Meireles, Paula* (Portugal); *Stahelin, Cornelia* (Switzerland); *Wengenroth, Claudia* (Germany); *Prestileo, Tullio* (Italy); *Volny-Anne, Alain* (France); *Burns, Fiona* (United Kingdom); *del Amo, Julia* (Spain)

Keywords: HIV, Europe

Background: Understanding when HIV acquisition in migrants occurs is crucial for public policy design. We estimate the proportion of HIV-acquisition post-migration among HIV-positive migrants living in 9 EU countries participating in aMASE (Advancing Migrant Access to Health Services in Europe) using two different methods.

Methods: An electronic survey in 15 languages targeted individuals over 18 years, diagnosed with HIV in the preceding 5 years and born abroad. Field work took place July 2013-July 2015. Data were retrieved from patient questionnaires (epidemiological, socio-economic, behavioral and migratory data) and clinical records (previous HIV tests, CD4, HIV-RNA levels and HIV-1 subtypes). Time of HIV-acquisition was estimated using 2 different methods: 1) An algorithm based on HIV-testing history and/or behavioral data; 2) Combination of the algorithm with Bayesian methods based on CD4 and HIV-RNA natural history data of HIV seroconverters obtained from the Cascade Collaboration. Concordance between methods was calculated using Cohen's Kappa.

Results: 2117 HIV-positive migrants were included. Using the algorithm alone (method 1) pre or post migration acquisition was determined for 1440 subjects (68%), while the combined approach (method 2) enabled estimates for 2003 (95%). Concordance between methods was high ($n=1370$; Kappa score=0.73). Over half of participants acquired HIV post-migration: this proportion was higher using Method 2 (62% vs 54%). HIV acquisition post-migration was particularly high among men who have sex with men (MSM) (1=72%; 2=73%) and injecting drug users (1=66%; 2=77%), compared to heterosexual men (1=36%; 2=46%) and women (1=36%; 2=47%). Post-migration HIV acquisition was higher in people from Western (1=69%; 2=70%), Central Europe (1=59%; 2=75%) and Latin America & Caribbean (1=69%; 2=73%). More than a third of sub-Saharan Africans acquired HIV post-migration (1=31%; 2=42%).

Conclusions: A substantial proportion of HIV-positive migrants living in Europe acquired HIV after migration. Post-migration HIV-acquisition is particularly high among migrant MSM. Results are consistent using both methods.

Message: A large proportion of HIV-positive migrants in Europe, particularly MSM, are infected after migration. Public Health policies need to tackle migrants' vulnerabilities to HIV infection.

Session Code: TM 3.5 (Oral presentations)

Is migration status associated with a reduced chance for using annual dental check-ups in the adult population in Germany?

Authors: *Erdsiek, Fabian* (Germany); *Waury, Dorothee* (Germany); *Brzoska, Patrick* (Germany)

Keywords: migrants, prevention, utilization, barriers, dental care

Background: Migrants residing in Germany utilize some preventive services such as rehabilitation less often non-migrants. Little is known about their preventive behavior in terms of dental health. The aim of the present study was to examine the utilization of annual dental check-ups in the adult population of migrants and non-migrants residing in Germany.

Methods: We used data from a cross-sectional German-language telephone survey conducted by the Robert Koch-Institute in 2010. The survey provides self-reported information on the use of dental check-ups in the last 12 months before the survey. Logistic regression was applied to adjust for demographic and socioeconomic covariates as well as for differences in self-rated health.

Results: Data of 22,003 respondents was available for analysis, 16% of which were migrants. Migrants were on average younger, had a lower socioeconomic status and showed a lower attendance rate for annual dental check-ups. The unadjusted odds ratio (OR) for utilizing dental check-ups was 0.67 (95%-CI=0.61-0.73). After adjusting for covariates, migrants still had a significantly lower chance of attending dental check-ups than non-migrants (OR=0.71; 95%-CI=0.65-0.78).

Conclusions: The lower utilization of dental check-ups in migrants is independent of social determinants and differences in self-rated health. Given that the survey is conducted in German language, also poor language proficiency cannot explain the results. Similar to other preventive services, therefore, barriers such as limited health literacy as well as beliefs not sufficiently accounted for by providers of dental care must be considered. These barriers need to be identified in order to design appropriate migrant-sensitive dental care services.

Message: Migrants residing in Germany utilize dental check-ups less often than non-migrants. Aside from social determinants, barriers they experience in health care likely contribute to this differential.

Session Code: FA 3.1 (Oral presentations)

Language and professional identity – A qualitative study of communication barriers in collaboration between international doctors and colleagues

Authors: *Skjeggstad, Erik* (Norway); *Gulbrandsen, Pål* (Norway)

Keywords: International Medical Graduates (IMGs), Professional identity, Language barriers, Professional collaboration

Background: Language barriers are a well-known issue for international medical graduates (IMGs). Numerous studies have concluded that IMGs need language training and tests. Sufficient language skills are important for patient safety and well-being for both IMGs and colleagues, but how emotions support language learning processes are less described.

In this Norwegian study, we searched for how language barriers were experienced and handled emotionally by recently-arrived IMGs and Norwegian colleagues in everyday work practice.

Methods: We performed two qualitative interview studies. First, we interviewed 16 IMGs that recently started working in Norway. Furthermore, we interviewed 12 doctors, nurses, and healthcare leaders who had extensive experience in working together with IMGs.

Results: The interviewed IMGs described a loss of professional communication skills and a loss of identity, which made them uncertain in their communication and aware that they were a burden because of their language difficulties. Most described becoming introverts in their practice because they did not want to encounter communication problems. Colleagues described that IMGs with even small language difficulties made them uncertain about the IMGs' knowledge and skills, which led them to act differently when collaborating with IMGs than native doctors. From both studies, we see that the described situations occurred because of language barriers but also cultural differences, unclear authority conditions, awareness of xenophobia, and a general lack of understanding of the system.

Conclusions: Our study shows that IMGs' difficulties often involved more aspects than just language barriers. Acculturation is a process of adaptation for both the immigrant and those they interact with. Both IMGs and colleagues seemed to need support to handle uncertainty in collaboration. Handling language barriers seems to be closely related to emotions and professional identity.

Message: Managing language and handling professional communication involve a spectrum of topics. Not managing this is associated with stress for both IMGs and colleagues and possible loss of professional identity.

Session Code: FA 2.1 (Oral presentations)

Legal protection of undocumented migrants with serious health issues

Authors: *Moore Boffi, Sascha* (Switzerland); *Genotte, Anne-Françoise* (Belgium); *Duarte, Mariana* (Switzerland); *Llorens, Mélissa* (Switzerland); *Demeester, Rémy* (Belgium)

Keywords: Access, asylum seekers, care, COI, HIV, law, mental health, protection, practice, treatment, undocumented migrants.

Background: International and national law in Europe provide only minimal protection against removal or deportation of undocumented migrants or rejected asylum seekers with serious health issues whose vital treatment is unavailable in their country of origin. In both Belgium and Switzerland, national law provides for the possibility of obtaining legal status in such cases. Casual observations suggested that serious medical conditions or access to treatment in countries of origin were often only poorly taken into account and rejections frequent. Lack of access to vital treatment or care after removal may result in severe degradation of health or even death.

Methods: Nine cases in *Le Livre blanc sur l'autorisation de séjour pour raisons médicales* (9ter) in Belgium and 11 cases in *Renvois & accès aux soins*, 2e édition 2015 in Switzerland concerning persons with serious health conditions attested by a medical doctor were selected for detailed legal examination. The majority of health issues recorded in case files concerned HIV infection or mental health, some with multiple health conditions. Most of the cases concerned adults aged 15-49. Two concerned minors. Both sexes were evenly represented. The majority came from Sub-Saharan Africa and Southern & Eastern-Europe.

Results: Both studies revealed that medical conditions, mental health in particular, were often minimized. Examination of effective access to vital treatment in countries of origin was often inadequate and obstacles to access, as attested by Country of Origin Information reports, often ignored. Failure to give sufficient reasons for rejections were also frequent. Most cases were rejected although appeals in Switzerland were sometimes successful.

Conclusions: Even the minimum legal protection is often insufficient when in practice authorities fail to properly consider issues of health and obstacles to access vital treatment for vulnerable undocumented migrants. The latter's fundamental rights, such as that to life and health, are undermined and public health imperatives such as early treatment or retention in care may be thwarted. National and international legal protection for undocumented migrants or rejected asylum seekers with serious health issues must include robust and effective protection against removal or deportation where vital treatment is lacking in countries of origin.

Message: Undocumented migrants or rejected asylum seekers may require vital treatment unavailable in the country of origin. Robust legal protection is required to keep to them from falling through the cracks when facing removal or deportation.

Session Code: FM 4.6 (Oral presentations)

Length of residence and immigrants' hospitalization rates in Norway

Authors: *Elstad, Jon Ivar* (Norway)

Keywords: hospitalization, healthy migrant effect, acculturation

Background: Using Norwegian register data, this paper examines three hypotheses. The first is that, due to the healthy migrant effect, newly arrived immigrants will have relatively little health care use. Second, due to integration and acculturation, immigrants' and natives' utilization patterns will become more similar over time. In contrast, the third hypothesis predicts that, due to adverse material and psychosocial environments, health care use among some immigrants groups will rise considerably with increasing length of residence.

Methods: Sociodemographic information for all inhabitants aged 40-69 at January 1, 2008, (N=1.7 million) has been linked to data from the Norwegian Patient Register. In the analyzed sample, 4.4% had West European, African, or Asian origins. Main outcome was having at least one somatic hospital admission 2008-2011. Linear probability models were estimated.

Results: Adjusted for age, gender, refugee status and education, the proportion with hospital admission 2008-2011 among recent immigrants (arrival 2004-2007) was significantly lower in all ten analyzed immigrant groups than in the native majority. Hospitalization rates rose with increasing length of residence in all immigrant groups. Among immigrants with more than 18 years in Norway, hospitalization rates were often close to the natives' level, but even higher than the native level among immigrants from some West Asian countries.

Conclusions: All three examined hypotheses seemed relevant for understanding hospitalization rates among immigrants in Norway. The healthy migrant effect may partly explain the relatively low rates of hospitalization among recent immigrants indicated by this study. The joint effects of integration, acculturation, and harsh living conditions in their new country may explain why increasing length of residence is associated with hospitalization rates which gradually approach, and eventually exceed, hospitalization levels in the native majority.

Message: Due to a healthy migrant effect, newly arrived immigrants will often have relatively low hospitalization rates. Later developments of immigrants' hospitalization rates will depend on what exposures they meet in their new country.

Session Code: PT3.02 (Poster)

Lessons for Europe from Singapore: The Intersection of Culture and Health Among Chinese Migrants

Authors: *Tam, Wai Jia* (Singapore); *Lee, Jeanette Jen-Mai* (Singapore); *Legido-Quigley, Helena* (Singapore)

Keywords: migrants, Chinese, healthcare, culture

Background: The study of cultural and health interfaces in Singapore can provide insights for Europe.

Methods: This is a qualitative study of 25 in-depth interviews of 20 Chinese migrants and five staff from HealthServe Community Clinic, an NGO serving vulnerable Chinese migrants in Singapore. In 2015, interviews were recorded and transcribed. Data was analyzed inductively with thematic analysis.

Results: A chief reason for migration is economic benefit, mirroring the entrepreneurial resolve of migrants in Europe. Chinese migrants in Singapore report linguistic challenges and limited Traditional Chinese Medicine (TCM) options in public healthcare. But this did not hinder health service utilization due to their resourcefulness, community networks, presence of mandarin-speaking staff as translators and increased trust in Western drugs. This contrasts with Britain where limited English and distrust of translators led to low use of health services.

For minor illness, they prefer TCM packed from home for convenience and natural healing properties, over Western drugs deemed “more toxic” and “chemical”. For chronic illness, many prefer returning home, as they trust China doctors’ expertise more than “young foreign doctors” and TCM is optimally combined with Western medicine. When widespread treatment methods in China like intravenous drip use are not used overseas, treatment is perceived as inferior. The Western biomedical disease model is better accepted when incorporated with TCM concepts. Trust in Singapore’s public healthcare, seen as equitable, may mirror sentiments to health systems in Europe, mostly free at point of delivery. This contrasts with a consumerist culture of bribery to obtain specialist care in China.

Conclusions: Policy changes to enhance cultural sensitivity of health services in Europe like expanding translation services, incorporating TCM concepts into Western treatment, respecting decisions to seek healthcare in China, providing referral summaries and discharge care when they return may be recommended.

Message: 1. Combining elements of TCM in Western treatment can enhance cultural sensitivity in healthcare in Europe to Chinese migrants. 2. Services to support transit of care back to and from China may be helpful.

Session Code: PT3.07 (Poster)

Lower prevalence of multimorbidity among foreign-born compared to Spanish-born population. A primary care electronic health record study.

Authors: *Calderón-Larrañaga, Amaia* (Sweden); *Diaz, Esperanza* (Norway); *Laguna-Berna, Clara* (Spain); *Poblador-Plou, Beatriz* (Spain); *Coscollar-Santaliestra, Carlos* (Spain); *Prados-Torres, Alexandra* (Spain); *Gimeno-Feliu, Luis A* (Spain)

Keywords: Multimorbidity; Immigrants; Electronic health records

Background: Immigrants are generally young and healthy at their arrival in the host country, but little is known about their multimorbidity levels depending on their area of origin and their length of stay. Based on primary care electronic health record data, we aimed to gain insight into the prevalence of multimorbidity and of the main chronic conditions among immigrants, according to area of birth, age, sex and length of stay in the host country.

Methods: Cross-sectional retrospective study of all adult patients registered within the public health service of Aragon, Spain (N=1,253,292) of whom 161,219 were foreign-born. Adjustment for age and sex was performed through direct standardization and multivariable logistic regression.

Results: The prevalence of multimorbidity in men and women was 33.6% (95%CI 33.5%-33.7%) and 41.0% (40.9%-41.1%) respectively in the Spanish-born population; 23.2% (22.4%-24.1%) and 31.0% (30.3%-31.7%) in the foreign-born with a length of stay in Aragon of <5 years; and 25.5% (24.8%-26.3%) and 35.3% (34.6%-36.0%) in the foreign-born with a length of stay of ≥5 years. Asian immigrants showed the lowest odds of multimorbidity (OR 0.30, 95%CI 0.27-0.34 for length of stay <5 years and 0.53, 0.48-0.60 for length of stay ≥5 years), and Latin Americans the highest probability (0.67, 0.65-0.69 for length of stay <5 years and 0.85, 0.83-0.88 for length of stay ≥5 years) compared to natives. The top ten chronic conditions were similar in Spanish-born and immigrant populations, although the prevalence of individual diseases was higher among Spanish-born patients.

Conclusions: The prevalence of multimorbidity is lower in foreign-born compared to Spanish-born patients, although it increases with longer lengths of stay in the host country. The prevalence of multimorbidity among immigrants varies according to area of origin.

Message: Multimorbidity rates rapidly increase as time in the host country is longer. Public health action needs to be taken to prevent such a rapid deterioration of health and to promote protective factors among newly arrived immigrants.

Session Code: TA 1.1 (Oral presentations)

Medical teachers' needs to teach diversity-responsive health care to students

Authors: *Lanting, Katja* (Netherlands); *Nisha, Dogra* (United Kingdom); *Hendrickx, Kristin* (Belgium); *Hudelson, Patricia* (Switzerland); *Nathan, Yoga* (Ireland); *Sim, Judith* (United Kingdom); *Suurmond, Jeanine* (Netherlands)

Keywords: medical teachers, training, needs, assessment

Background: Despite attempts to integrate diversity and cultural competence teaching in medical schools, medical teachers are largely unprepared to teach about diversity to medical students. To meet their needs the C2ME project (2013-2015), supported by the Erasmus Long Life Learning Programme of the EU developed a teach-the-teacher programme. In order to assess teachers' needs to teach diversity-responsive health care, an assessment was carried out.

Methods: An online assessment about preparedness to teach culturally and ethnic diversity, as well as interests in receiving training, was completed by medical teachers at 12 participating universities in Europe (N = 1103; response rate: 20 %). The assessment was developed in the C2ME project and included 43 items (Likert scale 0-5) about preparedness and interests in training.

Results: Teachers felt ill-prepared and identified a high need for further training in the following: (1) How to explore students' own perspectives and values and reflect on how these may influence their future practice; (2) how to address conflict when there are different cultural views between care provider and patient; (3) How to prepare students to adapt their communication style to respond to the patient's needs and capabilities.

Conclusions: Medical teachers reported high training needs and felt ill-prepared to teach communication and reflection to medical students when it comes to diversity of patients.

Message: Training for medical teachers should be developed that particularly addresses communication and reflection with respect to caring for diverse patients. These should be included in standard teacher training.

Session Code: FA 4.2 (Oral presentations)

Medication non adherence among migrant and non-migrant populations **of sub Saharan origin: the RODAM study**

Authors: *Beune, Erik* (Netherlands); *Nieuwkerk, Pythia* (Netherlands); *Stronks, Karien* (Netherlands); *Agyemang, Charles* (Netherlands)

Keywords: Adherence, Hypertension, Treatment, Sub Sahara Africa, Migrant, Ghana

Background: Hypertension and related cardiovascular morbidities are more prevalent among migrant populations of sub-Saharan African (SSA) origin compared to European populations. SSA migrants in Europe also have lower blood pressure control rates despite their relatively high hypertension awareness and treatment rates. Medication non-adherence substantially hinders hypertension treatment control, but adherence data among SSA migrants are lacking. We studied medication non-adherence among Ghanaians in Europe and Africa and its impact on treatment control

Methods: We selected participants prescribed daily antihypertensives from the RODAM-study, conducted among Ghanaians in London, Amsterdam, Berlin, urban- and rural-Ghana. We analysed data on self-reported adherence and treatment control using logistic regression, stratified by sex. Population attributable fraction was used to calculate the contribution of suboptimal adherence to suboptimal treatment control

Results: We found clear differences in suboptimal-adherence between sites: lowest rates in Amsterdam (m:11%, w:11%), highest in rural-Ghana (m:29%, w:27%). When Amsterdam-Ghanaians used as reference, the adjusted OR (95% CI) for suboptimal-adherence among men was: 2.47 (1.17-5.21) for London-Ghanaians, 2.53 (1.04-6.18) for urban-Ghanaians, and 4.29 (1.58-11.63) for rural-Ghanaians; and among women: 3.81 (2.21-6.56) for London-Ghanaians, 3.05 (1.79-5.19) for urban-Ghanaians, and 4.11 (2.14-7.89) for rural-Ghanaians. For Berlin the association was not significant. Adjusted for location, education and age suboptimal-adherence was independently and positively associated with suboptimal treatment control in men: 2.27 (1.20-4.29), not in women. Population attributable fraction of suboptimal-adherence to uncontrolled hypertension among men was 3.5% (95% CI, 1.02-4.79)

Conclusions: Hypertensive Ghanaian migrants in Amsterdam and Berlin are more likely to adhere to medication treatment compared to Ghanaians in London, urban- and rural-Ghana. Non-adherence is positively associated with suboptimal treatment control in men. Ghanaian males will benefit from better adherence irrespective of the location where they live, but more research is needed to unravel other factors that may explain the poor treatment control rates and differences between locations

Message: Medication non-adherence among hypertensive migrant and non-migrant SSA-populations differs between living environments. Non-adherence is independently and positively associated with suboptimal treatment control in men

Session Code: PF5.04 (Poster)

Mental Health Screening of Left Behind Children of Blue Collar Migrant Workers in Indonesia

Authors: *Turnip, Sherly Saragih* (Indonesia)

Keywords: Left behind children, migrant workers, psychotic like experiences

Background: Left behind children of blue collar migrant workers are at high risk of having mental health problems due to the lack of parental care for a long time. One of the mental health problem is elevated risk to develop psychotic spectrum disorders, which can be debilitating if untreated. However, early screening and intervention may prevent further development of the spectrum disorders. The present study aimed to screen this high risk children by using questionnaire.

Methods: A cross sectional study was conducted at 4 junior high schools (children aged 12-15 years) in an area of migrant workers origin in West Java. The number of participants was 167. We collected data by using psychotic-like experiences (PLE) self report form.

Results: The proportion of children self reporting "certain experience" of at least one of the nine PLE items was 81,9%. This result surpassed many previous studies report of similar nature, indicating that left behind children are at higher risk of developing spectrum disorders.

Conclusions: Special attention need to be directed to improve mental health of left behind children of poor communities.

Message: Mental health consequences of migrant workers need to be extended to cover those who were left behind, especially children. This study revealed the other side of economic migration in a lower income country.

Session Code: PF5.08 (Poster)

Mental health specificities from patients for diverse cultural groups. Primary healthcare professional's opinions of through an experience within a qualitative study.

Authors: Plaza, Isabel (Spain); Casanovas, Cristina (Spain); Antonio Arqués, Violeta (Spain); Liso Viñals, Elisenda (Spain); Grau, Jordi (Spain); Cuní, Marta (Spain); Rodero, Montserrat (Spain); Fuertes, María Teresa (Spain); Hidalgo, Manuela (Spain); Clusa, Thaïs (Spain); Arias, Lucía (Spain); Nasarre, Carla (Spain); Pérez Escalante, Natalia (Spain); Morató, Jaume (Spain); Calpe, Ainhoa (Spain); Fernández Gutiérrez, Laura (Spain); Toscano, Ainhoa (Spain); Aparicio Valero, Carmen (Spain); Sánchez Escalera, Laura (Spain); Ochando, Montserrat (Spain)

Keywords: Mental health; Primary healthcare; health professionals; Qualitative research.

Background: The perception about Barcelona that the majority of Pakistani women had and the reality they encounter when arriving, is much worse. This fact added to the unemployment situation of their husbands caused by the economical crisis, become the main factors pointed out to explain their physical ailments and especially their psychological ailments.

Methods: Objectives: To determine the opinions and perceptions of Primary healthcare professionals about the specificities in mental health in patients from different cultures. Propose strategies for improvement by the opinions of professionals.

Qualitative study of social constructivism approach realized in seven Primary healthcare centers in Barcelona and characterized by a high percentage of immigrant population and specific cultural profile: Pakistani, Filipino, Latinamerican and Maghreb. Intentional and reasoned theoretical sample of primary healthcare professionals with profile variable based on bibliography which were profession, age, sex and professional seniority. The focus groups were carried on in each one of the Primary healthcare centers with the participation of a number of 62 health professionals: 48% family physicians; 38% Nurses; 8% Pediatricians 4% Clinical assistants and 2% Social workers. We made a Video recording and literal transcription of the conversations. Confidentiality of information and analysis with thematic content with Atlas.ti program. Limitations of the study: We show the opinions of professionals that did not get discursive saturation (inconclusive results) but we believe that these are of interest to share the experience with other professionals.

Results: Primary healthcare professionals share the opinion that they don't understand mental health problems from immigrant patients. Patient's perception about its mental health is different to the professional's. There is a denial about psychological ailments, patient feels guilty and blames about mental problems and a stigmatization of the problem. There is an evidence of somatizations and also Ulisses syndrome. There are manifestations of adaptative specific problems as women's isolation and adaptative transtorns.

Conclusions: Primary healthcare professionals express that they don't give adequate response to specific mental health demands of newcomers.

Message: In some cultures there is a denial of mental problems. That fact, difficults professional approach.

Session Code: TM 1.6 (Oral presentations)

Migrant and ethnic minority involvement in healthcare policy and community interventions: a scoping review

Authors: *de Freitas, Cláudia* (Portugal); *Samorinha, Catarina* (Portugal); *Ingleby, David* (Netherlands); *García-Ramírez, Manuel* (Spain)

Keywords: Public and patient involvement; healthcare; community interventions; migrants; scoping review.

Background: Migrant and ethnic minority (MEM) involvement in healthcare decision-making can potentially contribute to closing the gap between health policy standards and programmes implemented to reduce health inequities. However, evidence of its impact has not been systematically collected. This scoping review focuses on the impacts of MEMs' involvement in healthcare policy and community-based interventions.

Methods: A systematic search of studies indexed in PubMed, ISIWoK and PsycINFO, published until November 2015, was conducted following the framework for scoping reviews from Arksey and O'Malley (2005). Only empirical, peer-reviewed, full-length, original studies reporting data on MEM involvement in healthcare policy and community-based interventions were included. Eligibility and data extraction were performed by two researchers and disagreements were resolved by discussion.

Results: A total of 62 studies were included in the review. Preliminary results show an overwhelming emphasis of the literature on MEMs' involvement in community-based interventions. Involvement in healthcare policy by MEMs has received much less attention, lending strength to the view that these groups are under-represented in the participatory spaces created to enable lay people's involvement in healthcare governance. MEM participation in community interventions is reported to have both instrumental benefits (e.g. development of evidence-based public health practices) and developmental benefits (e.g. participants' empowerment).

Conclusions: MEMs are involved in community interventions but their participation in healthcare policy appears to be lagging behind. Enabling MEMs to pursue higher levels of participation requires investment on the formulation of diversity-sensitive public and patient involvement policy and capacity building among MEM communities.

Message: Migrant involvement in healthcare policy is limited. Increasing their involvement in healthcare policy requires investment in diversity-sensitive public involvement policy and on capacity building.

Session Code: TM 3.4 (Oral presentations)

Migrant inequalities in specialist care utilization with increasing user charges: the case of Tuscany, Italy

Authors: *Giannoni, Margherita (Italy); Seghieri, Chiara (Italy); Cafagna, Gianluca (Italy)*

Keywords: migrant inequalities; specialist care utilization

Background: Despite the Italian universal health care system is favourable in terms of entitlements to health care access, previous studies showed migrant inequalities in utilization of health care services at the hospital level. However, there is still little evidence on migrant inequalities for specialist care, which has been subject to an increase in user charges in Italy, in the 2011 year. This study aims to assess migrant inequalities in utilization of specialist care after an increase in user charges in Tuscany, Italy.

Methods: We used administrative data at the individual level from the Tuscany region, Italy, over the period 2012-2014 (approximately 7,590,000 observations). We estimated a set of multilevel logit and poisson models, respectively for individual probability of utilization and number of visits. We sequentially controlled for socio-demographic variables at the individual level and health performance variables at the health district level. A Heckman model was also estimated, in order to analyse the impact of user charges on the number of visits by using instrumental variables.

Results: According to our analysis, being non-European citizen affects negatively both the probability of utilization (OR 0.43, 95% CI: 0.42-0.44) and the number of visits (IRR 0.64, 95% CI:0.64-0.65) for all types of specialist care, particularly for computerized axial tomography and magnetic resonance. We also found significant random effect at the health district level. The impact of user charges on the demand of specialist care was negative for both Italian and non-European citizens and increased with income. The results are preliminary.

Conclusions: We found migrant inequalities in specialist care utilization. Our results suggest that taking equity-related steps to reduce inequalities, such as acting on barriers that affect migrant's utilization of services, could be particularly important after the implementation of cost containment policies that increase users charges.

Message: Despite the Italian universal health care system should ensure equity by mandate, there are still migrant inequalities in specialist care utilization in Tuscany, Italy.

Session Code: PT2.11 (Poster)

Migrant women's access to healthcare in Turkey

Authors: *Oktem, Pinar* (Turkey); *Akalin, Ayse Emel* (Turkey); *Gelgec Bakacak, Ayca* (Turkey)

Keywords: women migrants, Turkey, gender, healthcare

Background: Turkey has “geographical reservation” to the Geneva Convention: non-Europeans are not accepted as refugees or asylum seekers. Migrants with different legal status, such as “conditional refugees” (who apply to United Nations [UN] for resettlement in a third country), “people under international protection” (Syrians), documented or undocumented migrants, all face with various forms of inequalities. This paper addresses migrant and refugee women’s access to healthcare in Turkey, which remained an under-researched topic, from a gender and human rights perspective.

Methods: A qualitative, community-based fieldwork was conducted in three cities in Summer 2014, with 41 women, having different immigration status, coming from 18 different countries (Western, Eastern Asian, African, Former Soviet Union countries). Key informants (n:14), including civil society workers, physicians, academics and UN representatives, were also interviewed. Data were analysed comparatively, using computer-based qualitative analysis software.

Results: Findings demonstrated that lack of knowledge, language barrier, discrimination in healthcare settings based on religion, ethnicity, race and gender, and the shortcomings of the national migration regime, migrant women experience serious difficulty in accessing healthcare. Especially women working in domestic care, unregistered textile work and living in non-hygienic, crowded accommodations experience worst health conditions. Double-burden that women face, in terms of being the main caregiver in family and gender-based and sexual violence is also documented.

Conclusions: Although recent national legislative and structural changes are acknowledged as important steps towards migrants’ access to healthcare, there are major gaps in implementation. Further efforts are needed to inform healthcare providers about the legislation, to provide migrants with knowledge and safe channels to access healthcare, and to secure broader measures to protect migrant women from gender-based discrimination.

Message: Turkey’s migration system is inadequate for providing quality healthcare to migrants and refugees. Women are particularly vulnerable to health risks and to discrimination in healthcare settings.

Session Code: PF7.02 (Poster)

Migration and HIV/Aids: a double penalty? Impacts of migration and diagnosis on Sub-Saharan migrant women' living conditions in France

Authors: *Gosselin, Anne* (France); *Ravalihasy, Andrainolo* (France); *Lelièvre, Eva* (France); *Lydié, Nathalie* (France); *Lert, France* (France); *Dray-Spira, Rosemary* (France); *Desgrées du Loû, Annabel* (France)

Keywords: Sub-Saharan migrants; HIV/Aids; France; biographical disruption; living conditions; legal permit for healthcare reasons

Background: Migrant women from Sub-Saharan Africa constitute the second group most affected by HIV/Aids in France. At a time when the debate at the European level is ongoing about how migrants should be welcomed, we measure the respective impacts of migration and HIV diagnosis on these women' difficulties.

Methods: The ANRS PARCOURS study is a cross-sectional retrospective life-event survey conducted between 2012 and 2013 among a random sample of 433 HIV+ Sub-Saharan migrant women in 24 hospitals in the Paris metropolitan area. We collected year by year information on settlement (dwelling, legal status, activity) and perceived well-being. We measured the impacts of migration and diagnosis on the probabilities to access activity, a stable dwelling, a legal residence permit and perceived well-being thanks to time-discrete logistic models.

Results: Migration has a strong harmful effect on occupation and perceived well-being: the probabilities of the loss of activity and poor well-being increase at the moment of migration (OR[95% CI] : 6.7 [3.2-13.8] et OR :4.47 [2.70-7.40] respectively). In France, the HIV diagnosis reduces the risk of losing an activity (OR :0.33 [0.20-0.54]) and poor well-being (OR :0.43 [0.28-0.68]). Persons who have a permit for health reasons are less likely to access to a longer term residence permit (OR :0.41 [0.22-0.77]).

Conclusions: Ill foreigners' 'double penalty' is mostly that of migration which provokes disruptions in persons' trajectories. The HIV diagnosis entails health and social care and seems to protect the occupational situation. The legal permit for health reasons constitute an obstacle to longer-term residence permits in France. Our study then calls for a better consideration of the weight of migration on living conditions in ill foreigners' care.

