



**1ST WORLD CONGRESS ON
MIGRATION, ETHNICITY,
RACE AND HEALTH**

Diversity and Health

17-19 May 2018, EICC, Edinburgh

Workshop Abstracts

1.6-W1

Health equity and migration in the Americas: a knowledge building and policy change strategy to improve our collective understanding and actions

Workshop leaders/presenters

Dr Alonzo L. Plough Ph.D., MPH, MA Chief Science Officer and Vice President for Research and Evaluation, RWJF (speaker and chair)

Dr. Karabi Acharya, Director Global Ideas for US Solutions, Robert Wood Johnson Foundation

Dr. Michael Rodriguez, Professor and Vice Chair, UCLA Department of Family Medicine; Professor, UCLA Department of Community Health Sciences; Director, UCLA Blum Center on Poverty and Health in Latin America

The workshop will be for 90 minutes, comprising a panel of three speakers providing 20 minute presentations and engaging in discussion with the audience for 30 minutes.

The Robert Wood Johnson Foundation is the largest private philanthropy devoted to health improvement in the United States. Four years ago we added a division to build connections with innovators in other countries who have developed approaches to improving health and wellbeing that could be adapted and applied in the US. This global program funds research and builds collaborations addressing fundamental issues of inequity in health outcomes. This panel will describe research funding and collaboration opportunities available to global partners and will present key findings and recommendations from one recent example of our collaborative knowledge building and policy strategy projects: cross national challenges in achieving health equity in the context of the migration of vulnerable populations across North, Central and South America. This collaboration, involving governmental, NGO, research, and community advocacy organizations from multiple countries, is a research driven but strategy-focused learning community that will build sustainable cross-national linkages to share data, promising practices, and support innovation and systems change. We present this as a model of cross-national collaboration that goes deeper than the health ministry or governmental level to include activist researchers and community level change agents. We believe that this is an approach that is generalizable and could be used in other regions throughout the world as the challenge of migration and health equity requires data sharing and collaborations that must cross national borders.

1.7-W1

How can we further rights-based and evidence-based policies on migrant and ethnic minority health?

Chair: Santino Severoni

Coordinator: David Ingleby

Background and objectives:

A 2015 IOM report showed Europe to be the only major world region in which attitudes to migration were predominately negative. In the USA, anti-migrant policies and rhetoric have increased since the recent US election. In this climate, efforts to improve conditions for migrants – in particular, their health – are running into strong headwinds. It is more important than ever for researchers and organisations promoting migrant health to join forces and redouble their efforts to get policies improved.

This 90-minute seminar will focus on the question: how should we go about this? The three speakers will in turn put forward perspectives based mainly on human rights, scientific evidence, and a combination of both.

1. **Alyna Smith (PICUM)** will discuss the chasm between migrants' right to health and national policies, examining the efforts of civil society organisations to hold states accountable under existing international standards. The language of rights and research must be translated into messages that are meaningful for the mainstream, in order to give voice to the silent majority that does not support policies hostile to migrants.
2. **David Ingleby (University of Amsterdam)** will introduce a Statement currently being prepared by the Migrant and Ethnic Minority Health Section of EUPHA. There is an urgent need to reduce the gap between public health researchers and the bodies responsible for implementing findings and setting research priorities. Research into migrant and minority health is constantly generating new insights, but these are inadequately reflected in policies and research funding.
3. **Santino Severoni (WHO Europe)** will argue that migration is a structural phenomenon, calling for long-term policies and fundamental health system adaptations. WHO Europe is working on this issue hand-in-hand with Member States and international organisations, and has developed the first Strategy and Action Plan on Refugee and Migrant Health, aimed at promoting intersectoral approaches, collaborative networks and international dialogue.

These 15-minute presentations will be followed by an open discussion centred on the question: how can we, as workers in the field of migrant and ethnic minority health, most effectively promote policy change for the benefit of these groups?

Main messages:

1. Researchers and advocates need to join forces to confront the growing challenge of anti-migrant sentiment and 'fact-free politics'.
2. More attention must be paid to effective communication with the public and policy-makers.

1.8-W1

Research from the UCL-Lancet Commission on migration and health

Aims:

To present some of the findings from the UCL-Lancet Commission work on Migration and Health

To further discuss important topics which relate to the research work of the commission

Structure:

Three presentations (15 minutes each)

1. Patterns of mortality in international migrants: a systematic review and meta-analysis – Dr Rob Aldridge
2. Assessing the mental health needs and access issues facing forcibly displaced people in transit: a systematic review – Dr Miriam Orcutt
3. Effects of parental migration on mental and physical health outcomes among left behind children and adolescents in low- and middle-income countries: a systematic review and meta-analysis – Dr Delan Devakumar

Three led interactive discussions (15 minutes each)

1. Data collection and use in migrant populations (leading on from patterns of mortality systematic presentation)
2. Migrant sensitive health systems (leading on from assessing health needs in transit presentation)
3. Effects of migration on those left behind (leading on from the left behind children presentation)

Proposed

speakers:

Chairperson: Professor Ibrahim Abubakar MBBS FRCP FFPH PhD, Chair, UCL-Lancet Commission on Migration and Health and Director, Institute for Global Health, University College London

Speakers:

Dr Rob Aldridge MBBS MSc MFPH PhD, Wellcome Trust Clinical Research Career Development Fellow, Institute of Health Informatics, University College London

Dr Delan Devakumar MB ChB MRCPCH FFPH MSc DTM&H PhD, Clinical Lecturer in Public Health, Institute for Global Health, University College London

Dr Miriam Orcutt MBBS MSc, Research Associate, Institute for Global Health, University College London and Coordinator, UCL-Lancet Commission on Migration and Health

1.9-W1

Ethnicity, race and Place Nexus – understanding migrant and minority ethnic health and wellbeing in rural areas in the EU and Canada

Chair/Facilitator: Dr Ray Silvius

Coordinator: Linamar Campos-Flores

Dabrowska-Miciula E³, de Lima P¹, Campos-Flores L², Jean-Pierre J⁴, Cacho P⁵, Silvius R⁶, Sotkasiira T⁷, Kerrigan N⁸, Bopp T⁹

¹Centre for Remote and Rural Studies, Inverness College, University of the Highlands and Islands, Scotland, ²University of Montreal, Canada, ³University of Guelph-Humber, Canada, ⁴School of Child and Youth Care, Ryerson University, Canada, ⁵University of Edinburgh, Scotland, ⁶University of Winnipeg, Canada, ⁷University of Eastern Finland, Finland, ⁸Coventry University, United Kingdom, ⁹University of Basel, Switzerland

Background:

Instrumental discourses on international migrants, migrant workers, and refugees have led to policy and practice gaps with respect to the health and well-being of minority ethnic populations. The latter are understood as on-going processes rather than an end state, and defined for the purposes of the roundtable as encompassing physical and mental health contingent on social, cultural, economic, political and environmental factors operating at different scalar levels. A metropolitan or urban bias in the Global North, whereby 'urban is the norm' has led to the well-being and health of migrants and minority ethnic groups living in non-metropolitan or rural areas being marginalised in these discourses. As a result, rural place has suffered from a lack of consideration.

Objectives:

This 90-minute roundtable will (i) examine the gaps in theory building and conceptualisations of place related to the 'ethnicity, race and place nexus' and wellbeing of migrants and minority ethnic groups; and (ii) identify appropriate transversal sectorial policy and practice interventions that would enhance their health and wellbeing in rural areas. The discussants will employ analytical concepts based in empirical examples from Canada, England, Scotland, Finland, and Mexico. Following the presentations, an open discussion will be facilitated with roundtable participants, concluding with an identification of key themes that have emerged and opportunities for following up on potential collaborations.

1) Dr Patricia Cacho (Scholar Activist in Anti-Racist Education, University of Edinburgh) will explore how racism, xenophobia and racial discrimination shape life experiences and aspirations of youth from ethnic and racial minorities in rural Scotland.

2) Dr Ewa Dabrowska-Miciula (University of Guelph-Humber, Ontario) and Linamar Campos-Flores, Ph.D. candidate (University of Montréal, Quebec) will examine the role of place, human behaviour and societal structures by analysing inequalities faced by transnational/cross-border workers in rural Canada.

