

Conclusions:

We propose a three-stage instrument for surveying perceived discrimination in German health surveys. First, the frequency of interpersonal experiences is surveyed by the everyday discrimination scale validated for different settings. Second, possible reasons for the reported experiences are asked, based on the categories of the German General Equal Treatment Act. Lastly, questions on discrimination in health care and by public authorities will address specific public health areas.

Key messages:

- Only few studies are available on discrimination and health in Europe, more is needed to effectively address health disparities.
- We propose to consider specific ethical and methodical aspects when surveying perceived discrimination as a health determinant.

Self-reported health conditions among refugees and asylum-seekers (AS) in Italian hosting centres

Marco Fonzo

C Bertonecchio¹, M Fonzo¹, S Zanovello¹, S Ferretti¹, R Brunetta², G Gallo³, V Baldo¹

¹Hygiene and Public Health Unit, DCTV, University of Padova, Padova, Italy

²Local Health Unit, Azienda ULSS 7, Padova, Italy

³Local Health Unit, Azienda ULSS 6, Padova, Italy

Contact: marco.fonzo@studenti.unipd.it

In recent years, Italy has been facing an increase in migration flows. Migrants are vulnerable: understanding underlying conditions is essential to provide suitable assistance. We investigated health conditions of AS arrived in 2014-2016 and living in hosting centres in northeast Italy. AS filled in a multi-language questionnaire. Demographic characteristics, self-reported health status and travel conditions were recorded. Logistic regression (adjusting for age, sea/land arrival, marital status, education level), χ^2 and Fisher's test were used (significance at .05). 216 AS were included, of which 98% males and 91% aged 15-34; 72% arrived by sea, of which 96% from West Africa (WA), while 94% of land arrivals were from the Indian Subcontinent (IS). 62% experienced health problems after arrival. This condition was significantly associated with sea arrival (aOR 2.9), married status (aOR 3.1) and higher education levels. Most problems involved GI tract (13%), teeth (17%) and skin (25%), being AS from WA (31%) more affected than IS (10%). STDs and alcohol were considered as health threats by more than 30% of AS, while smoking, diet and drugs were ignored; 27% and 23% declared to smoke and consume alcohol, respectively, with no substantial change compared with pre-arrival habits. 88% considered their current health good/satisfactory. While anxiety seemed to affect 10% of AS, 30% reported symptoms of depression, especially those arrived by sea (aOR 3.1) and with higher education. However, physical (94%) and mental (88%) health was considered improved/stable after arrival. Perceived health is overall good. However, AS by sea, with higher education or experiencing family breakdown suffer more from both physical and mental issues, especially depression. Long waiting times to grant refugee status and partial fulfilment of life expectations may worsen health conditions. Customised solutions in hosting centres may be encouraged, considering travel conditions and cultural background.

Key messages:

- Migrants' health in hosting centres is good; AS by sea, married and with higher education are more at risk, especially as regards mental health; depression warning signs must not go unnoticed.
- AS in hosting centres represent a heterogeneous population: they may benefit from a more tailored assistance, considering differences in travel conditions, cultural background and life expectations.

Health experiences of asylum seekers and refugees in Wales

Catherine Weatherup

R Scott¹, L Ellis¹, A Khanom², M Rhydderch³, G Richardson¹, D Russell², I Russell², H Snooks²

¹Policy & International Health, Public Health Wales, Cardiff, UK

²Patient and Population Health and Informatics, Swansea University, Swansea, UK

³Displaced People in Action, Displaced People in Action, Cardiff, UK
Contact: Catherine.Weatherup@wales.nhs.uk

There are concerns that people seeking sanctuary (asylum seekers and refugees) in Wales, UK, have unmet health needs and face difficulties accessing services, but little collated evidence. This study addressed this gap to inform policy and practice in reducing health inequities. It aimed to: investigate the health, wellbeing and healthcare experiences of adults seeking sanctuary in Wales, including the views of healthcare recipients and providers; and establish what helped or hindered the healthcare experiences of those seeking sanctuary. It is the most comprehensive study of this population in Wales. A mixed-method approach was taken, including a literature search, a cross-sectional survey of 210 adults seeking sanctuary, telephone interviews with 32 health professionals and third sector support workers, and 8 focus groups including 57 people seeking sanctuary and those supporting them.

Eight trained volunteer peer researchers, themselves asylum seekers or refugees, administered the surveys. Interviews were digitally recorded, transcribed and analysed using a standard framework.

The literature search identified 5 themes that help or hinder people seeking sanctuary to access healthcare. The survey found 79% of respondents attended an initial health assessment on arriving in Wales, with 94% currently registered with Primary healthcare. 64% reported difficulties in accessing health services. Awareness of services was mixed, with 66% having used healthcare in working hours (planned) and 28% out of hours (unplanned).

Mainstream health professionals felt they lack capacity to deliver care effectively due to time and other pressures on the healthcare system and the need for appropriate translation/interpretation services.

This study triangulates the experiences of people seeking sanctuary with those providing healthcare and general support. Peer researchers maximised sanctuary seekers' participation. Many of its methods and findings have relevance to other countries in Europe.

Key messages:

- Improving health equity is key to realising Wales' ambition to become a Nation of Sanctuary.
- Peer Researchers enabled participation by sanctuary seekers and revealed useful findings to steer future policy and practice.

Significance and challenges of assessing health literacy among migrants

Eva-Maria Berens

EM Berens¹, M Mensing¹, J Klinger², S Carol², D Schaeffer¹

¹Interdisciplinary Center for Health Literacy Research, Bielefeld University, Faculty of Public Health, Health Services Research and Nursing Science, Bielefeld, Germany

²Institute of Sociology and Social Psychology, University of Cologne, Cologne, Germany

Contact: eva-maria.berens@uni-bielefeld.de

Background:

People with a migration background account for a large part of the population in many European countries. Although health literacy - knowledge, motivation, and competencies to process health information - is a key determinant of health, research on health literacy specifically among migrants in Europe is scarce. The aim is therefore to review and further develop the concept and assessment of migrant-specific health literacy for future use in a migrant health literacy survey (HLS-MIG) in Germany.