Message: Migration has a strong harmful effect on activity and well-being. The permit for health reasons is an obstacle in the access to longer-term residence permits in France.

Session Code: PF6.04 (Poster)

Migration and its Influence on the Knowledge and Usage of Birth Control Methods among Non-Migrant Afghan Women

Authors: *Roosen, Inez* (Netherlands); *Siegel, Melissa* (Netherlands)

Keywords: Reproductive health – Family planning – Social remittances – Health behaviour – Non-migrants - Afghan women

Background: This study analyses to what extent having a migrant in the household influences the knowledge and use of birth control among non-migrant Afghan women. Maternal mortality remains key cause of death in developing countries, which can be prevented by e.g. use of modern birth control methods. Migrants can remit birth control information received in the destination country to non-migrants remaining in the origin country, who can consequently adjust their health behaviour accordingly. This research contributes to the study of the potential role of migrants as development agents via social remittances who can support health-related development of non-migrants.

Methods: Data of the nationally-conducted Afghan Mortality Survey (2010), which has been part of the Global Demographic and Health Survey project, was used for this study. Eligible respondents for analyses were married female household members between the ages of 12 and 49, resulting in 25,419 respondents. Knowledge and use of contraceptives was compared for Pashtun and non-Pashtun women separately with and without migrant household members using ordinary least squares regression and propensity score matching.

Results: Non-Pashtun women with a migrant showed greater knowledge of injectables (2.1%, $p < .05$), the pill (1.2%, $p < .05$) and the lactational amenorrhea method (3.1%, $p < .05$) compared to those women without a migrant. Less knowledge, however, is observed for these women with a migrant in their household on male sterilization (2.6%, $p = .000$) and emergency contraception (1.7%, $p < .05$) compared to the non-Pashtun women without a migrant. In contrast, Pashtun women with a migrant in their household had lower knowledge and usage of birth control methods than women without migrant household members.

Conclusions: This study suggests that migrants in different destination countries transmit different information about birth control methods to members of their transnational networks, supporting disparities in knowledge and use of birth control methods among women remaining in the origin country.

Message: Migrants have the potential to be health-related development agents. However, the health-related information migrants receive and remit varies by destination country context.

Session Code: FA 3.2 (Oral presentations)

Migration and the Media: the effect on healthcare access for asylum seekers and refugees

Authors: *Matthews, Anna* (United Kingdom); *Mair, Frances* (United Kingdom); *Burns, Nicola* (United Kingdom); *O'Donnell, Kate* (United Kingdom)

Keywords: migration, media, UK, deservingness, asylum seekers, refugees, migrants, healthcare

Background: In Scotland asylum seekers and refugees are entitled to free healthcare at all stages of the asylum process, even if asylum is refused. However, whilst there is solid policy regarding this, a subtler discourse of deservingness is found within the public narratives of the mainstream media. For asylum seekers/refugees, newspapers can be very powerful in forming and informing public opinion about them and their entitlements, which might impact on their willingness to access care. Here we explore how discourses in mainstream media affect asylum seeking/refugee women's and healthcare workers ideas of deservingness for healthcare?

Methods: A five year media analysis examined articles from eight UK newspapers. Thematic analysis explored the general portrayal of migrants in the media, and reporting around health and migration. Qualitative interviews performed with asylum seeker/refugee women and primary healthcare staff explored how media portrayals affect them.

Results: Migration had a constant presence in the UK media. Through the repetition of themes in the media 'truths' were constructed about migration. These truths, often unfair, are internalised by asylum seeker/refugee women,; affecting their confidence in accessing services and disclosing their asylum status. All interviewees felt confused by the media portrayal of entitlement to healthcare. GPs felt that the media did not affect their care of asylum seeker/refugee women but were aware of headlines and felt they influenced the attitudes of other patients.

Conclusions: Asylum seekers/refugees felt judged, unsure about entitlement and discouraged from disclosing asylum status. It is important that healthcare staff recognise this. Regular staff training should also be performed to establish the legislation surrounding entitlement.

Message: 1. The UK media is very concerned and generally negative in its portrayal of migration. 2. Whilst the media appears disconnected from everyday clinical practice, it can affect interactions with GP, other staff and patients.

Session Code: PT2.20 (Poster)

Migrants' health need qualitative data review for district health manager: Focus groups among Burmese workers in Khaoyoi district, Thailand

Authors: Tawaytibhongs, Dr.Orawan (Thailand); Min Soe, Dr.Kyaw (Thailand)

Keywords: Migrants, Burmese, Undocumented migrants, Health needs, Focus group, Family planning program, District Health Manager, Thailand

Background: In 2013, there are approximately 3 million international migrants working around Thailand which is equal to 7% of Thailand adult workforces. Khaoyoi district which was the research field has a growing number of migrant workers as well. There are more than 10,000 international migrant workers in Khaoyoi community which is almost one quarter to the whole population. In recent years, some health problems were exacerbated such as emerging communicable diseases (e.g. MDR Pulmonary tuberculosis, Measles, Chicken pox), increasing number of ANC patients and emergency patients. Approximately more than half of emergency department visits such as minor trauma and motorcycle accidents were reported higher among migrants than native population. This number is consistent with the world report on migration health. The main concern is that migrant workers in rural area in Thailand, especially the undocumented migrants and children, have difficulties in seeking optimum primary health care due to multiple factors.

Methods: 5 focus group interviews among Burmese migrants conducted in their living facilities and at the Community Hospital in order to understand their health status, health needs, and challenges in access to primary health care. Questionnaires were created by collaboration between Myanmar doctor/researcher and Thai doctor. Number of interviewees = 52 Interviewing period were from August to November 2015 Each focus group interview last 2 hours. Consent form were obtained.

Results: Language barrier is the most crucial problem in seeking health services and health insurance. Secondly, some migrants do not know how or where to buy the insurance card ("Pragan-Sangkom": a 6 month or 1 year health insurance plan). Thirdly, when covered by the health insurance, some migrants don't know the benefits they are entitled to. Lastly, they would love to have access to family planning program but they are not receiving it from public health sectors. Some legal issues including health insurance, legal status of migrants affect their decision making of buying health care plan.

Conclusions: Migrants don't need any special health care service for them but they need more information in their own language. Information availability among migrants affects their decision making regarding health care. As well as their legal rights in relation with their status.

Message: Language barriers limit health seeking behaviour among migrants. Making information available in different languages could give access to health service for migrants regarding health insurance, health promotion etc.

Session Code: TM 2.2 (Oral presentations)

Morbidity, self-perceived health and mortality among non-Western immigrants and their descendants in Denmark in a life phase perspective

Authors: *Jervelund, Signe Smith* (Denmark); *Malik, Sanam* (Denmark); *Ahlmark, Nanna* (Denmark); *Villadsen, Sarah Fredsted* (Denmark); *Nielsen, Annemette Ljungdalh* (Denmark); *Vitus, Kathrine* (Denmark)

Keywords: migrant, morbidity, mortality, self-perceived health, health status, mental health, Denmark, review, refugee, descendant

Background: A comprehensive picture of the health status of immigrants and their descendants must guide future research and preventive efforts. This review overviews the current knowledge on morbidity, self-perceived health and mortality among non-Western immigrants and their descendants in Denmark.

Methods: A systematic search in PUBMED, COCHRANE and SCOPUS as well as in national databases was undertaken, followed by additional searches via the references of the identified publications. All publications had to be original, quantitative studies among non-Western immigrants and their descendants in Denmark and published within the last ten years. We included both peer-reviewed publications and reports from Danish authorities and national research institutions. The completeness was double-checked by national experts in immigrant health. The final number of publications included was 43.

Results: Adult immigrants had higher morbidity, but lower mortality compared to ethnic Danes: higher incidences of cardiovascular and chronic diseases, tuberculosis, dementia, mental disorders, vitamin D deficiency and a poorer self-perceived health, but decreased incidence of cancer and lower mortality. Immigrant children had higher mortality compared to ethnic Danes but also increased risk of being small-for-gestational age and premature at delivery and increased risk of Type 1 diabetes, vitamin D deficiency and poor oral health.

Conclusions: Findings reveal paradoxically that non-Western immigrants in Denmark generally have more chronic diseases and report poorer health but live longer than ethnic Danes. Nevertheless, no national strategy targeting immigrants' health has been implemented despite the importance of sustaining immigrants' health to reach the political goals of integration. Due to an aging population and the little existing knowledge on elderly immigrants as well as children, future research should include these groups, preferably employing a life-course perspective to enhance understanding of parallel processes of societal adaptation and health.

Message: In spite of a generally higher morbidity in non-Western immigrants, adult immigrants seem to enjoy a longer life-expectancy compared with ethnic Danes.

More studies are needed on the health of elderly immigrants and children.

Session Code: PT3.13 (poster)

Mortality among immigrant population in Finland in 2011-2013

Authors: *Lehti, Venla* (Finland); *Gissler, Mika* (Finland); *Markkula, Niina* (Finland); *Suvisaari, Jaana* (Finland)

Keywords: immigrants, mortality

Background: In spite of the high income level, good social security and comprehensive public health services, the mortality rate in Finland varies clearly according to socioeconomic status (SES) and is somewhat higher than in other Nordic countries. It is not known whether the mortality among immigrants differs from that of Finnish-born people. This information would be important when studying the possible health disparities and promoting the health of vulnerable populations.

Methods: This is a retrospective cohort study based on national registers. All foreign born people who were residents in Finland on 31.12.2010 and who were at least 15 years old, were identified from the Finnish Central Population Register (n=185 605). A matched control group of Finnish-born people (n=185 605) was identified from the same source. Information about dates and causes of death in 1.1.2011-31.12.2013 was collected from the Finnish Causes of Death Register (FCDR). Cox proportional hazards model was used for assessing the association between immigration status and time to death. Age, socioeconomic status and marital status were used as covariates in multivariate models.

Results: Mortality was lower both among immigrant men (adjusted hazard ratio 0.80, 95% confidence interval 0.73–0.89) and women (aHR 0.78, 95% CI 0.70–0.88) compared with people of Finnish origin. When a regional analysis was conducted, it was found that all regions of origin were associated either with equal or decreased likelihood of mortality when compared with Finland. Alcohol-related diseases and external causes were more common causes of death among Finnish men and women than among immigrants and cardiovascular diseases were more common among Finnish men.

Conclusions: The mortality of immigrants even from very low-income countries is lower compared with Finnish-born people, which may suggest that they may actually be healthier. This may reflect more favourable health behaviour among them, but it may also be explained by selective migration. Studying the mechanisms further would be useful for the planning of preventive measures both among immigrant and Finnish populations.

Message: Immigration background is a factor that should be taken into account when studying mortality. In Finland, immigrants have a lower mortality despite of their supposed disadvantage.

Session Code: TA 2.3 (Oral presentations)

Mortality and ethnicity: minorities fare better than the White Scottish group in the Scottish Health and Ethnicity Linkage Study

Authors: *Bhopal, Raj* (United Kingdom); *Cezard, Genevieve* (United Kingdom); *Douglas, Anne* (United Kingdom); *Millard, Andrew* (United Kingdom); *Steiner, Markus* (United Kingdom); *Buchanan, Duncan* (United Kingdom); *Katikireddi, Vittal* (United Kingdom); *Sheikh, Aziz* (United Kingdom); *Gruer, Laurence* (United Kingdom)

Keywords: Mortality Ethnicity linkage studies socio-economic confounding country of birth

Background: Ethnic minority groups in Europe, are often said to have worse health than the majority, long-settled populations. Some research shows a 'healthy immigrant effect'. Data on this topic by ethnicity, which include locally born people as well as immigrants, are sparse.

Methods: The Scottish census 2001, giving self-reported ethnicity for a cohort of 4.62 million people, was linked to death records over a 12 year follow up period. We used Poisson regression with person years as the denominator. We calculated rate ratios (RR) for 13 ethnic groups, multiplied by 100 for easier interpretation. White Scottish were the reference population. Age; three socio-economic indicators Scottish Index of Multiple Deprivation, household tenure, educational status); and country of birth (COB) were examined as confounding variables.

Results: In men, only the Any Mixed Background group had a RR higher than the reference (111.3 95% CI 89.5, 138.6). The RR for other minority groups was low e.g. Chinese (52.2, 95% CI 41.7, 65.4). Adjusting for COB and the three socio-economic (SE) variables attenuated but did not remove the differences in RRs (95% CI excluded reference value) e.g. Other White British (89.4), Indian (82.6), Pakistani (75.5), Chinese (59.3). In women, all ethnic minority groups had RRs lower than the reference value with 95% CIs excluding 100 e.g. Other White British (75.2), Other White (76.2), Indian (60.7), Pakistani (73.8), Caribbean (57.5), Chinese (65.8). Adjusting for SE variables and COB, the differences remained for Other White British (91.1), White Irish (89.2), Indian (78.1), Pakistani (87.3), and Chinese (80.3) groups, with 95% CIs excluding 100.

Conclusions: Most ethnic minority groups had lower all-cause mortality than the majority White Scottish population, a finding that remained after adjustment for country of birth and socio-economic status.

Message: The results counter the perception that ethnic minorities' health is worse than the majority population. The picture is complex, changing and probably varies by country.

Session Code: SM 2.6 (Oral presentations)

Motives and expectations for requesting clitoral reconstructive surgery after female genital mutilation/cutting – the Swedish experience

Authors: *Jordal, Malin* (Sweden)

Keywords: female genital mutilation, health care, clitoral reconstruction, migration, surgery

Background: An estimate of 38 000 women and girls living in Sweden may have undergone female genital mutilation/cutting. Most of these belong to a marginalized minority of immigrant women from countries where the practice is widespread. Reconstructive surgery of the clitoris has been available in Sweden since 2014. Knowledge on women's own perceptions of the surgery can inform guidelines for optimizing care reducing negative health consequences after female genital mutilation/cutting. This paper explores women's motivation and expectations for requesting clitoral reconstructive surgery.

Methods: The study is qualitative and the inclusion criteria were 'women who have undergone female genital mutilation/cutting and intending to go through clitoral reconstructive surgery'. Fifteen women recruited at Karolinska University Hospital were interviewed individually using semi-structured interviews.

Results: Women perceive their vulva as 'abnormal' and damaged due to the cutting. They had experienced long-lasting problems related to menstruation, sexual function, and body image. Being stigmatized in contact with male sexual partners and/or health care providers increased motivation for requesting surgery. While sexual sensations and orgasms were described, lack of sexual desire, pleasure and possibility to have an orgasm was prominent. Not feeling 'whole' and wanting to reclaim what was violently and unjustly taken from them was a leading thread throughout the interviews. The women were uncertain, but hopeful of the surgery which held a promise of repaired sexuality, ability to attain 'normal' genitalia, and to look like other, non-mutilated women.

Conclusions: Women request surgery in an attempt to reclaim their bodies, take charge of their sexual well-being, and to become 'normal' according to the Swedish norm.

Message: Women request clitoral reconstructive surgery after female genital mutilation/cutting due to a desire to take charge over their own bodies and as a means of becoming 'normal' in the Swedish context.

Session Code: TM 2.4 (Oral presentations)

Multimorbidity according to immigrant origin, reason for migration and length of stay. A Nationwide register-based study in Norway.

Authors: *Diaz, Esperanza* (Norway); *Calderón-Larrañaga, Amaia* (Spain); *Poblador-Pou, Beatriz* (Spain); *Kumar, Bernadette N* (Norway); *Prados-Torres, Alexandra* (Spain); *Gimeno-Feliu, Luis-Andrés* (Spain)

Keywords: Emigrants and immigrants; Multimorbidity; Population Register; Chronic Disease; Primary Health Care

Background: Immigrants' heterogeneity is apparent with respect to prevalence of chronic physical and mental disease. Multimorbidity provides a new framework in understanding chronic diseases holistically as the consequence of environmental, social, and personal risks that contribute to a wide variety of illnesses.

Methods: This nationwide multi-register study in Norway enabled us i) to study the associations between multimorbidity and immigrant status measured as both immigrant geographical origin and reason for migration, and ii) to determine the impact of the length of stay in Norway on the prevalence of multimorbidity across immigrants groups. The National Population Register and the Norwegian Health Economics Administration database were linked at the individual level. Several binary logistic regression models were conducted.

Results: Multimorbidity rates were lower for immigrants compared to Norwegian-born, with unadjusted odds ratios (OR) and 95% confidence intervals of 0.38 (0.37-0.39) for Eastern Europe, 0.58 (0.57-0.59) for Asia, Africa and Latin America, and 0.67 (0.66-0.68) for Western Europe and North America. For immigrants, multimorbidity was lower among labour (OR (95%CI) 0.23 (0.21-0.26) and 0.45 (0.40-0.50) for men and women respectively) and education (0.40 (0.32-0.50) and 0.38 (0.33-0.43)) and higher among refugees (1.67 (1.57-1.78) and 1.83 (1.75-1.92)), compared to family reunification. For all groups, multimorbidity doubled after a five-year stay in Norway, with OR ranging from 1.7 (1.6-1.8) for refugees to 3.0 (2.6-3.4) for labour immigrants.

Conclusions: Using a holistic health status measure, our results accord to the known "healthy immigrant effect" at arrival but also suggest quick health deterioration among some immigrant groups.

Message: Norwegian-born presented higher multimorbidity levels compared to immigrants. Multimorbidity was highest among refugees at arrival but increased quicker among labour immigrants, especially females.

Session Code: SM 1.2 (Oral presentations)

Needs assessment for a family-centered approach to prevent overweight among African-Surinamese and West-African children in Amsterdam

Authors: *Hartman, Marieke* (Netherlands); *Agyemang, Charles* (Netherlands); *Stronks, Karien* (Netherlands); *Beune, Erik* (Netherlands)

Keywords: community-based participatory research, ethnic inequalities, prevention, overweight, obesity, children, health, African, family, migrants

Background: Ethnic inequalities in overweight and obesity are already seen in children and track into adulthood causing inequalities in health. As parents play a crucial role in shaping children's weight-related behaviors, family-centered approaches are promising to prevent overweight among children. How a family-centered approach for ethnic minority groups should look like is unknown and requires input from families and the community. This study aimed to assess African-Surinamese and West-African families' needs and community capacities for intervention design to prevent overweight among children

Methods: Using a community-based participatory approach, we conducted 10 focus groups and two community meetings with African-Surinamese and West-African parents, community leaders and healthcare professionals in an ethnically diverse and socio-economically disadvantaged neighborhood in Amsterdam, the Netherlands. We discussed family needs, influence on child behavior (barriers and enablers) and community capacities with regard to a healthy weight. Interviews were fully transcribed and analyzed by content analysis using Max-QDA.

Results: Community leaders identified mothers and, if living nearby, extended family as the most influential on children's behavior and explained that cultural habits and norms regarding weight perceptions, the role of food, exercising (no sport cultures) and sleeping (bedtimes set to sunset) are passed on from parents to children. The main family needs expressed by parents were neighborhood safety, stability in live (daily structure, housing, income), less stress and knowledge, awareness, skills with respect to a healthy lifestyle. Community involvement in intervention design and implementation was perceived as a crucial factor to make optimal use of capacities such as trust, expertise and reach

Conclusions: In the prevention of childhood overweight in ethnically diverse and socio-economically disadvantaged children, basic family needs play an important role in a supportive healthy weight-related environment. Community involvement results in great commitment for intervention design and implementation. Collaborated efforts from community leaders and professionals are needed in creating a supportive family environment before actual behavior change is possible

Message: In the prevention of childhood obesity in ethnic diverse populations, creating a supportive family environment is crucial before weight-related behavior change is possible. Community involvement results in community commitment.

Session Code: TM 1.2 (Oral presentation)

Non access to vaccinations among migrant and ethnic minorities' children : analysis from Doctors of the World International Network Observatory

Authors: *Chauvin, Pierre* (France); *Simonnot, Nathalie* (France); *Vuillermoz, Cécile* (France)

Keywords: Non access to vaccinations - legislations hindering children access to prevention

Issue: Since 2006, the Doctors of the World International Network Observatory data collected show that a majority of children seen in face to face medical consultations in our free clinics in 11 countries had not been vaccinated, mainly due to legislations and practices hindering children's access to vaccination, .

Description of the problem: A common questionnaire was used in 13 countries in 2015 (11 in 2014) including the issue of vaccinations for children (tetanus, MMR, hepatitis B, whooping cough). A legal analysis of health systems and barriers to vaccinations is also published to propose legal changes to reduce inequalities in access to vaccinations.

Results: Of the 652 minors for whom data was collected in 2014, only 43.3% had been vaccinated against tetanus. This rate is even lower for whooping cough (41%), hepatitis B (40%), and MMR (35.8%). In addition, 40% of the patients had no idea where to go to get their children vaccinated. Some countries keep on having legislation and practices hindering the access of undocumented children to vaccinations.

Lessons: The analysis of the data collected from children facing multiple vulnerabilities (especially those of undocumented migrants and ethnic minorities) together with the legal barriers show the extent to which these children basic rights to health care and prevention are still ignored in our countries. In 5 of the 11 countries included in the analysis in 2014, legal obstacles to prevention/ vaccination exist. In 2015, our analysis will include 3 more countries. Not being vaccinated is also a barrier to access schools in the countries where it is a pre requisite. Changes in laws and practices have to be implemented to reduce inequalities in health, so that most vulnerable children get protected.

Message: A majority of children seen in Doctors of the World free clinics do not access vaccination, mainly due to legislations hindering access to prevention for undocumented migrants and ethnic minorities' children. Changes in health policies need to be implemented to respect children's right to protection.

Session Code: PT5.01 (Poster)

Non-utilization of medical rehabilitation before the occurrence of early retirement among foreign nationals residing in Germany

Authors: *Weyermann, Maria* (Germany)

Keywords: medical rehabilitation; early retirement; Germany; foreign nationals

Background: In Germany the statutory pension insurance fund covers the cost of rehabilitation treatment for employees whose working capacity is endangered due to health problems. The underlying principle called “rehabilitation over retirement” is the concept to avoid early retirement due to health problems by rehabilitation. In 2013 about 6.8 million people residing in Germany (8.5% of the total population) have a foreign nationality. The aim of the study is to describe the utilization of medical rehabilitation before the occurrence of early retirement among foreign nationals residing in Germany from 2003 to 2013.

Methods: Analysis based on 20% random samples of administrative pension records from the Research Data Centre of the German Federal Pension Insurance, which include of all new cases of early retirement. We used logistic regression models to investigate the risk of non-utilization of medical rehabilitation during five years before the occurrence of early retirement. In addition to non-German citizenship age, sex, marital status, school and vocational education, professional career, annual income and diagnoses were considered as potential risk factors.

Results: Among all early-retired patients 49.3% (152057 out of 308168) did not utilized medical rehabilitation during five years before the occurrence of early retirement. Compared to persons with German citizenship foreign nationals had an increased risk for non-utilization (17384 out of 29783; 58.4%; crude OR: 1.50; 95% CI: 1.46 – 1.53). After adjustment for further risk factors risk decreased to 1.29 (95% CI: 1.26 – 1.33).

Conclusions: Utilization of medical rehabilitation is lower in foreign as compared to German nationals. This difference can only in part be explained by socio-economic differences or poorer health before rehabilitation.

Message: Among all early-retired patients 49.3% did not utilized medical rehabilitation during five years before the occurrence of early retirement. Utilization of medical rehabilitation is lower in foreign as compared to German nationals.

Session Code: PF1.03 (Poster)

‘Our Voice’: the lived experience of vulnerability of a Roma Gypsy Travelling Community

Authors: *Heaslip, Vanessa* (United Kingdom)

Keywords: Vulnerable, Romany, Phenomenology

Background: People can experience feeling vulnerable whenever their health/usual function is compromised, increasing when they enter unfamiliar surroundings/situations or relationships. Vulnerability can also be heightened through interaction between the individual and society; as such it is a dynamic concept. Yet this complex, elusive phenomenon is ill defined within the literature. Roma Gypsy Travellers (RGT) are often identified as a vulnerable community due to increased morbidity/mortality as well as their marginalised status, yet the perspective of individuals within this community have not been heard. As such, how do we know how, and in what way, individual RGT may feel vulnerable? This paper shall present the lived experience of vulnerability of a RGT community, identified through a PhD study.

Methods: Individual and group interviews were undertaken with GRT across the South West of England during 2013-14. The study consisted of two phases; breadth phase utilising narrative interviews followed by a depth phase illuminating the essence of vulnerability using Descriptive Phenomenology.

Results: The breadth phase identified four facets of vulnerability, one of which related to being part of a cultural group whose identity was under threat. This last facet of vulnerability was incredibly evocative, as such, it was the phenomenon explored during the depth phase. During the depth phase six constituents of vulnerability were identified.

Conclusions: This study illuminates a light on experiences of vulnerability of a largely hidden group within society, presenting their voice alongside the academic discourse. In doing so, it presents an alternative picture which can assist in understanding some of the poorer health outcomes experienced by this community.

Message: In order to address health inequalities experienced by RGT it is fundamental to understand their lived experienced of vulnerability. Only then will services be developed that are culturally sensitive.

Session Code: PF3.03 (Poster)

Outpatient care of children with a migrant background in the German Health Interview and Examination Survey for Children and Adolescents (KiGGS) - use of medical services and satisfaction

Authors: *Frank, Laura* (Germany); *Yesil-Jürgens, Rahsan* (Germany); *Schmitz, Roma* (Germany)

Keywords: use of medical services, satisfaction, KiGGS, migrants, children

Background: Many children and adolescents in Germany grow up in families with a migration background (MB). However, data on the health situation among those children and adolescents is limited. The aim of this study was to examine whether the utilization of medical outpatient care and the satisfaction with the medical care differ between children and adolescents with and without MB.

Methods: Between 2003 and 2006, the national German Health Interview and Examination Survey for Children and Adolescents (KiGGS) was carried out, including 17,641 children and adolescents aged 0-17 years. Data on demographic characteristics, MB, country of origin, duration of stay, level of German language skills, residential status and utilization of medical services were assessed by self-administered questionnaires filled in by parents and children aged ≥ 11 years themselves.

Results: Pediatricians or general practitioners were more often utilized by children and adolescents without MB compared to children with MB. Among participants with a MB the utilization of medical services differed between countries of origin. Among those with a low socioeconomic status (SES) the consultations of further medical specialists were lowest among participants with a two-sided MB. In contrast, among participants with a high SES no differences were observed with regard to the MB. The odds ratio with 95% confidence interval for the utilization of a further medical specialist was 0.79 [0.55-1.10] in participants with a one-sided MB and 0.60 [0.42-0.86] in participants with a two-sided MB compared to participants without a MB. The satisfaction of the last medical service was lower among participants with a two-sided MB compared to participants without a MB (34% vs. 52%). With respect to the country of origin, participants from former Soviet states were the least satisfied.

Conclusions: The study showed considerable differences in utilization and satisfaction with medical services between children and adolescents of different origin. This underlines the importance of focusing on migrant-specific prevention in order to reduce the differences in utilization of outpatient medical care in children and adolescents with and without MB in Germany.

Message: A two-sided MB was associated with lower use of medical services and lower satisfaction with the medical care among children and adolescents in the KiGGS Study.

Session Code: FM 4.5 (Oral presentations)

Parental smoking and adult offspring smoking in migrant populations: an intergenerational analysis

Authors: *Ikram, Umar* (Netherlands); *Snijder, Marieke* (Netherlands); *Derks, Eske* (Netherlands); *Peters, Ron* (Netherlands); *Kunst, Anton* (Netherlands); *Stronks, Karien* (Netherlands)

Keywords: smoking; migrant family; parent; adult offspring; ethnic minorities

Background: Smoking rates among migrants do not necessarily converge to native population patterns over time. To understand this slow convergence little attention has been paid to family influences which might be strong in migrant populations. We assessed to what extent parental smoking determines smoking behaviours in adult offspring in a multi-ethnic sample.

Methods: We used cross-sectional parent-offspring data from the HELIUS study, collected in Amsterdam (the Netherlands) from January 2011-December 2014. The sample consisted of 239 Dutch, 396 South-Asian Surinamese, 366 African Surinamese, 363 Turkish, 361 Moroccan, 181 Ghanaian parent-offspring pairs, with a mean parental age of 55 years and offspring age of 28 years. Current parental smoking was self-reported, along with duration of smoking, number of cigarettes and nicotine dependency status (using Fagerstrom). Offspring smoking behaviours were assessed by self-reported current smoking, heavy smoking (>10 cigarettes/day), and nicotine dependence. Logistic regression models were used for analysis.

Results: Overall, in migrant populations parental smoking was significantly related to offspring smoking behaviours (e.g., current smoking: odds ratio 2.31; 1.70-3.14), with some between-group variations. These relationships were similar across education strata. The relationships tended to be stronger in those <30 years (current smoking: 2.86; 1.94-4.22 vs. 1.55; 0.90-2.69 in ≥30 years), those cohabiting with parents (3.52; 2.15-5.76 vs. 1.72; 0.97-3.05 in those non-cohabitating), those oriented at Dutch culture (2.45; 1.64-3.16 vs. 1.58; 0.63-3.98 in those not-oriented), and in gender-concordant pairs (mother-daughter 3.05; 1.74-5.36 vs. mother-son 1.80; 0.99-3.27). Dose-response relationships were observed for duration of exposure to parental smoking, number of cigarettes by parent, and parental dependency status.

Conclusions: Parental smoking strongly impacts adult offspring smoking behaviours in migrant populations, occurring in a dose-response manner. This parental impact is particularly observed in younger offspring, those cohabiting with parents, those oriented at Dutch culture, and gender-concordant parent-offspring pairs. These strong parental influences might explain why smoking patterns among migrants poorly converge to native population patterns.

Message: 1. Parental smoking strongly determines smoking behaviors in adult offspring in migrant families, occurring in a dose-response manner. 2. This may help explain the slow convergence to the smoking patterns of the native population.

Session Code: TM 1.1 (Oral presentation)

Participatory HIV intervention research with migrant sex workers: Contribution for better policy and practice

Authors: *Dias, Sónia* (Portugal); *Gama, Ana* (Portugal); *Simões, Daniel* (Portugal); *Mendão, Luís* (Portugal)

Keywords: migrant sex workers; HIV intervention research; participatory; knowledge translation; policy and practice

Issue: Migrant sex workers are particularly vulnerable to HIV infection. Yet, these populations tend to be understudied and underserved. Most HIV prevention-control strategies have disregarding migrants' needs.

Description of the problem: Calls have been made for new approaches that reduce knowledge producers-studied populations gap and translate evidence into effective policy and practice. We conducted a participatory HIV intervention research for diagnosis/needs assessment and implementation of interventions to address identified needs.