3) Dr Ray Silvius (University of Winnipeg, Manitoba) and Dr Tiina Sotkasiira (University of Eastern Finland, Finland) will draw insights from two countries: Canada and Finland, and from two disciplines – political economy and social policy – to consider emerging questions pertaining to newcomer (re)settlement in rural and remote areas.

4) Dr Nathan Kerrigan (Coventry University, UK) will discuss what impact does the British government's 'Shared Society' agenda and its associated concepts of neoliberalism and individualism have on the health and wellbeing of older disabled minority ethnic residents living in rural England, and what are some of the consequences of structural racism and exclusion that arise from it.

5) Tina Bopp, PhD candidate (University of Basel, Switzerland) will analyse the circular migration regimes within Moldova as part of an inner-European post-colonial or post-soviet (agricultural) labour regime and the effects of these forms of labour and life relationships on migrant's health.

The anticipated outcomes are to:

- 1) Develop an EU and Canadian network to extend transdisciplinary scholarship activities regarding the wellbeing of migrants, refugees, migrant workers and minority ethnic groups in rural areas;
- 2) Identify ways of sharing knowledge about appropriate place based policy and practice interventions in different national contexts.

L1-1

MRC Symposium

Developing an agenda for inclusion health: Tackling inequalities in health and care for migrants and minority groups

Catherine A O'Donnell, General Practice & Primary Care, Institute of Health & Wellbeing, University of Glasgow

Vittal Katikireddi, MRC/CSO Social & Public Health Sciences Unit, Institute of Health & Wellbeing, University of Glasgow

Research and policy agendas often focus on the differences across marginalised populations; however, there are often more commonalities when considering inequalities in health and health care use across such populations than there are differences. The syndemic approach draws our attention to the complex clustering and interplay of disease (both physical and mental health), biology, psychological wellbeing and upstream social determinants, operating within and across high, middle and low income countries. Considering these interactions, and how they affect migrants, minority ethnic and indigenous populations, could help policy makers identify important interactions affecting other groups in society and develop interventions better designed to tackle such inequalities. The inclusion health agenda argues there are many interventions which focus on individual-level interventions, but fewer tackling upstream determinants, and a lack of evidence about scaling up effective practice into action. Arguably, the same is true of interventions targeting migrants and minority groups.

This symposium will aim to demonstrate how a syndemic approach can deepen our understanding of the impact of upstream social and cultural determinants on the health of migrants and other marginalized groups, with particular reference to mental health, and frame the requirements for a wider research and policy agenda on inclusion health which includes migrants and minority groups.

Drawing on work funded and supported by the Medical Research Council, this symposium will argue that a wider view of the inequalities that impact on migrants and minority groups will help us to address the on-going challenges that forced migration brings to health care systems and to the practitioners working within them.

L1-2

Estimating post-migration HIV acquisition: implications for prevention and policy

Noori T¹, *Del Amo J²*, *Delpech V³*, *Desgrees du Lou A⁴*

¹ECDC, Sweden, ²Instituto de Salud Carlos III, Spain, ³Public Health England, United Kingdom,

⁴L'Institut de recherche pour le développement, France

Background:

Migrants accounted for approximately 40% of all newly diagnosed HIV infections in the European Union in 2016. In recent years, evidence has emerged that a significant and increasing proportion of migrants diagnosed with HIV in Europe have acquired their infection after they have arrived in host countries. This has important implications for developing and targeting prevention programmes for migrant populations. This session will bring together leading research groups who will provide an overview of how they have estimated the proportion of post-migration HIV acquisition and discuss how prevention programmes need to adapt to this important public health situation.

Workshop Plan:

The workshop will be in the format of a seminar and chaired by ECDC who will give a 5 min overview of the HIV epidemic in Europe and show how migrants are disproportionately affected by HIV, have poorer access to healthcare as defined by higher rates of diagnosis, and have poorer treatment outcomes than native populations. This will be followed by the main three presentations showing different estimates for post-migration HIV acquisition and discussing how policy and prevention programmes might adapt to this emerging evidence. Each speaker will get 15 min each to present and the remaining 40 min will be dedicated to discussion with the audience on how prevention programmes must adapt to meet this increasingly important public health challenge.

Main Messages:

- a) New methods are emerging showing that migrants acquiring HIV post-migration is increasing in some European countries.
- b) New policies and primary prevention programmes are needed to address this important public health challenge.

L1-3

Evidence based guidelines for newly arrived migrant and building migrant health networks

Pottie K¹, van den Muijsenbergh M², Grassineau D³, Gruner D⁴

¹University of Ottawa and Bruyere Research Institute/ECDC Consultant, Canada, ²Radboud University Medical Centre, The Netherlands, ³Marseille University, France, ⁴University of Ottawa, Canada

This interactive workshop will take participants through a series of migrant health guidance case study debates. The cases will explore local adaptation of guidance for primary health care.

Learning Objective:

1. Participants will be able to list four new ECDC migrant guidance options.
2. Participants will be able to describe four new delivery strategies.
3. Participants will be invited to contribute to a network of migrant health practitioners.

Evidence based guidelines become valuable when they are adapted and implemented for local contexts and primary healthcare. Implementation strategies must be pragmatic to adapt to the presence of different barriers and effect modifiers. The ECDC with the help of over 60 experts from across Europe, Canada, Australia, US have developed new GRADE guidance for testing and vaccination. The guidance considers ethics, values, a range of health conditions, including TB, HIV, Hepatitis B/C, Parasites and Vaccine Preventable Disease. Disease prevalence, gender, age and history of forced migration are used to increase the precision of guidance. The guidance also includes implementation considerations that include strategies to increase uptake of testing or vaccination and discuss linkage to care and treatment. This round table workshop will discuss migrant case studies and consider pragmatic implementation approaches from France, Holland and Canada.

2.6-W1

Indigenous data and health: critical research approaches and indigenous data governance

Presenters: Professor Papaarangi Reid, Professor Tahu Kukutai, Dr Donna Cormack

Background and **objectives:** 'Race' and ethnicity data have become increasingly institutionalised within health research about indigenous peoples. While these data are critical to monitoring the differential distribution of risks and benefits in racialised societies, their uncritical and under-theorised use can perpetuate harmful biologically-deterministic and essentialist approaches to indigenous health. Additionally, indigenous rights and interests in data about us are often overlooked, with issues of indigenous data governance unresolved. The workshop objectives are to:

- Develop skills to critique uncritical use of 'race'/ethnicity in indigenous health research
- Provide examples from Aotearoa/New Zealand of frameworks or principles of indigenous data sovereignty

Workshop **plan:** The workshop will use a seminar format, involving three presentations. The first presentation will provide a broad, critical overview of the background and objectives of the workshop by the first presenter (10 minutes). This will be followed by a presentation on the critical use of 'race'/ethnicity in indigenous health research (15 minutes), and 10 minutes of facilitated discussion. Finally, there will be a presentation on indigenous data sovereignty from the experience of Aotearoa/New Zealand (15 minutes), with a further 10 minutes of facilitated discussion. During the facilitated discussion, participants will be encouraged to discuss in small groups how the presentation issues relate to their own context, and identify ways in which they can apply learnings to their own practice.

Main **messages:** This workshop will support participants to critique methodological approaches to indigenous health research to better facilitate critical, transformative research. It will also provide participants with examples of principles from critical indigenous health research and indigenous data sovereignty that can potentially be applied in their own contexts.

The workshop will be **60** minutes in length.

2.7-W1

(Re)framing the migration and health research agenda: a panel discussion

Vearey J

¹*Migrant Health and Development Research Initiative (MHADRI)* ²*African Centre for Migration and Society, University of the Witwatersrand, South Africa*

Background and Objectives:

This workshop aims to explore (re)framing of the migration and health research agenda.

