

Chancengerechte medizinische Versorgung im Bereich Migration

- Equitable medical care in the context of migration -

Health Equity Forum 2024

Dr. med. Anne Jachmann




Uneven distribution of health and illness in the Swiss population

► Lancet Public Health. 2021 Jul 10;6(9):e683–e691. doi: [10.1016/S2468-2667\(21\)00160-2](https://doi.org/10.1016/S2468-2667(21)00160-2) 

Socioeconomic position and the COVID-19 care cascade from testing to mortality in Switzerland: a population-based analysis

[Julien Riou](#)^{a,b,†}, [Radoslaw Panczak](#)^{a,†}, [Christian L Althaus](#)^a, [Christoph Junker](#)^b, [Damir Perisa](#)^b, [Katrin Schneider](#)^b, [Nicola G Criscuolo](#)^c, [Nicola Low](#)^a, [Matthias Egger](#)^{a,d,e,*}

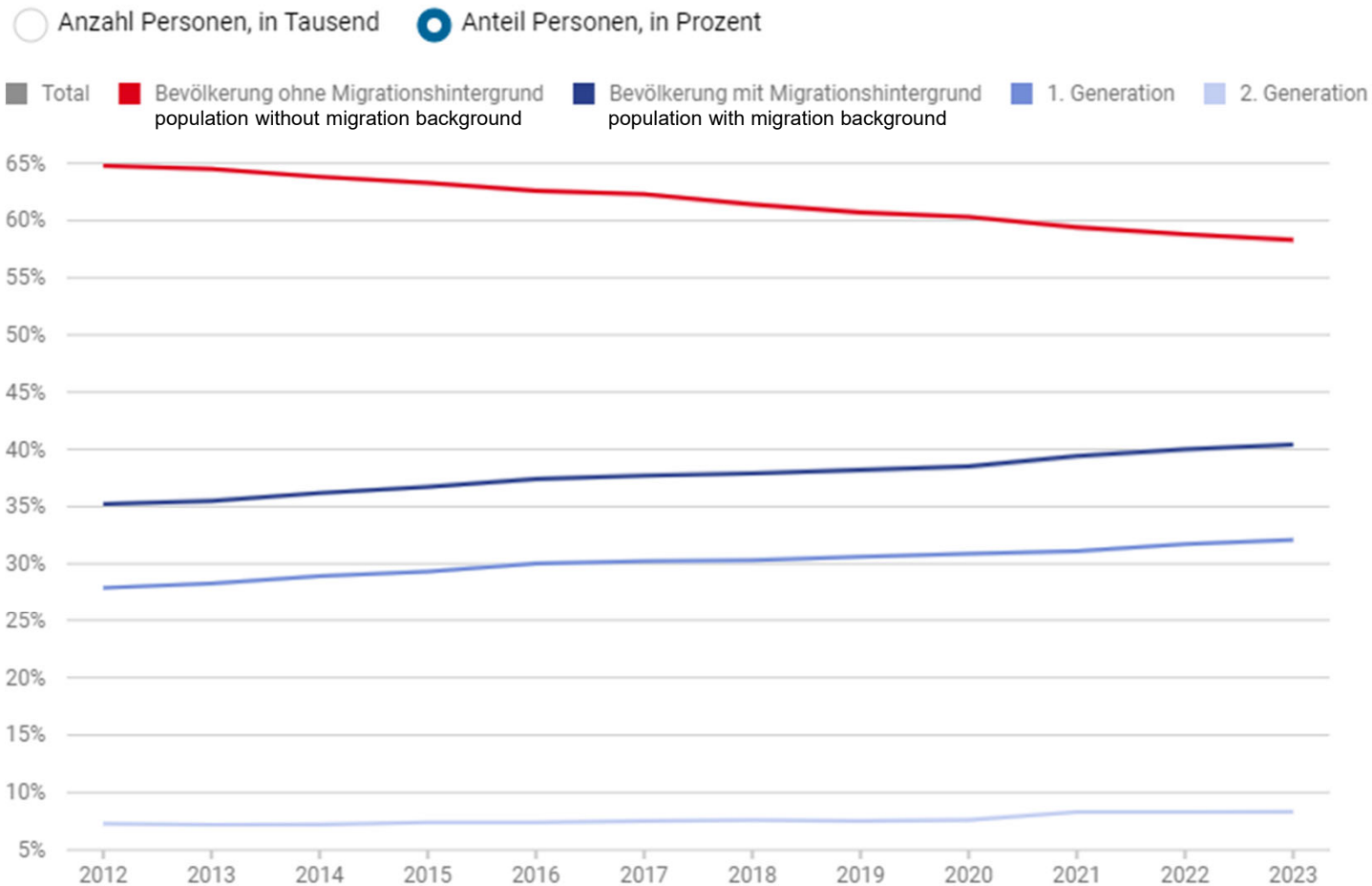
► J Migr Health. 2023 Mar 11;7:100175. doi: [10.1016/j.jmh.2023.100175](https://doi.org/10.1016/j.jmh.2023.100175) 