Results: The project operated in a synergistic alliance of actors (policy-makers, health professionals, academics, NGOs and community members) with shared governance and decision-making in all phases of the project through participation in workshops, consultee seminars and community advisory board meetings. The project initiated with a participatory research and developed into interventions comprising peer education, activities of IEC and HIV testing in community settings. This process triggered the capacity building of all stakeholders to work in innovative ways to obtain knowledge and evidence, becoming better informed and prepared to undertake effective actions. It favoured policy and practice targeted to most-at-risk subgroups as migrants, including the development of an integrated-response community-based centre and new funding opportunities for intervention research.

Lessons: Rather being standardised across settings, intervention-research projects are dynamic and conducive to changes by the capability created from their interaction with the context. The involvement and participation of the actors enhance their capacity for conceiving sexual health policy and practice more relevant, coherent and responsive. Despite being a complex, challenging and lengthy process that demands a paradigm change, adopting a participatory approach is an effective way to obtain evidence on specific needs of a difficult-to-access population and develop targeting policies and actions.

Message: Participatory approach in HIV intervention research with migrants is crucial to produce knowledge translatable into adequate policy and practice.

Active involvement and participation of community partners in HIV intervention-research implementation contribute for community's capacity-building to address HIV prevention needs.

Session Code: FA 1.1(Oral Presentation)

Patient education for non-Western immigrants with diabetes in Norway

Authors: *Tran, Anh Thi* (Norway)

Keywords: Diabetes, patient education, non-Western immigrants

Background: Diabetes prevalence is higher in immigrant groups from Asia and Africa than in the indigenous populations in the European countries, including Norway. A cornerstone in the diabetes treatment is the patient education, as the basics for self-care. Diabetes education within this context needs special skills for the health care providers in primary care, and special components.

Objectives: Our education program aims to 1/ develop and provide culturally adapted education for type 2 diabetes patients from Pakistan, Sri-Lanka, Turkey and Somali and 2/ strengthen cultural competence among health care providers in the Eastern part of Oslo, the capital of Norway.

We create a group-based education which takes place in the community. The participants are offered four meetings, three hours each with the diabetic team consisting of three educators (i.e, one diabetic nurse, nutritionist, public health coordinator) and a translator. The teaching methods are dialog, sharing of experience, physical activity and homework.

Experiences: 10 courses in four different languages (i.e, Urdu, Tamil, Turkish, Somali) between 2010-2015. The participants were men and women. The patients reported improved knowledge about diabetes, healthy diet, and physical activity, available services in the community and from the Norwegian Diabetes Association. The diabetes team stated enhanced cultural competence.

Lessons: :In a multiethnic population, it is accessible to provide culturally adapted education in primary care for immigrants with diabetes to improve their health literacy, ability for self-care and hopefully quality of life. This education program can be useful for non-Western immigrants with diabetes and/or with other chronic diseases, living in other counties of Norway.

Message: :Group-based culturally adapted education for immigrants with diabetes and strengthening cultural competence for health care providers are essential and accessible.

Session Code: FA 3.5 (Oral presentations)

Perceived necessity and use of professional interpreters in daily care practice

Authors: *Triemstra, Mattanja* (Netherlands); *Veenvliet, Charlotte* (Netherlands); *Bos, Nanne* (Netherlands); *Zuizewind, Chantal* (Netherlands); *van Meersbergen, Diederik* (Netherlands); *Plass, Anne Marie* (Netherlands)

Keywords: migrant patients, professional interpreters, quality of healthcare

Background: Healthcare providers might make use of professional interpretation services to overcome language difficulties in the communication with their migrant patients. This study aims to reflect on the use and perceived necessity of professional interpreters in daily care practice. How often and when are professional interpreters essential in order to guarantee the quality of care?

Methods: The study consisted of: 1) a national web survey among healthcare professionals (e.g. specialists, nurses, general practitioners, psychologists, social workers) in the field of hospital care, general practice, mental health care, youth health services and obstetrics; and 2) a structured questionnaire for healthcare professionals to register characteristics of their consultations with migrant patients (e.g. gender, age, health problem, use of interpreters etc.) in four urban areas of the Netherlands (Amsterdam, the Hague, Rotterdam and Utrecht).

Results: In more than one third of the contacts with migrant patients (37%, 414 of 1119), the healthcare provider felt that a professional interpreter was required, whereas in only 25% of these cases an interpreter was actually used. Instead, informal interpreters (44%), various aids (9%; e.g. dictionaries) or no alternatives (47%) were used. Eventually, in half of the contacts (54%) language barriers remained as the alternatives proved to be inadequate. Main reasons for not using professional interpreters were a lack of finance (36%), lack of time (30%), providers' policies (29%), misjudgment by the care professional (25%), or patients' preferences for an informal interpreter (16%).

Conclusions: Although healthcare providers feel that professional interpreters are essential in at least one third of their contacts with migrant patients, this only occurs in 25% of these cases. This underuse of interpreters mainly has to do with finances and organizational aspects, but it also depends on the professional judgment and patient preferences.

Message: 1) This study shows the need and actual use of professional interpreters in daily care practice. 2) Results can be used for a guideline on indicating interpreter services, to fit patients' needs.

Session Code: FM 3.5 (Oral presentations)

Perinatal health and migration in Berlin - modes of delivery of immigrants reflected in a transnational context

Authors: *Borde, Theda* (Germany); *Brenne, Silke* (Germany); *Breckenkamp, Jürgen* (Germany); *Razum, Oliver* (Germany); *David, Matthias* (Germany)

Keywords: Caesarean section, country of origin, immigrants

Background: The frequency of caesarean section (CS) delivery is increasing worldwide but varies between countries and is among other factors determined by the quality of obstetrics care. While highest CS rates are observed in Turkey, Mexico, Brasil and China (about 50%), in some northern countries CS rates are lower than 20%. Studies comparing the mode of delivery between immigrant and non-immigrant women show similar or higher CS rates for immigrants. Question: Are patterns in the mode of delivery transferred transnationally?

Methods: A standardised interview on admission to delivery wards at three Berlin obstetric hospitals was performed in a one-year period in 2011/2012. Questions on socio-demographic and care aspects, migration status and country of birth were included. Data was linked with information from the expectant mother's antenatal records and with perinatal data routinely documented in the hospital.

Results: The data of 7100 women (response rate 89.6%) were analysed; 39,7% were first generation immigrants from various countries, 13,5% second generation and 46,8% non-immigrants. The overall CS rate (34,4%) was similar for non-immigrant and immigrant women. However, their country of birth had a decisive influence on the delivery mode: while women born in Turkey and Lebanon had significantly lower CS rates, they were significantly higher in women from Latin America and Africa; especially due to higher emergency CS rates.

Conclusions: Patterns in the delivery mode from the country of origin are not transferred transnationally and can only be explained in the context of the respective national health care system. More confidence in the quality of care in Germany may result in higher rates of vaginal delivery in some immigrant groups, whereas communication barriers may explain higher rates of emergency CS in other immigrant groups. Specific risk- and protective-factors of an increasingly heterogeneous immigrant population deserve more attention

Message: Patterns in the delivery mode from the country of origin are not transferred transnationally and can only be explained in the context of the respective national health care system. Specific risk- and protective-factors of an increasingly heterogeneous immigrant population deserve more attention.

Session Code: TA 3.6 (Oral presentations)

Personal Well-being of Irregular Migrants in Greece and Turkey

Authors: *Kuschminder, Katie* (Netherlands); *Vanore, Michaella* (Netherlands)

Keywords: Irregular migration, personal well-being index, asylum-seekers

Background: It is well known that irregular migrants face challenges in their economic, social, and political rights due to their lack of status, which has been shown to impact their wellbeing. The majority of research conducted on the wellbeing of migrants has been qualitative. The objectives of this paper are to 1) examine if migrants in Greece and Turkey are satisfied with different dimensions of their lives; 2) contribute to the first psychometric data for the personal well-being index (PWI) for this migrant group, and 3) compare results to existing studies of PWI among other migrant groups.

Methods: This study is based on a sample of 1,056 migrants from Afghanistan, Iran, Iraq, Pakistan, and Syria residing in Athens and Istanbul. The surveys were collected by migrants from the communities of origin of each group. The personal well-being index (PWI) was implemented to capture migrants' perceptions of their well-being in seven domains: standard of living, health, life achievements, personal relationships, personal safety, feeling part of the community, and future security.

Results: The results show that the average PWI across the sample in both countries is 50.3. The average PWI in a western population is 75 (Cummins et al., 2003). In a study of labour migrants in Indonesia the PWI was found to be 70 (Nielsen and Sendjaya, 2014), and in a study of off-farm migrants in China who had relatively difficult lives, which could indicate a potential lower bound of PWI scores, the average PWI was 62.6 (Nielsen, Smyth and Zhai, 2010). According to Cummins et al. (2003) a score below 60 represents an at-risk group that is of concern for personal well-being. The results clearly demonstrate that the majority of migrants in the sample are considered at risk, with particularly low levels of wellbeing in the following domains: standard of living (37), life achievements (42), and feeling part of the community (43).

Conclusions: This is the first known study to investigate the PWI of primarily irregular migrants in Greece and Turkey. The PWI of migrants in Greece and Turkey is significantly lower than the PWIs of other groups of migrants collected in other settings.

Message: The PWI of primarily irregular migrants in Greece and Turkey is a cause for concern, as it is significantly below other migrant- and non-migrant sample averages.

Session Code: TA 1.4 (Oral presentation)

Pilot testing of training packages for health professionals in Slovakia as a part of MEM TP project.

Authors: *Kállayová, Daniela* (Slovakia); *Nemčovská, Eva* (Slovakia); *Majdan, Marek* (Slovakia); *Kállay, Andrej* (Slovakia)

Keywords: pilot testing, health professionals, educational needs

Background: The project "Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma (MEM-TP)" has received funding from the European Union. Project aims to improve access and quality of health services for migrants and ethnic minorities in the EU countries by reviewing, developing, testing and evaluating training of front-line health professionals in migrant and ethnic minority health. Slovakia has been one of the six piloting countries. Training package was piloted also in Denmark, Italy, Poland, Romania, and Spain. The Slovakia pilot taken place in May 2015, has been evaluated and the model training package was revised accordingly.

Objectives: The main aim of piloting in Slovakia was evaluation of developed training materials in national context. Materials aim to increase cultural awareness and sensitivity of the health professionals, develop their managerial and administrative competence in regard to the target populations' health needs and rights, improve professional competence in relevant health conditions, and increase the professionals' awareness of barriers to access.

Experiences: Our participants were mainly nurses. Main obstacles and difficulties we have observed with general practitioners participation. Three days of training in a row poses a problem and prevents some professionals from attending. Training activities in regard to appropriateness of methodologies was very well designed, our participants were very active and they discussed a lot. Different health professions were inspiring each other with their own perspectives and experiences. We had very low feedback response rate from our respondents after training.

Lessons: We have found that our participants agreed that the topic is very important, and becoming more and more necessary also in Slovakia. We have found that there are stereotypes among health professionals in Slovakia, and participants were less sensitive to diversity. Three days workshop is too long for health professionals under the conditions of our country. There is a need to have less theoretical presentations and more practical activities during the training, especially discussions and sharing of experience and views has been useful. There is a big need for this kind of training packages in Slovakia, despite low number of migrants in Slovakia. Slovakia is a country full of stereotypes, and not enough sensitive to diversity. There is a big need to start discussions with professional bodies in Slovakia how to incorporate "health of migrant and ethnic minorities" topic to the pre-gradual and post-gradual medical or other health education. There is a need to involve not only health professionals, but also other as for example health care managers and decision makers.

Message: Utility of learned knowledge and its real impact on the quality and accessibility of health services for migrants and ethnic minorities in practice should be our next goal.

Session Code: TM 4.4 (Oral presentations)

Political Institutions and health policies towards migrants: an ecological analysis of 40 Western countries.

Authors: *Lorant, Vincent* (Belgium); *Nazroo, James* (United Kingdom)

Keywords: political institutions; health policies; MIPEX; ecological design;

Background: Most European societies are increasingly diverse and in need to cope with the recent challenge of refugee. Yet, health policies towards migrants, ethnic minority groups, and refugees remained suboptimal in many European countries. The reasons why some countries are lagging behind remained, however, obscure. So far, these differences have been associated with welfare policies or integration policies. Here, we suggest an alternative approach: health policies should be explained by the working of political institutions, which, in the end, at the one enacting changes. A better understanding on how political institutions work is required to bring about better policies towards migrants and ethnic minority groups. Our aim is to explain differences of health policies towards migrants across 40 European and Western countries by the effectiveness of the political institutions in these countries.

Methods: We used an ecological design and merged the information from the recent MIPEX- Health strand survey carried out in 40 European and Western countries with the Database of Political Institutions of the World Bank. Using regression models, we hypothesized that health care policies were more likely to be migrant-friendly in countries with left-wing parties, with decentralized decision-making and proportional voting system, and with a longer tradition of democracy. We analysed four sub-dimensions of migrant health policies: entitlements, access, responsiveness and measure to achieve changes.

Results: Decentralization was associated with poorer migrant friendly policies for access and entitlements but with better policies for responsiveness. The opposite was found for proportional voting: it led to better access and entitlements for migrants but lower responsiveness. A longer experience of democracy in the country and the older a party in government, the better the migrant friendly policies. Left-wing parties were not associated with more migrant-friendly policies.

Conclusions: Responsiveness should be addressed at the local level whereas entitlement should be addressed at the national-level even in fragmented political institutions; advocacy for migrant friendly policies should be tailored to all traditional political parties.

Message: A better understanding on how political institutions work is required to bring about better policies towards migrants and ethnic minority groups.

Session Code: SM 2.4 (Oral presentations)

Postpartum depression, prevalence and risk factors in a multiethnic population

Authors: *shakeel, Nilam* (Norway); *Eberhard-Gran, Malin* (Norway); *sletner, Line* (Norway); *Slinning, Kari* (Norway); *W.Martinsen, Egil* (Norway); *Jenum, Anne Karen* (Norway)

Background: Ethnic minorities in Western countries are often exposed to stressors before and during migration and after resettlement which may adversely affect their mental health and place them at higher risk for the development of postpartum depression. Little is known about depressive symptoms and risk factors for postpartum depression for ethnic minority groups living in Western societies. Our aim was to identify the prevalence of postpartum depression and associations with ethnicity and other risk factors.

Methods: Population-based, prospective cohort of 643 pregnant women (59% ethnic minorities) attending primary antenatal care from early pregnancy to postpartum in Oslo between 2008 and 2010. Questionnaires covering demographics, health problems and psychosocial factors were collected through interviews. Postpartum depression was defined as a sum score ≥ 10 by the Edinburgh Postnatal Depression Scale (EPDS) at 14 weeks postpartum. The Edinburgh Postnatal Depression Scale (EPDS), a 10-item, self-rating scale. The sum score ranges from 0 to 30 points, with higher score indicating more symptoms. This instrument has been found to have good sensitivity and specificity when tested against other assessment methods

Results: Our preliminary results show that prevalence of depression was significantly different between Western Europeans: 4.8 % (95 % CI: 2.26-7.34) and ethnic minorities: 12.7% (9.31-16.09). Ethnic minorities (OR=3.69; 95% CI (1.68-8.10)) had significantly higher risk for depression than Western Europeans. When adjusting for socioeconomic position, the OR was reduced by approximately 19 % (OR=2.97 (1.31-6.71)). Other significant risk factors were recent adverse life events and self-reported history of depression.

Conclusions: The prevalence of postpartum depression was significantly higher in ethnic minorities. The increased risk persisted after adjustment for other risk factors.

Message: our findings point to the potential for improving mental health among high-risk ethnic minority pregnant women by improving socioeconomic conditions.

Session Code: PF1.05 (Poster)

Practical approaches to socio-cultural health promotion within the group of migrant sex workers.

Authors: *Seebacher, Simone* (Austria)

Keywords: Public Health, Health and social inequalities, Migrant Health, Health promotion methods

Background: Migrants represent an ever-increasing number of people in the host countries. They are more frequently found in the lower social classes, have less access to health-promoting resources and demonstrate a worse health status. They are increasingly affected by poverty and more often confronted with precarious work conditions, like in sex work. Apart from the socio-political circumstances, the cultural aspects of migrants' realities often represent an important barrier to the successful implementation of health promotion programs. The aim of this work is the analysis of the criteria which appear to be essential for the implementation of health promotion programs among migrant sex workers. By focusing on strategic methods and measures, which take into account social, political as well as cultural realities, the extent of the contribution of these aspects to the reduction of social and health inequality is explored.

Methods: The study was based on the analysis of the work methods of six NGOs in selected cities in Spain and Austria in 2015. Empirical data collection was chosen as the primary research method. In addition to archival research on project reports and working materials, expert interviews and participant observation were conducted.

Results: Data show that health-promoting concepts, such as participation, empowerment and social networking, illustrate particularly important measures for sustainable health promotion. Two critical findings are the extensive disregard of sex work customers in health promotion activities; and the excessive hygienic practices of sex workers, especially in Spain.

Conclusions: Sex workers in both countries live and work in socio-political conditions which aggravate health inequalities. Health promoting programs need to consider socio-political and cultural realities to further contribute to the reduction of health inequalities.

Message: The need to consider country-specific, socio-cultural as well as political patterns when designing successful health promotion strategies. The urgent necessity to formulate client-oriented programs.

Session Code: PF2.02 (Poster)

Pre-entry health assessments for UK-bound refugees: the development of evidence based technical instructions

Authors: *Campos-Matos, Ines* (United Kingdom); *Smith, Gemma* (United Kingdom); *Zenner, Dominik* (United Kingdom); *Kirkbride, Hilary* (United Kingdom)

Keywords: Pre-entry health assessment; Refugees; United Kingdom

Issue: Pre-entry health assessments (HA) for refugees are employed by a number of countries globally as part of the resettlement process. For refugees resettled to the UK, the HA is offered by the International Organisation for Migration (IOM) and is based on pre-existing technical instructions (TIs). In the UK, the expansion of the Vulnerable Persons Relocation Scheme (VPRS) for Syrian nationals, which will resettle up to 20,000 refugees to the country over the next five years, provided an opportune time for the TIs to be reviewed.

Description of the problem: The existing TIs needed reviewing and updating to ensure these are evidence-based, consistent with UK policy and suited to the needs of UK-bound refugees and the UK health service. A steering group to revise the TIs was established in October 2015. The steering group conducted an initial review of other countries' TIs and of the current evidence. Experts in specific health conditions and in migrant health were consulted. Feedback was sought from a wide range of stakeholders, including IOM, the UK National Health Service and the UK Home Office, to ensure the TIs were suited to their needs and could be implemented in practice.

Results: Updated TIs were developed based on the evidence review and feedback from experts and stakeholders. The new TIs can be adapted for different refugee populations and host countries and facilitate the early integration process of UK-bound refugees.

Lessons: This consultation process enabled the development of pre-entry health assessment TIs that are evidence-based, consistent with UK policy, practical to implement and adaptable to different refugee populations. These TI are an essential component in meeting the health needs of refugees, integrating them into the UK health system on arrival and ensuring that an appropriate public health response is in place.

Message: Pre-entry health assessment technical instructions (TI) need wide stakeholder and expert agreement. Organised expert and stakeholder consultation can considerably enhance pre-entry health assessment TIs.

Session Code: TA 4.3 (Oral presentations)

Predictors of permanent work disability among adults with common mental disorders: Are there differences between migrants and native Swedes?

Authors: *Werlen, Laura* (Sweden); *Helgesson, Magnus* (Sweden); *Mittendorfer-Rutz, Ellenor* (Sweden)

Keywords: Migrants, Disability Pension, Common Mental Disorders (CMD)

Background: Common mental disorders (CMDs) are a significant public health problem that may result in disability pension (DP). Migrants with CMDs have been shown to have a higher risk of DP compared to the native population. This study aimed to investigate 1) if there are any differences in morbidity and/or socio-economic status with regard to migration status in sickness absentees due to CMDs and 2) if there are any interactions between morbidity and socio-economic status with migrant status regarding subsequent granting of DP.

Methods: This study is a prospective, population-based cohort study using national register data. Included were individuals aged 18-59 who had a new, incident sick-leave spell due to a CMD during 2006 (N = 66,097). Follow-up was from 2007 to 2010. Univariate and multivariate hazard ratios (HR) were calculated using Cox regression. Analyses were stratified by migrant status.

Results: Significant differences in morbidity and socio-economic status emerged with regard to migrant status. Moreover, significant interactions were found between measures of morbidity and socio-economic status and migrant status with regard to subsequent DP. The strongest morbidity predictor of DP was being prescribed at least two types of psychotropic drugs resulting in HR and CI 2.07 (1.88-2.28) and 3.24 (2.49-4.22) for native Swedes and migrants from rest of the world, respectively. Low education was associated with an HR for DP of 1.30 (1.18-1.43) and 1.91 (1.52-2.40) among native Swedes and migrants from the rest of the world, respectively.

Conclusions: Predictors regarding subsequent granting of DP in individuals with CMDs were found to be of different importance for migrant groups compared to native Swedes. Findings differed with regard to the type of measure of morbidity and socio-economic status used.

Message: Low educational level and a more severe psychiatric disease was a greater risk factor of Disability Pension among immigrants compared to native Swedes.

Session Code: FA 6.4 (Oral presentations)

Psychiatric morbidity and predictors hereof among unaccompanied refugee children – a register-based cohort study

Authors: *Norredam, Marie* (Denmark); *Schmidt Nielsen, Runa* (Denmark); *Holm Petersen, Jørgen* (Denmark); *Kristiansen, Maria* (Denmark)

Keywords: 1988

Background: At present large numbers of unaccompanied refugee children (URCs) arrive in Europe. Hypothetically URCs are at increased risk of developing mental health problems due to the inherent vulnerability of their situation, but large-scale register-based studies hereon are scarce. We studied the prevalence of psychiatric disorders in early adulthood and predictors hereof among URCs.

Methods: The study includes all URCs (n=1,251) and ARCs (n=11,371), who received residence permission in Denmark between 01.01.1993 and 31.12.2010. Children were identified through the Danish Immigration Service. Based on their personal identification number we linked to the Danish Psychiatric Central Registry to obtain data ICD-10 diagnosis upon discharge for all first time psychiatric in- and outpatient hospital contacts during follow-up from 1.1.1994 till 31.12.2012. Using cox regression we estimated hazard ratios for URCs compared to accompanied refugee children (ARCs).

Results: Unadjusted results showed that URCs did not have significantly more contacts for psychotic (RR = 1.40; 95%CI = 0.79-2.47) or affective disorders (RR = 0.34; 95%CI = 0.77-2.17) compared to ARCs. Unaccompanied refugee children had significantly more contacts for nervous disorders (RR = 1.58; 95%CI=1.20-2.07) and all disorders combined (RR = 1.49; 95%CI = 1.19–1.86). However, results became insignificant when adjusting for sex, nationality, age upon arrival and waiting time in asylum centre. Further analysis showed an interaction between unaccompanied status and nationality implying that URCs from Afghanistan (HR: 3.66; CI: 2.09-6.40) and Iraq (HR: 2.21; CI: 1.28-3.82) had a significantly higher risk of having a psychiatric disorder compared to ARCs from the same countries.

Conclusions: Overall URCs did not have significantly higher rates of psychiatric contacts compared to ARCs. The inherent vulnerabilities of being a URC may be outweighed by more intensive psychosocial initiatives upon arrival.

Message: Our results did not show any significant excess prevalence of affective, psychotic or neurotic disorders among URCs in total compared to ARCs.

Excess morbidity was, however, seen for selected ethnic groups like Afghan and Iraqi URC.

Session Code: FM 1.2 (Oral presentation)

Public Health England response to the expansion of the Vulnerable Persons Relocation Scheme for Syrian nationals

Authors: *Smith, Gemma* (United Kingdom); *Zenner, Dominik* (United Kingdom); *Campos-Matos, Ines* (United Kingdom); *Kirkbride, Hilary* (United Kingdom)

Keywords: Refugees, public health, health assessment, United Kingdom

Issue: In response to the current refugee crisis in Europe the UK Government announced in September 2015 that up to 20,000 Syrian refugees will be resettled in the UK over the next five years. A clear understanding of the health needs of these refugees is vital, alongside ensuring an appropriate public health response that includes initial health assessments (HAs) and access to primary and specialist care.

Description of the problem: In response to this policy decision, Public Health England (PHE) identified three public health priorities to ensure that: 1. appropriate pre-entry HAs are in place; 2. the information from these HAs is processed and shared in a timely and appropriate manner with healthcare providers in the UK and that appropriate monitoring is in place; 3. evidence-based information is readily available for primary health care practitioners.

Results: PHE established an implementation group to co-ordinate actions in order to address these three priorities: 1. PHE led a review and revised the existing pre-entry HA protocol for UK bound refugees; 2. PHE established a cross-organisational working group to strengthen the pre-entry HA data flows and monitoring; 3. Targeted resources were developed to complement the evidence-based advice for primary care practitioners in PHE's Migrant Health Guide (MHG).

Lessons: Syrian refugees have diverse health needs and this programme of work was established to support the delivery of appropriate and timely health care to this vulnerable group. The revised evidence-based pre-entry HA and review of data flows will assist with ensuring that immediate health needs are appropriately addressed, immunisations provided and that refugees are linked in with the UK health service on arrival. Primary care practitioners have varying experience in caring for refugees and the MHG and supplementary resources can assist with the provision of evidence-based care. Improved monitoring of the data from the HAs will provide continuing evidence for future reviews of the pre- and post- entry HAs.

Message: Evidence-based health assessments are required to appropriately address the health needs of refugees.

Effective data monitoring is essential in order to provide ongoing evidence.

Session Code: PT4.08 (Poster)

Quality of life and coping strategies among immigrant women living with pain in Denmark: a qualitative study.

Authors: *Michaëlis, Camilla* (Denmark); *Kristiansen, Maria* (Denmark); *Nørredam, Marie* (Denmark)

Keywords: Chronic pain, immigrants, women, quality of life, coping behaviour.

Background: Chronic pain is considered a public health problem with evident consequences for the individual patient, as it seriously affects quality of life and interferes with normal physical, social and physiological function. It is reported to be more common among immigrant women. However knowledge is scarce about lived experiences of and coping with chronic pain among immigrant patients. Therefore, this study elucidates patient perspectives among a patient group with complex needs and thus identifies ways of improving support for - and clinical encounters with - the growing number of immigrant women suffering from chronic pain conditions.

Methods: The study was conducted at the Section of Immigrant Medicine, Department of Infectious Diseases at a larger hospital in the vicinity of Copenhagen, Denmark between August to December 2014. Participants were Non-Western female immigrant patients suffering from chronic pain. A total of 13 in-depth, qualitative interviews were carried out. Main outcome measures were experiences of the impact of chronic pain on quality of life.

Results: Chronic pain was perceived to have an adverse effect on all aspects of quality of life, including physical health, mental wellbeing and social relations. This included the ability to maintain activities of daily living and the ability to work. Chronic pain was further experienced as a cause of emotional distress, depression and altered personalities, causing change and loss of social relations. A variety of coping strategies were used to cope with the pain, manage its consequence and enable the women to fulfil social roles. Many participants coped with the pain by altering everyday life, keeping daily activities to a minimum and taking pain-killing drugs, offering temporary relief. Seeking healthcare was another coping strategy used as an active means to assert agency, however it also involved a risk of disappointments.

Conclusions: Chronic pain had a severe negative impact on quality of life and necessitated alterations in everyday life and active health-seeking strategies. Implications for practice imply a need for a more holistic approach to immigrant women with chronic pain, including a family-centred approach. Further, research is needed to explore similarities or differences in and between populations with diverse ethnic, socioeconomic and psychosocial backgrounds.

Message: Chronic pain was perceived to have an adverse effect on all aspects of quality of life; physical health, mental wellbeing and social relations. A variety of coping mechanisms were employed to cope with the pain and manage its consequences

Session Code: SM 3.1 (Oral presentations)

Questioning vulnerability : The fight against HIV/AIDS, a space of agency for migrant women in France

Authors: *Gerbier-Aublanc, Marjorie (France)*

Keywords: Sub-Saharan African women, HIV, Migrant organisations, France, Vulnerability, Agency

Background: African migrant women are particularly affected by HIV in France and they account for 60% of the new diagnoses among women in 2013 (Cazein et al. 2015). The literature on women from the countries of the Global South stresses their specific vulnerability to HIV/AIDS in particular due to gender inequalities. However, some authors also highlight the paradoxical process of agency proceeding from their commitment in HIV self-help groups. This phenomenon has been poorly documented in France as far as African migrant women are concerned. This paper aims at showing how the commitment of African migrant women in the fight against HIV in France is both a way of dealing with vulnerability and a space of collective and individual agency.

Methods: This paper is based on qualitative data collected in 12 HIV migrant organizations between 2011 and 2013 in France. We conducted socio-ethnographic observations in 6 migrant organisations for 18 months. We interviewed 43 migrant women committed with these organisations. We particularly observed the space given to these organisations in the public area and the impact of such a positioning on their women-members. We also reconstituted HIV+ women' biographical trajectories to point at the resources they resort to negotiate their social and political insertion in France.

Results: Our results show that vulnerability is the main factor for women living with HIV to commit with a migrant organisation, as caregiver or as user. Self-help support and the recognition of women agency by peers help them to negotiate their social insertion in France. Individually they develop strategies to bypass institutional dependency. Collectively, they use their public positioning to denounce the inconsistency of migrant social insertion possibilities in France. Migrants have poor access to political spaces in France. Nevertheless, African migrant women committed in the fight against HIV participate actively in HIV/AIDS policies development. Some of them even get a political voice in the local governments.

Conclusions: The « vulnerability » of African migrant women must be nuanced regarding HIV area. If their epidemiological vulnerability is unquestionable, the fight against HIV/AIDS seems to open ways of agency for migrant women, that extend beyond the HIV field and question socio-political migrants' treatment in France.

Message: The fight against HIV in France appears as a space of collective and individual agency for migrant women. Their commitment in migrant organisations give them a political voice that questions their vulnerability to the epidemic.

Session Code: PF2.06 (Poster)

Refugees and asylum seekers in the European Region - reviewing the research evidence

Authors: *Bradby, Hannah* (Sweden); *Humphris, Rachel* (United Kingdom); *Newall, Dave* (United Kingdom); *Phillimore, Jenny* (United Kingdom)

Keywords: refugees, asylum seekers, Europe, health status, health service access

Background: Governments tend to distinguish between asylum seekers whose claims for refuge are under consideration and refugees whose claims are accepted. Asylum seekers and refugees often have differential access to welfare, particularly health services.

Methods: A review of available research and grey literature to determine evidence regarding what policies and interventions work to improve health care access and delivery for asylum seekers and refugees in the European Region?

Results: Limited evidence exists on the health status of asylum seekers and refugees, with most focused on maternity and mental illness outcomes. Evidence of poorer mental health and perinatal outcomes for some refugees and asylum seekers suggests significant unmet need. However, the disadvantage is not consistent across all groups and cannot be generalised. Access to health care is shaped by legal frameworks governing the rights of refugees and asylum seekers and by the regulation of the migration process. Other barriers in accessing health services include communication difficulties (e.g. lack of interpreters), cultural issues (e.g. gender preference for doctors), structural problems (e.g. transport) and bureaucratic barriers (e.g. social insurance systems). Access to specialist services can also be difficult. The nature and length of the asylum process plus the use of detention and dispersal can have a significant impact upon health outcomes. A good resettlement environment, including employment, family reunion, protection from discrimination and support for integration or repatriation, is associated with better health outcomes.