The 2nd Global Consultation on migration health and recent Global Compacts on migrants and refugees have emphasised the critical need to advance effective migration and health policies and practices. However, migration and health discourses and national/regional/global agendas are often framed through lenses of border protection, disease control, and dominated by 'othering' discourses. Controversies surrounding the domain of 'migration and health' and 'migrant health' will be shared, and challenges from the perspective of researchers, policy makers and civil society explored and new research trajectories discussed.

Workshop

Plan:

The workshop will consist of five short inputs and a facilitated discussion. Workshop proceedings will be written up by the workshop organisers and submitted for consideration as a commentary to the journal *Global Migration Policy and Practice*

Chair: [academic, TBD]

Inputs (10 mins each)

Speakers TBC from the MHADRI network

- (Re)Framing the key issues: overview of outcomes from the 2nd Global Consultation on Migration and Health and linkages to the 70th World Health Assembly
- Government Perspective
- Academic Perspective
- Civil Society Perspective
- United Nations Perspective

Facilitated discussion:

30 mins -(re)framing migration and health research:

Where are we? Why reframe? How do we reframe? What are the barriers in performing high impact, high quality migration health research? What are the barriers to ensuring that evidence drives policy?

Wrap-up: 10 mins

Main Messages:

The workshop will explore why 'reframing' is important in the context of improving our understanding of the linkages between migration and health in order to inform improved policy and programming.

This dynamic session will explore multiple perspectives and new research trajectories needed to shape multi-level policy processes, evidence and activism, and public and political opinion on migration and health.

2.8-W1

Caring for refugees, survivors of torture and other vulnerable migrants, whilst also looking after yourself

Burnett A², Uwamaliya P¹

¹Health and Community, Liverpool John Moores University, United Kingdom, ²Freedom from Torture, United Kingdom

Background:

Refugees present complex pre-migration, migration and post-migration health-needs, often experiencing challenges accessing appropriate healthcare and health inequalities.

Health workers typically have limited knowledge of refugee health issues and may experience vicarious trauma.

A participative workshop enables sharing and developing participants' existing knowledge.

Objectives:

Increase knowledge and understanding of relevant health issues, including from conflict and torture.

Develop understanding of inter-cultural and human rights-based healthcare.

Create opportunities for inter-professional and inter-agency collaboration and learning.

Provide information to promote health and wellbeing, sharing good practice.

Recognise factors increasing the risk of vicarious trauma, identifying approaches to address and prevent it in others and ourselves.

Seminar Workshop Plan:

A 90-minute participative workshop, facilitated by an academic Mental Health Nurse, who has lived experience as a refugee and survivor of genocide, and a doctor.

Introduction, aims and objectives:

In small multi-disciplinary groups, participants discuss anonymised case studies, specially tailored to address learning objectives, sharing and drawing on their existing knowledge and experiences. Each group will discuss one of three different case-studies. (20 minutes)

A plenary session with feedback from each group, discussing learning-points from case studies.

An interactive presentation and demonstration of a co-created Online Resource Hub, which provides accessible information, enabling health professionals to address physical and mental health needs and assist asylum-seekers and refugees to deal with the practical and emotional demands of settling in a host country such as the UK. The resource hub shows examples of best practice of support provided to asylum seekers and refugees and how its development was underpinned by an action research approach involving health workers, to find out their needs.

An interactive presentation on vicarious trauma: how to recognise, address and prevent it and the importance of looking after ourselves as care-givers supporting survivors of conflict, torture and trauma.

Questions and answers

Main messages:

Health workers have transferable skills and experience, enabling them to meet the health needs of refugees. An on-line resource hub can close health workers' knowledge gaps, providing up-to-date easily accessible information and developing understanding of inter-cultural care.

Looking after ourselves and addressing vicarious trauma enables health workers to effectively care for others.

2.9-W1

Diversity in the clinic: what health care professionals need to know to care for their patients

Dominicé Dao M¹, Sanchis Zozaya J², Bodenmann P²

¹*Transcultural consultation, Department of Community Medicine, Primary Care and Emergency Medicine, Geneva University Hospitals, Switzerland,* ²*Vulnerable population Center, Department of Ambulatory Care and Community Medicine, Switzerland*

Background and objectives:

Health care professionals are confronted in their practice with patients from increasingly diverse cultural backgrounds. This creates a number of challenges, such as communication difficulties, misunderstandings, negative judgements or stereotyping. These may result in poorer health outcomes, health care inequalities or discrimination when the clinician is ill-prepared to care for culturally diverse patients.

The objectives of this workshop are to propose a structured framework to gather cultural and social information during the patient's regular history-taking by the health care professional.

Workshop plan:

This workshop will be an interactive seminar of 90 minutes duration combining theory and practice through several learning methods:

- Presenters will review the impact of cultural diversity on the different aspects of health care
- Participants will observe a video of a clinical situation and reflect on issues at stake in this situation and the additional information that would be necessary to care for this patient
- Presenters will present a structured framework to collect information about patients' social and cultural background in line with the Cultural Formulation Interview of DSM-V.
- Participants and presenters will discuss the challenges in using this tool

The cultural formulation interview covers the following topics related to culture and diversity: definition of the problem; perceptions of cause, context and support; factors affecting self-coping and past help-seeking; factors influencing current help-seeking.

Main messages:

After this workshop participants will be able to:

- Skilfully elicit relevant social and cultural information with their diverse patients
- Understand the influence of the clinician's background and position on the relationship with the patient and his or her mode of health care seeking.

3.6-W1

Public Health England's role in helping to protect and improve the health of migrant and ethnic minority populations

Lina Toleikyte

Chair: Professor Paul Cosford CB, Director for Health Protection and Medical Director (TBC)

Public Health Manager, National Health Equity Unit, Public Health England, United Kingdom

Background:

Public Health England (PHE) is a national agency which exists to protect and improve the nation's health and wellbeing, and reduce health inequalities in England. Reducing inequalities, tracking population composition and assessing changing health (care) needs of different population groups is vital for public health and the wider system. While complex issues may not have immediate solutions, encouraging greater intersectoral collaboration in both research and practice is vital for achieving health equity. The workshop will provide a unique space for bridging policy, research and practice; sharing practical, real-world knowledge and experience; and fostering debate and critical thinking.

Format:

The workshop will use a seminar format with presentations from the national leads and experts from the Health Equity Unit, Epidemiology and Surveillance and Travel and Migrant Health Section, with an allocated time for audience participation. The audience will be actively engaged through Q&A session and open discussion on challenges and opportunities to share and transfer learning within and between countries.

Themes:

The workshop will commence with a welcome and introductions from Public Health England. The proposed themes are:

- **Theme 1. Global challenge, local data: what we know about health outcomes for different ethnic groups in England (monitoring and surveillance).** The presentation will provide an overview of analysis and commentary on inequalities within England across a range of indicators, but with a particular focus on inequalities by ethnic group. It will also reference key themes from the Cabinet Office Race Disparity Audit 2017. *Presented by: Charlotte Fellows (PHE national epidemiology and surveillance team)*
- **Theme 2. Translating evidence into practice: evidence-based tools and products to better understand the needs by ethnic group, and support reductions of health inequalities through increased inclusion and Health in All Policies.** The presentation will offer insights on patterns and determinants of health by ethnic group identifying some general approaches that can help professionals and decision-makers to embed ethnicity in their work. *Presented by Lina Toleikyte (National Health Equity Unit, Public Health England)*
- **Theme 3 Migrant health: national and international collaborations to address challenges for migrant health in England: experiences and lessons learned.** The presentation will highlight the work of the team which is of particular interest to an international audience. It will reference the importance of practical tools such as our online Migrant Health Guide and Pre- Entry Health Assessment (HA, Refugee resettlement) aimed at professionals in the system. The aim of the HA is facilitating early integration of the refugee, promoting individual health, protecting public health where relevant and linking individual needs with appropriate health and social services in the UK. *Presented by: Migrant Health Section, PHE*

Impact and key messages:

- This workshop will provide a unique overview of national work to a global audience, with specific focus on addressing inequalities linked to ethnicity and migration. It will provide an overview of national leadership and intersectoral collaborations, both national and international, and their role in tackling health inequalities linked to ethnicity and migration in England
- This will serve as a platform for knowledge and practice exchange and prompt discussion on the mobilization of the evidence base.
- This workshop will prompt a discussion about the unique positioning of public health as an advocate for health equity in the context of migrant and ethnic minority health, and a producer and communicator of evidence for best practice

3.8-W1

Impacting clinical and cultural competencies through cross-cultural connections: the development of an International Indigenous Academic Health Network

Background:

The health disparities between Indigenous Canadians and the general Canadian population are strikingly similar to those experienced by Indigenous people around the world (1). It is this shared experience that underlies the development of this international network and the collective need to address health inequities and disparities. The University of Manitoba's Max Rady College of Medicine in the Rady Faculty of Health Sciences is leading a project that seeks to further develop an International Academic Network in Indigenous Health

Universities and health care institutions are largely based on colonial European culture and, as such, tend to place patients who are culturally or ethnically different from the mainstream at greater risk of experiencing adverse health events (2). The Network was established to stimulate knowledge creation and mobilisation in the area of Indigenous Health across the domains of medical education, health research and health service delivery. The Network also facilitates academic exchanges that will influence positive changes in approaches to Indigenous Health teaching, research and health service delivery through our Network Faculty Partnerships.