Prevalence of SARS-CoV-2 infection and associated risk factors among asylum seekers living in asylum centres: A cross-sectional serologic study in Canton of Vaud, Switzerland

[Kevin Morisod](#)^{a,b,*}, [Véronique S Grazioli](#)^{a,b}, [Virginie Schlüter](#)^{c,d}, [Murielle Bochud](#)^{d,e}, [Semira Gonseth Nusslé](#)^{d,e}, [Valérie D'Acremont](#)^{c,d}, [Nolwenn Bühler](#)^a, [Patrick Bodenmann](#)^{a,b}

Entwicklung der Bevölkerung nach Migrationsstatus, 2012–2022

Ständige Wohnbevölkerung ab 15 Jahren (permanent resident population from the age of 15)



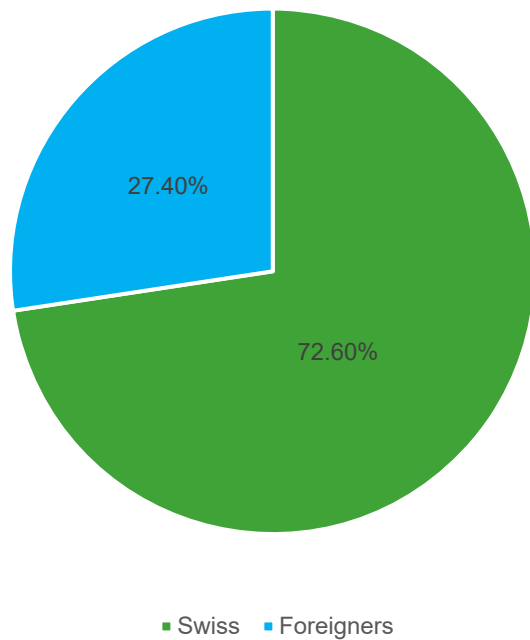
Datenstand: 10.10.2024

Quelle: BFS – Schweizerische Arbeitskräfteerhebung (SAKE)