Conclusions: Improved information and documentation is needed to support the design of national and international minimum standards and management strategies in the health and social care of refugees and asylum seekers. Policy options based on the evidence reviewed here are: • improved access to services by removal of legal restrictions; • provision of full health coverage for all pregnant women and for children regardless of immigration status; • adoption of approaches to improve communications, such as provision of interpreters, good documentation for patients; and • adjustment of health care provision to improve service utilization, for example longer appointment times, transport provision.

Message: Improving the collection of quality of data, prioritizing measurement and mapping of good practices and encouraging research are key.

Developing minimum standards in health and social care of refugees all actions is central.

Session Code: SM 1.1 (Oral presentations)

Refugees and migrants from Sub Saharan African in Glasgow, Scotland: Experiences of keeping healthy and engaging with preventive health services

Authors: *Isaacs, Anna* (United Kingdom); *Macdonald, Sara* (United Kingdom); *O'Donnell, Catherine* (United Kingdom)

Keywords: refugee, asylum seeker, NCDs, prevention, access to healthcare, asylum system

Background: Glasgow's population is growing in ethnic diversity, driven in part by increasing numbers of migrants, refugees and asylum seekers, many of whom are from Sub Saharan Africa. Although an extremely heterogeneous population, research suggests that in addition to challenges related to their migratory experiences, this 'group' is more likely to be living in poverty compared to white Scottish populations and is at increased risk of diabetes and cardiovascular disease. It is crucial to understand how to design health promotion programmes and preventive interventions so that they can effectively respond to individuals from diverse backgrounds with a wide range of needs and potential vulnerabilities.

Methods: Focused ethnography involving refugees and migrants from Sub-Saharan Africa living in Glasgow, Scotland, to explore perspectives on preventive health and healthcare provision. A range of methods informed by ethnographic and participatory approaches were utilised including engagement with community groups, mind mapping, go along interviews, and formal interviews. Thematic analysis was conducted in conjunction with the theoretical framework of 'candidacy' (Dixon Woods et al 2006), which explores healthcare access for vulnerable groups, and theoretical perspectives from critical medical anthropology.

Results: Participants were broadly positive about Glasgow's health care services. They emphasised maintaining good health through diet, exercise, hygiene and establishing good social connections. However, many felt unable to lead healthy lives or engage in healthy 'behaviour' due to wider structural factors associated with the UK immigration and asylum system including poverty, insecurity and lack of a sense of safety. For many this remained the case even once their refugee status had been confirmed.

Conclusions: The experience of seeking asylum in the UK has a deleterious and long-lasting effect on individuals' capacity to engage in preventive health. In order to create fully inclusive healthcare services, efforts to promote health and improve access to care must take into account all potential sites of vulnerability to ill health. This is highly relevant in the context of the current refugee crisis as health services seek to meet the needs of individuals from increasingly diverse backgrounds in extremely precarious situations.

Message: The UK immigration and asylum system negatively affects the capacity of refugees and migrants to engage in health promoting 'behaviour'. Policies and interventions must take into account how this makes them vulnerable to poor health.

Session Code: SM 4.1 (Oral presentations)

Relationship between short sleep duration and cardiovascular risk factors in a multi-ethnic cohort - the helius study

Authors: *Anujua, Kenneth* (Netherlands); *Stronks, Karien* (Netherlands); *Snijders, Marieke* (Netherlands); *Agyemang, Charles* (Netherlands)

Keywords: Sleep, cardiovascular risk factors, ethnicity, Netherlands

Background: The aim of this study was to investigate the association between short sleep duration and cardiovascular disease (CVD) risk factors including hypertension, diabetes, obesity and lipid profile among various ethnic groups (South Asian Surinamese, African Surinamese, Ghanaians, Turks, Moroccans and the Dutch) living in the Netherlands. The contribution of social economic status (SES) and lifestyle factors were also examined to this association

Methods: A total of 12,805 participants (aged 18-70 years) from the multi-ethnic Healthy Life in an Urban Setting (HELIUS) cohort. Short sleep duration was defined as <7 h/night. The association between short sleep and CVD risk factors, along with the contribution of SES and lifestyle factors, was assessed using prevalence ratios (PRs).

Results: Short sleep was significantly associated with obesity in four out of six ethnic groups, with the socio-demographic-adjusted PR of 1.45 (95% CI, 1.07-1.95) in the Dutch, 1.21 (1.01-1.44) in South Asian Surinamese, 1.25 (1.09-1.43) in African Surinamese and 1.16 (1.04-1.29) in Turks. Short sleep was significantly associated with diabetes in African Surinamese (1.45, 1.14-1.84), Turks (1.59, 1.26-2.02) and Moroccans (1.29, 1.02-1.63). By contrast, the associations between other cardiovascular risk factors and short sleep were not significant in most ethnic groups, with the exception of the association with hypertension in the Dutch and Turks, and dyslipidaemia in South Asian Surinamese (reduced high-density lipoprotein cholesterol and triglyceride) and Moroccans (raised total cholesterol). SES and lifestyle factors contributed little to the observed associations.

Conclusions: The findings indicate that short sleep is associated with obesity and diabetes in most ethnic groups. The associations for other risk factors vary between ethnic groups. Further studies are warranted to establish the potential factors that might lead to the observed differences across populations.

Message: Short sleep is associated with obesity and diabetes in most groups, but the associations for other risk factors vary between ethnic groups.

Further studies are needed to establish the potential causal factors.

Session Code: PT4.01 (Poster)

Report on the involvement of the Local Health Authority of the Province of Pavia (Lombardy Region, Northern Italy) in the management of migrants' emergency in the 2014-2015 period

Authors: *Fontana, Guido (Italy); Aquino, Ivana (Italy); Dalle Carbonare, Simona (Italy); Frisone, Enrico (Italy); Nieri, Simonetta (Italy); Camana, Luigi (Italy)*

Keywords: migrants, asylum seekers, Local Health Authority

Issue: Political instability of Africa and Middle East creates conditions for an uncontrolled flow of irregular migrants arriving in Italy mainly by sea. 170,000 arrived in 2014 and ~140,000 to 30/10/2015, of which 68,725 asylum seekers (AS). Italian system of reception of AS, to 10/10/2015, is based on: •14 government centers (GCs) hosting 10,008 AS; •3,090 temporary extraordinary structures (CAS) hosting 70,918 AS; •the system of protection for asylum seekers and refugees (SPRAR), centers of so-called "second reception" hosting 21.814 AS. To AS Italy ensures, after the granting of a residence permit, enrollment in the NHS. An issue to be carefully guarded is timeliness of health care (HC) in the first period of asylum, aimed to the rapid detection of potential public health (PH) emergencies. This phase is handled differently between centers. While GCs have internal HC services, AS housed in CAS are monitored by Preventive Medical Departments (PMD) of Local Health Authorities (LHAs). To ensure coordinated management, the National Institute of Health (ISS) has implemented an ad hoc "syndromic surveillance" (SS) system for all active immigration centers, identifying 13 syndromes potentially indicative of events of PH concern.

Description of the problem: Province of Pavia has 189 municipalities and ~ 550,000 inhabitants. It has two SPRAR and many CAS. Since 2011 doctors of the PMD of LHA are actively involved in the SS program. Data are monthly collected and sent to ISS via regional Directorate General Welfare. The aim of this work is to report results about medical interventions assured to AS at the provincial level in order to reduce the burden of possible infectious diseases related to humanitarian emergency

Results: In the period 1/6/2014-31/10/2015 CAS in the province increased from 8 to 33 and posts from 129 to 954. 1,242 refugees arrived, including 63 minors. To 31/10/2015 954 refugees are still present. Towards these AS LHA assured the monitoring of health conditions (501 visits for SS), care of clinical emerging situations and active vaccination for diphtheria, tetanus and polio. Specifically for TB surveillance were performed 480 Mantoux test, 75 pneumologic visits, 483 chest x-ray. 4 cases and 124 contacts of TB were identified and treated with isoniazid. For infectious diseases: 44 visits and 39 HIV testing. For parasitic infections skin: 66 dermatological visits and 110 drug treatments for the care (66)/prevention (44) of scabies. 761 doses of REVAXIS vaccine were administered.

Lessons: Interestingly in line with findings of SS conducted by the ISS in 2013, arrival of this large number of AS has not been associated to any particular risk to PH. Interventions have been assured for a cost of ~€ 60,000 at the expense of the community but in a solidaristic logic, in the interest of public well-being.

Message: Asylum Seekers put pressure on the Italian coasts. An issue to be carefully guarded is the timeliness of HC aimed to rapid detection of PH emergencies. The monitoring continued for 2 years on AS placed in the province of Pavia showed no particular risk to PH

Session Code: PT4.04 (Poster)

Responding to urban health inequalities; between universal and targeted measures

Authors: *Schou, Arild* (Norway)

Keywords: Urban health, inequities, policy

Issue: Studies of health outcomes among non-western immigrants in Norway show that some groups are overrepresented with regard to specific non-communicable chronic diseases such as Diabetes-2 and hearth related deceases.

Description of the problem: In terms of policy response it is claimed that the principles of “proportionate universalism” is important in levelling the social gradient in health; service delivery should be based on universalism, but some groups may need extra attention and support. In Norway many of the measures are funded by central government and are universal. At municipal level however, there is a political space to introduce both universal and target measurers – particularly after the introduction of the Public Health Act in 2012.

The findings are based on the data from a questionnaire that was sent to all municipalities in May 2014. As much as 62 per cent answered.

Results: This paper analyses the volume (in terms of planning, cross -sectoral cooperation and public health spending) and form of measures in the 21 most immigrant-populated cities and compare them with the policies of the other municipalities. The findings is that there is no differences in volume between the two categories if one correlate for differences in, municipal size and level of untied (not earmarked) funds for development expenditure. Thus, the particular challenges of these municipalities does not affect their behaviour in term of volume. In the whole universe of municipalities (428), there are large municipalities with low level of untied funds that invest the most in public health measures.

However, there are differences in the ratio between universal and targeted measures. The share of targeted measures are larger in these 21 municipalities than in others; 40 per cent targeted and 60 per cent universal as against 20/80 in the others. And the most frequent used measures are language training in preschools, interpretation services and organised activities for minority groups.

Lessons: This shows that at municipal level there are certain degree of proportionate universalism, which runs contrary central government policy in this area.

Message: The principle of proportionate universalis is more widespread at local than at central level. Moreover, the volume of measures used for leveling health inequalitis are the same in immigrant-rich and immigrant-poor municipalities

Session Code: PF2.11 (Poster)

Results of a retrospective analysis of asylum seekers' health screening in a Hungarian Refugee Reception Centre

Authors: *Katz, Zoltan* (Hungary); *Marek, Erika* (Hungary); *Szilard, Istvan* (Hungary)

Keywords: asylum seeker, health screening, communicable disease, access to health services, migrant reception centre

Background: The number of undocumented migrants crossing the Hungarian borders increased dramatically since 2013. More than 150.000 asylum seekers had been registered in 2015. In Hungary, after the first administrative registration, asylum seekers enter migrant reception centres, where initial medical check-up and later on a comprehensive health screening are covered by the registration procedure. A decree of the Ministry of Health defines the protocol investigating the following pathogen carrying status: Hepatitis B and C Virus, HIV, Mycobacterium tuberculosis, Salmonella Typhi and Paratyphi and Treponema pallidum should be checked in blood and stool samples and by chest X ray. Currently the Hungarian National Centre for Epidemiology is not analysing these data and in their reports legal status is not considered.

Methods: The research initiated with the agreement of the relevant authorities. The research aimed to perform the retrospective statistical analysis of the available health data of registered asylum seekers between 2007 and 2014, in the Migrant Reception Centre Debrecen.

Results: The prevalence of pathogen positivity among the registered asylum seekers in all the tested agents was definitely higher, then the epidemiological data of the host population in Hungary as well as in the European Union, although it has never reached the level of epidemic.

Conclusions: The most important findings are the following: in spite of the high ratio of positive screening tests, in Hungary we have experienced limited screening capacity, high mobility/disappearance of screenees, and no clear screening policy (at EU level as well). There is no real follow up, therapeutic consequences are uncertain and data analysis is missing. Health screenings should be an important item of the integration policy, in order to minimize the public health hazard and facilitate development of migrant sensitive health care system.

Message: Message 1: country of origin may influence the asylum seekers' disease profile Message 2: access to health screenings is a good indicator of the level and quality of health care services in migrant reception centres

Session Code: TM 3.2 (Oral presentations)

Return migrants' access to healthcare in corrupt systems

Authors: *Neerup Handlos, Line* (Denmark)

Keywords: Corruption, access to healthcare, return migrants

Background: Equal and universal access to healthcare services is a core priority in an egalitarian health system. Factors traditionally described as barriers in access to healthcare are age, gender, socio economic status, geographical proximity, and minority affiliation. The role of corruption as a barrier in access to healthcare has rarely been explored even though high levels of corruption have been shown to have a negative impact on population health and social wellbeing. This study explores how corruption in the healthcare sector affects access to healthcare among migrants, who have returned to a country with a high level of corruption after they have lived in a country with a low level of corruption.

Methods: Semi-structured interviews with 33 Bosnians, who had returned to Bosnia after approximately 20 years' residence in Denmark, were conducted. The analysis was inspired by systematic text condensation, and theories on corruption and coping mechanisms in connection to corruption were used.

Results: Corruption was described as being widespread in the Bosnian healthcare system, and as a consequence some return migrants experienced issues in connection to obtaining healthcare services. The issues were often related to requirements for extra payments, which many could not afford, and the required bribes were described as being particularly large as the healthcare personnel expected the returnees to be wealthier than others. Further, due to their absence from the country the returnees lacked connections who could support them in navigating in the corrupt system.

Conclusions: Corruption constitutes a barrier in access to healthcare equal to the barriers traditionally described as limiting access. Return migrants are especially sensitive to this, as they are asked for larger bribes and they lack connections who can help them bypass the corruption.

Message: Corruption in a healthcare system limits the access to healthcare services.

Return migrants are especially sensitive to corruption.

Session Code: PF1.09 (Poster)

Role of NGOs in addressing the needs of Syrian refugees living in Istanbul

Authors: SANDIKLI, Büşra (Turkey); TORUN, Perihan (Turkey); Karaaslan, Meltem (Turkey); Acar, Ceyda (Turkey)

Keywords: Role of NGOs, Syrian refugees, Syrian refugees living in Istanbul

Background: Syrian refugees have the right of access to free health care and education in Turkey, but are not yet granted work permits. Syrian and Turkish NGOs have been providing support to the refugee community however their work is not coordinated.

Methods: Syrian women, representatives of Syrian and Turkish NGOs, doctors and decision makers were interviewed in the context of an epidemiological needs assessment.

Results: Many Syrian women do not know about their right to access free health care; language barrier reduces both access and satisfaction. Although there are Turkish speaking members in 60.0% of the households, women do not speak Turkish and want language courses for themselves and for their children. Of the children within the 7-18 age group, 52.6% do not go to school even though education is free in Turkish schools and there are private Syrian schools. Again, language is a barrier for schools to enroll Syrian children. Local humanitarian aid NGOs are not well known among the Syrian community and satisfaction with their services is not high. The already stretched Turkish health care system requires the support of NGOs in healthcare provision, but most NGOs focus on relief work and addressing basic needs such as food and clothing. Syrians ask for support for rent and education and want NGOs to target their needs, while NGOs find it hard to provide services to a mobile community. Although Syrian women think that they have more physical and psychological problems than men, NGOs perceive them as stronger.

Conclusions: NGOs could assume an important role in ensuring that the refugee community benefit from services in Turkey. They can aim to fill the gaps, which cannot be covered by government agencies. A collaboration of Turkish and Syrian NGOs could directly work with the community to inform them on how to access services, to organise Turkish courses for women and children, to provide interpretation services when required, and arrange psychological support for women.

Message: The Syrian community living in Turkey have access to free health care and education. In order them to benefit from services and as employment rights are still not granted, NGOs should aim filling the gaps and addressing the expressed need.

Session Code: FA 2.7 (Oral presentations)

Screening newly arrived asylum seekers for infectious pulmonary tuberculosis in Germany 2002-2013 – find and treat or find and lose?

Authors: *Kuehne, Anna* (Germany); *Hauer, Barbara* (Germany); *Brodhun, Bonita* (Germany); *Haas, Walter* (Germany); *Fiebig, Lena* (Germany)

Keywords: Asylum Seekers, Tuberculosis, Surveillance, Screening, Treatment Outcomes

Background: Tuberculosis (TB) is a notifiable disease in Germany. Of all notified TB cases, 75% were diagnosed because of TB symptoms (2002-2013). However an increasing proportion of cases is identified by screening asylum seekers regardless of symptoms (4.5% in 2013). The latter undergo compulsory chest x-ray screening at arrival centres in order to identify infectious pulmonary TB cases early and initiate timely treatment. We aimed to evaluate whether TB in screened asylum seekers was actually found early and treated successfully to inform TB control activities.

Methods: We analysed characteristics and treatment outcomes of TB cases notified between 2002 and 2013 (as of 1 March 2015) in Germany stratified by the mode of case finding. We defined a successful treatment outcome as completed therapy (with or without bacteriological confirmation).

Results: TB cases diagnosed because of symptoms (N=46,885) had a median age of 50 years, pulmonary TB in 78% (36,699/46,885) and smear positive TB in 48% (17,790/36,699) of pulmonary TB cases. Successful treatment outcome was notified in 75% (35,370/46,885), outcome was undetermined in 2.7% (1,295/46,885), and additional 4.8% (n=2,246/46,885) had no information on outcome. TB cases identified by asylum seekers' screening (N=1,219) had a median age of 28 years, pulmonary TB in 90% (1,100/1,219) and smear positive TB in 27% (74/1,100) of pulmonary TB cases. 59% (719/1,219) had a successful treatment outcome, 10% (122/1,219) had an undetermined outcome, and additional 12% (143/1,219) no information on outcome.

Conclusions: While the lower proportion of smear positive TB among screened asylum seekers compared to symptomatic cases indicate an earlier diagnosis, treatment outcomes were less often successful and patients more often lost-to-follow up. Improvements in linking TB patients to treatment facilities to ensure sufficient follow up will be critical to secure screening benefits for asylum seekers and the communities.

Message: TB treatment outcomes were less often successful among screened asylum seekers. Improvements in linking patients to treatment facilities will be critical to secure screening benefits for asylum seekers and the communities.

Session Code: PT3.06 (Poster)

Self-perceived health status between immigrants and Italians: evidence from the national multipurpose survey on health

Authors: *Petrelli, Alessio* (Italy); *Di Napoli, Anteo* (Italy); *Rossi, Alessandra* (Italy); *Costanzo, Gianfranco* (Italy); *Gargiulo, Lidia* (Italy)

Keywords: immigrants, socioeconomic, crisis, perceived health

Background: Immigration flow in Italy increased during 2000's, a period marked by global economic crisis, whose effects on public health have been largely investigated. The Italian National Institute for Statistics (ISTAT) conducted two population-based cross-sectional surveys on health in 2005 and 2013, before and after the crisis. The present study aims at studying differences between the health status of Italians and immigrants in 2005 and 2013.

Methods: Based on data collected by ISTAT surveys, we studied 18-64 years old resident people in Italy (2005: n=80,661; 2013: n=72,476). We performed multivariate log-binomial models for each period, assuming bad self-perceived health status (SPHS) as outcome, measured as first quartile of physical component summary (PCS). Citizenship (Italians vs immigrants) was used as main determinant, and age, gender, satisfaction for economic resources, educational level, occupational status, BMI, smoking habits as potential confounding factors.

Results: During the observed period, standardized prevalence rate for bad SPHS increased slightly for Italians (from 24.9% to 26.7%) and for immigrants (from 18.4% to 24.7%). Compared with Italians, the probability to have bad SPHS was lower for immigrants both in 2005 (PRR=0.85;95%CI:0.79-0.92) and in 2013 (PRR=0.93;95%CI:0.89-0.98). Differences narrowed significantly in that period. We also found significant ($p<0.001$) higher probability of bad SPHS for all socioeconomic indicators in 2013: low educational level (PRR=1.37), with higher gradient for immigrants, poor economic resources (PRR=1.17), unemployment (PRR=1.10); similar results were observed in 2005.

Conclusions: The advantage in SPHS observed in 2005 for immigrants, compared with Italians, was reduced in 2013, partially removing the "healthy migrant effect". Moreover, the role of socioeconomic factors on SPHS suggests that economic crisis mostly penalized disadvantage people, generating inequity in health especially among immigrants.

Message: After economic crisis (2013) partially disappeared the advantage in perceived health status observed (2005) among immigrants. Global economic crisis mostly penalized disadvantage people.

Session Code: PT4.06 (Poster)

Sensitivity to diversity in public and patient involvement policy: A comparison of 40 countries

Authors: *De Freitas, Cláudia* (Portugal); *Ingleby, David* (Netherlands); *García-Ramírez, Manuel* (Spain)

Keywords: Public and patient involvement; policy; healthcare; diversity; migrants.

Background: Developing diversity-responsive healthcare systems calls for inclusive public and patient involvement policy and practice. Although several studies show that migrants and ethnic minorities are amongst the groups least involved in health participatory spaces, few efforts have been made to assess whether policy on public and patient involvement in healthcare governance is sensitive to diversity. This paper addresses this question.

Methods: Migrant health experts from 40 countries (including the EU28 and EFTA) completed a questionnaire jointly developed by members of COST Action IS1103, the International Organization for Migration and the Migrant Integration Policy Index, in 2014-2015. The 24-item questionnaire included two questions about policy on the involvement of migrants in health policy-making and care provision, respectively.

Results: Preliminary results show that 60% of the countries surveyed have not formulated policy enabling migrants' involvement in health policy-making. In the countries where such policy exists, migrants participate through one-off consultation exercises, i.e. none of the countries surveyed promote migrants' structured cooperation in policy-making (e.g. through advisory boards or regular reviews of legislation, services or outcomes). Concerning policy on involvement in healthcare provision, 28% of the countries promote migrants' participation in information development and dissemination, 28% in service delivery, 13% in service planning, management and evaluation, 18% in research and 10% in mediation between services and the community.

Conclusions: Investment in diversity-sensitive policy on public and patient involvement in health care governance is limited. There is a gap between policy and practice, raising concerns about the potentially negative consequences of low migrant involvement in the design and implementation of healthcare policies and programmes seeking to address their needs.

Message: Developing diversity-responsive healthcare systems requires inclusive public and patient involvement policy. Few countries have invested in making their public involvement policy sensitive to diversity.

Session Code: PF6.09 (Poster)

Sexual health specificities from patients of different cultural groups. Experience within a qualitative study of the views of professionals.

Authors: *Plaza, Isabel (Spain); Grau, Jordi (Spain); Cegri, Francisco (Spain); Casanovas, Cristina (Spain); Dominguez, Nuria (Spain); Díaz, Paula (Spain); Alcaraz, Sonia (Spain); Calpe, Ainhoa (Spain); Fructuoso, Elisabet (Spain)*

Keywords:

Background: Women in developing countries are those with the highest fertility rates, teenager pregnancies, unplanned pregnancies and voluntary interruptions of pregnancy.

Methods: Objectives: To determine the opinions and perceptions of primary care professionals about the specificities in sexual health in women from different cultures, especially from arab culture. Propose strategies for improvement by the opinions of professionals. Methods: Qualitative with focus groups conducted in seven Primary healthcare centers with the participation of 62 health professionals: 48% family physician; 38% Nurses; 8% Pediatricians 8% and 4% Assistants Clinical and 2% Social Workers. Video recording and literal transcription of the conversations. Confidentiality of information and analysis with thematic content Atlas.ti program. Limitations of the study: Showing opinions of professionals who did not get discursive saturation (inconclusive results) but we believe are of interest to share the experience with other professionals.

Results: Cultural beliefs about sex and reproduction affect patient care. In the case of the Chinese community, women during the postpartum period are in bed. Sexual beliefs are difficult to express by Language. Medical attention is difficult. Influence of beliefs and prejudices on attention: to ask for health professionals of the same sex as the patient; Request medical attention influenced by their beliefs. Right to privacy-modesty

Conclusions: Cultural beliefs about sex and reproduction affect patient care.

Message: Cultural beliefs about sex and reproduction affect patient care. Medical attention is difficult. Request medical attention influenced by their beliefs.

Session Code: PT2.08 (Poster)

Sickness Presenteeism in Latin American immigrant and Native workers from a cohort in Spain

Authors: *Cayuela, Ana* (Spain); *Felt, Emily* (Spain); *Ferrer, Laia* (Spain); *Agudelo-Suárez, Andrés A.* (Colombia); *Ronda, Elena* (Spain)

Keywords: Occupational health, Immigrants, Workers, Health inequalities

Background: Sickness presenteeism occurs when workers go to work despite to be ill or with a medical condition that would [otherwise] require medical or sick leave. This study aims to compare prevalence of presenteeism in a sample of Spanish-born and foreign-born workers according to different characteristics.

Methods: Data come from the Immigrant Families Longitudinal Studies Project (PELFI), a prospective cohort study of 180 families in two metropolitan areas in Spain (Baseline in June and July 2015) using a convenience sample. For this study 113 (72.4%) workers were selected of Latin American origin (LA) and 43 (27.5%) Spanish-born. Presenteeism-during last 12 months-was the main outcome variable. The main explanatory variable was migrant status (LA/Spanish-born). Sociodemographic and occupational variables were included. Prevalence of presentism was measured and adjusted Odds Ratios (aOR) with 95% confidence intervals (95%IC) were estimated by logistic regression.

Results: Prevalence of Presenteeism in Spanish-born was 56.1% and 49.1% in LA immigrants ($p=0,444$). Proportion of informal work was 33.3% in LA immigrants and 20.9% in Spanish-born ($p=0.131$). Differences ($p<0.01$) were found in shiftwork, where 54.0% of LA had regular daytime shifts compared with 76.7% of Spanish-born. Adjusting by occupational conditions, being a LA immigrant was not statistically associated with experiencing presenteeism (aOR=0.71 95%CI=0.31-1.65). Those who perceived high risk of job loss had an increased likelihood of presenteeism (aOR=4.70 95%CI=1.15-19.10).

Conclusions: There are no differences in Sickness presenteeism between LA immigrants and Spanish-born in our study. This could be explained by the growing precariousness and deteriorating labor conditions for all workers after the economic crisis. It could also be due the return of immigrants to their home countries, and those who are relatively better off remaining in Spain.

Message: Comparison of Sickness presenteeism by immigrant status -according to different characteristics-, in the context of growing precariousness and deteriorating labor conditions, in a cohort in Spain.

Session Code: PF6.11 (Poster)

Small-for-gestational age and large-for-gestational age infant and associated outcomes by maternal origin

Authors: *Sørbye, Ingvil Krarup* (Norway); *Vangen, Siri* (Norway)

Keywords: Small-for-gestational age; large-for-gestational age; adverse outcomes; country of origin

Background: Small-for-gestational age (SGA) and large-for-gestational age (LGA) infants are at heightened risk of poor outcomes; however less is known of how this relation is influenced by maternal country of origin. We applied national standards for fetal growth in Norway to determine proportions of SGA and LGA infants and the associated risks of adverse outcomes in births in Norway to women originating from 21 different countries.

Methods: We linked national birth and immigration data for 58115 live births in Norway between 2000-09 where the mother originated from Asia, Africa, former Eastern Europe or South America. We calculated proportions of SGA (birth weight <10th centile) and LGA (birth weight >90th centile) and associated risks of adverse outcomes in each country group (maternal: emergency caesarean section (CS), 3-4th degree perineal tear; infant: Apgar score < 7 at 5 minutes, transfer to neonatal intensive care unit- NICU). Data from 422930 births among women of Norwegian descent during the same time period was used as the reference.

Results: Proportions of SGA infants were highest in the Pakistani group (22.4%), followed by the Indian (21.1%) and Sri Lankese groups (18.1%). Compared to the reference, the SGA risk was higher in 17/21 minority groups, and highest in the Pakistani group (aOR 3.9; 95% aCI=3.7-4.2). In all minority groups, LGA was less common compared to the reference (11.4%). SGA infants born to Somali, Indian and Ethiopian women had a doubled risk of low Apgar score (aOR 2.1.-2.3). The risk of NICU transfer for SGA infants was lower in all minority groups compared to the reference, whereas there was no increased risk of birth by emergency CS. Women giving birth to an LGA infant had a 1.7-3.4 times increased risk of emergency CS in 8/21 minority groups compared to the reference, whereas there was no consistently increased risk of perineal tears.

Conclusions: SGA infants born to minority women were consistently less likely to be transferred to NICU, whereas the risk of low Apgar score, emergency CS and perineal tear did not show a consistent pattern. Classifying infants as SGA by national growth standards does not uniformly predict poor outcomes in minority populations.

Message: SGA infants born to minority women were consistently less likely to be transferred to NICU. Classifying infants as SGA had low predictive utility for poor outcomes in minority groups.

Session Code: FM 3.2 (Oral presentations)

Smoking trajectories during the perinatal period among migrant and native women: results from the nationally representative French study.

Authors: *El-Khoury, Fabienne* (France); *Melchior, Maria* (France)

Keywords: Migrant, smoking trajectories, birth cohort

Background: Smoking during pregnancy is a major risk factor for future health of both the mother and her offspring. In high-income countries, migrant women are generally less likely to smoke than native women, however the likelihood of smoking varies with women's geographical region of origin and socioeconomic status. Data on longitudinal trajectories of tobacco smoking during the perinatal period according to migrants' region of origin in European countries are lacking.

Methods: We examined longitudinal trajectories of women's smoking from preconception through the postnatal period according to the geographical region of origin using data from the French nationally representative ELFE birth cohort study (n=18 014 mothers of children born in 2011, including 2330 women born elsewhere than in France). Trajectories of women's tobacco smoking were calculated using group-based modeling based on the number of cigarettes at preconception, in the third trimester of pregnancy and at two-months postpartum (non-smokers: 59%, moderate smokers who quit during pregnancy: 20%, persistent moderate: 12%, persistent heavy smokers: 9%). We then performed hierarchical multinomial logistic regression models to adjust for socio-demographics, employment, health, investment in pregnancy and partner's features.

Results: Compared to native French women, migrant women were more likely to be non-smokers and less likely to be moderate and heavy smokers. Women born in Sub-saharan or North Africa smoked less than women from European countries. However women from Eastern Europe were more likely to continue smoking throughout the perinatal period compared to native French moderate smokers.

Conclusions: Overall, migrant women smoke less during the perinatal period than native French women, however their smoking trajectory varies with women's region of origin. The level of tobacco smoking in women's country of origin and their degree of acculturation to France probably explain lower levels of smoking than in the native population.