The workshop discussion will focus on Indigenous health within the constructs of academic institutions that prepare health care professionals for practice in a diverse community. The workshop format will work well as the presenters will share some background on Indigenous Health, the limitations of current approaches and the benefits of an international academic network in supporting best practice in Indigenous Health.

Objectives:

1. To explore and discuss the role of national legislation, policies and services and the implications for action on the health and wellbeing of Indigenous Peoples in Canada. This will be presented within the context of how racial or ethnic health differences may result in inequalities and disparities, including discrimination, social exclusion and marginalisation of racial groups.
2. To explore and to share the approaches to academic and health system responsiveness to diversity, the development of good clinical practice, and the development of professional training and education.

Workshop

The two presenters will share current information on the Canadian context and the development of the academic health network. Following the presentations, we will open a dialogue on approaches for cultural safety in the learning and work environment and for advocacy of equity in academic and health systems (3). The goal is to identify best practices that will mitigate the impact of bias in addressing racial or ethnic inequalities and health disparities. We will share the benefits of international collaboration on best practices in Indigenous Health

Plan:

Main

messages:

The workshop dialogue will highlight the need for health care professionals and academics to

- advocate for equity and to
- advocate for a culturally safe approach to education, training and health service delivery.

Presenters:

Dr. Catherine Cook, MD, MSc., CCFP, FCFP. Vice Dean and Head, Indigenous Institute of Health and Healing, Rady Faculty of Health Sciences, University of Manitoba.

Ms. Melanie MacKinnon, BN. Executive Director, Indigenous Health Services, Indigenous Institute of Health and Healing, Rady Faculty of Health Sciences, University of Manitoba.

References:

1. Reading, J. A global model and national network for Aboriginal health research excellence. *Can J Public Health*. 2003;94:185-9.
2. Svendsen AC, Laberge M. Convening stakeholder networks: a new way of thinking, being and engaging. *J Corp Citizen*. 2005;19:91-104.
3. Walker R, Cromarty H, Kelly L, St Pierre-Hansen N. Achieving Cultural Safety in Aboriginal Health Services: implementation of a cross-cultural safety model in a hospital setting. *Divers Health Care*. 2009;6:11-22.

3.9-W1

Migration health governance: from data to access

Background and objectives:

The EU recently experienced unprecedented migratory flux, which challenged its health systems and evidenced the need to expedite implementation of directives aiming at ensuring access to health care, data sharing, and the development of uniform e-health systems.

The workshop aims at:

- identifying the major new sources and approaches to migration data collection (from point of entry to destination) and evidencing the needs for real-time data collection and management in a safe way, capable of ensuring continuity of care and referrals for migrants.
- outlining the importance of related enabling policies (i.e. Migrant Integration Policy Index - MIPEX-Health strand) and Regional/Global cooperation towards the Sustainable Development Goals (SDGs).

Workshop plan:

The workshop will consist of an initial part with three presentations, and a second part with a panel which will provide its feedback, to conclude with some final questions.

Chair: International Organization for Migration, Migrant Health Division, Regional Office - IOM MHD RO Europe, Senior Regional Advisor- Migration Health

Setting the stage (30 min)

1. David Ingleby, Professor, University of Amsterdam: MIPEX- Health strand
2. Olga Gorbacheva, Senior Programme Coordinator HQ/ Steffen Schillinger, Migration Health Information Manager, Health Assessment Programmes IOM MHD: health data collection in the EU (electronic-Personal Health Record, e-PHR)
3. Kayvan Bozorgmehr, Research Fellow, Dept. of General Practice and Health Services Research University, Hospital Heidelberg: Data collection in Migration Health

Panel discussion (15 min)

- 1.. Isabel de La Mata, Principal Adviser for Health and Crisis management, European Commission, Directorate General for Health and Food Safety, DG SANTE .
2. Teymur Noori, Public Health Specialist, European Centre for Disease Prevention and Control, ECDC
3. Agapios Terzidis, Advisor, Ministry of Health, Greece

Questions and wrap up

Main message:

The workshop highlights the need for an effective governance in migration health ensuring Regional and Global cooperation specific to data management, in line with the UN Global Compact actions and to enable Member States to achieve and report on the SDGs, Universal health Coverage and Member stated commitment to “leave no one behind”.

L2-1

**What is the EU doing about migrants' health?
EU, health, and migration: From competence to coherence**

Isabel de la Mata, Principal Advisor for Health and Crisis management, European Commission

Where do the issues of Migration and Health intersect? And who is responsible for Migrant Health? Migration is one of the European Commission's top ten political priorities. The European Agenda for Migration sets out a European response which combines internal and external policies, makes the best use of EU agencies and tools, and involves all actors. But while the EU take responsibility for migration and offer an EU-level response, rather than leave some Member States bearing the brunt of the challenges, health is a different matter. Although there are many areas of health with EU-added value, Member States themselves are fully responsible for their own health systems.

So how can the EU, and the Commission, navigate between national health policies and EU migration policies, and how can it help Member States to take full advantage of the know-how, tools and practices that are available to help in the area of migrants' health?

Three main areas of action will be presented in this brief and informative session:

- 1) legislative proposals that respect the Member States authority but aim to ensure that healthcare for regular migrants, asylum seekers and refugees is covered, with special attention to the most vulnerable amongst them
- 2) direct support to countries (financing regular national programmes, supplying emergency funding to help the most affected counties reinforce their health care infrastructure and providing specific care for refugees),
- 3) projects in the area of health (training of health and other professionals working with migrants and refugees, provision of health checks and personal health records for refugees, and other projects to reinforce the surveillance of diseases and the integration of migrants and refugees in the EU.

The Commission will continue to support EU countries to make their health systems as accessible, efficient and resilient as possible. The ultimate goal? Equal access to healthcare ... for all. Come learn how combined efforts and mutual respect can make this goal achievable.

The session intends to be really interactive and useful, with a maximum of 15 minutes presentation and 15 minutes for comments and questions.

L2-1B

NHS England Asylum Health Pilot: Improving Access to Healthcare - What works best ? Professional or Lived Experience led GP Registration schemes.”

The workshop will explore the strengths and weaknesses of approaches to ensuring that asylum seekers are able to register for primary health care.

NHS England has co-produced a leaflet which gives advice to asylum seekers and refugees on how to register with a Doctor.

The co-authors of the leaflets include asylum seekers and refugees who have experienced difficulty in registering with a Doctor and their support organisations

The leaflet has been published on the NHS Choices website and provides guidance as to how to register with a GP.

<http://www.nhs.uk/NHSEngland/AboutNHSservices/doctors/Pages/NHSGPs.aspx>

It explains the registration principles , namely that patients should be able to register with a GP even if they have no identity documents.

The workshop seeks to draw on wider practice examples and explore the strength of the professional contribution (registration protocol endorsed in the GP Contract)

It seeks to explore why Asylum seekers still report being turned away from GP Practices and what the Lived Experience and voluntary sector Advocacy scheme can do to change this across England.

