Lack of information and continuity of care for refugees and asylum seekers

The problem

Migrants often lack the necessary information relating to access and to how hospitals and clinical services operate as well as relating to health issues generally in the specific local context. It is well known that low level of patient knowledge and information has adverse effects on effective utilisation of health services, patient adherence to the care process, self-management of health and access to care. Specific challenges for migrants include difficulties in navigating the health system, understanding explanations of treatments and ensuring fully informed consent, taking an active role in the care process, and accessing health education, health promotion and disease prevention programmes. On one hand, migrants experience difficulties in understanding points of access to the local health system and to managing health-related information; on the other the delivery of health care services may not be adapted to migrants' preferences and health providers may have a limited understanding of migrants' situation and health literacy needs.

Evidence on the barrier

The major issue identified by the relevant literature is the lack of knowledge on health resources and available services.(Fang, Sixsmith, Lawthom, Mountian, & Shahrin, 2015; Grant, Mayhew, Mota, Klein, & Kazanjian, 2015; Hadgkiss & Renzaho, 2014; Oktem, Akalin, & Gelgec Bakacak, 2016; Qayyum, Thompson, Kennan, & Lloyd, 2014; Simonnot, Chauvin, & Vuillermoz, 2016; Swe & Ross, 2010; Tastsoglou, Abidi, Brigham, & Lange, 2014; Torun et al., 2016; Wahoush, 2009). Refugees are not familiar (Swe & Ross, 2010) with healthcare systems and services as well as with the western appointment system.

Problems identified are the lack of provision of health service information upon arrival in the country, poor understanding of primary health care and referral pathways, and logistical difficulties in accessing services, including specialist services, dental care and preventative health services. (Hadgkiss & Renzaho, 2014; Swe & Ross, 2010) Lack of information on how to access and navigate services are fuelled by language barriers, cultural factors, unfamiliarity with local places, as well as by a lack of confidence in using public transportation.

Information has a central role in health care and continuity of care for migrants, however it remains a delicate and complex challenge. For migrants, access to the health care system in general, and to health information in particular, is more difficult than for native residents (Norredam, 2011). Most of them rely on familiar, personal and neighbourhood networks they trust to acquire and understand health-related information, rather than on institutional sources which are often too complex to be understood. (O'Donnell, Higgins, Chauhan, & Mullen, 2008).

Educational resources and information programmes only partially reach people from migrant groups. This is often due to a lack of affordable second language courses for adults, creating a barrier for refugee migrants who wish to improve their literacy skills. New migrants lacking basic literacy skills, experience particular difficulty in becoming sufficiently health literate to seek and make sense of relevant health information and to navigate the needed services within the context of the EU health systems.

Language and cultural barriers may hinder refugees' access and utilisation not only of the health care services themselves, but also of health information available to them. Barriers to accessing written material are widely reported and the written information is perceived as insensitive to the cultural, linguistic and literacy needs of diverse communities. Translations of leaflets and educational materials do not help migrant patients who have limited literacy skills. Similarly, the use of interpreters to improve communication with low language proficiency patients may not be effective if the interpreter simply repeats complicated jargon-filled sentences to the patient.

Refugees find the information context complex and difficult to understand with the means they have, this limits information acquisition and thus participation in the care process, health promotion programmes and preventive health care services (Kreps, 2008; Qayyum et al., 2014). Numerous studies state, for example, that interventions aimed at increasing access to cancer screening, mental health services, diabetes education, smoking cessation, HIV programmes and child immunisation were less successful for migrant populations (Show, 2009; Simich, 2010). If health literacy, intercultural competence, diversity sensitivity and language assistance are not integrated, the services made available by health care providers may well prove to be unresponsive to refugees and other migrants.

Measures to address the barrier

It is fundamental, especially upon arrival in the receiving country, to provide refugees with health education, including information on how the health system works, if they have the rights to access it, how to navigate health services and illness prevention with screening and vaccinations (Lee, Sulaiman-Hill, & Thompson, 2013). Evidence suggests possible interventions to ensure migrants are informed of health services to allow them to assume control over decisions and actions on their own health. Service providers need a range of strategies for the dissemination of information to migrants; these strategies may include provision of language-appropriate and migrant sensitive written material, the use of cultural mediators and/or community health educators to facilitate health promotion and education programmes (Lee et al., 2013). Empowering migrants through health literacy means making it possible for migrants to understand and use healthcare information to make appropriate health decisions.