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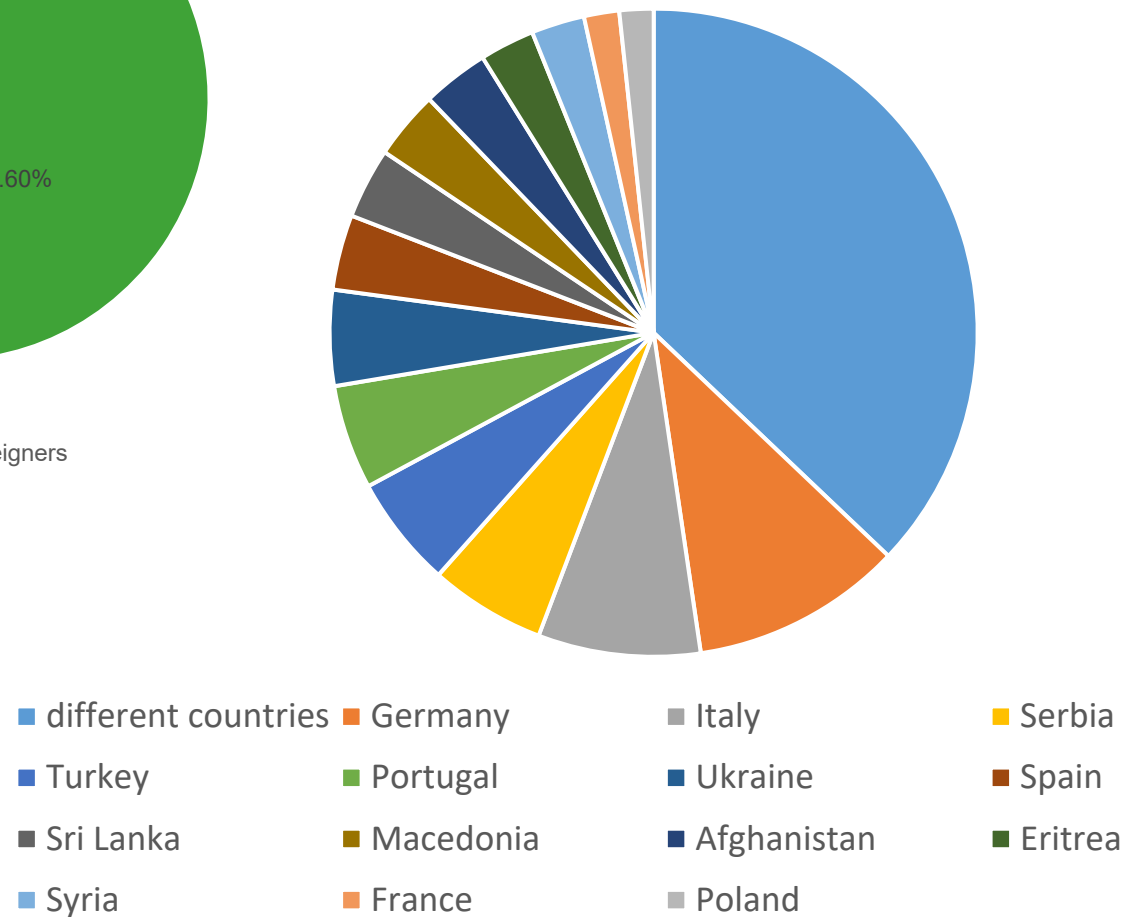
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ED - patient distribution 2023



