MY HEALTH

MyHealth Project Final Report 2020

Improving Healthcare Access of Vulnerable Migrants and Refugees

3 years
11 partners
7 countries

Models to Engage Vulnerable Migrants & Refugees in their Health through Community Empowerment & Learning Alliance

Why MyHealth?

The promotion of wellbeing and access to quality health and social care services is often limited for at-risk populations. Migrants disproportionately have impaired health and poor access to health services.

Migrants **face impaired health and poor access to health services** due to:

- Linguistic barriers
- Inadequate understandings of different cultures
- Social exclusion
- Undocumented situation
- Bureaucracy
- Economic difficulties
- Lack of knowledge of local health systems

Healthcare systems must be **responsive** to **diverse needs**, including those of migrants.

The MyHealth Project works to improve the healthcare access of migrants and support healthcare systems in addressing their unique needs.

Our Mission

Improve the healthcare access of vulnerable immigrants and refugees by developing and implementing models based on the knowhow of a European multidisciplinary network recently-arrived migrants and those migrants not originally from EU Member States.

Our Focus

Women and unaccompanied minors

Newly-arrived (under 5 years) & vulnerable migrants

Chronic Disease | Infectious Disease | Mental Health

Our Objectives

1. Develop an **interactive map** on migrant health information, resources and tools.
2. Clearly define the **current health problems** of migrants treated in health centres.
3. Create health **intervention strategies** utilising a community health approach.
4. Develop an **ICT-based platform** to support tools and health information.
5. Implement defined **pilots programmes** in consortium hospitals.
6. Train and **engage key actors** in the health system value chain.
7. Ensure sound management and **effective communication**.

Project

- Co-Funded by the Third Health Programme (2014-2020)
- Models to Engage Vulnerable Migrants and Refugees in their Health, through Community Empowerment and Learning Alliance (MyHealth)
- 39-month duration (1 April 2017 to 30 June 2020)

Partners

Vall d'Hebron Research Institute (Project Coordinator)
Spain

Institut Català de la Salut
Spain

Syn-eirmos Social Solidarity NGO
Greece

Migrantas e. V.
Germany

Consonant
United Kingdom

European Institute of Women's Health
Ireland

University of Greenwich
United Kingdom

Asserta Global Healthcare Solution
Spain

St. Anne's University Hospital Brno
Czech Republic

Regione Emilia-Romagna
Italy

Charité-Universitätsmedizin Berlin
Germany

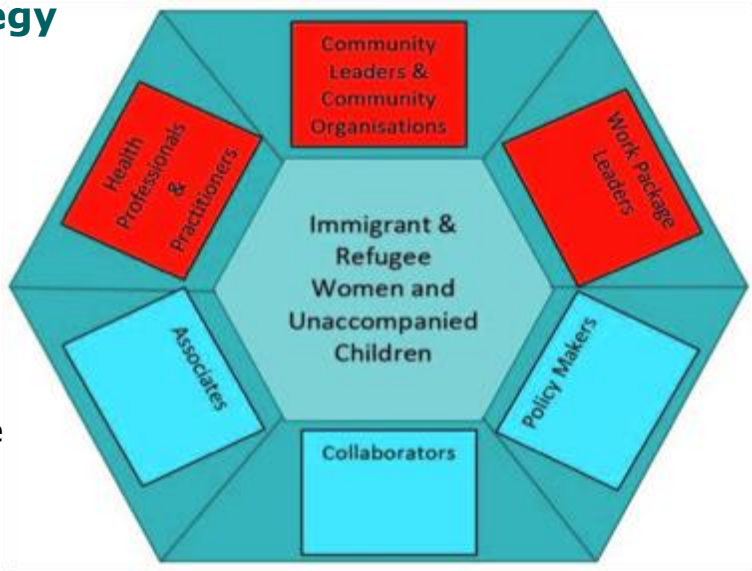
Our Audiences

- Vulnerable and recently-arrived (less than 5 years) migrants & refugees
- Patients' and advocacy groups
- Health professionals
- Health non-profit organisations
- Social Platforms
- Health agencies
- Social researchers

Our Strategies

Community Participation Strategy

An interactive process where the population assumes responsibility and intervenes in decision-making to address its health in order to create an environment that welcomes, consults and respects the rights and responsibilities of members in its diverse communities.