Workshop Presenters:

Iman Rafatmah. Co-chair of the NHS England Asylum Health Pilot, supported by Ruth Passman, NHS England, Experience, Participation and Equality Division

L2-2

Determinants of dietary behaviour in migrants – the role of acculturation

Nicolaou M¹, Terragni L², Roos G², Osei-Kwasi H⁴, Croxford S⁵, Weisberg Shapiro P⁶

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Background and Objective:

The process of dietary change, also known as 'dietary acculturation' has important implications for the health of migrant-origin populations. However there are inconsistencies in the findings of studies of acculturation, diet and health, which may be due to differences in the use of this concept and its measurement in research.

The aim of this workshop is to develop a shared understanding and application of the concept of dietary acculturation in migrant health research.

We will address:

The concepts underlying dietary acculturation

What is being measured and how, (qualitative and quantitative perspectives)

Workshop plan:

We will start with an introduction of the available theories of dietary acculturation, followed by presentations of studies that have explored this concept. Our discussion will include a reflection on the measures being used and future directions for research into this topic.

Introduction – Mary Nicolaou – Theories of acculturation and dietary acculturation (10 minutes)

Presentations from studies on this topic:

1. Sharon Croxford – Intergenerational transmission of culinary culture in Turkish women: ethnographic case studies from Turkey and Australia.
2. Hibbah Owei-Kwasi – dietary acculturation in Ghanaian migrants to Europe.
3. Laura Terragni and Gun Roos - People moving with food: the contribution of qualitative approaches to the study of dietary acculturation.
4. Pamela Shapiro – Dietary habits: Experiences with food, current social environment and work schedule have a differential influence on diets of migrants with common origins.

Reflection on the presentations and implications for research - discussion to be confirmed

Panel discussion and questions

Main messages:

This round table session will provide an overview of the current application of the concept of dietary acculturation in ethnic minority research. We will create a forum for the critical evaluation of the concept and identify research gaps and opportunities.

L2-3

Is the right to health (care) an equal right? Focus: refugees and undocumented migrants

Agbih S¹, Koch E¹, Kasper A¹, Mohwinkel L¹, Nowak A¹

¹University of Bielefeld, Germany

Introduction, Background and Objectives:

Is the right to health (care) an equal right? Should health care be equally accessible regardless of nationality and residential status? With the proposed workshop, we want to address these essential questions with a focus on refugees and their rights to use health care services in Germany and Europe. As Germany-based interdisciplinary researchers, we will point out examples showing the legal and practical constraints of the current situation in Germany regarding health care for different groups of refugees. We will show how health care for refugees is determined by different legal and organisational barriers in access to health care.

Workshop plan:

The workshop will be in a roundtable format. It will start with a general introduction to the topic of “health and health care for all” and will be followed by four short pitches (approx. 5 minutes each) addressing:

- vulnerable target groups and their needs, i.e. refugees with chronic diseases and psychiatric disorders, (un)accompanied refugee minors, pregnant refugees and undocumented migrants
- the problematic legal background and practical strategies (restricted access to health care, delivery of care, delays) used by municipalities and federal states that lead to cost-intensive parallel-systems all over Germany
- brief case stories, which highlight detrimental consequences of the restricted access to health care.

The statements will open the floor for discussion with the participants. The aim is to exchange different opinions, arguments and experiences and to broaden personal and professional horizons.

Main message:

Reflecting on the ethical grounds for health care and access to health care for refugees on an interdisciplinary basis is essential. For a better and more comprehensive understanding of the topic it is important to put the “special” treatment of refugees and certain subgroups into a legal and practical context.

Length: 60 minutes

L2-4

Health burden in Sub-Saharan African populations in high income countries –policy response and future research

Agyemang C¹, *Commodore-Mensah Y²*

¹*Academic Medical Centre, University of Amsterdam, Netherlands,* ²*Department of Community Public Health, John Hopkins University, United States*

Background/objectives:

The size of Sub-Saharan African (SSA) populations in high-income countries has increased, but information on the health status of these populations is limited and inconsistent. Consequently, information on the health status of other African populations e.g. African Americans is usually extrapolated to these populations. However, the need to gain more insight into the health status and needs of SSA populations has been growing due to the important cultural differences between SSA populations and other African origin populations. As results, few studies such as the RODAM study in Europe and The Afro-Cardiac Study in the United States (US) have been initiated. This workshop will discuss the current health burden, challenges and policy responses to the health needs of SSA populations in high-income countries.

Workshop plan:

This workshop will be in the form of a roundtable discussion consisting of a facilitator and five discussants. Each discussant will make a short pitch on a specific subject, which will be discussed by the panel members, the facilitator and the workshop participants. The key topics for discussion will include the health situation of SSA populations in high income countries drawing on the current findings from the RODAM study among SSA migrants living in Netherlands, Germany and United Kingdom and in rural and urban Africa, and The Afro-Cardiac Study in the US; similarities and differences in health outcomes between SSA populations and other African-descent populations e.g. African Americans and African Caribbeans; policy responses to the health needs of SSA populations; and the direction of future research among SSA populations.

Main messages:

- Current health burden and challenges among SSA populations in high-income countries will be highlighted.
- Policy responses and knowledge gaps in addressing the health needs of SSA populations in high-income countries will be identified.

The workshop will be 60 minutes in length.

4.6-W1

The Scottish Health and Ethnicity Linkage Study (SHELS): a fertile oasis of information for an increasingly diverse society

Bhopal R¹, Douglas A¹, Gruer L¹, Buchanan D², Donnelly G³

¹The University of Edinburgh, United Kingdom, ²Information Services Division, United Kingdom,

³National Records Scotland, United Kingdom

Background and objectives:

Despite long-established recommendations, few countries can analyse health data by immigration status, ethnicity/race and related variables. In Scotland, we found data linkage to be promising. The now established Scottish Health and Ethnicity Linkage Study (SHELS) linked ethnicity, country of birth, religion, and other socio-demographic variables from the census to health data.

Workshop plan:

We will use the seminar format to develop capacity. The workshop chair will summarise the history of the study (Raj Bhopal). There will be three presentations each of 10-15 minutes. First, we will describe the linkage and analytical methods, providing insights on the challenges (Anne Douglas). Second, we will illustrate how SHELS enhances understanding of the health of populations (Laurence Gruer). Thirdly, we will consider the frontier for such linkage methods (Duncan Buchanan and Gerry Donnelly). The presentations will provide insights into how and why things happened and the policy or practical outcome. We will reflect on research dissemination and the involvement of a public panel.

Then, in an open microphone approach (35 minutes), we will invite workshop participants to: 1 share insights of similar data linkage projects; 2 consider whether this or similar kinds of linkage could be applied in their own country/region and if so how; 3 consider how such methods and data help to improve policy, public health and clinical practice and public education.

Learning objectives:

Participants will become: 1 familiar with the concepts, methods and hurdles of linking datasets, particularly census and health-care; 2 knowledgeable about the outputs of SHELS; 3 able to reflect on the possibility of doing similar but better work.

Main messages:

We hope to stimulate participants to open a dialogue in their own countries or regions to apply the lessons of SHELS and take such linkage to an even higher level.

4.7-W1

The challenge of training health professionals in health care oriented towards cultural and ethnic diversity

Ruiz-Azarola A¹, Leralta-Piñan O¹, Rodríguez García de Cortázar A¹

¹Andalusian School of Public Health, Spain

Since 2013, the EC has funded projects aimed at improving access and quality of health services for migrants through training health professionals. The Andalusian School of Public Health led two of these projects (MEM-TP, SC-CAPAC). Other institutions involved were the University of Copenhagen, Azienda Unita Sanitaria Locale Reggio Emilia, the University of Amsterdam, the University of Ghent, Jagiellonian University, Trnava University, the International Organization of Migration, the European Public Health Alliance, and the National Institute of Public Health of Romania.

Building on this experience, the identification of effective teaching methodologies for health professionals has become a priority for improving the healthcare of migrant and ethnic minorities (MEM).