In 2023: 53166 patients from 157 countries

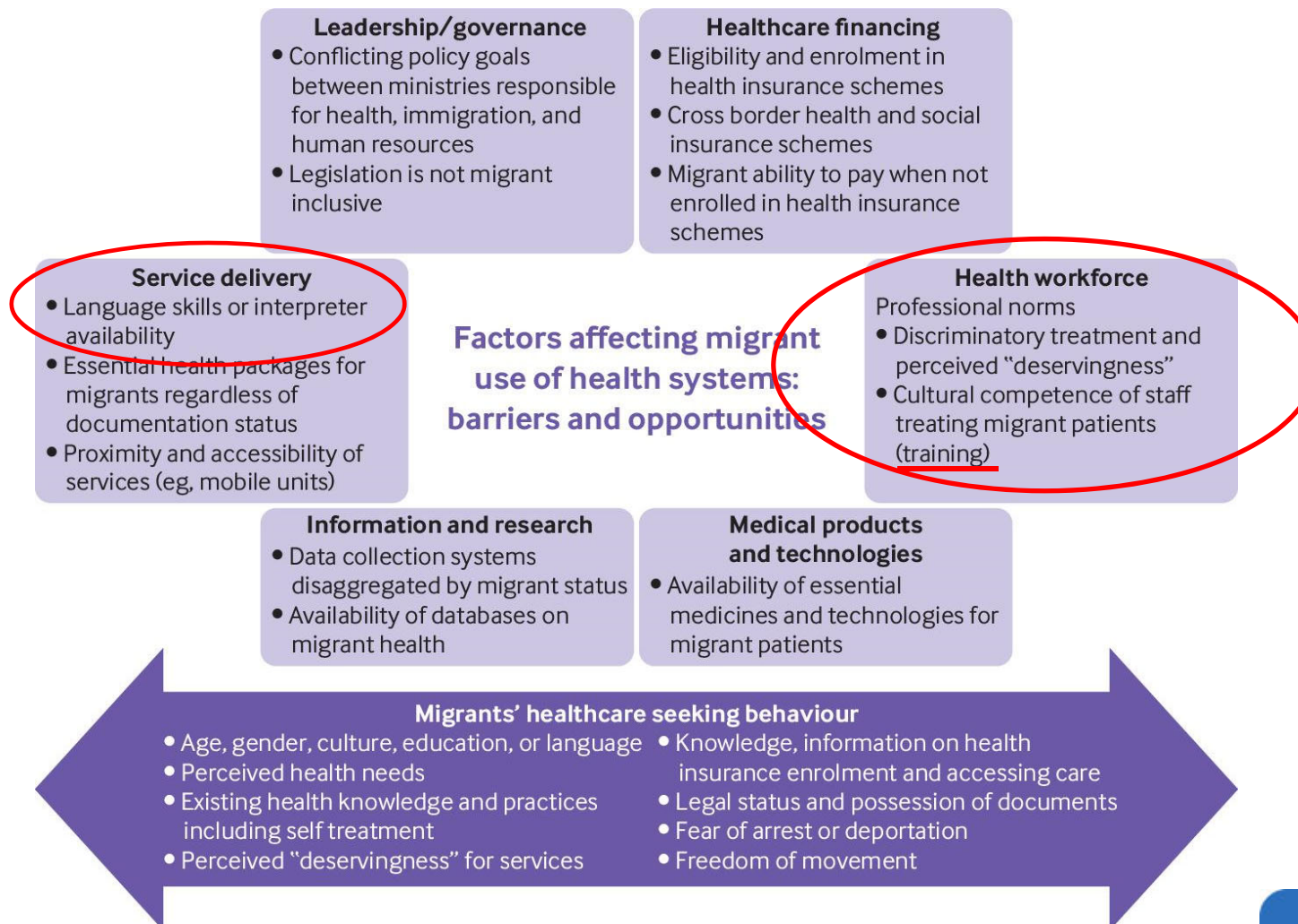
Nationalities foreign patients 2023



Consequences of access barriers to equitable medical care for patients with a migration background

Level	Consequences
Society	<ul style="list-style-type: none"> - Loss of productivity due to sick leave - Reduced potential for societal inclusion
Health system	<ul style="list-style-type: none"> - Additional costs due to avoidable multiple consultations or hospital stays - Additional costs due to untreated, incorrectly treated or delayed treatment of illnesses
Health professional	<ul style="list-style-type: none"> - Insufficient knowledge of the patient's medical history - Reduced quality of diagnosis and treatment - Accumulation of medical errors - Impossibility of complying with medico-legal requirements - Frustration, insecurity, dissatisfaction
Patient	<ul style="list-style-type: none"> - Progression / chronification of untreated or incorrectly treated illnesses - Uncertainty, mistrust towards health professionals or health system - Underuse of health services - Reduced adherence / compliance - Increased psychological distress

Factors contributing to barriers that prevent migrants from using health systems:



Helena Legido-Quigley et al. BMJ 2019;366:bmj.l4160



Needs Assessment - in Lesbos, Greece 2020 – 2021
Observational, longitudinal study with RAWs 2020 – 2021

Results from Surveys, Interviews & Stakeholder Engagement Workshops regarding needs of Refugee aid workers (RAWs)

- More training & supervision
(e.g. handling of psychiatric cases, cultural compet., working with interpreters, case & crisis management, epidemiology,...) Especially during Covid-19 pandemic with limited possibility of referrals to specialists / medication, limited resources, often young, unexperienced staff
- Communication problems
(with patients, hospitals, NGOs, governmental institutions, community / family / friends (includ. discrimination problems))
- Need for psychological support & stress management
(from outside, not the own team)
- Lacking resources
(staff, material, prof. interpreter, diagnostic tools, ambulance car, medication,...)
- Need more vacation time
(esp. during peak/crisis no free days or because of short contracts)
- Organizational/management/administrative support
(guidelines, SOP`s, legal framework)

Mental Health Week

Empower refugee aid workers in Greek Camps:
How to advance their knowledge and skills and
strengthen their psychosocial resilience.