Message: Migrant women have protective health behaviors such as low tobacco consumption during the perinatal period.

Session Code: FMW 2 (Workshop: Clash of views)

Social and economic considerations on access to health care for refugees, asylum seekers, and undocumented migrants - Scientific evidence and public opinions

Authors: *Trummer, Ursula* (Austria); *Novak-Zezula, Sonja* (Austria)

Keywords: evidence, public opinion, refugees, undocumented migrants, access to health care, economic studies

Background: In September 2015, an OECD paper addressed the current refugee movement as an “unprecedented humanitarian crisis with an appalling and unacceptable human cost”. Europe did record in 2015 with more asylum applications than in any previous European refugee crisis since World War II. According to WHO, nearly two million refugees and migrants have taken shelter in Turkey, while over 700,000 have entered other countries in the European Region. Given the crisis in sending countries like Syria, Afghanistan, and Iraq, there is little hope that the situation will improve in the near future. The share of undocumented migrants (UDM) is increasing as well; e.g. both German and Swedish police have reported that hundreds of thousands of migrants have disappeared in their countries respectively. UDM are in a specifically difficult situation, as access to any kind of right in most European countries is highly restricted. Refugees, asylum seekers and UDM are in need of health care.. Besides physical health, mental health issues are of high relevance. There is increasing evidence from recent studies that timely treatment of refugees, asylum seekers and undocumented migrants is cost-saving. These studies argue that access to health care should be given early and comprehensive not only to registered, but also to undocumented migrants. At the same time Europe faces doubtful discussions about the affordability of integrating refugees into welfare models that have been weakening after the 2008 economic crisis.

Objectives: To get insights in recent studies on economic arguments concerning access to health care for asylum seekers, refugees and UDM as well as into public debates and opinions as discussed in the newspapers. What is the relation between the available evidence on one hand and public opinions on the other hand? Are academic and public debates connected to each other?

Results: The workshop will consist of three parts. First, facilitators will give a 20min presentation on recent studies on social and economic considerations and present a first compilation of material from newspapers that refer to the topic of service provision. Second, participants will bring in inputs from their respective countries. Participants are invited to bring media material (newspaper articles, pictures) and share it in the workshop. Third, media material (articles and pictures) will be used to create a big poster on public debates around access to health care for refugees, asylum seekers and undocumented migrants in Europe. Outcome will be an overview on available evidence and a “big picture” on public debates in newspapers.

Message: Scientific evidence not necessarily is relevant to public debates Public debates can inspire future studies

Session Code: TA 3.7 (Oral presentations)

Social Determinants and the health status of the Spanish Roma

Authors: *La Parra, Daniel* (Spain); *Frances, Francisco* (Spain); *Solheim, Erling* (Spain)

Keywords: Roma, Social Determinants of Health, self-perceived health status, life-course

Background: The Roma community in Spain have a poorer health status than the socio-economic groups better placed in the occupational hierarchy. In terms of self-perceived health, Roma men and women show a health status similar to the worst placed groups in the occupational scale

Methods: The National Health Survey of Spanish Roma 2014 (sample size = 1167 people; average age: 46 years; 50.9% women) and the National Health Survey for Spain 2012 (sample size: 21,007 people; average age: 45.5 years; 54.1% women) are compared. Self-perceived health (less than good vs good and very good self-perceived health) was analysed. Logistic regression and structural equation modelling was used to explore the effects of childhood and adulthood social conditions (i.e. parents' level of education/occupational status) in self-perceived health. Analysis were stratified for women and men. 95% confidence intervals were estimated. Odds ratios and predicted probabilities for good health for every age and for the different groups (non-Roma, classified by occupational social class, vs Roma) were calculated.

Results: There is a significant difference between Roma and the general population in Spain in terms of self-perceived health: men adjusted odds ratio CI (0.35;0.51) and women OR CI (0.34;0.49). There is a stepwise decrease in self-perceived health with decreasing socio-economic status. This gap increases with age. Logistic regression and structural equation models suggest that both childhood determinants (i.e. parents' educational level and their occupational status) and adulthood determinants (interviewees' education and occupational status) could explain the current health status of Roma individuals. Results are preliminary.

Conclusions: Health strategies focused on improved social conditions for Romani children could be effective for tackling social inequities in health

Message: Health inequity gap between Roma and Non-Roma increases with age.

The accumulative effects of the social determinants of health across the life span may explain this pattern

Session Code: FA 2.6 (Oral presentations)

Social exclusion and well-being among refugees and asylum seekers in Newcastle

Authors: *Wenning, Brianne* (United Kingdom)

Keywords: well-being, coping, social exclusion, refugees, asylum seekers

Background: Refugees and asylum seekers are becoming increasingly stigmatised. This toxic narrative fosters feelings of social exclusion and marginalization which have a marked impact on well-being. While the situation is certainly challenging, it is important to recognise coping mechanisms that are used by them to mitigate these feelings of exclusion in an attempt to improve their overall well-being.

Methods: This study was conducted with refugees and asylum seekers using the services provided by West End Refugee Service (WERS), a registered charity based in Newcastle, United Kingdom, between September 2014 and October 2015. 21 semi-structured interviews were carried out and recorded, in addition to the 'deep hanging out' anthropological method which consists of general observations and informal discussions.

Results: Respondents reported experiencing social exclusion and marginalisation due to their situation. This exclusion is perpetuated by the community as well as by family and friends. Difficulties experienced include inability to provide for basic needs like housing and food, inability to plan for the future, and significant changes in personalities. Coping mechanisms, however, are effectively employed. Most informants emphasized their volunteering. Other mechanisms included engaging in physical activity, listening to music, watching television, and engaging in volunteer work in the community.

Conclusions: Refugees and asylum seekers do report experiencing social exclusion and marginalisation based on their immigration status. Their coping ability, however, should not be underestimated. Interventions maximising these mechanisms for relieving stress should be a priority for those who wish to increase the overall health and well-being of refugees and asylum seekers.

Message: The well-being of refugees and asylum seekers suffers from social exclusion and marginalisation. Despite this, they remain resilient by developing effective coping strategies to relieve stress.

Session Code: PF3.02 (Poster)

Social Gradients in Use of Primary Health Care Services: A School-based Cross-sectional Study among Adolescents in Oslo, Norway

Authors: *Abebe, Dawit* (Norway)

Keywords: Primary health care; adolescents; ethnic minority

Background: Adolescents underutilize primary health care (PHC), particularly among ethnic minorities. However, there is little knowledge addressing the utilization patterns of PHC, such as school health services and health centre for youth that may have an important role in health promotion and early preventions in young people. This study thus aimed to examine ethnic differences and predictors for the utilization patterns of school health, health centre for youth and general practitioner (GP).

Methods: Data were used from a school-based cross-sectional survey in 2015 in Oslo. A sample population included senior high school students (Grades 11-13; N=10,806; 48.1% boys and 51.9% girls). The use PHC services in the last 12 months was categorized into “no-use”, “some use” (1-2 times visits) and “often use” (3 or more times visits). Multinomial logistic regression models (average marginal effects) were applied for data analyses. A p-value under 0.05 was considered statistically significant.

Results: Both first- and second-generation immigrant adolescents had significantly lower frequency of use of health centre and GP compared to ethnic Norwegian adolescents, while first-generation adolescents had moderately greater use of school health than ethnic Norwegian and second-generation immigrant adolescents did. Being a girl and having more somatic and depressive symptoms significantly predicted frequent use of PHC. Ethnic Norwegian adolescents with more depressive symptoms had more often use of health centre and GP than immigrant adolescents with more depressive symptoms, but no such difference was seen for the school health service.

Conclusions: Ethnic minority adolescents with or without mental health problems are underrepresented in PHC services, except for the use of school health service. It is important to design interventions addressing social and ethnic inequalities in accessing and use of PHC among adolescents.

Message: • Ethnic minority adolescents underutilize PHC services such as health centre for youth and GP. • There is less ethnic variations in the utilization pattern of school health service.

Session Code: PT4.05 (Poster)

Social Work and Asylum Seekers in Ireland: The Challenge of Providing an Equitable Service

Authors: *Foreman, Maeve* (Ireland); *Ní Raghallaigh, Muireann* (Ireland)

Keywords: asylum seekers; direct provision; Ireland; social work

Background: In Ireland asylum seekers are accommodated in 'direct provision'. This system, which provides asylum seekers with food, a small allowance and accommodation in institutional type settings, has received much criticism in recent years, particularly in relation to the impact that it has on children and families. This paper will draw on research which focused on the experiences of social workers working with asylum seekers living in 'direct provision'.

Methods: Members of the Irish Association of Social Workers were invited to participate in an online questionnaire, with the option of also taking part in an interview, to explore their experience of referrals from within the Direct Provision system, as well as to examine how prepared they and their agencies were to meet the needs of those being referred. The questionnaire was completed by 149 social workers from a range of settings and 15 qualitative interviews subsequently took place. Descriptive statistical data analysis was employed for the quantitative survey data and thematic analysis was used for the qualitative data.

Results: The findings suggest multiple negative effects that living in direct provision can have on the lives of asylum seekers. Some of the challenges faced by Irish social workers in working with those living within this context will be presented. The knowledge and skill base of social workers and the level of organizational support that they experienced in carrying out this work, as well as some of the creative ways that social workers sought to address the inequities that they faced in practice, will be presented.

Conclusions: The findings raise several issues for social workers working with asylum seekers throughout Europe today, including the challenges of providing an equitable service and some of the innovative ways that social workers can address them. These and other factors such as ethical issues raised for social workers by the state's treatment of asylum seekers will be discussed. Social workers in Europe clearly have a key role to play in highlighting and addressing these inequities. We need to use the information gained from casework to argue for alternative forms of accommodation for asylum seekers that are more suitable, in particular for families with young children, as well as to advocate for policies that are consistent with the principles of social justice and human rights.

Message: Drawing on research which focused on the experiences of social workers working with asylum seekers living in 'direct provision' in Ireland, this paper raises challenges facing those working with asylum seekers throughout Europe today.

Session Code: PT3.12 (Poster)

Sociodemographic characteristics and Self-Reported General Health in Latin American immigrants and Spanish-born from a cohort in Spain

Authors: *Felt, Emily* (Spain); *Cayueta, Ana* (Spain); *Collazos, Francisco* (Spain); *Ramos, Mar* (Spain); *Ronda, Elena* (Spain)

Keywords: Health inequalities, Immigrants, Socio-demographic determinants, Self-reported general health

Background: General health (self-reported general health - SRGH) is widely used as a predictor of mortality. The objective of this study was to analyze the prevalence of SRGH in immigrants and Spanish-born in a cohort in Spain, considering sociodemographic characteristics (PELFI Project 2015).

Methods: Data was collected from the Immigrant Cohort Studies Project (PELFI) through a convenience sample of 180 families in Alicante and the Barcelona metropolitan area. This study selected "adult heads of household" from each family: 22.9% Spanish born and 77% born in Latin America (LA) with SRGH as the outcome variable of interest. The independent variable was migratory status (LA/Spanish-born) and socioeconomic variables will considered. Prevalence and Odds Ratios (OR) were calculated with 95% confidence intervals (95%CI).

Results: Prevalence of poor self-reported health was higher in LA immigrants (51.6%) than in Spanish-born (28.6%) with statistically significant differences ($p < 0.05$). Single parent families accounted for 46.8% of LA immigrant families and 21.4% of Spanish-born families ($p < 0.05$). In terms of levels of education, 7.4% of LA immigrants had completed higher education, versus 28.6% for natives ($p < 0.01$). We found increased likelihood of poor SRGH for LA immigrants adjusting for age and sex (OR=3.98 95%CI=1.45-10.88), which was reduced by 30.5% after adjusting for family type and level of education (OR=3.07 95%CI=1.00-9.47).

Conclusions: This study reflects already documented health inequalities between natives and LA immigrants in Spain, which are explained by the social determinants of health. Family type, which varies by migrant status, is a key factor in SRGH.

Message: Health inequalities of Self-reported General Health and social determinants in immigrants and Spanish-born in a new cohort in Spain.

Session Code: TM 2.1 (Oral presentations)

Socioeconomic status and health in migrants

Authors: *Stanaway, Fiona* (Australia); *Azizi, Lamiae* (Australia)

Keywords: migrants, socioeconomic status, Italian

Background: Migrants frequently have different socioeconomic status to non-migrants and this can be an important but frequently overlooked determinant of health status in migrants. Socioeconomic status (SES) is a multidimensional concept that should be examined using several different measures.

Methods: The importance of SES in migrant health was explored using data from the Concord Health and Ageing in Men Project (CHAMP), a cohort study of 1705 community dwelling men aged 70 years and over in Sydney, Australia. Half of the cohort study participants were born overseas with the largest group being those born in Italy. A variety of different health outcomes were compared between men born in Italy (335 men) and men born in Australia (848) men, with adjustments made for different measures of SES including years of education, occupation, income source and house ownership status.

Results: Italian-born men had less education, were more likely to have had a manual job and to be solely reliant on the age pension compared to Australian-born men. Italian-born men had worse outcomes for depressive symptoms (OR=1.87, 95% CI=1.29-2.71), subjective social support (OR=1.80, 95% CI=1.33-2.43), and severe back pain (OR=1.93, 95% CI=1.34-2.78) compared to their Australian-born counterparts. However, they had a reduced rate of falls (IRR=0.51, 95%CI=0.38-0.67) and a lower mortality rate (HR=0.67, 95% CI=0.53-0.84). Relying solely on the age pension for income was an important contributor to an increased burden of depressive symptoms in Italian-born men and low education and relying on the age pension were important for severe pain. SES had complex confounding effects on subjective social support that varied with the measured used. Low education was protective against falls. Italian-born men had lower mortality rates despite their low SES status.

Conclusions: There is no clear health advantage or disadvantage of male Italian-born immigrants over their Australian-born counterparts, despite Italian-born men having substantially lower SES. The relationship between SES and health is complex in migrants and can differ both according to the measure of SES used and the particular health outcome. These findings highlight the importance of adjusting for different measures of SES in research on migrants and the importance of measuring a number of different health outcomes.

Message: Socioeconomic status is an important determinant of migrant health that has a complex relationship with health outcomes. It is multidimensional and best measured with several indicators.

Session Code: PT3.01 (Poster)

Stakeholder Perspective on the Health of Temporary Foreign Workers in Canada

Authors: *Salami, Bukola* (Canada); *Kirova, Anna* (Canada); *Hegadorren, Katherine* (Canada); *Meherali, Salima* (Canada)

Keywords: Migrant Workers; Temporary Foreign Workers; Canada;

Background: Increasingly, high income countries (including Canada) are relying on temporary foreign workers to meet their labour shortage needs. Canada admits over 250,000 temporary foreign workers annually. However, there remains a paucity of research on this population in the country. This study sought to examine the perspective of stakeholders in Canada on the health and well-being of temporary foreign workers and their families.

Methods: The study used a critically informed qualitative methodology. After obtaining ethics approval from the institutional ethics review board, 13 stakeholders from the province of Alberta (Canada), including service providers as well policy makers were interviewed. Most of the interviews were audio recorded and transcribed verbatim. Data collection and analysis occurred between October 2014 and September 2015. Data analysis was completed using thematic analysis aided by NVivo 10 qualitative software (QSR International). The participants were given an opportunity to verify preliminary results.

Results: The results of the study indicated that temporary foreign workers experienced: 1) barriers in accessing health care; 2) mental health challenges; 3) family health challenges; 4) occupational health challenges; and 5) income and social status as a social determinant of health. Barriers to access to health care included: 1) immigration status; 2) the intersection of class status (including limited access to extended health coverage for prescription and dental care); 3) lack of knowledge on available health and social services; and 4) lack of capacity and willingness by employers to attend to workers health. One surprising finding is issues related to domestic violence among families of temporary foreign workers.

Conclusions: Findings of the study reveals the influence of immigration status on the health of temporary foreign workers. The study made recommendations for improving the health of this structurally vulnerable population through the implementation of policies (including health, immigration, and labour policies) that addresses their precarious status and its influence on their health.

Message: Temporary foreign workers in Canada experience occupational health, mental health, and family health challenges. Immigration status is the most significant barrier to access to healthcare for temporary foreign workers in Canada.

Session Code: PF2.08 (Poster)

Strengthening resistance resources among asylum seekers in Germany: A resource identification survey

Authors: *Roos-Bugiel, Joana* (Germany); *Ahmad, Amena Almes* (Germany)

Keywords: Asylum Seekers/volunteers/resisting resources/sustainable integration

Background: Asylum seekers are subjected to enormous stresses prior to and during the process of migration itself. Following application for asylum, the long waiting and uncertainty surrounding their asylum status and future perspectives exposes to further stress. This study aims to explore asylum seekers and voluntary workers perspective on what they consider as valuable social and personal resources and on how these could be strengthened to enhance resistance and coping resources and facilitate sustainable integration into the host (German) society.

Methods: Teams of students conducted open guideline based interviews mainly in asylum seeker centres. The interviews were conducted in German and English, assistance was provided by asylum seekers who had better language skills and picture material was also used. In addition 8 voluntary workers were interviewed regarding their perception on existing social resources among asylum seekers.

Results: 41 asylum seekers (32 females / 9 males) all with stay durations of < 2 years in Germany, were interviewed either separately or in groups. Four major 'everyday life resources' categories were identified: 1. Normality (cooking, baking), 2. Sociability/Companionship (Family & regular get-togethers), 3. Support (e.g. assistance of German hosts with official paperwork and authorities) and 4. Language (once good language skills are acquired). For planning and implementation of interventions the high willingness of voluntary workers is considered a crucial resource.

Conclusions: The language barriers required creative approaches such as taking translation help which is a limitation of this study. The tremendous willingness of the voluntary workers to help, needs to be focused towards strengthening the identified resources among asylum seekers such as through organisation of get-togethers to facilitate communication among different groups or through cooking events where German is spoken to simultaneously boost language skills.

Message: To enhance efficiency the enormous willingness of voluntary workers to help, needs to be focused towards strengthening resources which enable asylum seekers to cope with every-day life activities.

The need among asylum seekers to establish closer personal contact to members of the German society should be fostered by specifically integrating more voluntary workers in intervention programs.

Session Code: PT5.02 (Poster)

Strengthening self-management competencies of Turkish family caregivers of people with dementia

Authors: *Tezcan-Güntekin, Hürrem* (Germany)

Keywords:

Background: Migrants from Turkey who came during the recruitment of workers in the 1960s/1970s to Europe now reach the age when their need of nursing care increases. Research shows that in the next ten years the care need of older Turkish migrants in Germany will increase substantially. Elderly migrants are often being cared for by their family members and they do not take up professional support. In order to enable family caregivers to continue to take care of their relatives and get access to supporting nursing care services, empowerment is needed. The aim of this project is to analyze the psychosocial burden and the needs of Turkish family caregivers of persons with dementia, and to develop concepts to empower the caregivers' self-management competencies.

Methods: Ten semi-structured interviews with experts and 12 semi-structured interviews with Turkish family caregivers of people with dementia were conducted and analyzed using content analysis

Results: The quality of home care is often insufficient because many family caregivers experience health problems and have a lack of knowledge regarding nursing care. Family caregivers are often affected by mental health problems, in particular by depression. They seek help at a very late stage because they perceive the dementia of their relative as a taboo in the Turkish community in Germany.

Conclusions: Turkish family caregivers of people with dementia have a great burden, so that different instruments have to be developed to empower the self-management competencies of this group. One of them is "story telling", a self-help-oriented approach. Another one is the user-oriented transition from hospital to home care with the assistance of care instructors in Turkish, their native language. Both instruments are currently under development, based on the research findings.

Message: Turkish family caregivers are strongly affected mentally but difficult to reach for help. User oriented outreach support instruments have to be established to strengthen their self-help competencies.

Session Code: TA 4.5 (Oral presentations)

Suicide among immigrants in Norway: A registry-based analysis 1995-2009.

Authors: *Tufte Lien, Karoline (Norway); Reneflot, Anne (Norway); Hauge, Lars Johan (Norway); Stene-Larsen, Kim (Norway); Myklestad, Ingri (Norway)*

Keywords: immigrants, mental health, registry data, suicide

Background: The risk factors and burden of disease in terms of mental health problems among the immigrant population is poorly understood. This study examines risk factors and patterns of suicide among the Norwegian immigrant population, whether these differ between different groups of countries of origin, and if immigrants' age, gender and marital status have an effect on suicide risk.

Methods: Data is all who died from external causes in Norway including suicides, in the period 1995-2009 obtained from the Norwegian Cause of Death Registry. This registry was linked to other registries such as the Norwegian Population Registry, and the Statistics Norway's Educational Registration System by a unique personal identification number assigned to each Norwegian resident at birth and all immigrants living in Norway for more than 6 months. This linkage of registry data made it possible to obtain information of number of suicides among Norway's immigrant population and to obtain the control variables immigrant region, gender, age, marital status, and education. Crude and age standardized mortality suicide rates were calculated per 100 000 inhabitants. The Norwegian midyear population, 1995-2009 was used in these calculations with data from Statistic Norway.

Results: The results show that immigrants have a significant lower suicide rates than the ethnic Norwegians. This difference is more pronounced for men than women. Among immigrants suicide is most prevalent among those aged 67-79 years, while the highest suicide rates among Norwegians are found in the adult working population (aged 20-66 years). Immigrants originating from other Nordic countries have a higher suicide rate than Norwegians. Immigrants from Eastern Europe and Africa have lower rate than expected, both in comparison with the rate of the region of origin and ethnic Norwegians. Both among immigrants and the Norwegians, the married have a lower suicide rate than those who have experienced a union disruption.

Conclusions: Immigrants from Nordic countries, men, older immigrants, and those who have experienced a union disruption are groups at greater risk for suicide. Knowledge of these groups at risk is important for further health policy and action.

Message: - Immigrants have a significant lower suicide rate than the ethnic Norwegians.

- Immigrants originating from other Nordic countries have a higher suicide rate than ethnic Norwegians.

- Men have a significant higher suicide rate than women. Among immigrants suicide is most prevalent among the older age group.

Session Code: PT4.09 (Poster)

Supporting cross-cultural communication European health care: policy recommendations from the RESTORE project

Authors: *O'Donnell, Catherine* (United Kingdom); *Burns, Nicola* (United Kingdom); *Mair, Frances* (United Kingdom); *Dowrick, Chris* (United Kingdom); *van den Muijsenbergh, Maria* (Netherlands); *van Weel-Baumgarten, Evelyn* (Netherlands); *Lionis, Christos* (Greece); *Spiegel, Wolfgang* (Austria); *MacFarlane, Anne* (Ireland)

Keywords: health care policy; communication; translation; access to health care

Background: Increasing migration to and across Europe means that health care systems must meet the needs of increasingly diverse populations. While effective communication between healthcare staff and patients is a key priority, health systems and embedded policy can shape the extent to which this can occur. Recognizing this, RESTORE was an EU funded project which explored ways to improve cross-cultural communication in European primary care. Here, we report on the development of a set of policy recommendations applicable across European health systems.

Methods: Mixed methods case studies in 5 EU countries (Austria, Greece, Ireland, the Netherlands and UK). We undertook analysis of (i) migration patterns; (ii) comparative primary care systems; (iii) policy; and (iv) qualitative interviews with elite stakeholders in European and national health organisations. Data were synthesised across case studies, informed by theoretical frameworks.

Results: All countries have experienced increased migration. Migration histories, primary care systems and health policies underpin the extent to which systems promote or hinder migrants' access to primary care. Structural re-organisations and austerity measures have particularly detrimental effects on access. Policies to support cross-cultural communication are often placed within the areas of informed consent or patient safety, in order to facilitate their implementation. Countries with strong systems of primary care seem better placed to support such strategies.

Conclusions: Migrants' rights to healthcare access and good communication must be explicitly protected when health systems are under strain. Strategies to support cross-cultural communication in healthcare are best placed within the patient safety agenda, supporting patients' rights to give informed consent and participate effectively in their own healthcare

Message: Migrants' rights to access healthcare and communicate effectively must be protected even in financial austerity. The patient safety agenda offers the best policy arena in which to protect these rights.

Session Code: TM 1.4 (Oral presentation)

Taking stock of the National Roma Integration Strategy in Spain: Lessons for Health Governance

Authors: *Escobar-Ballesta, Marta* (Spain); *García-Ramírez, Manuel* (Spain); *Lizana, Tona* (Spain)

Keywords: Roma, health, governance, National Roma Integration Strategies

Issue: The Decade of Roma Inclusion (2005-2015) has come to an end and the expected results in the domain of health have not been fulfilled. This might be a consequence of the implementation of the Decade's policies. In an attempt to extend the political efforts to address Roma inequities up to 2020, the European Commission's National Roma Integration Strategies (NRIS) entail a process that ensures Roma health governance by including the perspective of multiple stakeholders and stressing the evaluation process.

Description of the problem: International Organization for Migration's Equi-Health project has taken stock of the implementation of the NRIS in EU member states with a high number of Roma population. In Spain, this assessment has been conducted through the transformative tool "Roma Health Integration Policy Index". Both the development and implementation of this index have been conducted considering an evidence approach, the vision and values of multiple stakeholders, as well as the recommendations of the Council of Europe, the Open Society Foundations and the Decade.

Results: The results of the assessment of the NRIS in Spain have provided information on policies aimed at eliminating Roma health inequities in regard to the entitlement and accessibility to the healthcare system, the responsiveness of healthcare services, and the maintaining and sustainability of Roma health changes.

Lessons: The assessment of the NRIS allows to shed light on the principles that should guide Roma health governance, which are: (a) building collaborative capacity among stakeholders, (b) transcending from an instrumental participation to a transformational involvement, (c) adopting a strong commitment to intersectional and intersectoral approaches, (d) conducting transparent monitoring and evaluation, (e) redefining the role of stakeholders, (f) preventing institutional discrimination, and (g) making healthy options easier.

Message: In order to improve Roma health governance, an assessment of the implementation processes of policies directed at reducing Roma health inequities is needed.

Session Code: SM 1.4 (Oral presentations)

The Australian Model of the First 1000 Days: An Indigenous led process to turn an International initiative into an early life strategy benefiting Aboriginal and Torres Strait Islander families

Authors: *Ritte, Rebecca* (Australia); *Panozzo, Stacey Panozzo* (Australia); *Johnston, Leah Johnston* (Australia); *Agerholm, Joey Agerholm* (Australia); *Eli Kvernmo, Siv Eli Kvernmo* (Norway); *Arabena, Kerry* (Australia)

Keywords: Families, Aboriginal and Torres Strait Islander health, Indigenous methodologies, maternal and child health

Background: Despite Australia's prosperity, early intervention supports are not always available or accessible to Aboriginal and Torres Strait Islander babies and families during times of vulnerability. As a result, infants born to families during at-risk periods can be subject to poor health and cognitive development, and thus have life-long health and well-being implications that impact at individual, family, community and societal levels. Internationally, the 1000 Days movement addresses malnutrition for the period from conception to a child's second birthday, thereby providing an organizing framework for early-life interventions.

Methods: To ensure Aboriginal and Torres Strait Islander families benefit from the First 1000 Days framework, a yearlong engagement process generated and marshaled evidence to address and promote early life equity among all children born in Australia and form part of the global movement to achieve it. An Indigenous led series of national symposia were held for members of Aboriginal and Torres Strait Islander Communities, representatives of Aboriginal organizations, researchers and scientist from peak research bodies, front-line workers (such as mid-wives and social workers) to develop and workshop the an Australian model of the First 1000 Days.

Results: The Australian Model of the First 1000 Days was broadened beyond maternal and infant nutrition to include: strong community leadership in families, services and academic institutions; support for mothers, fathers, grandparents and other carers by levels; community led and endorsed interventions focusing on the family environment, increasing antenatal and early year's engagement through comprehensive primary with health care and early learning services, improving service access, providers, and service use, provision and integration; understanding and integrating the cultural determinants of health and well-being, addressing disabilities, instigating social entrepreneurial activities and ensuring evidence is gathered to inform policy and show the health impacts of the new model. The process linked early life researchers, research institutions, policy makers, professional associations and human rights activists with Indigenous service delivery, representative organizations and Aboriginal and Torres Strait Islander families.

Conclusions: The resultant First 1000 Days Model broadened the international the 1000 Days movement beyond nutrition and combines population leveled approaches, political and advocacy experience, capacity building and knowledge exchange to provide much improved understanding of systemic, regulatory and governance mechanisms needed for more equitable health outcomes in Australia and the world.

Message: The Australian First 1000 Days Model combines population leveled approaches, advocacy, capacity building and knowledge exchange to improve systemic, regulatory and governance mechanisms for more equitable outcomes in Australia.

Session Code: PT8.02 (Poster)

The challenge of training health professionals in health care oriented towards cultural and ethnic diversity.

Authors: Leralta Piñán, Olga (Spain); RUIZ AZAROLA, AINHOA (Spain); Mock-Muñoz de Luna, Claire (Spain).

Keywords: Training methodology, interculturality, sensitivity to diversity.

Background: In December 2013 the European Commission awarded the MEM-TP project to a consortium of partners: the Andalusian School of Public Health (EASP) as the lead partner, and the University of Copenhagen (Faculty of Health and Medical Sciences), Azienda Unita Sanitaria Locale Reggio Emilia in Italy and University of Amsterdam (Academisch Medisch Centrum. The International Organization of Migration, European Public Health Alliance, Jagiellonian University in Poland, National Institute of Public Health of Romania, and Trnava University in Slovakia collaborated with the project. MEM-TP finished in March 2016

Objectives: Provide overview of issues that are relevant to developing training for health professionals attending to migrants and ethnic minorities. Assess existing good quality training programmes that address improving access and quality of care. Design a training programme and validated teaching-learning materials for front-line health care providers to improve accessibility, quality and appropriateness of care. Develop and apply a structured process for adapting the materials to a local situation.

Experiences: 1.Review migrant and ethnic minorities' situation in the EU and identify common challenges and best practices to feed into the training programmes 2.Review existing training materials 3.Development of new training package for health professionals and health care providers, consisting on a curriculum model, training needs assessment tool, guides for trainers and trainees, extensive training materials, and a training outcome evaluation instrument. The training package includes four main modules and two additional ones. 4.Implement Training of Trainers. 5.Adapt and pilot training programmes and evaluation in 6 UE countries.6.Finalise materials, evaluate pilots, and disseminate results.

Results: Adapting to local and professional contexts was key to the successful uptake of the training. Training time was insufficient for the quality and quantity of content. The successful involvement of the trainees shows both the trainees' interest in learning and the quality of the training materials, methodology and presentations. The multidisciplinary composition of the training teams had a positive effect on the individual trainers and on the trainees. The heterogeneity of the trainees adds diversity and brings different perspectives into the classroom. It also makes it more difficult to target the needs of participants as regards their professional backgrounds. Three consecutive days of training posed a problem for the health services involved and prevents some professionals from attending. The evaluation plan was considered appropriate, but faced several challenges in execution. The standardised skills activities did not fit the learning needs of all health professionals. The methodology allowed participants to be active and share perspectives and experiences

Lessons: Find a balance regarding the heterogeneity / homogeneity of trainees, according to the country-specific priorities. Time schedule that fits with the working commitments of the attending professionals. Train HP with little knowledge on/interest requires a management decision. Two different levels of the training package given the heterogeneity in participants. Involving managers and decision makers. Introduction of Advocacy elements. Targeting the audience needs. Whole organisation approach. Updating and access to the materials must be ensured.