Workshop Objectives and plan:

- . To reflect on MEM healthcare needs, with a special focus on the needs of newly arrived refugees.
- . To discuss training needs and methodologies applied to health professionals working with MEM.

Contents:

- Overview of the challenge of meeting the needs of MEM in the health care system
- The shift in paradigm from 'cultural competence' to 'diversity sensitivity' and what this implies (e.g. an intersectoral approach)
- Challenges for capacity building in the health sector (barriers and facilitators)

Methodology:

Participants with experience in dealing with MEM populations, health care approaches and programmes can present their experiences. They can share both their theoretical knowledge and its application in their daily work.

Plenary discussion, to facilitate the assimilation and integration of information.

Expected outcomes:

- To enable participants to share their knowledge and lessons learnt from the experiences described in the discussion.

Main Message:

A focus on the challenge of building EU Health Professionals' capacity to develop intercultural competences and have a clear understanding of a migrant sensitive health care delivery model, respecting human rights and dignity.

4.8-W1

Racism, xenophobia and prejudice against migrants and ethnic minorities – imperatives for action for societal well-being

Pocock N¹, Vearey J²

¹United Nations University International Institute of Global Health, Malaysia, ²African Centre for Migration and Society, University of the Witwatersrand, South Africa

Background/objective:

Anti-migrant sentiment and violence are being reported in countries throughout the world. Divisive nationalist rhetoric espoused during recent political shocks tears at the fabric of diverse communities, while progressive political movements of inclusion struggle to countenance extremist narratives. Discrimination can be physically and psychosocially embodied, in the form of reduced healthcare access and access to social determinants of health, as well as the mental health impacts of discrimination on migrants and ethnic minorities and rising social distrust in host communities. This workshop aims to enhance participants' understandings of how discrimination and xenophobia affect health, and interventions that work to reduce prejudice.

Workshop plan:

This 90-minute workshop poses questions pertinent to these societal challenges, including: what are the public health impacts of racism for both migrants and host communities? What interventions work to reduce prejudice in host communities? The workshop will take a roundtable format of 3-4 panellists who will briefly (max. 10 minutes each) present their research in Pechakucha or other interactive format. Panellists will present empirical case studies from South Africa and Myanmar attesting to migrant and ethnic minority experiences of discrimination and health workers' strategies to respond to their health needs. We may then use a World Café format to solicit participants' perspectives and experiences related to the research topics. Finally each table during the World Café will report back to the group and we will summarise the workshops collectively generated findings.

Main message:

Participants will have an enhanced understanding of how discrimination and xenophobia affect health, service responses and interventions that work to reduce prejudice among civil servants, including health workers.

4.9-W1

How did health monitoring in Germany respond to the refugee movement of 2015? A critical analysis

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Background and objectives:

Germany received approximately 900,000 refugees in 2015 particularly from Syria, Iraq and Afghanistan who were forcibly displaced due to conflicts and war. Valid data on the health status and needs of this particularly vulnerable group are crucial to inform policy makers in order to plan, implement and adjust health interventions and services. The objectives of the workshop are to show and critically appraise:

- 1) Underlying mind-frames and missed opportunities in health monitoring for migrants and refugees in Germany
- 2) How health monitoring and existing surveys integrated migrant and refugee populations
- 3) Which new research projects targeting refugees have been initiated.

Workshop Plan:

This seminar includes three presentations that will highlight different approaches to including refugee populations into health monitoring, their particular challenges and lessons learned:

- A) This input will address the underlying mind-frames and missed opportunities in health monitoring for migrants and refugees in Germany.
- B) This presentation will address the challenges faced by examination surveys in data collection, and strategies developed to reach refugees and increase cultural sensitivity in health surveys.
- C) This input provides an overview of an initiative aimed at implementing surveillance sites in reception centres in five states, and an overview of challenges faced by research-driven approaches to include refugees in health surveys. The presentations will last 45 minutes, followed by discussion focusing on international applicability. Together with workshop participants, we will develop ideas on how to develop a comprehensive system of health monitoring that will include refugee populations and address their specific needs. Methods used will be small and large group discussions.

Main messages:

Information on refugees' health is crucial to adjust health services to their particular needs. A comprehensive refugee-sensitive health monitoring is built on different columns:

- 1) Adjusting ongoing health examination surveys,
- 2) Adapting recruitment strategies for a better inclusion in cohort studies,
- 3) Initiating research focusing on refugee populations specific health needs.

5.6-W1

Migration, ethnicity, race and health in Scotland – what’s going on here, and what could we do better?

This workshop will consider the ongoing needs assessment work and policy initiatives at national, regional and local level which aim to understand and improve the health and wellbeing experience of different minority or excluded population groups in Scotland.

This workshop will provide participants with a Scottish overview and summary of current priorities, with three specific examples of promising practice and areas of challenge.

Aims:

To present perspectives on work in Scotland from GRAMNet, New Scots and NHS Lothian.

To draw on participants' international experience to identify and prioritise possible improvements and potential different approaches.

Structure:

Setting the context; demographic, political and policy background in Scotland (8 minutes)

Alison McCallum Director of Public Health and Health Policy NHS Lothian

Three perspectives (15 minutes each)

GRAMNet - Catherine O'Donnell, Glasgow University

Based at the University of Glasgow, GRAMNet is a unique collaboration of researchers, policy-makers, NGOs and members of the Scottish asylum seeking and refugee communities. GRAMNet works across disciplinary and professional boundaries and this presentation will highlight its UNESCO-supported arts and cultural programme and work to understand the health and wellbeing challenges facing migrants in Scotland.

New Scots - Alison Strang, Queen Margaret University, Edinburgh

An overview and critique of the 'New Scots' refugee integration strategy, including the understandings of wellbeing in resettlement on which it is based. The presentation will consider achievements, challenges and ongoing priorities with a particular focus on health policy and practice.

NHS Lothian's recently revised Equalities and Human Rights Strategy – Chris Bruce & Dermot Gorman, NHS Lothian

We will explain our new approach to equalities and human rights and our aspirations for NHS Lothian and public bodies in the local area. Our approach is framed differently from most current Scottish equality work and moves away from legislation and performance monitoring. It involves local communities and services with a focus on intrinsic motivation amongst (NHS) staff and on links with person-centred initiatives such as “what matters to you”.

Hosted interactive discussions: (25 minutes)

Participants will be offered the chance to contribute to discussion in three corners of the room – hosted by the speakers who have just presented. This will allow people to move between subjects, and carry and develop themes. Workshop attendees will work together and draw from their international experience to identify and prioritise possible improvements and/or potential different approaches.

Plenary discussion: (15 minutes)

A single “whole room” facilitated discussion, drawing out learning from each corner, and from individual participants.

5.7-W1

Migrant and ethnic minority participation in health decision-making: achieving inclusive participatory spaces

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Background and objectives:

Although migrant and ethnic minority (MEM) participation in health decision-making is widely favoured, there is a persistent pattern of low involvement by MEMs in 'participatory spaces' designed to enable lay people to have a voice in health policy, services and research. This workshop will describe models of 'best practice' designed to increase such involvement, as well as engaging participants in a discussion aimed at exchanging insights and reaching agreement on the most promising approaches.

Workshop plan:

The first half of this 90 minute workshop will consist of three individual presentations, each followed by a brief space for questions. These will focus on results from:

- (1) a scoping literature review, examining the enablers, barriers and impacts of MEM participation in community-based interventions (Cláudia de Freitas);
- (2) the RESTORE project, describing the ways in which the Participatory Learning and Action methodology can lead to transformative MEM participation in research (Anne MacFarlane);
- (3) the MIPEX Health strand, a survey in 38 countries that included questions on migrant involvement in health systems (David Ingleby).

In the second half, participants will be invited to imagine themselves in the role of consultants asked to make recommendations to their Ministry of Health for increasing MEM involvement, and to summarise on a card their proposed strategies. The cards will be collected, sorted thematically and communicated to the whole group for a final discussion, after which a vote will be held to select the strategies with the most potential for implementation and impact.

Main messages:

MEM participation is widely favoured, but there is an urgent need to identify and disseminate strategies for promoting inclusive participatory spaces.