Learning Alliance Methodology

A series of connected multi-stakeholder networks and communities (practitioner, researchers, policy-makers, service users) at different institutional levels (local, national, international) that aims to improve the health conditions by ensuring that migrants and refugees are being included in the models and their creation.

WP1 **Coordination**
Led by **Vall d'Hebron Research Institute**

Overview

Coordination (WP1) ensured good functioning of the project, sound financial management and planned for the sustainability of MyHealth beyond the preliminary three years of the project.

Main Outcomes

Project Guide: A Guide, including a Gantt chart, provided project participants with a quick reference manual that outlined the management structure, tasks, responsibilities and procedures at all levels of project execution.

Decision-Making: A coordination team consisting of the coordinator, project manager and representatives of the different WPs met twice a year in person and twice every month by teleconference to closely monitor the tasks and outcomes. The participatory structure was useful for achieving project objectives and monitoring outcomes.

Monitoring: Coordination actions ensured good functioning of the project. Day-to-day administrative and financial supports were in place during the whole period. WP1 activities organised and preparted of the necessary reports to the EC and coordinated the reporting process within the consortium, including ensuring corrections as necessary and making decisions on related to financial issues.

Committees: Three committees acted as reference points and supported coordination actions for all stakeholders involved in MyHealth: (i) Scientific Steering Committee (SC), (ii) Ethics Committee (EthC), and (iii) Advisory Board (AdvB)

WP2 **Evaluation**
Led by **University of Greenwich**

Overview
MyHealth Evaluation (WP2) employed the Learning Alliance (LA) strategy. The LA approach is an innovative methodology that contributes to project work by strengthening the learning and network capacity of stakeholders with regard to the participation of migrants.

Main Outcomes
Evaluation Plan: The evaluation plan defined five evaluation questions to be answered by MyHealth stakeholders at the end of the project. The plan also outlined all processes, outputs and outcome indicators to be monitored through the three years of the project.

Midterm Review: The midterm review served as the first monitoring and evaluation activity. Overall, it demonstrated that most activities implemented under the various work packages through September of 2018 were rated as satisfactory or highly satisfactory.

Similarly, the report suggested a few recommendations for the MyHealth's team that could increases its higher socio-economic and scientific impact. First, work packages would integrate various activities when possible. Second, it was suggested than an extra effort to reach unaccompanied minors in all the research activities was made. Third, a strong effort in the dissemination and publication of academic and otherwise information was advised for all MyHealth partners. Four, the need to improve some of the features of the electronic map was highly recommended. Feedback was incorporated into the second half of the project. The midterm review report has been online since November of 2018.

Final Review: A final evaluation is to be conducted at the end of the project with the input of all partners.

WP3 **Communication** & **Dissemination**
Led by **European Institute of Women's Health**

Overview
Communication and dissemination activities (WP3) ensured that MyHealth Project messages, results and deliverables were available to stakeholders and reached the target groups.

Strategy
The communication and dissemination activities were systematically integrated into project activities. Project findings were communicated to a broad audience of relevant European stakeholders at local, national and EU levels. A key objective was to promote the translation of findings into practice.

Main Outcomes
Communication Plan: The communication and dissemination plan outlined how results are being disseminated and stakeholders engaged and guided communication activities.

Accessible Materials: Various dissemination materials were developed such as leaflets, press releases, presentations, newsletters and the laymen's report. Materials are written in simple and concise English and translated into local languages by partners.

Communication Channels: The project operated its own website, Twitter and Facebook accounts. Partners also externally distributed materials through their networks, including by email. Communication activities was guided by the social media strategy.

Dissemination Events: The MyHealth partners have presented the project at many conferences and events, including the workshop at the International Conference on Migration and Health in October 2018, in the European Parliament in October 2019 and at the 12th European Public Health Conference in November 2019.

Our Transversal Actions >> Evaluation

>> Communication and Dissemination

WP4 **Resource Mapping**
Led by **Regione Emilia-Romagna**

Overview
Existing initiatives and the main actors in migrants and refugees' health were mapped. An interactive online map was created presenting these resources in an accessible manner in multiple languages.