Message: Building HPs' understanding of a MEM sensitive health care delivery model respecting human rights and dignity. To improve healthcare of MEM, identification of highly effective teaching methodologies for HPs has become a priority.

Session Code: PF1.01 (Poster)

The Dom Gypsies: Other Refugees of Syria

Authors: *Tarlan, Kemal Vural* (Turkey)

Keywords: Syria, Gypsies, Dom, Refugees, Ethnic minorities, discrimination, marginalization

Issue: Following the outbreak of the conflict in Syria in 2011, According to the UNHCR While the UNHCR reports that there are 2,181,293 registered Syrian refugees in Turkey as of November 2015, the total number is estimated to have reached 2,5 million. The term Dom is used to refer to an ethnic minority group in the Middle East Gypsies. Among the Syrian refugees are lesser-known groups, including the Dom Gypsies , an ethnic minority group in Syria and neighbouring countries. Research has established that Dom people form a distinct linguistic group originating from India, the Dom are now predominantly sedentary living across the Middle East. Dom people have been subject to decades-long discrimination and marginalisation due to their ethnic identity and lifestyle, both in Syria and across the rest of the region. Having sought refuge in neighbouring countries following the conflict, Dom people face double discrimination due to their ethnic identity and their refugee status. There are thousands of Dom refugees from Syria in Turkey. The fieldwork was undertaken between 2012 and 2015 in 2 provinces: Syria and Turkey

Description of the problem: The research shows that The Doms, face discrimination from the authorities. It has been reported that the police regularly raid and destroy informal Dom refugee camps and in some cases send the refugees back to Syria. The majority of Dom refugees do not have identity cards, which prevents them from accessing basic services, including healthcare. Unable to continue their traditional occupations in pre-conflict Syria, Dom refugees work in the informal economy and are forced to depend on the charity of the host community.

Results: This article seeks to shed light with social documentary photography on the situation of Dom refugees and related groups in Turkey, examining their needs for assistance and the socio-economic, political and legal challenges facing them since their arrival.

Lessons: Continue to implement open border policy enabling all Syrian refugees' access to Turkey regardless of they have got passports or not and without discrimination against any ethnic group including. Take measures for preventing and combating stereotypes, prejudice and discrimination against the ethnic minority groups among Syrian refugees including Dom refugee children; Develop and implement comprehensive integration policies for the Syrian refugees.

Message: Freelance Photographer & Journalist, Researcher, Activist for Middle Eastern Gypsies. I have been making visual, sociology and anthropology studies on Gypsy communities living in Middle East since 2000.

Session Code: FA 6.5 (Oral presentations)

The effect of childhood trauma on adult CVD in a multi-ethnic population in Amsterdam: The HELIUS study

Authors: *Boersma, Geeske* (Netherlands); *Agyemang, Charles* (Netherlands)

Keywords: childhood trauma, cardiovascular disease, ethnicity, Netherlands

Background: Explanations for ethnic inequalities in cardiovascular disease (CVD) are thought to be multifaceted including early life factors. The aim of this study was to assess the association between childhood trauma and adult CVD in a multi-ethnic population in Amsterdam.

Methods: Cross-sectional data was used on first- and second generation migrants of Surinamese (African and South-Asian), Turkish, Moroccan, Ghanaian and ethnic Dutch descent, living in Amsterdam in the age of 18-70 (N=15,951). Data were collected through questionnaires, physical examination and biological samples. A multivariable logistic regression analysis was performed to assess the association between childhood trauma and CVD, stratified by ethnic origin.

Results: A positive association between exposure to two or more types of childhood trauma and CVD in African Surinamese (OR 1.66, 95% CI, 1.29-2.15), South-Asian Surinamese (OR 1.48, 95% CI, 1.15-1.92), Turks (OR 1.38, 95% CI, 1.06-1.79) and Ghanaians (OR 1.75, 95% CI, 1.24-2.44). In Ghanaians and African Surinamese this pattern persisted after adjusting for other covariates. Effects of self-reported specific trauma types on adult CVD varied considerably between ethnic groups with odds ratios ranging from 1.32 (95% CI, 1.03-1.70) for self-reported emotional neglect in South-Asian Surinamese to 1.91 (95% CI, 1.18-3.08) for self-reported sexual abuse in Ghanaians in fully adjusted models.

Conclusions: Our findings indicate childhood trauma is associated with adult CVD and effects of specific trauma exposure varies between ethnic minority groups. Further work is required to determine the mechanisms that lead to ethnic differences regarding childhood trauma effects.

Message: childhood trauma is associated with adult CVD and effects of specific trauma exposure varies between ethnic minority groups

Session Code: SM 1.6 (Oral presentation)

The Ethnic patient coordinator team – a structured education programme

Authors: *Nielsen, Dorte* (Denmark); *Korsholm, Karen Margrethe* (Denmark); *Svabo, Arndis* (Denmark); *Buch, Sisi* (Denmark); *Hermansen, Mathilde* (Denmark); *Rasmussen, Dlama* (Denmark); *Rehling, Charlotte* (Denmark); *Sodemann, Morten* (Denmark)

Keywords: Cultural competences, education programme, ethnic minority, health care professionals

Background: The encounter between health professionals and patients with ethnic minority background can be characterized by uncertainty on both sides. Studies have documented health care professionals lack educational and cultural competences in communicating and caring for ethnic minority patients

Objectives: The aim was to increase health professionals' cultural communication skills and competences through a running voluntary programme in two hospitals. An annual cycle of work was planned alternating between supervision (2 hours), and teaching (3 hours) sessions. Topics covered were: 1.) Prejudice and stigma, 2.) Communication skills 3.) Language barriers 4.) Family patterns 5.) Disease/ Illness perspectives 6.) Post Traumatic Stress. The programme runs continuously every month, hence participants can participate whenever it fits into their working duties. Discussions, videos, cases, roleplays were teaching methods being used

Experiences: This project was conducted using theories of action research. In total 40 health professionals participated in the programme. Before entering the programme participants answered a questionnaire. Results showed they all experienced challenges in handling patients with minority background. After having taken part in the programme, qualitative interviews showed participants had developed skills to provide effective healthcare with less uncertainty taking into consideration patients' cultural beliefs, behaviours and needs. Participants shared their cultural competences at team meetings, seminars in their respective departments

Lessons: The program is now being implemented in all hospitals in the Region of Southern Denmark. The results have motivated politicians to prioritise programmes aiming at improving cultural competences among health professionals

Message: A structured monthly education programme can increase health professionals' cultural competences in practice, resulting in less uncertainty, better care and treatment

Session Code: FA 5.1 (Oral presentations)

The health and wellbeing of ageing migrants: a comparative analysis of Indian migrants to the UK

Authors: *Victor, Christina* (United Kingdom)

Keywords: ageing: Indian migrants: wellbeing

Background: The countries of the developed world-Europe, North America and Europe- are now experiencing the ageing of the migrant groups who moved to these countries during the decades 1950-1970. This is especially evident in the United Kingdom where the first groups of migrants from the former commonwealth countries in the Caribbean, India, Pakistan and Bangladesh are now growing old both 'out of place' and in a 'foreign land.' We know little about the health and wellbeing of these groups of ageing migrants. Many of these groups experience material and social disadvantages across the life course which is evidenced by poorer health and wellbeing in midlife. However it is unclear if these continue into old age and if the differentials in health and wellbeing between migrant and the host community increase (or decrease) in old age. Furthermore comparisons are drawn only between migrants and host communities with the inference that the differentials reflect the outcome of the disadvantaged status of migrants. There has been little comparison of the health and wellbeing with older people in their country of origin.

Methods: We explore the health and wellbeing of two groups of migrants growing old in Britain. In this context wellbeing is focuses upon perceptions of quality of life, social relationships, health status as well as financial resources. For older (aged 50+) migrants from India and China to England and Wales we first examine health and wellbeing using data collected from a large study of older people from 6 key minority communities in England and Wales and draw comparisons with the host population. We then draw comparisons with older people in India using our comparative data sets: Longitudinal Study of Ageing India (LASI).

Results: We show that for some domains of wellbeing such as loneliness there are no differences between migrants, the host community and their peers at home. For other dimensions such as physical health their are disparities with the host community and comparability with their non migrant peers

Conclusions: Our data demonstrates the importance of the selection of the appropriate comparative group when evaluating inequalities in health among ageing migrants.

Message: The choice of the reference population with which to make comparisons of the health of ageing migrants is crucial

The health and wellbeing of ageing indian migrants demonstrates a complex pattern with some measures demonstrating the continuity with their non migrant peers and others showing no variation between migrants, the host population and their non migrant peers.

Session Code: PF1.04 (Poster)

The health protection scheme for undocumented migrants in France: a social science literature review

Authors: *André, Jean-Marie* (France); *Azzedine, Fabienne* (France)

Keywords: health access, undocumented migrants, health protection, migrants

Background: In France in 2012, there are more than 8% of migrants. After being the third principal host countries, France is now the 6th host country in the OECD. Since the 1980's numerous Acts have been passed by parliament on immigration issues. In 2000 the Aide Médicale d'Etat (Medical State Assistance) was created as health protection for undocumented migrants. Since the creation of this scheme, we can observe many political debates who call it into question, especially because of its cost, suspected fraud, and the illegitimacy of a social protection for irregulars' persons. Lately, the access to the scheme has been made difficult by introducing different conditions. Our research question is: why this scheme is regularly call into question? Does political arguments are founded?

Methods: We conducted a literature review on institutional and associative reports, research studies and European recommendations on health access for undocumented migrants. In the research field we focused on relevant data bases in social sciences in French and English. We searched articles on migrants, health access, and their synonyms. We conducted a thematic analysis.

Results: We find that all reports converge on the necessity of health protection for undocumented migrants. Reasons are humanitarian, respect of European and International conventions, for public health, and financial. Moreover, fraud suspicion is unfounded. Finally, Aide Médicale d'Etat is underused: in 2014 data from Médecin du Monde shows that only 10% of patients in irregular situation have access to this scheme.

Conclusions: We conclude that the political debate on the Aide Médicale d'Etat should be about its under-utilisation, its improvement, its merger with the Universal Medical Coverage, and not its elimination. Moreover, the current debates around this scheme stigmatise this population, already precarious, and reinforce its difficulties to health access, and, more generally, weaken the national social cohesion.

Message: In France, all reports on health access for undocumented migrants converge into the necessity of a health protection for this population: for humanitarian, public health and financial reasons.

Session Code: PF2.05 (Poster)

The impact of dispersal on pregnant women seeking asylum

Authors: *Feldman, Rayah* (United Kingdom); *Cook, Judith* (United Kingdom)

Keywords: Dispersal, Maternity Care, Women, Asylum Seekers

Background: UK asylum support policy involves dispersing destitute asylum seekers and refused asylum seekers to locations outside London where they receive accommodation and limited financial support in cash or by smartcard. Pregnant women have been dispersed very late in pregnancy. Dispersal policies and procedures fail to take account of the vulnerabilities, special healthcare and social support needs of pregnant asylum seekers, despite strong clinical recommendations for additional support. Dispersal policies make very little allowance for the healthcare and social support needs of pregnant women asylum seekers.

Methods: In 2012 qualitative interviews were carried out with twenty women about their experiences of pregnancy and dispersal in England in the last three years. All the women had been dispersed during pregnancy to 'no-choice' accommodation provided by the Home Office while they awaited the result of an asylum claim or after a claim had been refused. Seventeen midwives were interviewed by phone about their experiences of working with pregnant asylum seeking women before or after dispersal.

Results: Midwives and women reported serious underlying health conditions and particular problems of pregnancy such as severe headaches, elevated blood pressure, and repeated urinary tract infections. Most women suffered mental health problems. Two thirds had their first contact with a midwife later than recommended in National Institute of Health and Care Excellence Guidance, increasing risks in their pregnancies. Women seeking asylum were often dispersed very late in pregnancy and found the experience and its impact distressing. Dispersal interrupted established maternity care, leaving women without social and family support, with many giving birth alone. Midwives were not informed when women were to be moved, preventing planning or information sharing between maternity units. Midwives' efforts to create rapport and trust and to establish multi-agency and specialist support were undermined.

Conclusions: Home Office guidance on pregnancy ignores mental health, other underlying health conditions or health needs arising in pregnancy. It ignores women's needs for social support throughout pregnancy and labour. Dispersal of pregnant women, especially late in pregnancy, disrupts maternity care and prevents essential continuity of care.

Message: Dispersal of pregnant asylum seekers undermines good practice in maternity care and adversely impacts women's health. Policies should address these women's complex needs in pregnancy.

Session Code: FM 4.1 (Oral presentations)

The life expectancy of different ethnic groups using death records linked to population census data in Scotland

Authors: *Gruer, Laurence* (United Kingdom); *Cézard, Geneviève* (United Kingdom); *Bhopal, Raj* (United Kingdom); *Steiner, Markus* (United Kingdom); *Clark, Esta* (United Kingdom); *Douglas, Anne* (United Kingdom); *Millard, Andrew* (United Kingdom); *Buchanan, Duncan* (United Kingdom); *Katikireddi, Srinivasa Vittal* (United Kingdom); *Sheikh, Aziz* (United Kingdom)

Keywords: Ethnic groups, life expectancy, Scotland

Background: Life expectancy (LE) is widely used as a summary estimate of the health of populations, but few countries have the data to calculate it for ethnic minorities. After linking the 2001 Census for Scotland with subsequent deaths, we have generated the first direct estimates of LE by self-reported ethnic group in the UK and, to our knowledge, Europe.

Methods: Three years (May 2001-April 2004) of deaths records in Scotland (about 152,000 deaths) were linked to the Scottish 2001 Census (4.62 million individuals) which includes self-reported ethnicity. The denominator was adjusted for all individuals known to have died or left the United Kingdom. Life tables were created from the linked death records using sex and 5-year age bands (except for 0 years, 1-4 years and more than 85 years), for eight categories of self-reported ethnicity, each with at least 5000 individuals and 40 deaths. LE at birth was calculated using the revised Chiang method.

Results: The LE at birth of White Scottish men was 74.7 years (95% CI, 74.6-74.8), similar to Mixed Background (73.0; 70.2-75.8) and White Irish (75.0; 74.0-75.9) but lower than Indian (80.9; 95% CI, 78.4-83.4), Pakistani (79.3; 76.9-81.6), Chinese (79; 76.5-81.5), Other White British (78.9; 78.6-79.2) and Other White (77.2; 76.4-78.1). The LE of White Scottish women was 79.4 (79.3-79.5), similar to Mixed Background (79.3; 76.6-82.0) but lower than Pakistani (84.6; 82.0-87.3), Chinese (83.4; 81.1-85.7), Indian (83.3; 80.7-85.9), Other White British (82.6; 82.3-82.9), Other White (82.0; 81.3-82.8) and White Irish (81; 80.2-81.8).

Conclusions: We generated plausible estimates of LE for eight ethnic groups. Both men and women in most of the ethnic minority groups in Scotland had LEs that were apparently several years longer than those of the majority White Scottish population.

Message: By linking death records to a national census giving ethnicity, the life expectancy (LE) of ethnic groups can be calculated. Why some ethnic groups in Scotland have longer LEs than others merits further research.

Session Code: FM 1.3 (Oral presentation)

The "migrant kit": a new guide for migrant-friendly care in a Swiss paediatric hospital

Authors: *Ratnam, Sharon* (Switzerland); *Crisinel, Pierre-Alex* (Switzerland); *Simeoni, Umberto* (Switzerland)

Keywords: migrant children; healthcare; guidelines; hospital

Issue: In Switzerland, there were 24'000 new asylum seekers in 2014, including children. In Switzerland, there are no national guidelines for health screening and disease treatment for the migrant children. Moreover, there is lack of knowledge about the importance of cultural competencies in everyday pediatric care. This results in large disparities and inequities regarding access to health and practices.

Description of the problem: To address the issue of lack of guidelines and ignorance of the healthcare providers regarding existent tools, we have put together guidelines (the "migrant kit") for residents and all staff in outpatient and inpatient units of our hospital in Lausanne. The kit includes documents regarding asylum seekers' itineraries in the country, social aids available, medical guidelines, tools for conducting an interview with a community interpreter, etc. The new guidelines respect practices which were currently used and recommendations from the Swiss federal office of public health. Since November 2015, these guidelines are accessible on all computers of the hospital, have been presented at seminars and will soon be on the website of the hospital.

Results: Since the "migrant kit" has been presented to the staff in November 2015, we already see much interest from all nursing and medical staff, with for example better use of interpreters. Unfortunately, impact of the tool is hard to quantify, as it is addressed to the whole hospital staff and can have a wide range of impact, from better direct healthcare to awareness of the living conditions and health needs of asylum seekers and refugees.

Lessons: This project was received as a relief to residents facing on a daily basis the challenges of migrant healthcare. Moreover, other pediatric hospitals in Switzerland also decided to implement this tool. This will contribute to a more unified approach to migrant children's healthcare in our country, assuring more equal access to healthcare and care adapted to each migrant children. It will also allow health professionals of different settings to share experiences in order to gain more competences and modify policies accordingly. This kit answers partly the need of guidelines in migrant children's healthcare, and will surely contribute to raise awareness on the importance of working towards a more migrant-friendly health system.

Message: There are no national recommendations regarding screening and treatment of migrant children in Switzerland. This work is the implementation of a "migrant kit" containing guidelines for all migrant children health professionals.

Session Code: TA 2.2 (Oral presentations)

The mortality pattern of Moluccans: persisting inequalities 65 years after migration towards the Netherlands?

Authors: *Bodewes, Adee* (Netherlands); *Agyemang, Charles* (Netherlands); *Stronks, Karien* (Netherlands); *Harmsen, Carel* (Netherlands); *Kunst, Anton* (Netherlands)

Keywords: mortality, migrant, minority, Moluccans, generation, admixture

Background: Mortality variations have been reported for migrant groups as compared to host populations. It is uncertain how these mortality variations develop overtime. This study aimed to examine all-cause and cause-specific mortality among the Moluccans, who live in the Netherlands for over 60 years. We examined mortality according to gender, generation and admixture.

Methods: We used data from the death and municipality registry for the years 2000 through 2013, including all legal Dutch inhabitants. A list of Moluccan surnames was used to identify the Moluccan population. Differences with the Dutch-origin population were calculated by Poisson regression, controlling for gender, year of birth and socio-economic status.

Results: All-cause mortality was higher among the Moluccan population (MRR=1.34 [1.30-1.38]), men (MRR=1.30 [1.26-1.35]) and women (MRR=1.38 [1.32-1.44]), compared to the Dutch population. Moluccans with one or two parents of Moluccan origin both showed high all-cause mortality (resp. MRR=1.20 [1.15-1.26]; 1.29 [1.22-1.36]). All-cause mortality was higher both for the first, second and third generation (resp. MRR=1.55 [1.49-1.60]; 1.15 [1.07-1.23]; 1.14 [1.00-1.29]). Mortality from cardiovascular diseases was especially high among all generations (resp. MRR=1.72 [1.63-1.83]; 1.39 [1.21-1.59]; 1.67 [1.12-2.47]).

Conclusions: After more than six decades of living in The Netherlands, Moluccans had considerably high mortality rates. The high mortality among the third generation and among Moluccans with mixed ethnic background implies that mortality inequalities between native and migrant groups may persist over a long time.

Message: Third generation Moluccans and among Moluccans with mixed ethnic background show to have high all-cause mortality.

Mortality inequalities between native and migrant groups may persist over a long time.

Session Code: FA 5.7 (Oral presentations)

The Policy Practice Gap in Roma Health: Results from a National Study

Authors: *Trummer, Ursula* (Austria); *Novak-Zezula, Sonja* (Austria); *Wilczewska, Ina* (Austria)

Keywords: Roma health, chronic disease, NGO

Background: Access to health care for a Roma population living in the EU is a major topic in public health policy. The available evidence suggests that many Roma live in poor conditions, face considerable levels of social exclusion, and have limited access to health care. The implementation of National action plans (NAPI) on Roma integration in EU member states that started 2011 seem to have limited impact on practice. The Austrian NAPI mentions health of Roma as important topic, but so far no evidence on the health status of Roma residing in Austria was available. A study commissioned 2013 by the Austrian Chancellery aimed to get first evidence.

Methods: Data on Roma patients is not available from Public Health organisations as data on ethnicity is not collected. Therefore data collection was organised in cooperation with an NGO based in Vienna that acts as health care provider for vulnerable groups. Medical records from patients treated in the survey period April-June 2014 who self-reported to be Roma were fed into a study database.

Results: 74 patients were included in the study. 41(55%) female and 33(45%) male. 37(50 %) were Romanian, 33 (44%) Bulgarian, 3(4 %) Serbian, and 1(1%) Austrian. Average age was 47. 71(96 %) were uninsured. Majority of patients suffers from chronic diseases, with 60% of patients carrying at least one chronic disease. Infectious diseases are less common (10,8% of patients). Most common diagnoses in total are hypertension (31% of patients), diabetes, (12%) and spinal pain (12%).

Conclusions: Evidence on Roma health in Austria is restricted to patients outside the regular public health system. Among them, chronic diseases are the most common health problems. A majority are EU citizens. Public health policies should consider both ethnicity as well as inequalities between EU member states.

Message: Evidence on Roma health in Austria is restricted to patients outside the regular public health system. Among them, chronic diseases are the most common health problems.

Session Code: PF6.06 (Poster)

The prevalence of overweight and its reproductive risk factors in migrant women in childbearing age in Finland

Authors: *Kinnunen, Tarja I* (Finland); *Bastola, Kalpana* (Finland); *Castaneda, Anu* (Finland); *Gissler, Mika* (Finland); *Koponen, Päivikki* (Finland)

Keywords: Migrant women, overweight, childbearing, pregnancy

Background: Women seem to be more prone to weight gain after migration than men. It is unclear if the number of pregnancies contribute to differences in the prevalence of overweight between migrants and the majority population. We studied the prevalence of overweight and its potential reproductive risk factors in migrant women of childbearing age.

Methods: The cross-sectional Maamu-study was conducted in six municipalities in Finland in 2010-2012. The participants were 18 to 45 year-old women of Russian-speaking (n=165), Kurdish (n=175) and Somali (n=164) origin. The reference group was 458 women of same age in the general population who participated in the Health 2011 study in the same areas. Data on overweight (body mass index, BMI ≥ 25 kg/m²) was mainly based on measured weight and height. Percentages were compared with χ^2 -test. Logistic regression was used to explore factors related to overweight within each ethnic group. Weighting variables correcting for effects of non-response, stratified sampling method and finite populations were used in all analyses. Our study will also include analyses using birth registry data in a larger sample of women.

Results: The mean BMI was 27.5 kg/m² in Somali, 26.3 kg/m² in Kurdish, 23.5 kg/m² in Russian and 24.1 kg/m² in the reference group (p<0.001). The crude prevalence of overweight was 63.8% in Somali, 60.5% in Kurdish, 26.5% in Russian and 31.3% in the reference group (p<0.001). The numbers of previous deliveries, miscarriages or induced abortions were not statistically significantly related to the odds of being overweight in any migrant group, after adjusting for socio-demographic variables.

Conclusions: The prevalence of overweight was high in migrant Somali and Kurdish women in childbearing age, which increases the risks of adverse pregnancy and birth outcomes in their possible subsequent pregnancies. Future studies should examine other risk factors of overweight such as diet and physical inactivity in these groups of women.

Message: Overweight was clearly more common in migrant Somali and Kurdish women than in women in the general population. The number of previous pregnancies was not associated with the risk of being overweight.

Session Code: FA 2.3 (Oral presentations)

The role of institutional setting for implementation of health promoting innovations targeting migrants, experiences from two public institutions in Denmark

Authors: *Fredsted Villadsen, Sarah* (Denmark); *Smith Jervelund, Signe* (Denmark); *Lawaetz Wimmelmann, Camilla* (Denmark); *Kivi, Nazila* (Denmark); *Hjort Morrison, Cecilie* (Denmark); *Ahlmark, Nanna* (Denmark); *Nybo-Andersen, Anne-Marie* (Denmark); *Krasnik, Allan* (Denmark)

Keywords: Health system intervention

Background: Migrants are often disadvantaged regarding both socioeconomic conditions and health. In order to improve preventive health initiatives for migrants, two SULIM project innovations were developed in Denmark. This organizational study analyze and compare barriers and facilitators for effective implementation of the two SULIM health innovations in different Danish public institutions, namely the antenatal care system and the language school for newly arrived migrants.

Methods: Using Durlak and Dupres' framework of effective implementation, the compatibility of the innovations with provider and community factors of the two SULIM innovations was assessed and compared. For both innovations, the analysis of provider factors were using process evaluation data and community factor analysis were based on policy documents.

Results: Preliminary results show that the antenatal care innovation was well aligned with the policies and midwives perceived provider identity, however did not fit well with the organization of work. Professional reflection on cross cultural interaction was new and challenging to the midwives, and included negotiations of stereotyped versus heterogeneous perceptions of pregnant migrant women's' needs. At the language school the attention to migrants needs was facilitated by the organizational familiarity with migrants. However, the innovation was not reflected in performance measures and to some extent the teachers felt that health issues were difficult to combine with their professional value of enabling the students to make individual decisions.

Conclusions: Public institutions of welfare states are relevant to include in health promotion for migrants, however the compatibility of health or migration issues with provider identities are important to consider. How to address the challenge of an ethnic diverse population in universally covering organizations (like antenatal care) without stigmatizing needs further attention.

Message: In preventive health innovations for migrants there might be incompatibilities between issues of health or migration and then provider identities that are important to consider for effective implementation.

Session Code: SM 2.7 (Oral presentations)

The role of maternal citizenship on pediatric avoidable hospitalization: a birth cohort study in North-East Italy

Authors: *Canova, Cristina (Italy); Dalla Zuanna, Teresa (Italy); Favarato, Susanna (Italy); Simonato, Lorenzo (Italy)*

Keywords: Avoidable Hospitalization, immigrants, maternal citizenship, children

Background: Avoidable hospitalization (AH) has been widely studied as a possible measure of the performance of primary health care (PHC) and has highlighted differences across groups with different socio-economic status. To the best of our knowledge, studies evaluating AH in migrants children, are lacking. The aim of this study was to investigate the role played by maternal citizenship on the risk of AH of their children.

Methods: The cohort study included all live newborns recorded in the Medical Birth Register (MBR) of Friuli-Venezia Giulia Region (Italy) in the years 1989-2012, followed from 30 days after their birth up to the 14th year of life. Perinatal and socio-demographic variables including maternal citizenship (immigrants from High Migration Countries-HMC- vs Italian) were retrieved from the MBR. Cox regression models were used to estimate Hazard Ratios (HRs) for any AH (using a modifying version of the AHRQ criteria) and for specific conditions adjusted for children sex, year of birth, perinatal covariates and maternal education.

Results: Among the 213,635 children included in the cohort, we identified 23,011 AH in 16,744 children, most of which occurred between 1 and 4 years of age. Children born to mother from HMC had a higher risk of AH for any condition (HR 1.35; 95% CI=1.27-1.44). The risks were higher concerning gastroenteritis (HR 1.74; CI=1.57-1.94), upper respiratory tract infections (HR 1.58; 95% CI=1.35-1.84) and asthma (HR 1.53; 95% CI=1.12-2.06); to a lesser extent concerning bacterial pneumonia (HR 1.18; 95% CI=1.01-1.37) and urinary tract infections (HR 1.15; 95% CI=0.98-1.35). There were no differences for short term complications of diabetes (HR 1.19; 95% CI=0.47-3.00) and perforated appendix (HR 0.86; 95% CI=0.51-1.44).

Conclusions: In Italy the number of immigrants have deeply increased in the last 15 years, and immigrant newborns comprised 20% of the total births. We observed an increased risk of AH by immigrant children compared to Italians. In order to reduce health inequalities between migrants and Italians, prevention measures for improvement in quality and access to PHC for migrants are needed.

Message: Immigrants children experienced more need of hospital care for AH than Italian children. Access barriers to primary care are plausible causes for the observed disparities.

Session Code: TA 4.4 (Oral presentations)

The securitisation of migrant and ethnic minority mental health in the United Kingdom

Authors: *Mladovsky, Philipa* (United Kingdom); *Ingleby, David* (Netherlands)

Keywords: Mental health, migrants, ethnic minorities, radicalisation, securitisation

Background: UK domestic extremist Islamic terrorism has caused policymakers and researchers to search for individual risk factors for radicalisation, especially among Muslims, who in Britain encompass several migrant and ethnic minority groups. Poor mental health has been identified as one such risk factor. We evaluate the coherence of the UK government's policy response to this issue through the lens of Foucauldian and intersectionality theories.

Methods: Review of international peer-reviewed articles, grey literature and UK government policy documents relating to mental health and radicalisation among migrants and ethnic minorities. Semi-structured interviews conducted with stakeholders.

Results: Preliminary results point to policy incoherence. Government guidance on anti-radicalisation cites mental illness as a risk factor, yet the evidence is inconclusive. Public service employees, including National Health Service (NHS) workers, are expected to assess individuals' radicalisation risk and provide services to "de-radicalise" them. No extra funding is provided for this, yet mental health services for migrants and ethnic minorities are already inadequate. The NHS provides poor quality care due to multiple types of inequity, while the voluntary sector is in disarray. Austerity has further reduced access and quality. Whilst migrants other than refugees tend to have no increased risk of mental illness on arrival to the UK, inadequate immigration, social and welfare services fail to prevent mental health problems arising over time among some migrants and their UK-born children.

Conclusions: Current discourses are starting to "medicalise" radicalisation and "securitise" migrant and ethnic minority mental health. Curiously, however, security concerns do not seem to be leading to any improvements in migrant and ethnic minority mental health services. Rather, this discourse may simply subject migrants and ethnic minorities with mental health problems to yet more stigma, discrimination and suspicion.

Message: UK migrant and ethnic minority mental health is being securitised due to radicalisation fears. The government's discourse is founded on inconclusive evidence and may lead to more discrimination instead of better health services .

Session Code: PF7.03 (Poster)

The Seroprevalence of Chronic Hepatitis B and Hepatitis C virus infection in migrants attending a Danish Migrant Health Clinic – An overlooked problem?

Authors: *Rasmussen, Dlama Nggida* (Denmark); *Nielsen, Dorte* (Denmark); *Rehling, Charlotte Sølver* (Denmark); *Sodemann, Morten* (Denmark)

Keywords: Hepatitis B, Hepatitis C, migrants, ethnic minority, immigrants, prevalence

Background: Hepatitis B (HBV) and Hepatitis C (HCV) infection pose a significant global public health challenge resulting in almost 1 million deaths annually. Migrants originating from parts of the world with high or intermediate levels of HBV and HCV experience increased morbidity and mortality due to undetected infections. While programs are now being established to screen newly arrived migrants, migrants who have lived in Europe for several years may present an overlooked population disproportionately at risk.