Here follows a list of strategies to overcome this barrier preventing migrants from accessing health care. Each strategy that can be implemented consists of two components: the type of interventions and the communication channel used to reach migrants

- *Type of intervention:*

    - *Environmental interventions*: effective interventions include the use of patient navigators, translated signage or pictograms, interpreters. Providing signage in migrants' languages would not only help refugee patients to find their way around the health system but also create a sense of belonging and inclusiveness.(Kickbusch I, 2013)
    - *Educational and informational interventions*: to ensure information is accessible, comprehensible and useful for migrant/refugee patients, it is important to involve members of the target groups in the process of production and implementation of information material. While use of plain language is important in conveying messages, other means of communication such as images, pictures, graphic illustrations, audio and videos need to be considered in the production of materials (Kickbusch I, 2013). These interventions are part of the culturally informed care approach proposed by WHO for improving the health of migrants (Odunukan et al., 2015).
    - *Specific health literacy strategies*. Engaging migrant users and communities in the planning, implementing and evaluating of educational and informational interventions, capitalising on all resources. (e.g. use of community health educators, link workers, intercultural mediators).
    - *Health care provider training* can improve communication by taking into account simplified messaging and cultural sensitivity. Health providers should elicit information about health literacy and language proficiency that may affect people's ability to undertake health care.
    - *Networking and intersectoral interventions:* health care services also need to form alliances with stakeholder organisations such as pharmacies, social work departments, schools, law enforcement and immigration, and voluntary organisations, to work towards the common goal of providing adequate information and support throughout the asylum seeking process(Kickbusch I, 2013).

- *Communication channels*

Several useful communication channels that may be used to reach migrants have been indicated by the literature review:

- *Information seminars/talks*

Information sessions, seminar presentations or talks in their own language, so this is familiar, possibly with an interactive approach in order to allow migrants to ask questions if necessary (Lee et al., 2013; O'Donnell et al., 2008).

- *Written materials*

Migrants perceive provisions of written material brochures, pamphlets and local community newspapers, as a good source of information. Articles should be multilingual, short and easy to understand. (Lee et al., 2013; O'Donnell et al., 2008).

- *Web-based information*

Social network websites have become popular among migrants to keep in touch with friends and family overseas. Many migrants also use computers as learning aids and an information source: computer technology contributes to disseminating information and to enhancing literacy (Lee et al., 2013). Television, videos, and other new media channels are considered as sources of information, especially for migrants with literacy barriers (Lee et al., 2013; O'Donnell et al., 2008).

- *Local networks*

For migrants, personal contacts at a local level are very useful to have health related-information: relationships, friends and social surroundings are very important for exchanging and gathering health information (O'Donnell et al., 2008). Early connections for migrant families and refugee with ”secondary networks” - as for instance: national, ethno-specific, social and religious community groups - are very relevant for the dissemination of health information (O'Donnell et al., 2008). These small and informal networks are also essential to reach migrants at the urban quarter-level; they include neighbourhood based and stakeholder based networks.

Successful example

A refugee relocation system: relocation of migrants from Italy and Greece to Malta as part of the European Solidarity

Service/department in charge of the measure

This measure is being implemented by the Migrant Health Liaison Office within the Primary Health Care Department, Malta.

Description of the measure

The Migrant Health Liaison Office delivers the programme to migrants who are relocated to Malta from Italy and Greece. Arrangements are made with the reception centre staff on receiving information about the migrants' arrivals from the Ministry of Home Affairs and Security. The programme is delivered in the reception centres since the newly relocated asylum seekers will not be familiar with the transport system and the location of towns and villages on the island. Furthermore, transport expenses may deter migrants from attending the programme.

Information is delivered in the form of a presentation and discussion and topics include: Culture Shock, an introduction of the health system in Malta, how to access healthcare services, entitlement, what services are available and where, availability of treatment, availability of medicines (over the counter medicine) and safe use of medicines, awareness of illegal practices, how to be responsible for your own health, health and safety issues, infectious diseases, how to prevent transmission of infections.

Expected outcomes:
An understanding of the health system in Malta
Appropriate use of healthcare services
Having a reference point in the case of health concerns
Familiarisation with the group to plan and continue with further health education sessions
Providing a space for discussion to overcome barriers in future planning

Achieved outcomes:
Migrants have an understanding of the health care system and know where to ask for further information. They are given information about their entitlement to health care and the sense that their situation is being acknowledged.

Resources needed for implementation:
A Training Centre in **all** reception centres with equipped with IT items and other logistics: projector, laptop, internet, stationery, flip charts, chairs, water dispenser, first aid items both for learning and in case of an emergency, etc.

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Source: https://health.gov.mt/en/phc/mhlo/Pages/mhlo.aspx

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