- lectures
- participatory online workshops
- webinars

7-13 December 2020

Please register here -> <https://forms.gle/7QXPYgRLt8nuJ8tM7>

<p>12 trainers / instructors</p> <p>4 psychiatrists</p> <p>3 psychologists - psychotherapists</p> <p>3 emergency medicine physicians</p> <p>1 social scientist</p> <p>1 technical officer</p>	<p>5 women</p> <p>7 men</p> <p>6 countries</p>
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Greece, UK, Switzerland, Finland, Denmark, USA



<p>173 trainees</p> <p>140 women</p> <p>33 men</p>	<p>10-18 months</p> <p>average work experience with refugees and migrant population</p>
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From Athens, Thessaloniki, Larissa, Samos, Lesbos, Heraklion, Chania, Kavala, Volos, Ioannina, Patra, Leros, all around the World (France, Germany, Jordan, United Arab Emirates, Cyprus)



<p>104 health care professionals</p> <p>45 social workers</p> <p>24 psychologists</p>	<p>10h of group discussions</p> <p>5h of live webinars</p> <p>3h of participatory workshops</p> <p>3h of pre-recorded lectures</p>
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With the support of the Erasmus+ Programme of the European Union

RELIEF: Reducing strEss and eLevating resilience in reFugee aid workers

open-label, randomised, controlled, superiority, two-arm, parallel trial with 1:1 allocation

PM+ Intervention*

- A stress management intervention developed by the WHO
- includes effective stress management strategies, which are simple, evidence-based, meeting the needs of refugee aid workers (RAWs)
- Goal: Optimal handling of emotional and practical challenges in professional and private everyday life, increase of resilience
- Short, free and easy to implement (5 group zoom sessions of 90 - 120 minutes each, within 5 weeks)

* <https://www.who.int/publications/i/item/9789240008106>

RELIEF

Design

- Pilot with RAWs working in Switzerland & Greece finished in 2024
- RCT with RAWs working in the Mediterranean Area or Middle East app. in 2025/2026
- **Target group:** currently employed / volunteering as RAW, such as humanitarian aid worker, healthcare professionals, social workers, lawyers, administrative staff, teachers and others, who speak fluently English and are ≥ 18 years.
- Participation takes place completely online (flexible in terms of timing & location)