Methods: The aim of this study was to estimate the undiagnosed HBV (HBsAg positive) and HCV (RNA positive) prevalence among migrant patients with complex, unresolved health conditions referred to the Migrant Health Clinic (MHC) in Odense, Denmark. In this retrospective study, data on patient demographics and hepatitis serology was obtained from the medical records of 592 patients of patients consulted from January 2008-July 2013. Descriptive statistics and logistic regression models were applied to outline socio-demographic and factors associated with hepatitis seropositivity.

Results: Patients originated from 40 different countries of which the majority came from Somalia (18%), Iraq (18%) and Lebanon (11%). Years lived in Denmark ranged from 0-45 years (median 16; IQR 13-22). Eighty percent (476/592) of patients were tested for HBV and 77% (454/592) were tested for HCV. Twenty-five percent (n=111) tested anti-HBs and anti-HBc positive. The prevalence of undiagnosed HBsAg positive HBV infection was 0.8% (95% CI 0.2-2.1, n=4) and 0.6% (95% CI 0.1-1.8, n=3) for diagnosed patients without any follow-up. All undiagnosed patients were HBeAg negative and anti-HBe positive. No new chronic HCV positive infected patients were diagnosed. Age <30, originating from Sub-Saharan Africa and HCV co-infection were significantly associated with chronic HBV infection.

Conclusions: The prevalence of chronic HBV and HCV among adult migrant patients attending the MHC was low. While our study only found a small number of undiagnosed chronic HBV infected our findings suggests screening and follow-up of chronic HBV within the primary health care system can be improved. Our findings underline the importance of adhering to national guidelines for the screening and follow-up of migrants from regions with high or intermediate levels of chronic HBV and HCV.

Message: The prevalence of undiagnosed HBV and HCV infection was low among patients in this study. Yet, our findings show a need to reinforce national guidelines to find and retain migrants from highly prevalent settings with chronic hepatitis.

Session Code: PF5.05 (Poster)

Transcultural psychiatry: Exploring the assessment and diagnoses of migrants in Denmark

Authors: *Skammeritz, Signe* (Denmark); *Lohmann, Jessica Carlsson* (Denmark); *Nørredam, Marie* (Denmark); *Mortensen, Erik Lykke* (Denmark)

Keywords: Transcultural psychiatry, diagnoses, assessment, Cultural Formulation Interview

Background: Migrants have a higher risk of some psychiatric diagnoses than the native population (Bhugra et al. 2011; Cantor-Graae and Selten 2005). A Cultural sensitive approach is important because of the risk of misdiagnosing mental disorders in migrants. (Adeponle et al. 2012). The previous edition of the Cultural Formulation Interview (CFI) from DSM-5 was found to reduce misdiagnosing (Rosso and Bäärnhielm 2012; Adeponle et al. 2012). Research questions: 1. What is the prevalence of psychiatric diagnoses among migrants compared to native Danes and do migrants have a higher number of diagnostic shifts compared to native Danes? 2. Do migrant patients change diagnoses during the course of referral, assessment and evaluation of the treatment at CTP and if so, what are the possible causes for the changes? 3. Does the clinician find that the use of the Cultural Formulation Interview (CFI) provides important information for the diagnostic process and treatment plan?

Methods: The first study is based on registry data from statistics Denmark and the Danish Psychiatric Central Register to investigate whether migrants have higher prevalence of mental disorders than native Danes and a higher risk of diagnostic shifts than native Danes, using regression analysis. The second study is an observational study on the assessment and treatment at CTP for migrant patients. The number of diagnostic shifts and factors that can influence the diagnostic process and validity will be examined by collecting data on the diagnoses and clinicians considerations. In the last study we will investigate if the use of the CFI provides the clinicians with important information for diagnoses and treatment plans to overcome potential problems with diagnostic validity at CTP, IMK and an outpatient psychiatric clinic. The data collected will be analysed to give a quantitative estimate of the additional information obtained by using the CFI. The data collection will take place from June 2014- June 2016.

Results: None yet.

Conclusions: -

Message: This study examines the assessment and diagnoses of migrant patients in Denmark. Increased knowledge and a tested clinical tool will expectedly result in a culturally appropriate and patient-centred assessment and treatment.

Session Code: TA 1.6 (Oral presentation)

Trauma and human rights based training and education to improve mental health interventions for refugees and asylum seekers

Authors: *Lindert, Jutta* (Germany); *Schaefer, Ingo* (Germany)

Keywords: Refugees, trauma, human rights

Background: Mental Health is central to refugee's health, and research has recognized the vulnerability of refugees, asylum seekers and internally displaced persons in relation to mental health. Given the nature of the refugee experience, many people from refugee backgrounds have been subjected prior, during and after their flight to a range of traumatic experiences such as war trauma, persecution, humiliation or torture and have suffered human rights violations and significant losses such as the murder of family and friends. One of the main questions that frequently arise in the context of care and interventions for refugees trauma is which types of interventions are necessary and effective.

Objectives: We aim to provide competences in assessing and intervening to meet mental health care needs of refugees in a training program for practitioners. Practitioners include individuals from the medical and psychosocial institutions and those who are challenged to provided appropriate services and care for refugees and asylum seekers. It might be timely to introduce a refugees-informed trauma approach in all interventions for refugees who realizes the widespread trauma exposure, recognizes signs and symptoms and responds by fully integrating knowledge about human rights violations and effects of humiliation into medical and social procedures.

Experiences: We developed a 10 modules training program on mental health care for refugees and asylum seekers in the Northern part of Germany. The modules include legal information, training in assessing traumatic experiences and planning and providing care for those affected by traumatic experiences. Expanding the individual trauma informed care with by a human rights and dignity approach might better respond to refugees needs. Practitioners will get those competences to better meet refugees and asylum seekers needs. The program starts March 2016. Already now the program is booked by 40 practitioners.

Lessons: There is a huge need in developing specific training programs for trauma sensitive mental health training for practitioners involved in providing care for refugees and asylum seekers.

Message: Interdisciplinary training can improve knowledge, skills and care structures in Germany.

Session Code: SM 3.4 (Oral presentations)

Trends in HIV diagnoses in migrants from Sub-Saharan Africa regions living in Europe

Authors: *Del Amo, Julia* (Spain); *Hernando, Victoria* (Spain); *Alvarez Del Arco, Debora* (Spain); *Jarrin, Inma* (Spain); *Monge, Susana* (Spain); *Alejos, Belen* (Spain); *Bolumar, Francisco* (Spain); *Pharris, Anastasia* (Sweden); *Amato, Andrew* (Sweden); *Noori, Teymur* (Sweden)

Keywords: HIV, epidemiological trends, gender

Background: Declines in HIV diagnoses in male and female migrants from Sub-Saharan Africa (SSA) have been reported in the European Union/Economic Area (EU/EEA) from 2006 onwards but whether declines are homogeneous for migrants from different regions within SSA has not been explored.

Methods: HIV reports to the European Surveillance System (TESSy) from 30 EU/EEA countries from 2004 till 2013 were analysed. Migrants were defined as people whose geographical origin was different to the reporting country. Cases from SSA were further divided into the following UN regions: Western, Central, Eastern and Southern Africa.

Results: Of 252 609 cases reported in 2004-2013 with available data on country of origin, 57 405 (23%) were from SSA; 35% from Western SSA, 32% from Eastern, 23% from Central, 5% from Southern SSA and 5% from unknown SSA regions. HIV had been acquired heterosexually in 88% of cases. Overall Female/Male ratios were 1.2 for Western SSA, 1.8 for Central and Eastern SSA and 1.7 for Southern SSA. Median ages of women from Western, Central and Eastern SSA were 32, 33 and 33, respectively, and they were 6, 4 and 3 years younger than the men from the corresponding regions. Absolute and relative declines of HIV reports from 2004 to 2012 (2013 data removed when analysing trends due to reporting delay) were 2824 (37%) for SSA globally; 60 (3%), 1571 (57%), 563 (33%), 250 (59%) for Western, Eastern, Central and Southern SSA, respectively. Variations within countries were observed. Declines were more pronounced in women. Results were largely unchanged taking into account reporting heterogeneity.

Conclusions: The decreases of HIV reports in migrants from SSA in the EU/EEA from 2004 to 2012 are driven by declines in cases from Central and Eastern SSA, while cases in migrants from Western SSA are fairly stable. The characteristics of HIV reports from Western SSA differ in that the proportion of men is higher than for other regions and that the age gap between the male and female cases is the largest of all. Whether the observed trends can be explained by changes in migratory flows into the EU/EEA is currently being explored.

Message: The HIV declines in migrants from SSA in the EU/EEA from 2004 to 2012 are driven by declines from Central and Eastern SSA, while cases in migrants from Western SSA are fairly stable and show higher proportion of men and wider gender age gaps.

Session Code: TM 4.5 (Oral presentations)

Understand the acceptability of the migrant population to participate in longitudinal studies. A qualitative approach

Authors: *Hernando Rovirola, Cristina (Spain); Sabidó Espin, Meritxell (Spain); Casabona Barbarà, Jordi (Spain)*

Keywords: Cohort Studies; Emigration and Immigration; Family; Patient participation; Health

Background: Migrant population are difficult to reach and follow-up in longitudinal studies. The objective of this study is to examine the acceptability of the migrant population to participate in a cohort study about families and their health, and to identify strategies that contribute to increasing their participation and retention over time.

Methods: Between May-November 2014, 76 migrants and nine key informants were recruited. Two researchers facilitated semi-structured interviews (n=35) and eight discussions groups (n=50). Data was collected on acceptability to participate in a cohort study, to be interviewed and to provide biological samples; preferred means of recruitment, re-contact, incentives used; and language needs.

Results: Most of the participants stated their interest in participating in the cohort. Main reason was to know own health status. The majority reported they would accept a clinical examination and the collection of biological samples. Migrants indicated that providing easy-to-understand information, flexible times, and overcoming language and cultural differences, and gender roles were key factors to participating. Pakistani and Moroccan preferred interviewers with the same origin and sex than participants, and unknown to them. Due to working constraint, participants suggested that the mother could respond on the family behalf. Participants preferred as places for the recruitment schools followed by the Primary Health Care Centre, as incentive receiving remuneration, and being re-contacted through repeated and simultaneous phone calls, sms, and e-mail or whatsapp.

Conclusions: Offering both a clinical examination and biological tests might increase study participation rate. Measures to increase participation and retention rates in family cohorts need to be adapted to the migrants profile in terms of origin, sex, use of the Internet, schooling of offspring's, and working situation.

Message: Migrant population is willing to participate in a family cohort study about their health.

Migrant suggested measures that can be implemented to increase their participation and retention rate.

Session Code: SM 1.7 (Oral presentation)

Undocumented Health Care for Undocumented Migrants: A glimpse on regional practices

Authors: *Novak-Zezula, Sonja* (Austria); *Trummer, Ursula* (Austria); *Haag, Nora* (Austria)

Keywords: undocumented migrants, equity, exclusion, health care, parallel system

Issue: The most vulnerable groups concerning equitable access to health care are those who are excluded by national regulations. This applies to undocumented migrants (UDM) in most EU countries, among them Austria.

Description of the problem: Along with the increasing influx of refugees to Europe it can be expected that a certain share of undocumented entries does increase the number of UDM residing in Europe. Especially in countries where the public health system denies access to health care for UDM, Non Governmental Organisations (NGOs) compensate the lack of official services. In 2015, Austria was among the five European countries who were most affected by the refugee crisis. Along officially registered asylum applicants, UDM as inhabitants of an unregistered “NowHereland”, are in need, too – but without any rights. A regional project on access to health care for vulnerable groups conducted by the Center for Health and Migration in cooperation with the Vienna University for Economics and Business in 2015 identified services that provide health care in “NowHereland” in an internet survey. Results were presented and discussed in a stakeholder workshop with participants representing NGOs as well as the Public Health System.

Results: The internet survey identified nine services that are accessible for UDM. Services often are insufficiently presented in the internet, access and visibility is more based on mouth to mouth information within communities.

Lessons: There was consensus among participants in the workshop that without the parallel health care provision in “NowHereland” the official Public health services would get under severe pressure. There was also consensus that beside the visible “NowHereland” there is another layer of health care provision within UDM communities that is completely unknown to research as well as to health care providers.

Message: NGOs in “NowHereland” are important health care providers for UDM. Without the parallel health care provision in “NowHereland” the official Public health services would get under severe pressure.

Session Code: PF1.06 (Poster)

Undocumented migrants' present with diverse disease patterns: a 4½-year follow up study

Authors: *Norredam, Marie* (Denmark); *Lenskjold, Vibeke* (Denmark)

Keywords: undocumented migrants, access, morbidity patterns

Background: Today an estimated of 33,000 undocumented migrants live in Denmark, yet little data is available on their health problems. In August 2011 Red Cross opened a Health Clinic in Copenhagen for undocumented migrants. The clinic is based on private donations and volunteer health staff. The study aims to strengthen the evidence base on undocumented migrants' health problems by summarising the evidence collected the first 4½ years of the work at the clinic.

Methods: All patient files from 24 August 2011 to 31 December 2015 were included in the study. Patient contacts were analysed for age, sex, country of origin, medical referrals, symptoms and diagnoses. Contacts were classified by patient complaints or symptoms based on the International Classification of Primary Care, 2nd Edition (ICPC-2). We used descriptive statistics.

Results: A total of 3, 246 patients (42% women and 58% men) visited the clinic, which led to a total of 9,885 visits. Every month 1/3 of the patients were new patients. The patients were had more than 94 different nationalities and aged 0 years to 75 years old. Most people came from Africa, Eastern Europe, Middle East and Asia. The five most common diagnosis were related to the musculoskeletal system (13.5%); pregnancy, childbearing and family planning (12.9%); skin infections (11.8%); respiratory issues (10.8%); digestive issues (9.4%); and dental issues (9.2%). But also acute disease, chronic disease like diabetes and malignant cases were observed. Furthermore, a high number of pregnant women presented (12%) of whom 24% had an abortion, most of them were provoked.

Conclusions: Undocumented migrants presented with diverse health problems. A lot of volunteer special doctors are connected to the clinic – diabetes team, gynaecologist, ear/nose/throat doctor, dermatologist, psychiatrist, rheumatologist etc. The clinic fulfil an enormously need of health care for undocumented migrants, who do not have access to public health care.

Message: Patients are of all ages and from a variety of countries. 2/3 of the patients use the clinic more than one time.

The five most common diagnosis were related to: the musculoskeletal system pregnancy; skin; respiratory issues; digestive issues; and dental issues.

Session Code: TMW 1 (Workshop: Round Table)

Undocumented migrant women's access to sexual and reproductive health services in European countries seen through a human rights lens

Authors: *Thomasen, Katrine* (Switzerland)

Keywords: international human rights standards, laws and policies, sexual and reproductive health and rights

Background: Across Europe a series of legal and policy barriers combine with a range of practical obstacles to severely restrict undocumented migrants' access to sexual and reproductive health (SRH) services resulting in lack of respect for their fundamental human rights. The workshop will highlight the international human rights obligations imposed on European countries to protect undocumented migrant women's access to health care and highlight specific examples of failures to do so in selected European countries.

Objectives: The participants in the workshop will learn about the content of human rights obligations to ensure access to health care for undocumented migrants in general and in relation to undocumented women's access to sexual and reproductive health care in particular. They will also gain an understanding of important human rights failures by selected European countries to provide access to health care services for undocumented migrant women, and how these failures directly and negatively impact undocumented migrant women's health and lives.

Results: The workshop will be conducted through a series of short presentations by expert panellists who are human rights practitioners. It will be followed by discussion and a question and answer session with the participants. The presentations will be provided by three to four speakers (around 15 minutes each) and there will be 30 to 40 minutes for discussion. The workshop will contribute a distinct perspective and conceptual framework through which we can assess the provision and quality of health services for migrant and ethnic minority populations. It is a perspective and framework that is grounded in international legal obligations and that can be relevant to the work of other professional disciplines working on migrant and ethnic minority health as it sets common standards.

Message: The workshop will raise awareness about the human rights obligations of European states to provide SRH services to undocumented migrants. It will provide examples of failures to meet these obligations in selected countries.

Session Code: PT2.07 (Poster)

Utilization of cancer screening among migrant and non-migrant women in Germany

Authors: *Brzoska, Patrick* (Germany); *Abdul-Rida, Chadi* (Germany)

Keywords: screening, cancer, immigrants, Germany, minority

Background: In many European countries, migrants utilize cancer screening less often than non-migrants. In Germany, in contrast, higher rates of utilization among migrants as compared to non-migrants have been reported. The role of demographic and socioeconomic factors potentially confounding the association between migration status and participation in screening, however, has not been studied. The present study aims to investigate the utilization of cancer screening among migrant and non-migrant women in Germany, adjusting for potential confounders.

Methods: We used self-reported information from 18,902 women surveyed on whether they have ever participated in screening for cancer. The data was collected as part of a cross-sectional telephone survey conducted by the Robert Koch-Institute in 2010. To account for demographic and socioeconomic confounders, logistic regression analysis was performed. Only individuals proficient in German were included in the survey, allowing to control for a bias arising from poor language proficiency.

Results: 84.8% of non-migrant and 73.5% of migrant women had utilized screening for cancer at least once in their life-time before the survey. The respective crude odds ratio (OR) was 2.01 (95%-confidence interval [95%-CI]: 1.80-2.27). After adjusting for confounders, the odds ratio decreased to 1.82 (95%-CI: 1.60-2.06).

Conclusions: Corresponding to other European countries, migrant women residing in Germany utilize screening for cancer less often than non-migrant women -- independently of demographic and socioeconomic factors and poor language proficiency. Likely, barriers migrant women encounter limit them from taking informed choices. These barriers need to be identified and appropriate measures aiming to enhance informed decision making must be implemented.

Message: Migrant women in Germany utilize cancer screening less often than non-migrant women. Barriers going beyond the influence of demographic and socioeconomic factors potentially limit informed decision making in this population group.

Session Code: PT1.02 (Poster)

Validation of the Aging Perceptions Questionnaire Short on a Sample of Community-Dwelling Turkish Elderly in the Netherlands

Authors: *Slotman, Anne* (Netherlands); *Cramm, Jane* (Netherlands); *Nieboer, Anna* (Netherlands)

Keywords: Turkish elderly migrants, Aging Perceptions, APQ-S, Validation, Reliability

Background: Since elderly migrants often report poorer wellbeing and health, it is important to study possible health determinants to ensure healthy aging. This study focuses on aging perceptions (AP), as positive AP have been related to favorable health outcomes among native elderly. It examines the reliability and construct validity of the multidimensional Aging Perceptions Questionnaire Short (APQ-S) among Turkish elderly in the Netherlands and tests the association between different AP and health outcomes and possible differences in AP compared to a general Dutch sample.

Methods: This study used questionnaire data of 437 Turkish elderly living in Rotterdam, the Netherlands, collected between April - June 2015. Age ranged from 65 to 95 ($M = 72.86$, $SD = 5.14$). The questionnaire included a Turkish language APQ-S and measures of wellbeing and health. Construct validity of the APQ-S was assessed by examining its model fit, using Structural Equation Modeling, its internal factor structure and its association with wellbeing and health. Also, ethnic differences in AP were tested by comparing Turkish APQ-S subscale means to those previously found in a general Dutch sample.

Results: Preliminary findings show that the Turkish APQ-S has acceptable reliability and construct validity, in general. Several APQ-S dimensions correlated significantly with wellbeing and health. For example, attributing more negative consequences to ageing was associated with lower levels of wellbeing and physical health. Yet, having a sense of control over one's ageing was positively correlated with wellbeing and physical health. More results will be available at the conference.

Conclusions: AP may be an important determinant of wellbeing and health among Turkish elderly migrants, and possibly also among ethnic minority elders in general. Hence, it may be beneficial to focus on AP in healthcare settings. The APQ-S can validly and reliably be used to assess AP among Turkish elderly migrants.

Message: Focusing on AP in healthcare settings may prove beneficial, as it may be an important determinant of the wellbeing and health of elderly migrants. The Turkish APQ-S can be a useful tool to assess AP.

Session Code: TM 1.3 (Oral presentation)

Violence experienced by migrants seen in Doctors of the World free clinics in 2014 & 2015

Authors: *Simonnot, Nathalie* (France); *Chauvin, Pierre* (France); *Vuillermoz, Cécile* (France)

Keywords: Experience of violence

Issue: A majority of migrants met in medical and social consultations in Doctors of the World free clinics have experienced violence either in their country of origin, during the migration journey or once arrived in Europe. They need to have the opportunity to speak out and should get specific help.

Description of the problem: A common questionnaire was used in 11 European countries in 2014 and two more in 2015, including the issue of violence, (types of violence experienced and when it happened in the migratory routes). Data collected in face to face consultations with over 23,000 patients allow us to reveal the extent of violence and propose action.

Results: In 2014, 84.4% of the 1809 patients who were interviewed on the issue of violence had experienced at least one type of violence. 52.1% had lived in a country at war, 43.3% had been threatened physically or imprisoned for their ideas, 39,1% had suffered violence at the hands of police or armed forces, 42.1% had been subjected to psychological violence. 24.1% of the women declared having been raped, and 5.4% of men did too. One in five rapes was committed after arrival in Europe. The perceived health status of patients who reported at least one experience of violence was significantly worse in terms of general, mental and physical health than those of the others: 40.1% of the victims reported a bad or very bad general health status versus 5.8% of the others ($p<0.001$) who did not report an episode of violence, and 12.4% of those who had experienced violence perceived their mental health to be very bad versus 1.7% of the others ($p<0.001$). Among people without experience of violence, 71.4% perceived their general health to be very good or good versus only 33.5% among the people who reported an experience of violence. Preliminary results for 2015 show the high rate of sufferings expressed by migrants survivors of shipwrecks in Lesbos island (Greece).

Lessons: Acknowledging the fact that a minority of the patients seen had been asked about violence, we organised a training for the teams in the field and sensitized doctors so that they would ask about violence experienced among the general questions on histories of allergies, surgeries, health events...The new experience with migrants arriving in boats on the Greek coasts brought us to design a specific short questionnaire at the end of 2015. The high rate of experiences of violence confirm the importance of systematically asking migrant patients about violence given its consequences, including long term ones. In the vast majority of cases, their management is a primary healthcare concern.

Message: A high number of Migrants experience violence before, during and after migration routes with many consequences on their health. Tackling systematically the issue to provide needed care should become a priority.

Session Code: SM 2.5 (Oral presentations)

Vitamin D deficiency and supplementation in pregnancy in a multiethnic population-based cohort.

Authors: *Eggemoen, Åse Ruth* (Norway); *Falk, Ragnhild S* (Norway); *Knutsen, Kirsten V* (Norway); *Lagerløv, Per* (Palau); *Sletner, Line* (Norway); *Birkeland, Kåre I* (Norway); *Jenum, Anne K* (Norway)

Keywords: Vitamin D, Pregnancy, Ethnic minoritys

Background: Vitamin D deficiency has been associated with adverse health outcomes for mother and children. We investigated ethnic differences in vitamin D levels during pregnancy, assessed risk factors for vitamin D deficiency and explored the effect of vitamin D supplementation in women with low values in early pregnancy.

Methods: Population-based, multiethnic cohort study of pregnant women attending the Child Health Clinics for antenatal care in Oslo, Norway, between May 2008 and March 2010. Serum-25-hydroxyvitamin D [25(OH)D] of 748 pregnant women, 59% ethnic minorities, was measured at gestational weeks (GW) 15 and 28. Ethnicity was categorized according to country of birth and a range of explanatory factors were collected. Women with 25(OH)D <37nmol/L at GW 15 were recommended vitamin D3 supplementation. Linear regression analyses were performed to model the associations between explanatory factors and concentrations of 25(OH)D.

Results: In early pregnancy, 20-84% of the pregnant women had 25(OH)D <50nmol/L depending on their geographic origin. High prevalence of severe deficiency (25(OH)D <25 nmol/L) was found in women from South Asia, the Middle East and Sub-Saharan Africa. Ethnicity, education, season and intake of vitamin D were independently associated with 25(OH)D concentrations. Women from South Asia, the Middle East and Sub-Saharan Africa had substantially lower values of 25(OH)D than Western women also after adjustments for the other significant factors. At GW 28, use of supplements and 25(OH)D had increased significantly in women who were recommended vitamin D supplementation, with small or no change in women with sufficient vitamin D levels at baseline.

Conclusions: Vitamin D deficiency was prevalent among South Asian, Middle Eastern and African women. The serum levels of 25(OH)D increased significantly from GW 15 to 28 in vitamin D deficient women who received a recommendation for supplementation.

Message: Vitamin D deficiency prevalent in pregnancy in a multi-ethnic population

Session Code: FA 3.3 (Oral presentations)

“What does it mean: Do I have to fall dead first?” Analysing the impact of definition and communication pathways on access to healthcare for undocumented migrants in Belgium.

Authors: *Keygnaert, Ines* (Belgium); *Dauvrin, Marie* (Belgium); *Kerstens, Birgit* (Belgium); *Gysen, Julie* (Belgium); *Lorant, Vincent* (Belgium); *Derluyn, Ilse* (Belgium)

Keywords: undocumented migrants, access to healthcare, entitlement

Background: Urgent Medical Aid (UMA) is the procedure entitling undocumented migrants (UM) to access healthcare in Belgium. It regards medical aid which urgency is evaluated and attested by a registered medical doctor. This research assessed the challenges in granting UMA from the perspectives of UM and healthcare professionals in order to improve the accessibility and availability of UMA for UM.

Methods: In 2015, 33 in-depth interviews with UM and 6 focus groups with healthcare professionals and managers were conducted in 5 major Belgian cities. Data were analyzed applying De Bie’s & Roose’s framework of 7 dimensions of access to and quality of healthcare.

Results: As defined by law, UMA can encompass both preventive and curative healthcare as well as drug prescription. Yet, the word “urgent” is too frequently interpreted as “emergency” care impacting both the UM’s health seeking behaviour as the decision making of the healthcare provider refusing to provide care. Further, also the social welfare organisation regularly refuses to enact their role of reimbursing costs because they don’t consider it as urgent (n)or medical care. Secondly, all stakeholders indicated that the paucity of information on what UMA entails, the lack of standardized implementation protocols and the limited transparent communication on how decisions are made leads to problems for all parties involved.

Conclusions: The ambiguity of the term “urgent medical aid” and the lack of clear information and communication on UMA procedures directly hampers the access to health care for UM in Belgium, and leaves room for discretionary practices by all parties involved. Changing its name into “Necessary Health Aid”, and issuing standard protocols and sensitization material could help to clarify what is meant by the procedure, as long as more structural ways of granting access to health care cannot be assured.

Message: • The ambiguity of the term “urgent medical aid” directly hampers UM’s access to health care. • The lack of protocols leaves room for discretionary practices

Session Code: FA 4.5 (Oral presentations)

What do families of non Spanish origin expect from the Spanish Health System?

Authors: *Belintxon, Maider* (Spain); *Lopez - Dicastillo, Olga* (Spain); *Dogra, Nisha* (United Kingdom); *Mujika, Agurtzane* (Spain); *Pumar - Méndez, Josune* (Spain); *Serrano, Inmaculada* (Spain)

Keywords: Primary health care, immigrants, qualitative research, social support

Background: Nowadays Spain is a multicultural society. Families from non Spanish origin must adapt to a new physical, institutional and sociocultural context. The new reality requires families to make decisions and adjust their needs and perhaps also review their cultural values. Many times primary care will be the first contact for the family with the Spanish Health System. Few studies have explored the expectations of families regarding the health system and the care experienced. The aim of this study was to explore the perception and experience of Spanish primary care nurses in the context of regular check-ups of children.

Methods: A qualitative approach was used with 150 hours participant observations of clinical encounters and 10 interviews with a total of 13 members of families from non Spanish origin and a member of one Spanish family in the north of Spain. The project had ethical approval. Data was analysed through thematic analysis and constant comparative method.

Results: Families expected that the health sector would help them to expand their social networks, support and thereby promote social integration. All the non Spanish origin respondents considered that the migration process is difficult and adaptation to a new country is easier when there are good social networks. The families felt they were required to interact and adapt to a new context where the values, beliefs, schedules, language and lifestyle are different from their country of origin.

Conclusions: The Health System should respond to people's needs. However, many of the families taking part in this study had unmet social needs which seemed to have an impact on their expectations and experience of health care. Working closely with the community and voluntary sector to create links between health services and the community could help to provide a more comprehensive care. Health professionals working in primary care are ideally positioned to engage in initiatives leading to community empowerment.

Message: Families expected that the health sector would help them to expand their social networks, support and thereby promote social integration. The Health System should respond to people's needs.

Session Code: PF6.03 (Poster)

What is the role of healthcare services in mediating perinatal health inequalities? A research protocol

Authors: *Schoenborn, Claudia* (Belgium); *Racape, Judith* (Belgium); *Sow, Mouctar* (Belgium); *De Spiegelaere, Myriam* (Belgium)

Keywords: Perinatal health, healthcare services, migration, social inequalities

Background: Women make up half of the international migrants worldwide, and it is shown that their perinatal health outcomes differ substantially from those of non-migrants. In Brussels, for instance, babies of Sub-Saharan African origin are particularly at risk of pre-term birth and perinatal mortality, whereas those from the Maghreb are protected against pre-term birth, yet experience higher mortality. Researchers suspect that access to perinatal health services and experiences of care mediate the association between migration and perinatal health, but targeted studies are still lacking. Given that the effect of migration on perinatal outcomes varies by socioeconomic status (SES), we will take social factors into account as well. Our main aim is to measure the use of perinatal health services, the potential access barriers, and the patient experience of migrant and non-migrant women with different social characteristics. We will explore whether healthcare-factors vary by nationality and SES and identify the main issues.

Methods: We will use the Migrant-Friendly Maternity Care Questionnaire (MFMCQ), developed by an international collaboration, validated, and translated into various languages. It is being adapted to the Belgian situation with input from service users and healthcare professionals. It will be administered to 750 mothers recruited in four maternity wards in Brussels. Women unable to participate in hospital will be offered a home visit within two weeks of delivery or a telephone interview; each questionnaire lasting around 45mins.

Results: The results will contribute to the knowledge-creation of the mechanisms influencing perinatal health inequalities. Using the MFMCQ questionnaire will allow making direct cross-national comparisons with other users. Furthermore, findings will be valuable for healthcare policy both locally and at a wider level. Identifying the barriers to access and adequately use health services and exploring the perceptions of care of service users will be crucial for Belgian policy-makers to adapt services to migrants, and findings may be applicable to similar settings.

Conclusions: This study will allow to uncover potential inequalities in terms of access, use and perceived quality of perinatal health services and study their relation to migration and other social characteristics.

Message: A validated questionnaire will be administered to migrant and non-migrant women of different social classes to identify potential barriers to access perinatal health services and to measure their use and patient experience.