The second message will be formulated by the workshop participants themselves: it will consist of their conclusions about the most promising strategies.

5.8-W1

Occupational health disparities among global migrants and refugees

Marc Schenker, MD, MPH; Alison Reid, PhD; Rima Habib, PhD; Xochitl Castaneda, PhD

This will be a workshop in a roundtable structure. Each panellist will present a 12 minute description of their experience, followed by a roundtable discussion moderated by Dr. Schenker.

Background and objectives:

The most common driver of global migration is work. Even immigrants moving for political or environmental reasons need work in the receiving country. Among these work migrants, the most common jobs are low paid occupations such as agricultural work, construction and personal care. Immigrant work is sometimes referred to as the “Three D’s: Dangerous, Dirty and Demeaning”. The objectives of the roundtable are to highlight the disparities in occupational health among global migrant populations, including occupational hazards to children and refugees.

Main

messages:

Studies of occupational health outcomes in industries with large immigrant populations reveal them to be the most hazardous, based on occupational injury and fatality rates. Even within specific industries there are poorer occupational health outcomes for immigrant workers compared to native-born workers doing the same job. Studies have shown varying causes for this disparity, including lack of training, language differences, risk taking and experience, but a consistent finding is that the immigrants are more “precarious” workers. This is particularly the case for undocumented immigrants.

The specific presentations will address the common theme of workplace health disparities and hazards for migrant workers from different perspectives including migration status, gender, government policies, and ethnic status.

5.9-W1

Right to care and mechanisms to resist restrictive policies: an activist workshop

¹*Potter JL*

¹Centre for Primary Care and Public Health, Queen Mary University London, United Kingdom
In association with three UK-based activist/ advocacy organisations: Medact Refugee Solidarity Group, Docs Not cops and Doctors of the World UK

Background and objectives:

The National Health Service (NHS) is a residency-based health system. Over the past few years the definition of what it means to be 'resident' has been altered as part of the Immigration Act 2014. Government policy and legislation have created further barriers to healthcare access for migrant populations. Furthermore there are concerns that eligibility checks will be made based on outward identifiers of difference threatening to worsen race/ethnicity-related health inequities. Evidence suggests migrants are often unaware of their healthcare entitlement rights. In response to this, activist organisations including Docs Not Cops, Medact Refugee Solidarity Group, and Doctors of the World have worked together to raise awareness amongst those working in the health service and generate mechanisms of resistance such that those who need care can access it.

Workshop plan:

This workshop will be run in the format of a seminar lasting 90 minutes. Using case studies, attendees will learn about entitlement to NHS primary and secondary care, barriers to access, ways of identifying victims of trafficking and why healthcare access for refugees and vulnerable migrants is important. Following this, activists will present mechanisms of possible resistance to healthcare access restrictions. Whilst the specifics of this workshop are targeted at a UK audience, the development of the training, its dissemination and modes of resistance will be applicable to those working with migrant populations globally.

Main message:

Entitlements to healthcare access are complex. A lack of understanding can result in those who do have rights not receiving the care they need. This workshop will explore the right to health in a UK setting and mechanisms to resist policies that restrict healthcare access.

6.6-W1

Overcoming the barriers migrants face in accessing health care

Background

and

Objectives:

Over 20 million citizens from the rest of the world were living in the EU on 1 January 2016, with 2.4 million arriving in 2015. Migration remains politically charged in the EU and treatment of migrants varies considerably in different EU member states. The objectives of the workshop are to describe the structural barriers to improving the health of migrants in Europe, with a focus on access to health care, and present evidence from across Europe and beyond about what works in what circumstances to overcome these barriers. From this, consideration and discussion will be invited about generalizable lessons of the experiences in Europe, aimed at improving the health of migrants worldwide.

Workshop

Plan:

3 x 15 minute presentations, with 45 minutes interactive facilitated discussion (90-minute workshop).

Chair/ facilitator: Prof Martin McKee (London School of Hygiene & Tropical Medicine)

Speaker 1: Dr Lucinda Hiam, Health Advisor at Doctors of the World

Many migrants now fear attending health care facilities in England following agreement by the NHS to share data with immigration enforcement authorities. This presentation will describe how one NGO has responded, through advocacy and practical action.

Speaker 2: Nikos Gionakis, Babel

Health providers often lack cultural competence to address mental health issues among migrants. With a focus on Greece, this presentation will explore problems that arise and how they can be overcome.

Speaker 3: Dr Seth Holmes, Berkley

This will review best practice in training health workers in structural competence, including advancing their understanding of barriers migrants face including irregular status, criminalization, lack of access to housing, education and other threats to health.

Main Messages:

1. Migrants in Europe face many and diverse structural barriers in accessing healthcare
2. There is now considerable experience in overcoming these barriers, involving advocacy, workforce development, and practical actions
3. Lessons from Europe may be of use at the global level

6.7-W1

The Born in Bradford cohorts: conducting research in a multi-ethnic setting

Yang T¹, Rahman A¹, Islam S¹, Dogra S¹

¹Bradford Institute for Health Research, United Kingdom

Background and objectives:

The Born in Bradford (BiB) cohorts (~50% South Asian origin) have recruited families from an increasingly diverse city to a collection of studies. BiB has a track record of active involvement in the local communities and offers a unique opportunity to explore relationships between migration, ethnicity, health, and wellbeing using novel, experimental methods.

This workshop will share our methods for recruitment, active engagement, and needs assessment. A workshop would provide sufficient time to adequately describe and discuss our methods, challenges, and successes.

Objectives:

Define the setting, recruitment strategies; detail targeted engagement to increase reach; demonstrate applicability of the Community Readiness Model.

Workshop plan:

The workshop will be 90 minutes and in a seminar format. Three talks are planned: introducing the participants to the setting, aims, and scope of the BiB cohorts and their recruitment and engagement strategies such as how to approach and recruit families in a multi-ethnic community (for example, the use of translators/translated materials; 20 minutes), targeted engagement in order to expand reach (such as using Islamic religious settings to reach certain subgroups; 15 minutes), and the use of the Community Readiness Model to quantitatively, as well as qualitatively, assess whether a community is at a state of change to welcome an intervention (using the Roma community as an example of whether the community is ready to receive an obesity intervention; 20 minutes). 10 minutes are planned at the end of the first and second talks for discussion with the participants and the remaining 15 minutes at the end of the third.

Main messages:

Workshop participants will be able to identify strategies for recruitment and avenues of engagement with local community sectors. Participants will also learn how to apply the Community Readiness Model to determine whether a community would be receptive to an intervention.

6.8-W1

Interventions for good practice in maternity care for immigrant women – insights from the ROAM collaboration. ROAM: Reproductive Outcomes among Migrants, chaired by Professor Birgitta Essén

Villadsen S¹, Essén B², Azria E³, McCourt C⁴, Schytt E⁵, Salway S⁶

¹Department of Public Health, University of Copenhagen, Denmark, ²Department of Women's and Children's Health, Uppsala University, Sweden, ³INSERM, Descartes University, France, ⁴Centre for Maternal and Child Health, City, University of London, United Kingdom, ⁵Centre for clinical research, Sweden, ⁶Health equity and inclusion research group, University of Sheffield, United Kingdom

Background and objectives:

Although there has been considerable research identifying the difficulties that immigrant women experience with access to and lack of equity in quality of care, less is known about models of care that can overcome such barriers. In recent years, a range of projects have addressed this issue and given special attention to the interactional dynamics between the women and the health system. Currently, evaluations are being developed, with important insights to be shared. The objective of this workshop is to discuss strategies for good practice in maternity care for immigrant women across different contexts.

Plan:

The workshop will be chaired by Professor Birgitta Essén and include four presentations in which researchers share their intervention work, addressing inequity of access and quality of maternity care for immigrant women, and one presentation giving a theoretical framework for understanding which interventions work. Discussion with workshop participants on how inter-country comparisons of these intervention experiences can help identify strategies for successful implementation and scaling-up across contexts will be facilitated.