Resources Mapped
- Migrant Resources
- Stakeholder Information
- Apps/Websites/E-tools
- Current Studies and Projects

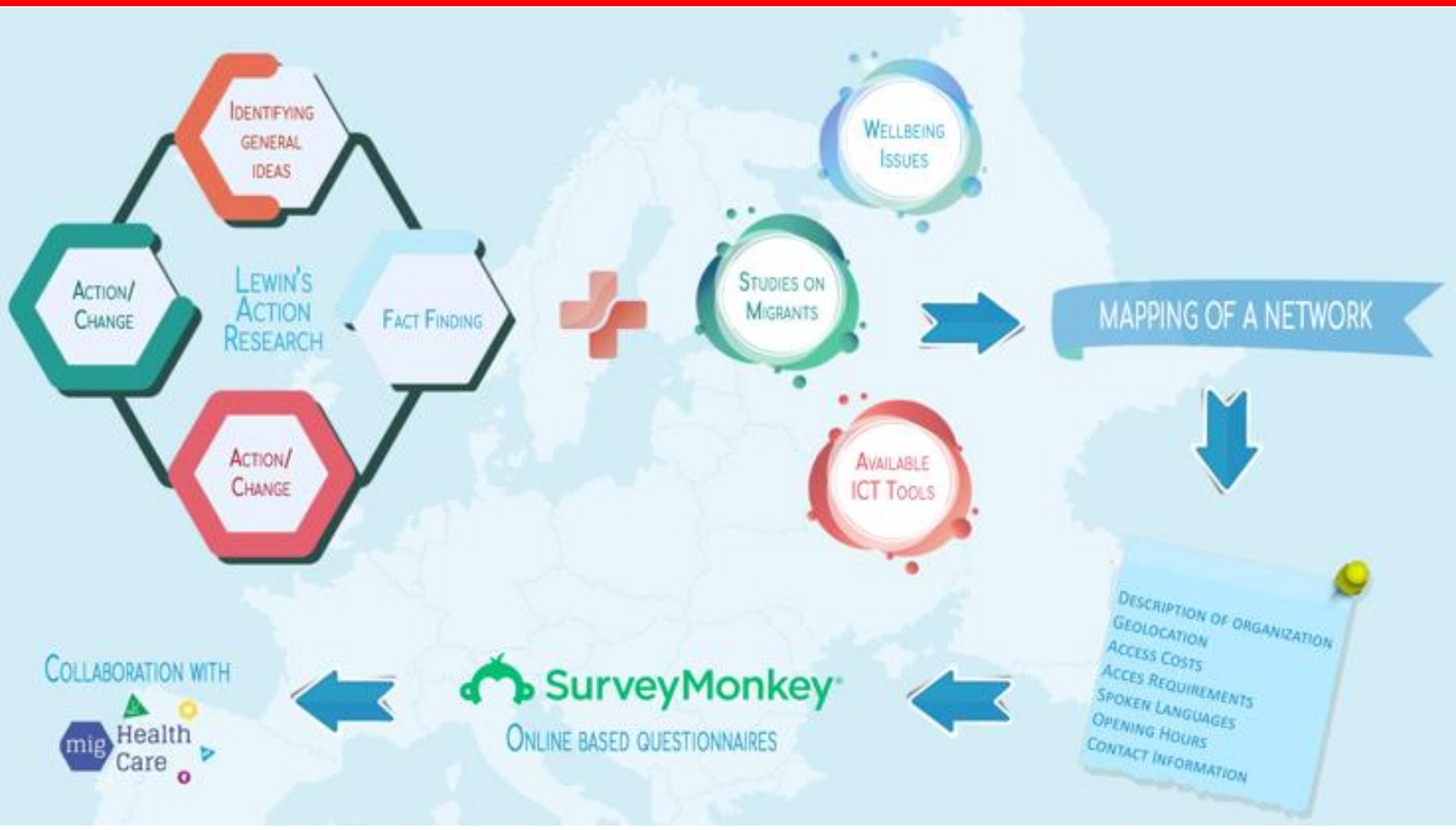
Strategy
Partner integrated different theoretical skills (the Learning Alliance Method) and methodological skills (the construction of an online questionnaire to feed the mapping database) into the process. The core element of this approach is that of stakeholders relate to each other, which shapes and modifies their behaviour.

Contribution
The mapping is the first step in a social network analysis. It lays the foundation for subsequent, in-depth explorations of the network. The mapping process increases organisational self-awareness and knowledge of resources.

The methodology development centred on the online questionnaire, which is an excellent starting point to map services available to specific populations. The online tool requires support from a concerted communication strategy adapted to the unique needs of each country.