Session Code: FM 1.6 (Oral presentations)

What the eye does not see: A critical interpretive synthesis of European Union policies addressing sexual violence in vulnerable migrants.

Authors: *Keygnaert, Ines* (Belgium); *Guieu, Aurore* (Belize)

Keywords: Sexual violence, asylum seekers, refugees, undocumented migrants, European Union

Background: In Europe, refugees, asylum seekers and undocumented migrants are more vulnerable to sexual victimisation than European citizens. They face more challenges when seeking care. This literature review examines how legal and policy frameworks at national, European and international levels condition the prevention of and response to sexual violence affecting these vulnerable migrant communities living in the European Union (EU).

Methods: Applying the Critical Interpretive Synthesis method, we reviewed 187 legal and policy documents and 80 peer-reviewed articles on migrant sexual health for elements on sexual violence and further analysed the 37 legal and 12 peer-reviewed articles of them that specifically focused on sexual violence in vulnerable migrants in the EU 27.

Results: Legal and policy documents dealing with sexual violence, particularly but not exclusively in vulnerable migrants, apply 'tunnel vision'. They ignore: a) frequently occurring types of sexual violence, b) victimisation rates across genders and c) specific risk factors within the EU such as migrants' legal status, gender orientation and living conditions.

Conclusions: The current EU policy-making paradigm relegates sexual violence in vulnerable migrants as an 'outsider' and 'female only' issue while EU migration and asylum policies reinforce its invisibility. Effective response must be guided by participatory rights- and evidence-based policies and a public health approach, acknowledging the occurrence and multiplicity of sexual victimisation of vulnerable migrants of all genders within EU borders.

Message: European legal and policy documents on sexual violence and migration ignore a) frequently occurring types of sexual violence and b) victimisation rates across genders.

Session Code: SM 1.5 (Oral presentations)

Where culturally tailored care matters: Diabetes risk by length of residence among Somali women in Oslo area

Authors: Gele, Abdi (Norway); Kumar, Bernadette (Norway); Torheim, Liv Elin (Norway); Pettersen, Kjell (Norway)

Keywords: immigrants, African, women, diabetes, prevention

Background: Despite high prevalence of type two diabetes among immigrant and refugee communities in Norway, there is very little information available on African immigrant women's risk for diabetes, their level of health literacy and their utilization of diabetes prevention services

Methods: A multi-method research involving 332 Somali women aged 25 years and over was carried out in the Oslo area. Of them, 302 women participated in quantitative study. By using Finish Diabetes Risk Score, the study examined women's 10 years risk for diabetes. Moreover, 30 women were qualitatively interviewed to explore women's knowledge on diabetes, their access to preventive health facilities, and factors impeding their reception of intervention programs targeted for the prevention of type 2 diabetes.

Results: The results show that 41% of study participants are at risk for developing diabetes in coming 10 years. This risk coincides with 85% of study participants being abdominally obese. Significant association were found between years of stay in Norway and the risk for diabetes with those who lived in Norway >10 years having two fold higher odds of being at risk for developing diabetes compared to those who lived in Norway ≤5 years (OR: 2,16, CI:1,08-4,32). Further, study participants were found to have a good knowledge of diabetes. They knew that a sedentary lifestyle and unhealthy diet are among the risk factors for diabetes. Regardless of their knowledge, participants reported a sedentary lifestyle accompanied with the consumption of an unhealthy diet. This was attributed to a lack of access to tailored physical activity services and poor access to health information.

Conclusions: Understanding the mechanisms through which exposure to the Norwegian environment leads to higher obesity and diabetes risk may aid prevention efforts for the rapidly growing African immigrant population. Considering gender-exclusive training facilities for Somali immigrant women and others with similar needs, in addition to access to tailored health information on diet, may encourage Somali women to adopt a healthy lifestyle, and it will definitely contribute to a national strategy for the prevention of diabetes.

Message: Tailored health care may be the solution

Session Code: PT2.17 (Poster)

Workplace-adapted training and a web-based course – tools to meet needs of skills and knowledge.

Authors: *Johansson Olsson, Ann (Sweden); Lindqvist, Joakim (Sweden)*

Keywords: workplace-adapted training, web-based course, useful knowledge, ability to meet needs of migrants

Background: The Transcultural Centre is the knowledge centre of Stockholm County Council regarding transcultural psychiatry and health care for asylum seekers and migrants. The growing number of asylum seekers in Sweden has been accompanied by an increased demand for knowledge in health issues and for training in transcultural encounters. Focus group interviews have shown the need of skills as well as knowledge. To meet these needs we have developed workplace-adapted training and designed a web-based course.

Objectives: Training is planned continuously in collaboration with workplaces and includes traditional lectures, dialogue seminars, workshops and online training. The focus is on active participation and reflection to convey skills. The time frame usually varies from 6 to 13 hours. The overall aim is to increase the ability of health care staff to meet the needs of asylum seekers and migrants in a culturally sensitive way.”

Experiences: We have since 2008 performed 62 workplace-adapted training and several online courses. The implementation varies concerning assessment of training needs, planning, content and structure, operation and evaluation. Migration and health, asylum and migration process, culture aspects are the main subjects. The basic design of the online training is appreciated by various professions and units.

Lessons: The training must be based on specific needs close to practice. The training content should be well recognized with useful knowledge and an opportunity of reflection. This is important for the encounter between staff and patients and has an impact on public health. To recognize and include the staff’s earlier knowledge and experiences is important. The large interest in basic online training reflects a huge need of easily obtained knowledge.

Message: Successful training is based on local needs of content. A multiprofessional concept leads to mutual insight into challenges. Online training gives an accessible basic knowledge for a broad audience.

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| Essink-Bot, Marie-Louise [†] | FM 2.2 | Ethnic inequalities in colon cancer care in the Netherlands: a nationwide registry-based study |

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| Essink-Bot, Marie-Louise [†] | FA 5.2 | Ethnic inequalities in adjuvant chemotherapy receipt in stage III colon cancer - an exploration of explanations |
| Fabiani, Massimo | SM 3.5 | Difference in influenza vaccination coverage between at-risk adult immigrants and Italian citizens |
| Felt, Emily | PT4.02 | From Research to Policy: Process and Results of a policy brief on immigrant health in Spain |
| Felt, Emily | PT3.12 | Sociodemographic characteristics and Self-Reported General Health in Latin American immigrants and Spanish-born from a cohort in Spain |
| Finnvold, Jon Erik | FA 4.1 | Hospital utilization, socioeconomic position and residential characteristics: A comparison of multiple immigrant and non-immigrant groups in Norway |
| Fontana, Guido | PT4.01 | Report on the involvement of the Local Health Authority of the Province of Pavia (Lombardy Region, Northern Italy) in the management of migrants' emergency in the 2014-2015 period. |
| Foreman, Maeve | PT4.05 | Social Work and Asylum Seekers in Ireland: The Challenge of Providing an Equitable Service |
| Frank, Laura | PF3.03 | Outpatient care of children with a migrant background in the German Health Interview and Examination Survey for Children and Adolescents (KiGGS) - use of medical services and satisfaction |
| Gadeberg, Anne Kristine | PF5.06 | Assessing trauma and mental health status in refugee children and youth: a systematic review of validated screening tools |
| Gaillardin, Florianne | PF5.03 | How does family reunification affect migrants' coping strategies and resources? A qualitative perspective |
| García-Ramírez, Manuel | FA 5.5 | How to promote equity from public services? Provider's Cultural Competence as a solution |
| García-Ramírez, Manuel | TM 1.4 | Taking stock of the National Roma Integration Strategy in Spain: Lessons for Health Governance |
| Gebreyesus, Tsega | TA 3.4 | Hierarchies of suffering. The biopolitics of Eritrean asylum-seeking women's stratified social rights in Israel |
| Gele, Abdi | SM 1.5 | Where culturally tailored care matters: Diabetes risk by length of residence among Somali women in Oslo area |
| Gerbier-Aublanc, Marjorie | SM 3.1 | Questioning vulnerability : The fight against HIV/AIDS, a space of agency for migrant women in France |
| Ghahari, Setareh | FA 1.6 | Enabling Canadian Immigrants Access Health Care Services: Development of a Health Education Program |
| Giannoni, Margherita | TM 3.4 | Migrant inequalities in specialist care utilization with increasing user charges: the case of Tuscany, Italy |
| Gimeno-Feliu, Luis Andrés | FM 4.3 | How we define immigrant status matters. Impact of nationality, area of birth, and length of stay in the host country on mortality rate estimates. |
| González Antelo, Alicia | PF7.04 | Impact of the economic crisis in the incidence of hepatitis A in native residents and immigrants from Barcelona |
| González-Rábago, Yolanda | TA 2.4 | Health status of second generations of immigrants: a heritage of inequalities? |

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| Gottlieb, Nora | TM 3.7 | Applying a Community-Based Participatory Research Approach to Improve Asylum-Seekers' Access to Healthcare in Israel |
| Grassineau, Dominique | SM 1.3 | Improving minority blood donation. Anthropological approach in a migrant community. |
| Grewal, Navnit Kaur | PT3.05 | Food and nutrient intake among 12-month-old Norwegian-Somali and Norwegian-Iraqi infants |
| Gruer, Laurence | FM 4.1 | The life expectancy of different ethnic groups using death records linked to population census data in Scotland |
| Gruer, Laurence | TM 4.2 | First analyses of recording ethnicity at death registration in Scotland |
| Gudeva Nikovska, Dance | PF2.13 | Health services for migrants on the Balkan route - is Macedonia up to the challenge? |
| Han, Siqi | PF6.01 | Does the implementation of essential public health and family planning services equalization policy improve the utilization of maternal health care among migrant women? -Evidence from Guangdong Province, China |
| Handlos, Line Neerup | TM 3.2 | Return migrants' access to healthcare in corrupt systems |
| Hartman, Marieke | SM 1.2 | Needs assessment for a family-centered approach to prevent overweight among African-Surinamese and West-African children in Amsterdam |
| Heaslip, Vanessa | PF1.03 | 'Our Voice': the lived experience of vulnerability of a Roma Gypsy Travelling Community |
| Helgesson, Magnus | TA 4.3 | Predictors of permanent work disability among adults with common mental disorders: Are there differences between migrants and native Swedes? |
| Hjerkind, Kirsti Vik | FM 2.5 | Ethnic differences in the incidence of cancer in Norway |
| Hussein, Haibe | PT2.18 | Health communication with migrants as tool to address disparities in health-Stockholm County Council, Sweden, 2015. |
| Ikram, Umar | FM 4.5 | Parental smoking and adult offspring smoking in migrant populations: an intergenerational analysis |
| Isaacs, Anna | SM 1.1 | Refugees and migrants from Sub Saharan African in Glasgow, Scotland: Experiences of keeping healthy and engaging with preventive health services |
| Jackson, Ima | FA 1.4 | Co creation: of an ethical educational tool for interpreters, migrants and practitioners. |
| Jenum, Anne Karen | SM 4.4 | Ethnic differences in gestational weight gain: a population-based cohort study in Norway |
| Jervelund, Signe Smith | TM 2.2 | Morbidity, self-perceived health and mortality among non-Western immigrants and their descendants in Denmark in a life phase perspective |
| Jervelund, Signe Smith | FA 2.3 | The role of institutional setting for implementation of health promoting innovations targeting migrants, experiences from two public institutions in Denmark |
| Johansson Olsson, Ann | PT2.17 | Workplace-adapted training and a web-based course – tools to meet needs of skills and knowledge. |
| Johnson, Charisse | TA 4.6 | Ethnic density and mental health in Stockholm |
| Jokela, Satu | PT3.09 | Advantages of collaboration – experiences from the Survey on work and wellbeing among people of foreign origin in Finland |

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| Jordal, Malin | SM 2.6 | Motives and expectations for requesting clitoral reconstructive surgery after female genital mutilation/cutting – the Swedish experience |
| Kállayová, Daniela | TA 1.4 | Pilot testing of training packages for health professionals in Slovakia as a part of MEM TP project. |
| Kantaris, Marios | TA 3.1 | Access and Utilization of health services by immigrant domestic helpers in Cyprus: the role of the employer |
| Karaaslan, Meltem | PF1.09 | Role of NGOs in addressing the needs of Syrian refugees living in Istanbul. |
| Karaaslan, Meltem | PF1.08 | Health and health care needs of Afghan and Uyghur refugees living in the Zeytinburnu district of Istanbul |
| Katz, Zoltan | PF2.11 | Results of a retrospective analysis of asylum seekers' health screening in a Hungarian Refugee Reception Centre |
| Keygnaert, Ines | FA 3.3 | “What does it mean: Do I have to fall dead first?” Analysing the impact of definition and communication pathways on access to healthcare for undocumented migrants in Belgium. |
| Keygnaert, Ines | FM 1.6 | What the eye does not see: A critical interpretive synthesis of European Union policies addressing sexual violence in vulnerable migrants. |
| Keygnaert, Ines | SM 2.8 | How to reduce inequalities in accessibility and quality of maternal health care delivery for migrants in WHO European region: a systematic review. |
| Khanolkar, Amal | SM 4.2 | Ethnic minorities are at greater risk for type 2 diabetes and poorer glycaemic control in England and Wales |
| Kinnunen, Tarja I | PF6.05 | Ethnic differences in the use of folic acid supplements before and during pregnancy in Oslo, Norway |
| Klokgieters, Silvia | SMW 2 | How well do older migrants living in Western Europe age? |
| Knobloch, May-Britt | SMW 1 | Cancer and immigrants in Norway |
| Kreso, Aida | PF2.01 | Health examination for newly settled refugees in Oslo – a new model. |
| Kuehne, Anna | FA 2.7 | Screening newly arrived asylum seekers for infectious pulmonary tuberculosis in Germany 2002-2013 – find and treat or find and lose? |
| La Parra, Daniel | TA 3.7 | Social Determinants and the health status of the Spanish Roma |
| Langøien, Lars Jørun | PT3.08 | Factors associated with physical activity and sedentary behavior in school-children of immigrant and minority ethnic groups. A systematic mapping review from the DEDIPAC study |
| Larsson, Elin C. | FM 3.1 | Are women with a foreign background more likely to have an induced abortion as compared to nonimmigrant women? A study conducted in Stockholm, Sweden |
| Laurence, Sophie | TM 1.5 | Humanitarian response to face basic health needs of migrants in Calais - France |
| Lazarashvili, Veta | PF1.07 | Female migration as a determinant of health: Georgia case study |
| Lehti, Venla | PT3.13 | Mortality among immigrant population in Finland in 2011-2013 |
| Leinonen, Maarit | FM 2.4 | Cervical cancer screening non-adherence among immigrants in Norway |
| Lenskjold, Vibeke | PF1.06 | Undocumented migrants' present with diverse disease patterns: a 4½-year follow up stud |
| Leralta, Olga | PT8.02 | The challenge of training health professionals in health care oriented towards cultural and ethnic diversity. |

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| Liden, Hilde | FA 6.3 | Immigrant mothers caring for children with special needs: Facing social exclusion or empowerment? |
| Lindert, Jutta | PF5.02 | Depression and anxiety in refugees and labor migrants – a systematic review |
| Lindert, Jutta | TA 1.6 | Trauma and human rights based training and education to improve mental health interventions for refugees and asylum seekers |
| Logghe, Kristel | PT6.01 | Improving acces and help for migrant youth with mental health problems and (mild) intellectual disability. |
| Lorant, Vincent | TM 4.4 | Political Institutions and health policies towards migrants: an ecological analysis of 40 Western countries. |
| MacFarlane, Anne | TM 4.3 | Involving migrants in participatory implementation research: what is the impact? |
| Malin, Maili | FA 6.2 | Experiences of violence among Kurdish and Somali youth in capital city area in Finland |
| Matthews, Anna | FM 2.1 | How do asylum seeking and refugee women perceive and respond to preventive health care? Cervical Screening as a case study. |
| Matthews, Anna | FA 3.2 | Migration and the Media: the effect on healthcare access for asylum seekers and refugees |
| Meeks, Karlijn | SM 4.7 | Insulin resistance and β -cell dysfunction among Ghanaians resident in different geographical regions – the RODAM study |
| Michaëlis, Camilla | PT4.08 | Quality of life and coping strategies among immigrant women living with pain in Denmark: a qualitative study |
| Millard, Andrew D. | FA 4.3 | All-cause hospitalisations in Scotland: most ethnic minorities have lower rates than the majority population |
| Mladenovik, Brankica | PT7.01 | Barriers in accessing antenatal services for vulnerable groups of women including Roma. |
| Mladovsky, Philipa | TA 4.4 | The securitisation of migrant and ethnic minority mental health in the United Kingdom |
| Moradi, Tahereh | FM 2.7 | Breast cancer diagnosis and all-cause mortality in patients by stage and migration background: A nation-wide cohort study in Sweden |
| Myklestad, Ingri | TA 4.5 | Suicide among immigrants in Norway: A registry-based analysis 1995-2009. |
| Møen, Kathy Ainul | FM 2.3 | Differences in cervical cancer screening between immigrants and non- immigrants in Norway – A primary health care register-based study |
| Möske, Mike | TA 1.5 | Cross cultural competence training for Psychotherapist in German |
| Nicolaou, Mary | SM 4.5 | Consistent associations between an insulin-resistance-related dietary pattern and hyperglycemia in South Asian migrants residing in Asia and Europe |
| Nielsen, Dorthe | FA 3.4 | Attitudes and use of Video Interpretation in a Danish Hospital – a Retrospective Study |
| Nielsen, Dorthe | SM 1.6 | The Ethnic patient coordinator team – a structured education programme |
| Nieri, Simonetta | PT2.04 | Analysis of the use of health services by the foreign population resident in the Province of Pavia (Lombardy Region, Northern Italy) in the years 2014-2015 |
| Novak-Zezula, Sonja | SM 1.7 | Undocumented Health Care for Undocumented Migrants: A glimpse on regional practices |
| Nørredam, Marie | FA 6.4 | Psychiatric morbidity and predictors hereof among unaccompanied refugee children – a register-based cohort study |

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| O'Donnell, Catherine | PT4.09 | Supporting cross-cultural communication European health care: policy recommendations from the RESTORE project |
| Oktem, Pinar | PT2.11 | Migrant women's access to healthcare in Turkey |
| Opsahl, Jorunn | SM 2.2 | Integration of a comprehensive home visit program for first time mothers in a multiethnic Norwegian district |
| Ordonez-Betancourth, Jenny Elizabeth | FA 6.6 | Framing of ethnicity in childhood obesity research: a systematic review of studies in five ethnically diverse countries (Colombia, Brazil, Mexico, Canada and the United Kingdom). |
| Ortiz Barreda, Gaby Margarita | PT4.07 | Interventions to improve migrant health. A scoping review |
| Pannetier, Julie | PF7.02 | Migration and HIV/Aids: a double penalty? Impacts of migration and diagnosis on Sub-Saharan migrant women' living conditions in France |
| Pannetier, Julie | TA 4.1 | Depression and anxiety among immigrants from sub-Saharan Africa in France |
| Pereyra-Zamora, Pamela | TA 2.5 | Evolution of life expectancy in good health. Differences between immigrants and natives in Spain in 2009 and 2014 |
| Petrelli, Alessio | PT3.06 | Self-perceived health status between immigrants and Italians: evidence from the national multipurpose survey on health |
| Petruschke, Inga | FM 3.6 | Attitudes towards epidural analgesia of women of Turkish origin and German women |
| Plaza, Isabel | PF4.03 | A descriptive study of the diet of diabetic patients from Pakistan during Ramadan |
| Plaza, Isabel | PF6.09 | Sexual health specificities from patients of different cultural groups. Experience within a qualitative study of the views of professionals |
| Plaza, Isabel | PT2.12 | Experience in monitoring food habits for diabetic patients from Pakistan |
| Plaza, Isabel | PF3.05 | Aspects related to children health in diverse cultural groups. Experience within a qualitative study of the views of primary healthcare professionals |
| Plaza, Isabel | PF5.08 | Mental health specificities from patients for diverse cultural groups. Primary healthcare professional's opinions of through an experience within a qualitative study |
| Puthussery, Shuby | FM 3.4 | A retrospective analysis of preterm births in an ethnically diverse maternal population and its linkages to area level deprivation and migrant status |
| Quevedo, Manuel Fernández | TM 2.7 | Impact of the economic crisis in the incidence of hepatitis B and C in native residents and immigrants from Barcelona |
| Quirke, Brigid | TA 3.5 | Indigenous nomadic minorities experience similar levels of health and socio economic inequalities; Evidence from the Canadian Inuit and Irish Travellers |
| Rabiee, Fatemeh | TM 3.1 | Equity in Mental Health Service Provision for African Caribbean, Black African Refugees and Asylum Seekers |
| Racapé, Judith | SM 2.1 | Are all immigrant mothers really at risk of low birth weight and perinatal mortality? The crucial role of socio-economic status. |
| Rasmussen, Dlama Nggida | PF7.03 | The Seroprevalence of Chronic Hepatitis B and Hepatitis C virus infection in migrants attending a Danish Migrant Health Clinic – An overlooked problem? |
| Ratnam, Sharon | FM 1.3 | The "migrant kit": a new guide for migrant-friendly care in a Swiss paediatric hospital |
| Rechel, Bernd | FA 2.5 | Health system responses to the influx of refugees in Europe |

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| Richardsen, Kåre Rønn | PF6.07 | Associations between psychosocial factors and physical activity during pregnancy across different ethnic groups |
| Ritte, Rebecca | SM 1.4 | The Australian Model of the First 1000 Days: An Indigenous led process to turn an International initiative into an early life strategy benefiting Aboriginal and Torres Strait Islander families |
| Robertson, Eva Katarina | PF6.02 | Health-related deservingness and maternal healthcare for im/migrant women in Sweden |
| Roos-Bugiel, Joana | PF2.08 | Strengthening resistance resources among asylum seekers in Germany: A resource identification survey |
| Roosen, Inez | PF6.04 | Migration and its Influence on the Knowledge and Usage of Birth Control Methods among Non-Migrant Afghan Women |
| Rosano, Aldo | PT2.06 | Indicators of immigrant integration in Italy: the health domain |
| Rosenkrands, Hanna | PT3.11 | Characteristics and disease patterns among complex immigrant patients at an immigrant-specific hospital clinic |
| Rostirolla, Daria | TA 1.2 | Immigrant mental health: Training interpreters for cultural consultations (Paris, France - December 2015) |
| Rovirola, Cristina Hernando | TM 4.5 | Understand the acceptability of the migrant population to participate in longitudinal studies. A qualitative approach |
| Ruud, Sven Eirik | TM 3.6 | Immigrants' self-reported affiliation with the regular general practitioner scheme: Survey of an emergency outpatient clinic population in Oslo, Norway |
| Saeed, Hibbah Araba | PT3.10 | Food insecurity and social support among Ghanaians living in Manchester, UK: A qualitative study |
| Salami, Bukola | PT3.01 | Stakeholder Perspective on the Health of Temporary Foreign Workers in Canada |
| Salway, Sarah | FA 1.5 | Co-production and testing of a community genetic literacy intervention among a minority ethnic community |
| Schenker, Marc | FA 2.4 | Demographics of Undocumented Status in a Study of Farmworker Health |
| Schoenborn, Claudia | PF6.03 | What is the role of healthcare services in mediating perinatal health inequalities? A research protocol |
| Schou, Arild | PT4.04 | Responding to urban health inequalities; between universal and targeted measures. |
| Seebacher, Simone | PF1.05 | Practical approaches to socio-cultural health promotion within the group of migrant sex workers |
| Segala, Daniela | PF2.04 | Health education and HIV test offer in a population of refugees and asylum seekers: an experience in Ferrara area. |
| Shakeel, Nilam | SM 2.4 | Postpartum depression, prevalence and risk factors in a multiethnic population |
| Simonnot, Nathalie | TM 1.3 | Violence experienced by migrants seen in Doctors of the World free clinics in 2014 & 2015 |
| Simonnot, Nathalie | FM 1.1 | Health and access to care for migrants facing multiple vulnerabilities in Europe |
| Skammeritz, Signe | PF5.05 | Transcultural psychiatry: Exploring the assessment and diagnoses of migrants in Denmark |
| Skjeggstad, Erik | FA 3.1 | Language and professional identity – A qualitative study of communication barriers in collaboration between international doctors and colleagues |

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| Skjeggstad, Erik | FA 3.6 | International medical graduates and colleagues' experiences of handling difficulties in everyday collaboration - a qualitative study |
| Skogberg, Natalia | PF4.02 | Cardiovascular risk factors among Russian, Somali and Kurdish migrants in comparison with the general Finnish population: a population-based study. |
| Skovdal, Morten | PF3.01 | Children on the move between Bangladesh and India: Contextual barriers to the translation of transnational child protection policy into practice |
| Sletner, Line | PF6.10 | Fetal growth trajectories in ethnic Europeans and South Asians, does the impact of gestational diabetes differ by ethnicity? |
| Slootjes, Jasmijn | TM 2.3 | A Salutogenic Approach to Migrant Women's Health – The Protective Effect of Sense of Coherence (SoC) in the Face of Migration and Integration. |
| Slotman, Anne | PT1.02 | Validation of the Aging Perceptions Questionnaire Short on a Sample of Community-Dwelling Turkish Elderly in the Netherlands |
| Smith, Gemma | PF2.02 | Pre-entry health assessments for UK-bound refugees: the development of evidence based technical instructions. |
| Smith, Gemma | FM 1.2 | Public Health England response to the expansion of the Vulnerable Persons Relocation Scheme for Syrian nationals |
| Sodemann, Morten | PT4.03 | Imperfect models of patient empowerment, incapacitation and intrinsic structural violence in health care threaten equity in health and patient safety. |
| Sodemann, Morten | FA 4.4 | Hospital based patient coordination for ethnic minority patients - a health technology assessment |
| Song, Xiaolei | PT2.09 | Health service utilization and its correlates among rural-to-urban migrants in Guangzhou |
| Sorensen, Janne | TA 1.7 | Cultural competence: a challenge for European medical education |
| Spilker, Ragnhild Storstein | PT2.01 | How to develop dementia information material to those ageing in an unfamiliar landscape. |
| Spilker, Ragnhild Storstein | PT5.03 | Elderly migrants and dementia: Experiences and perspectives of healthcare personnel in Norway |
| Stanaway, Fiona | FM 4.4 | Exclusion of migrants from clinical trials in Australia |
| Stanaway, Fiona | TM 2.1 | Socioeconomic status and health in migrants |
| Straiton, Melanie | PF5.01 | Filipina immigrants' health care experiences and help-seeking for mental health problems |
| Suphanchaimat, Rapeepong | FA 2.2 | Challenges in the implementation of health insurance policy for undocumented migrants in Thailand |
| Suurmond, Jeanine | TA 1.1 | Medical teachers' needs to teach diversity-responsive health care to students |
| Svensson, Jenny | PT3.03 | Healthy forms of domestic work: priorities for improved living and work conditions of young female domestic workers |
| Szilard, Istvan | TM 1.7 | Interactive development of Roma Community Health Mentor training program |
| Sørbye, Ingvil Krarup | PF6.11 | Small-for-gestational age and large-for-gestational age infant and associated outcomes by maternal origin |
| Takahashi, Ryoko | FMW 1 | "From evidence to policy making: moving forward the European public health and migration agenda" |

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| Tarlan, Kemal Vural | PF1.01 | The Dom Gypsies: Other Refugees of Syria |
| Tauber, Gloria | PT8.01 | Discrimination at the Medical University of Innsbruck? A reflection on how medical students with a Turkish migration background experience discrimination. |
| Tawaytibhongs, Dr.Orawan | PT2.20 | Migrants' health need qualitative data review for district health manager: Focus groups among Burmese workers in Khaoyoi district, Thailand. |
| Terragni, Laura Maria | PF2.07 | Food security among asylum seekers and refugees living at Norwegian asylum reception centers |
| Tezcan-Güntekin, Hürrem | PT5.02 | Strengthening self-management competencies of Turkish family caregivers of people with dementia |
| Thomasen, Katrine | TMW 1 | Undocumented migrant women's access to sexual and reproductive health services in European countries seen through a human rights lens |
| Torun, Perihan | TA 2.6 | A health and health care needs assessment for the Syrian community living in Zeytinburnu district of Istanbul |
| Torun, Perihan | PF2.09 | Impact of Syrian refugees on Turkey's migration policies and regulations |
| Tran, Anh Thi | FA 1.1 | Patient education for non-Western immigrants with diabetes in Norway |
| Triemstra, Mattanja | FA 3.5 | Perceived necessity and use of professional interpreters in daily care practice |
| Trummer, Ursula | FA 5.7 | The Policy Practice Gap in Roma Health: Results from a National Study |
| Trummer, Ursula | FMW 2 | Social and economic considerations on access to health care for refugees, asylum seekers, and undocumented migrants - Scientific evidence and public opinions |
| Tschirhart, Naomi | SM 3.8 | Access to tuberculosis treatment: Barriers experienced by migrants and health system responsiveness |
| Turnip, Sherly Saragih | PF5.04 | Mental Health Screening of Left Behind Children of Blue Collar Migrant Workers in Indonesia |
| Tørslev, Mette Kirstine | PF5.07 | Becoming (ethnic minority) teenagers: A practice study of emotional wellbeing at a Danish sports school |
| van Valkengoed, Irene | SM 4.3 | Ethnic differences in the accumulation of metabolic risk factors among people with normal weight |
| Vanore, Michaella | TA 3.6 | Personal Well-being of Irregular Migrants in Greece and Turkey |
| Varga, Bernadett Maria | PT2.14 | Access to healthcare for the Roma and Moroccan migrants in Belgium |
| Varol, Zeynep Sedef | TA 2.7 | Assessment of Health Status Among Displaced Syrian Agricultural Workers in Turkey |
| Vázquez, M.Luisa | PT2.05 | Has access to healthcare for migrants in Spain changed during the economic crisis? The health workers and migrants' perspective |
| Victor, Christina | FA 5.1 | The health and wellbeing of ageing migrants: a comparative analysis of Indian migrants to the UK |
| Waage, Christin | PF6.08 | Ethnic differences in blood pressure from early pregnancy to postpartum: a norwegian cohort study |
| Wenning, Brianne | FA 2.6 | Social exclusion and well-being among refugees and asylum seekers in Newcastle |

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| Weyermann, Maria | PT5.01 | Non-utilization of medical rehabilitation before the occurrence of early retirement among foreign nationals residing in Germany |
| Williams, Nazmy Villarroel | FM 4.2 | Heterogeneity in ethnicity classifications: a global perspective |
| Wuillemin, Timothée | SM 3.7 | Access to tuberculosis screening and optimizing follow-up for the most vulnerable: a trans-sectoral project in Geneva, Switzerland |
| Yesil-Jürgens, Rahsan | PT1.01 | Development and evaluation of recruitment strategies for sampling Turkish immigrants: a feasibility study in Germany |

**E-mail: eupha@nakmi.no
www.eupha-migranthealthconference.com**