→ More information via: relief@swisstph.ch

Training & further education activities

Video: <https://migration-health.com/summer-school/>



Pediatric Migrant Health



Challenges in communication

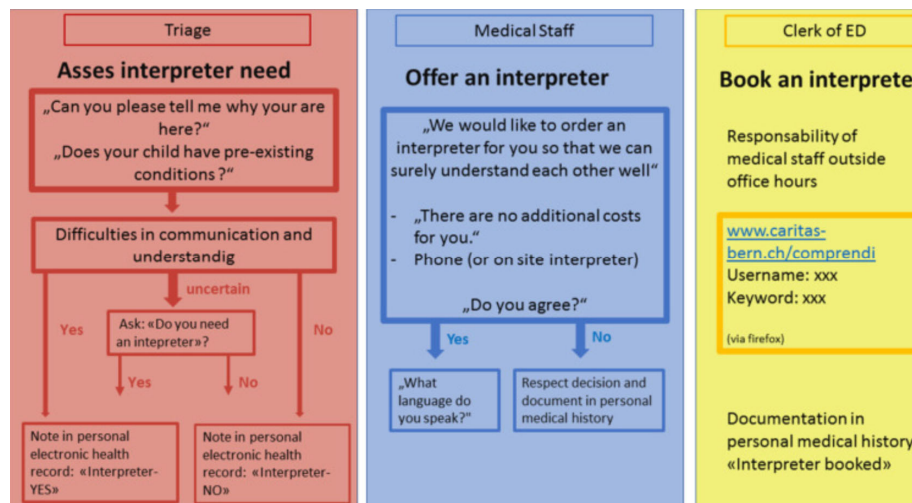
Dr. med. et phil. Julia Brandenberger



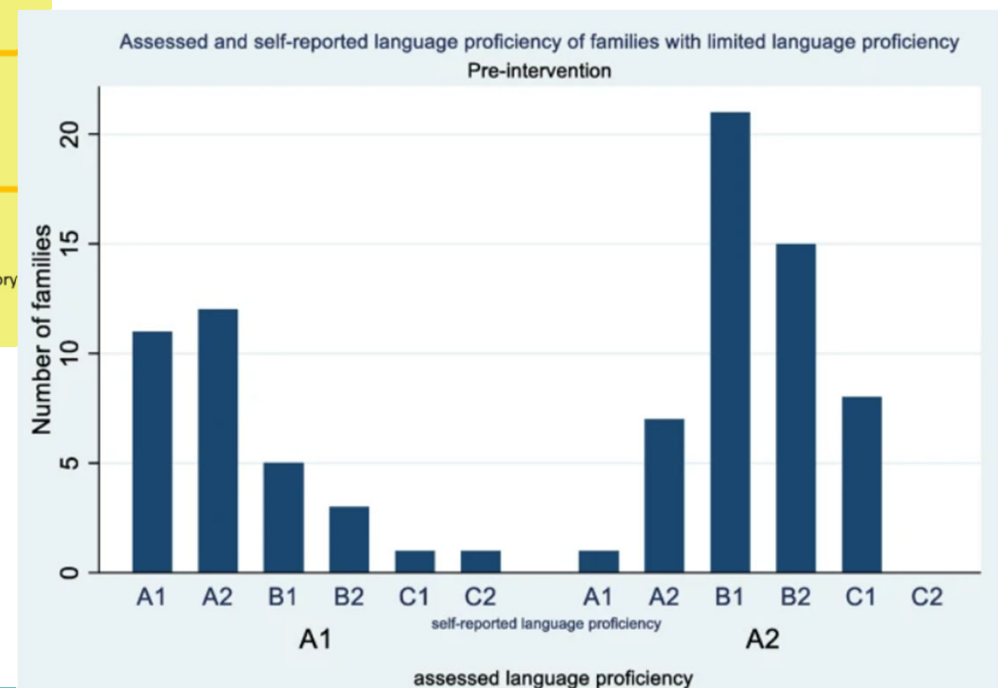
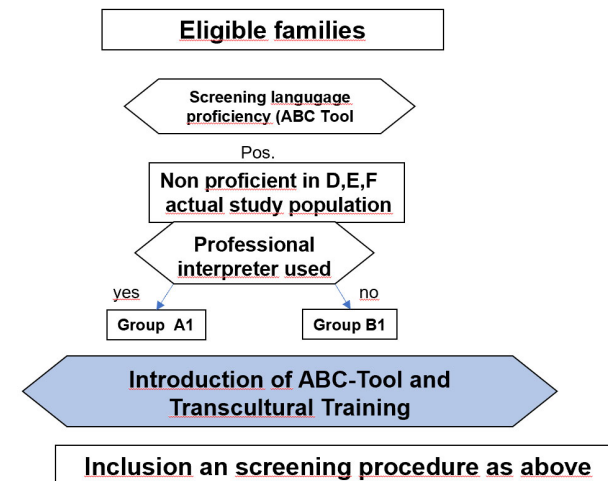
RESEARCH