Main Outcomes
- Definition of a protocol for mapping resources.
- Creation of a questionnaire to collect data about key reference sites.
- Creation of an interactive map for vulnerable migrants and refugees (VMR), professionals and citizens.

Resource Mapping >> Our Process



WP5 **Needs Assessment**
Led by **Asserta Global Healthcare Solution**

Overview
The needs assessment collected information on the health status of migrants and refugees using qualitative and quantitative methods. The assessments aids in raising awareness with regard to the difficulties that migrants face with regard to healthcare services.

Strategy
The needs assessment comprised of a mixed methodology. Focus groups, individual interviews with migrants and online questionnaires for professionals were employed. The existing literature and available tools were assessed at a later stage. Feedback was obtained from a variety of participants (gender, culture, origin). The methodology customised for migrants. The aim was to understand the needs and difficulties from the migrant and health professional perspectives.

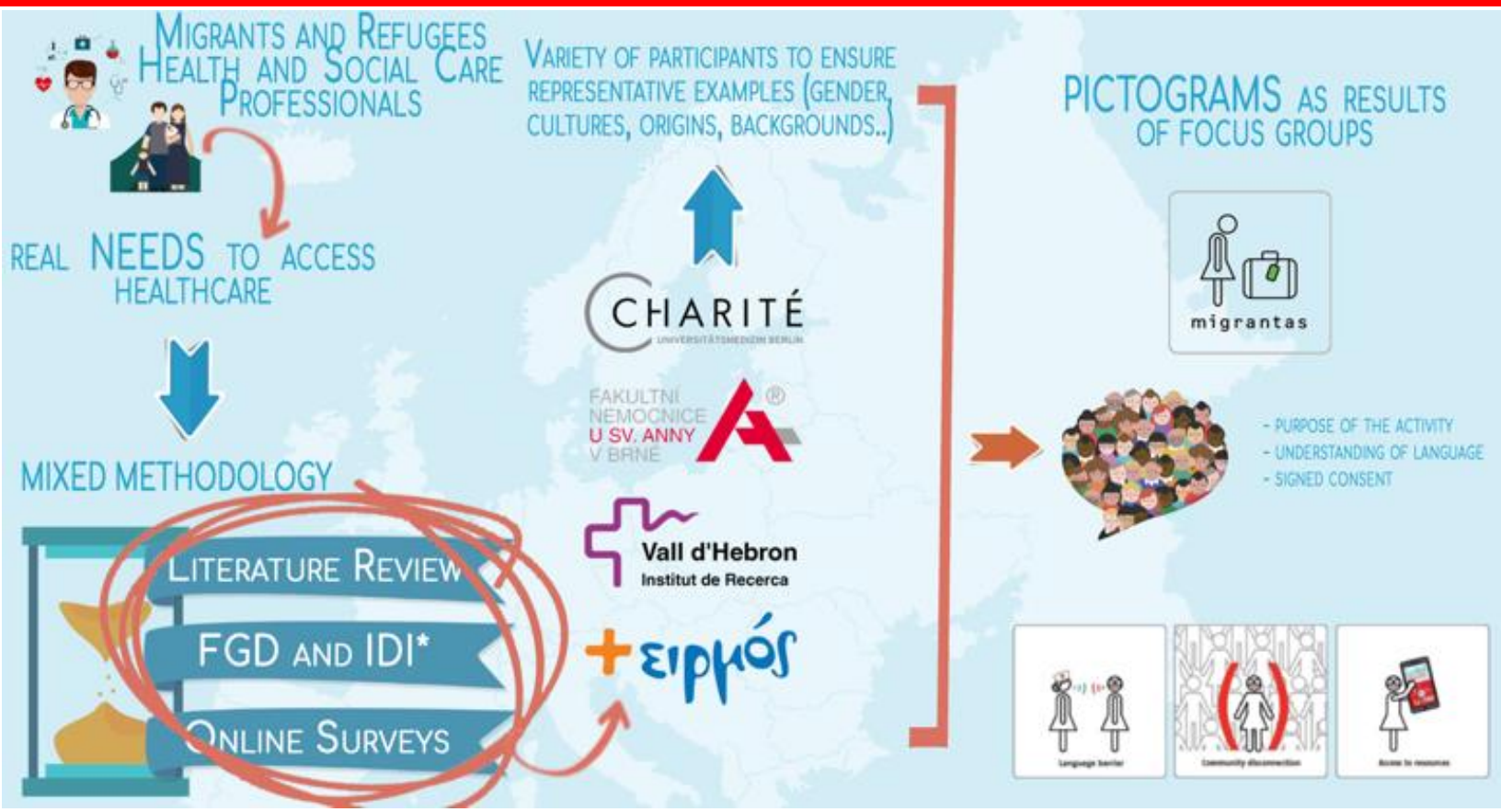
Main Outcomes
Clinical Sites Assessed: Charité | FNUSA | Vall d'Hebron | SynEirmos | Migrantas
Central Findings: The assessment provided insight on how migrants use ICT tools to obtain information and access services. Different exposures and impact on men, women and children (including unaccompanied minors) were apparent. There was a general migrant exposure to depression and anxiety.