- 1) Improved communication a way for improving perinatal outcome? A nationwide trial, Sarah Fredsted Villadsen, Denmark
- 2) Unconscious discrimination in maternity care. A pre-intervention study, Elie Azria, France
- 3) Can group-based antenatal care improve access to and quality of care for migrant women? The REACH study, Christine McCourt, United Kingdom
- 4) Evaluation of community-based doulas for migrant women in labour and birth, Erica Schytt, Sweden
- 5) Conception – system thinking about how interventions are working, Sarah Salway, United Kingdom

Key messages:

- This workshop provides state of the art knowledge on efforts to reduce health inequity for immigrant and refugee women during maternity care.
- Inter-country comparisons and discussion of interventions will help identify strategies for successful implementation and scaling-up across contexts

6.9-W1

Integrated healthcare management for populations in transit: the case of tuberculosis

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¹*School of Medicine, University Vita-Salute San Raffaele, Italy*, ²*Public Health England, United Kingdom*, ³*University Department of Infectious and Tropical Diseases and WHO Collaborating Centre for TB/HIV and TB elimination, University of Brescia, Italy*, ⁴*Institute for Global Health, University College London, United Kingdom*, ⁵*WHO collaborating Centre and TB Supranational Reference laboratory, San Raffaele Scientific institute, Italy*

Background and Objectives:

Massive migration flows require planning, implementation and evaluation of new integrated healthcare models. The general aim of the proposed workshop is to reflect on this, using the case of tuberculosis (TB) – one of the key infectious diseases in migrant populations. The specific objective is to present and elaborate on systematically retrieved existing evidence, as well as on ongoing EU-funded projects and experiences on the topic of TB control in migrants.

Workshop Plan:

We propose a 90-minute workshop comprising five 10-minute presentations, 30 minutes for discussion and audience participation, and 10 minutes for facilitation. Two facilitators will introduce the workshops' aims and structure, will guide the audience through the different presentations and facilitate the discussion. The order and content of the presentations has been defined in order to "tell a story", comprehensively tackling all crucial components of TB control in migrants and derive meaningful conclusions on how successful experiences and best practices in the field of TB can be translated to other diseases.

Facilitators: Ibrahim Abubakar, Daniela Maria Cirillo

- 1) TB elimination in the EU: the E-detect TB research consortium, as a component of Horizon 2020
Ibrahim Abubakar
- 2) Screening for active TB in migrant populations: review of the literature and the experience of Sicily
Daniela Maria Cirillo
- 3) Screening for latent TB in migrant populations: data from Northern Italy
Valentina Marchese
- 4) How Information and Communication technology can support TB control in migrant populations
Anna Odone
- 5) Cross-border surveillance and data sharing: the project of a multi-country latent and active TB in migrants database
Dominik Zenner

Main Messages:

The workshop will:

- Enable the audience to reflect on the crucial importance of planning and implementing integrated surveillance and healthcare models for in-transit populations
- Present available evidence and successful experiences in the field of TB that can be fruitfully adapted to other health conditions and settings

7.6-W1

Contested policy frameworks and implications for access to healthcare and protection of migrants in Europe

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Forced migration creates significant risks for individuals and communities and is recognised as a central determinant of health. However, multi-faceted institutional challenges and intersectional inequalities faced by migrants often result in a denial of fundamental rights to health. As migration becomes a highly contested issue in international politics and policy arena, varying 'frameworks of thought' (e.g. humanitarian, security) underlie policy and institutional responses. Understanding these frameworks is essential for a nuanced understanding of these responses and ensuring their effectiveness in protecting migrants' health rights.

This seminar aims to:

1. Examine competing frameworks of the underlying responses to migration in Europe;
2. Explore, using an intersectional lens, how these impede specific migrant populations' access to healthcare and protection.

The seminar will be structured in three parts:

First, an introductory paper will outline key frameworks governing institutional and policy responses to migration in Europe. [10 minutes]

Next, researchers will illuminate 'frames-in-practice' by sharing empirical insights into migrants' access to healthcare and protection systems. Experiences of migrants in-transition (Serbia & Croatia) and destination countries (Scotland & Germany) will help illustrate the tenuous relationship between migration and (the right to) health against a changing geopolitical context and tightening border protection regimes in Europe. Case studies will reveal a) diverse help-seeking strategies and resources that migrant populations seek; b) compounded vulnerabilities (gender, ethnicity, age, immigration status) that limit migrants' access to healthcare and protection; [40minutes]

Finally, a Q&A session will be facilitated with representatives of key humanitarian agencies (MSF, UNHCR) and researchers to discuss policy implications and identify potential solutions. [40minutes]

The proposed panel will help disseminate research findings and engender migration scholarship with hitherto marginalised perspectives from the transit migratory region of the Balkans; and generate evidence-based multisector dialogue for more nuanced, and improved intersectional responses to migration in Europe.

7.8-W1

What can health humanities contribute to understanding and tackling ethnic and racial health inequities?

Salway S¹, *Katikireddi V²*, *Raghavan R³*, *Orton L⁴*

¹University of Sheffield, United Kingdom, ²University of Glasgow, United Kingdom, ³De Montfort University, United Kingdom ⁴University of Liverpool, United Kingdom

Background and objectives:

There have been numerous calls for health research to move beyond simply describing ethnic and racial disparities to generate deeper understanding of underlying causal processes and routes to effective and sustained action on inequities. This workshop explores the potential for “health humanities” to progress this agenda. Objectives are to: (i) introduce a range of health humanities approaches (ii) provide brief illustrations of how health humanities have been employed alone and alongside more traditional epidemiological or social science approaches (iii) engage participants in debate on the potential and challenges of health humanities in advancing understanding and action on ethnic health inequity.

Workshop plan:

The seminar will emphasise participant involvement.

Part A (45 minutes): Participants will initially be asked to score themselves against a set of brief statements about their knowledge, confidence and attitudes relating to “health humanities” in research on ethnicity and health. The lead facilitator – Salway - will next provide brief background context. Three 8-10 minute presentations will follow:

Katikireddi on philosophical contributions to epidemiological analysis;

Orton on historical techniques in analysis of policy responses to Roma health needs;

Raghavan on community theatre methodology to explore mental health among migrant workers.

Part B (45 minutes): Facilitated participant discussion in small groups will follow. A set of guiding questions will be used to prompt debate around the opportunities and challenges presented. Participants will finally be asked to return to the initial statements and re-score themselves. Reflections will be invited on workshop learning and possible future steps in applying humanities in their own research.

Main messages:

Participants will gain new understanding of what the health humanities have to offer those working in the field of migration, race, ethnicity and health

Participants will be encouraged to explore ways to bring health humanities into their own research or practice

7.9-W1

Migrants and health data: concerns and solutions

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Background and objectives:

Identifying key migrant health issues and how to respond to them requires data. Health systems need migrant specific data to develop appropriate evidence-based services. Improving data collection on migrant health has the potential to be of major benefit for these communities but may be challenging due to their high mobility and a lack of availability of patient records across countries. Even more concerning is that data collected for health reasons may end up with immigration officials and be used for immigration enforcement. This round table will specifically address and answer the questions:

- 1) What data do we need to know about migrant health to improve migrant health outcomes?
- 2) How are such data best collected and analysed?
- 3) What are the dangers of data collection and particularly data sharing?
- 4) Should migrants be custodians of their own data?

Workshop Plan:

Five speakers with different expertise on the use of data will have 10-12 minutes to present key messages before a roundtable discussion responding to questions from the audience. The session will be chaired by Prof Jon S. Friedland who has been working in migrant health for over 20 years.

Speakers and topics:

- 1) Lucy Jones, Doctors of the World, UK – Data sharing between health and immigration services
- 2) Ms Roumyana Petrova-Benedict, International Organization for Migration – Patient data: who looks after it?
- 3) Dr Sally Hargreaves, Imperial College London, UK – Engaging migrants in data collection
- 4) Dr Philipa Mladovsky, London School of Hygiene & Tropical Medicine, UK – Health systems & data
- 5) Dr Marie Norredam, University of Copenhagen, Denmark - The use of large registries to understand migrant health.

This session will explore a critical but overlooked area which is necessary to drive effective policies and improve health outcomes.