Open Access

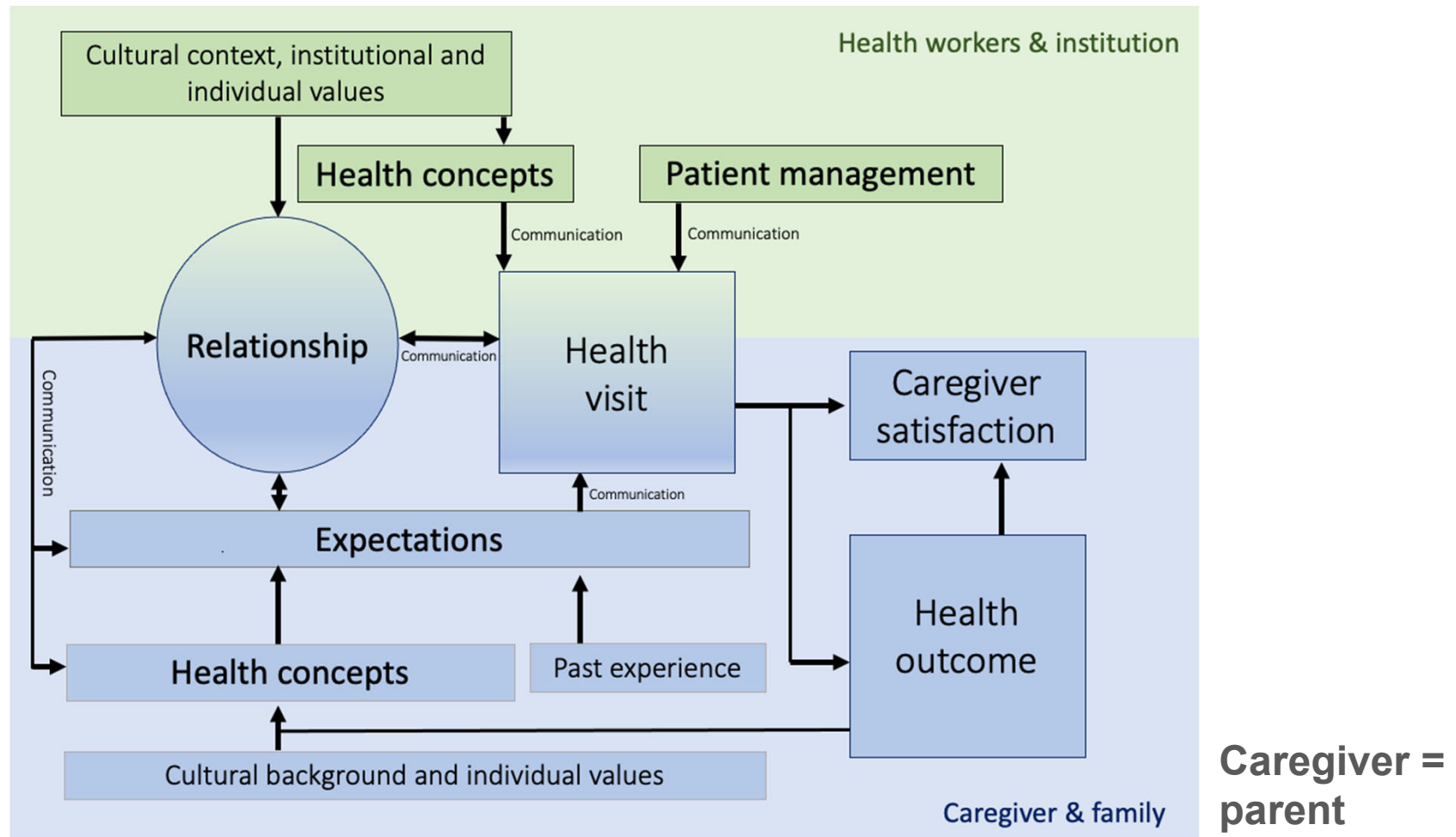
The use of intercultural interpreter services at a pediatric emergency department in Switzerland

Sina Buser^{1†}, Noemi Gessler^{1†}, Myriam Gmuender¹, Ursula Feuz¹, Anne Jachmann², Jabeen Fayyaz³, Kristina Keitel^{1†} and Julia Brandenberger^{1,3,4*†}