Key Issues
- Health and social care
- Legal assistance
- Education and integration
- Employment, training and essential services

Main Difficulties
- Language
- Healthcare system information
- Mental health
- Cultural competence

Check out the MyHealth video on the main results of the needs assessment.
Check out the pictograms on the main results of the needs assessment.

Needs Assessment >> Our Approach



WP6 **Tools Development**
Led by **Institut Català de la Salut**

Overview
Tools Development (WP6) consisted of a systematic effort to review the existing models and to develop new tools in order to increase healthcare access and to improve quality of healthcare provision for recently-arrived migrants (less than 5 years) in Europe.

Strategy
1. Review of existing models and networks that promote healthcare access and quality of care to VMR in EU.
2. Context-specific solutions and tools responsive to the health concerns and needs of VMR were proposed by the target groups (users and providers) with the use of community participatory methodologies in culturally diverse EU settings.

Main Outcomes
1. Tools Identification: Identification of existing tools/models, repository platforms as well as professional and laymen networks.

2. MyHealth European Network: The MyHealth European Network was created in order to facilitate networking and information sharing among professionals and migrants in Europe. The Network is available online.

3. Online Repository Tool: A web-based repository toolbox that is accessible for free to both migrants and professionals was created. The MyHealth Repository is available online.

4. Analysis of context-specific solutions: A cross-country analysis of solutions as proposed by the community of professionals and migrants was conducted in four countries using Metaplan methodology.

- Barcelona, Spain
- Berlin, Germany
- Brno, Czech Republic
- Athens, Greece

5.Decision on context-specific tools to be piloted at each study site during WP7.

Check out the MyHealth videos on the metaplan and repository toolbox online.

WP7 **Pilots**
Led by **Institut Català de la Salut**

Overview
The community-based health promotion models were develop, piloted and monitored in Spain, Germany, Greece and the Czech Republic. The four pilots tested their adaptability to people's needs, expectations, economic/social sustainability and replicability in the various countries.

Strategy
The provision of intercultural healthcare services requires an understanding of the barriers. For migrants, healthcare involves knowing about how the health administration works, their rights and their entitlements. The pilots tested practical ways of improving migrant access to healthcare systems by engaging both health professionals and migrants.

Main Outcomes
- **Barcelona:** A role-play scenario with health professionals created awareness about social and health challenges faced by vulnerable immigrants. A video was created to empower the Latin American community in applying for a health card. Workshops targeted specific issues and populations.
- **Berlin:** Female refugees from Somalia were offered a seminar on female genital mutilation (FGM) and German health system access in order to empower the Somali women. Workshops for professionals and female refugees from Somalia were organised, centering on female genital mutilation (FGM) and accessing German health system. A directory of multilingual health services for Berlin was also created
- **Brno:** Workshops provided practical tips in obtaining healthcare services and helped migrants to better understand the Czech health system.
- **Athens:** Unaccompanied minor refugees were given responsibility for developing and implementing information workshops.

Central Findings
All interventions designed are cost-effective and transferrable to different cultural contexts. They were well-received by the targeted groups, as evidenced by both direct qualitative feedback and quantitative measures.

WP8 **Community Involvement**
Led by **Consonant**

Overview
Community participation involves and consults migrants in the development and delivery of health services. This engagement in health is a key tool that engages and embraces the skills that migrants bring to the health sector. Community involvement is central to MyHealth.

Strategy
Community participation strives to ensure that members of the community are meaningfully involved in shaping and delivering healthcare in a given society. The aim is that health systems are designed and implemented by people and with people, rather than on or to people. There is no one solution to implement community participation into our work.

Main Outcomes
Partner Training: Early in the project, MyHealth partners attended training on community participation. The training encouraged partners to think about their activities and how they can more meaningfully involve the migrant communities they work.

Community Activities: Partners in Brno, Berlin, Barcelona, Athens, Emilia-Romagna and London went on to hold networking meetings and delivered a range of community activities, ranging from small, local initiatives supporting un-accompanied minors to large conferences discussing topics put forward by migrant community representatives.

Shaping Practice: Amongst other activities, community members and representatives have been involved in shaping training and educational activities. In London, a steering group formed to bring together health service users as experts by experience with volunteer health professionals to help influence health services and health creation through grassroots led training and education. In Berlin, the campaign for the directory of multilingual health services was conceived through community participation.

Community Participation Strategy >> Our Activities

Our Key Achievements

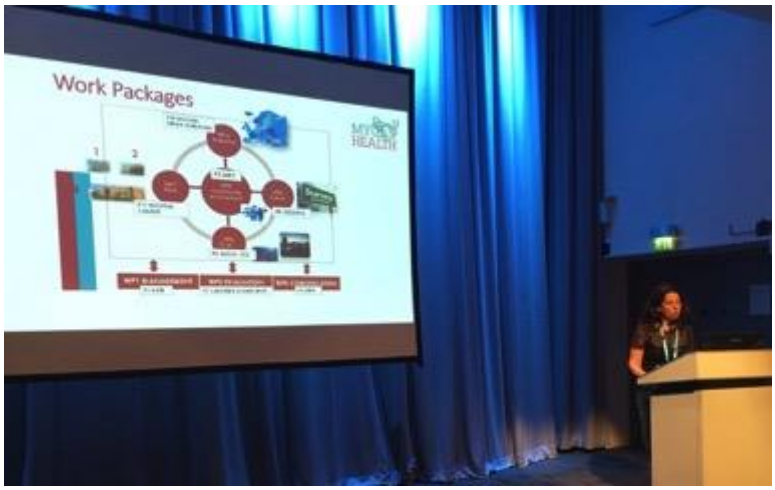
As of the end of April 2020

- More than 400 stakeholders engaged
- More than 200 resources mapped
- More than 77 tools collected in our repository
- More than 100 community involvement activities organised
- 47 research activities held in Athens Barcelona, Berlin and Brno
    - 20 need analyses (focus groups and interviews) conducted
    - 14 metaplan sessions carried out
    - 9 tools piloting activities run

Our dissemination activities

- Over 260 Facebook followers
- Over 250 Facebook likes
- Over 110 Tweeter followers
- Over 11,000 website visits
- Over 300 participants in our eight pilots
- Over 10 Congresses sharing MyHealth project activities
- Over 3,900 booklets distributed and over 2,000 booklets downloaded of our directory of multilingual medical practices in Berlin
- 500 bags advertising MyHealth's website and pictograms printed out
- 2,000 MyHealth "Join us" campaign QCODE flyers distributed

Our Activities



Our Project


Sprachbarriere überwin
MY HEALTH


Sprachbarriere?
Language barrier?
Sprachbarriere überwinden!
Fremdsprachen in Berliner Arztpraxen.
Overcome language barriers!
Foreign language skills in Berlin's medical practices.
MY HEALTH

Our Key Recommendations

Throughout the MyHealth projects, partners and the consortium gained valuable insights that can be harnessed to continue the important work of the project, improve services and advance policy.

For MyHealth Project Partners and Consortium

1. Disseminate and improve the **piloted tools**, customising them to cultural considerations and linking them to other initiatives.
2. Promote **project sustainability** in order to continue and further develop the resources created by the project.
3. Expand the **interactive online map** of resources, targeting health professionals, social services and migrant associations.
4. Further **incorporate the migrants** and their personal circumstances in the design of future activities.
5. Increase **interaction with stakeholders**, including growing and mobilsing the MyHealth European Network.

For Future European Projects

1. Engage with **diverse, multisectoral stakeholders** from the onset, including incorporating diverse cultures, tackling discrimination/stigma and targeting a broad range of partners, including unlikely collaborations.
2. Take the **complex nature of European projects** into account from the beginning into its design and organisation.
3. Sufficiently fund **tools development and piloting**, particularly with regard to ICT.
4. Employ **bottom-up participatory methodologies and community involvement** early and throughout the project, including incorporating cultural sensitivity throughout.
5. Strategically plan the **dissemination and translation of findings into practice**, programming and policy.