11.0% (14/127) compared to
14.8% (20/135) postintervention

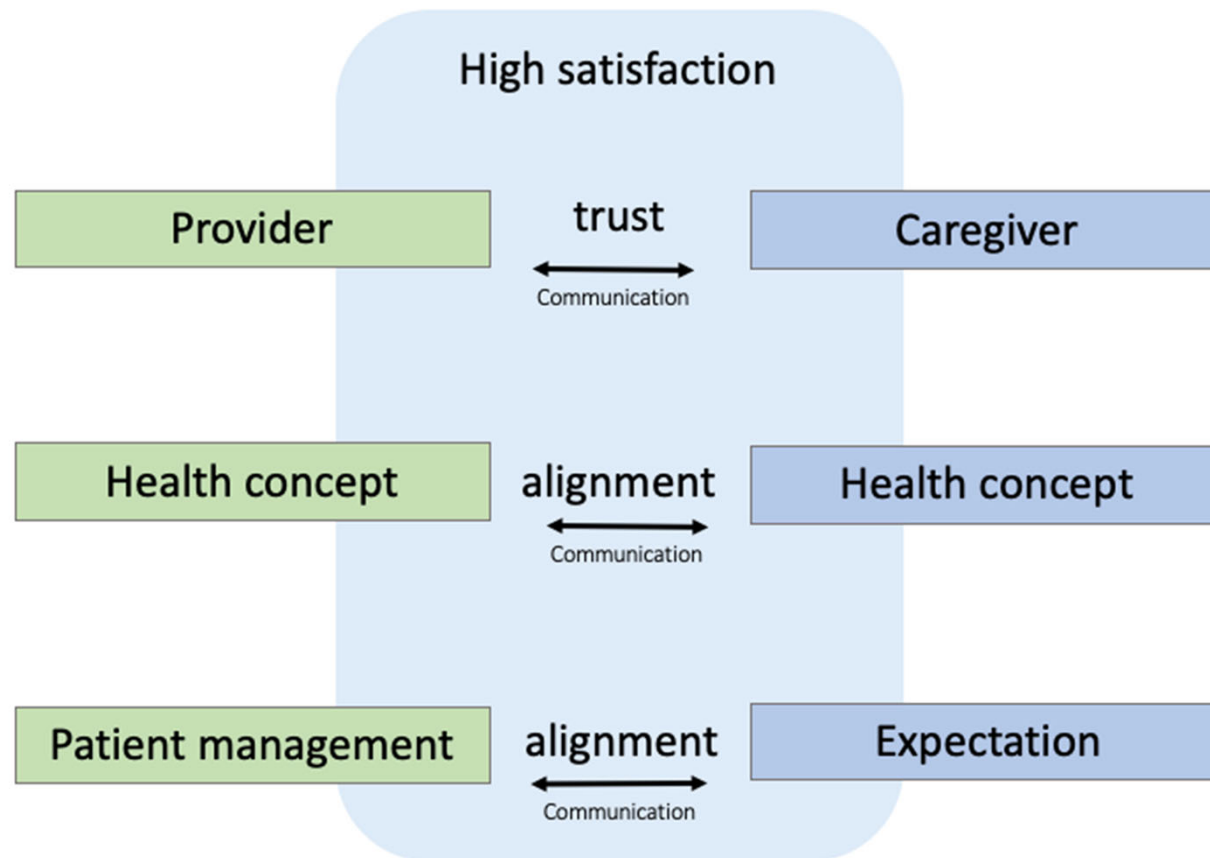


Factors influencing satisfaction with care



The satisfaction of caregivers with limited language proficiency with the quality of pediatric emergency care related to the use of professional interpreter services – a mixed methods study; Gmünder M, Gessler N, Buser S, Feuz U, Fayyaz J, Jachmann A, Keitel K and Brandenberger J; 2023; submission in progress

Key factors associated with high satisfaction



Satisfaction in caregivers with limited language proficiency

- Caregivers with limited language proficiency **with no** prof. interpreter: satisfied with the communication in 44.9% (75/167)
- Caregivers, where a professional interpreter was used were more satisfied (5.5[SD] \pm 1.4 versus 4.8[SD] \pm 1.6 (scale from 1 to 6))
- **Low expectations** (internal discrimination)
- Overestimation of own language skills
- **Caregivers with limited language proficiency were not sufficiently empowered to advocate for the use of professional interpreters during health encounters**
- good quality communication is the **responsibility of the medical provider** to ensure patient safety.

Measures for equitable medical care in the context of migration

Establishment of a standardized framework throughout Switzerland:

- Guidelines at national level for provision of health care (e.g. one central actor per canton & services for undocumented migrants)
- National policy and reimbursement strategy for translating services
- Preventive measures to support social determinants of health

Systematic data collection:

- Systematic collection & reporting of data on barriers to accessing medical care
- Use of standardized indicators to record health equity

Awareness raising and training of health professionals

- needs-based support offers
- central focal points for equity and migration related topics at institutions & hospitals

Let`s work hand in hand towards equitable access
to care for all members of a population



Dr. med. Anne Jachmann, MPH

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