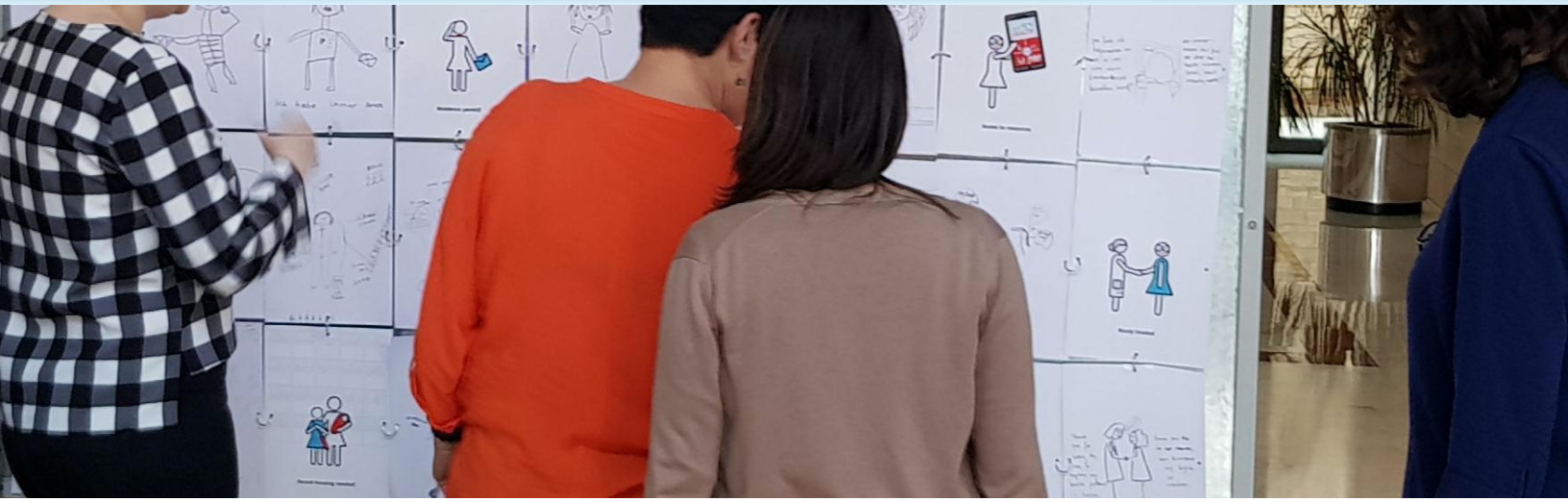
Our Key Recommendations

For Health Professionals, Staff and Administration

1. Bring **together health service users with management** of hospitals and academia in order to improve access and reduce inequities.
2. Systematically incorporate **intercultural competency** into health professional, staff and administration's education and training.
3. Promote **multilingual and accessible information and tools** for migrants to promote health and improve services access.
4. Further incorporate the **migrants' personal circumstances** in the design of future activities related to health and mental health.
5. Include of the **diverse populations in health promotion** activities in order to tackle racial prejudices against migrants.
6. Foster **collaboration and networking between health and social care professionals** to improve health, care and access for migrants.

For Policymakers and Other Stakeholders

1. Develop policies and fund programming that **improves healthcare access of migrants**, particularly long-term integration, and multilingual digital tools development.
2. **Fund field research and improve data** on health and social issues with regard to migrants and vulnerable groups in an open access manner.
3. Take a **holistic approach migrant health** that includes mental health and incorporates work, housing, education and socioeconomic factors.
4. **Support spaces and opportunities** where migrant communities and other key stakeholders can discuss their health and social needs.
5. Encourage **cross-national exchange**, provide mechanisms to aid in collaboration, and promote intercultural competency training for key stakeholders like policymakers and thought leaders.
6. Combat discrimination **and facilitate the employment of migrants**, supporting immigrants trained abroad to overcome bureaucratic hurdles.



Join Us

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Subscribe to our newsletter and receive our scientific reports

Join our European Network group

Contact us to with questions, to meet us face-to face or to collaborate with us

Check out our project website for information and resources

Subscribe to our YouTube channel

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