Anhang: Analysierte Literatur – Übersichtstabelle

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
CH	Übersetzen im Gesundheitsbereich: Ansprüche und Kostentragung.	(Achermann und Künzli 2008)	Qualitativ	3	Die Analyse des Verfassungsrechts und des die Schweiz bindenden Völkerrechts zeigt auf, dass der Staat verpflichtet ist, den Zugang zur Gesundheitsinfrastruktur diskriminierungsfrei auszugestalten und dass niemandem infolge mangelnder Sprachkenntnisse eine medizinisch indizierte Behandlung versagt werden darf. Verfassungs- und Völkerrecht, namentlich die neu die Schweiz bindende Biomedizinkonvention, verpflichten den Staat sicherzustellen, dass in den öffentlichen Spitälern nicht Sprachbarrieren die Aufklärung von Patienten und das Einholen ihrer Einwilligung zu medizinischen Eingriffen verunmöglichen. Diese Verpflichtung gilt bei fremdsprachigen Patienten unabhängig von Aufenthaltsrecht oder ausländerrechtlichem Status. Ebenso regeln die Kantone ausführlich das Recht von Patientinnen und Patienten auf vollständige, angemessene und verständliche Aufklärung und die Verpflichtung der Gesundheitsfachpersonen, vor einem Eingriff aufgrund der hinreichenden Aufklärung die Einwilligung der zu Behandelnden einzuholen. Die kantonale Gesetzgebung enthält zwar keine Regelungen für den Beizug einer Übersetzerin oder eines Übersetzers bei fremdsprachigen Patienten, eine entsprechende Verpflichtung ergibt sich aber aus der Anforderung an die genügende Aufklärung selbst. Je schwerwiegender dabei der bevorstehende Eingriff ist, desto höhere Anforderungen sind an die Qualität der Übersetzung zu stellen. Bei folgenreichen Eingriffen oder im Fall, dass mehrere Behandlungsoptionen offen stehen, muss eine hochqualifizierte, gegebenenfalls interkulturelle Übersetzerin bzw. ein Übersetzer beigezogen werden, wenn die behandelnde Person nicht selbst Kenntnisse in der Sprache des Patienten hat. Aufgrund von professionellen Anforderungen, aber auch angesichts der Regelungen bezüglich des medizinischen Berufsgeheimnisses ist davon Abstand zu nehmen, Spitalpersonal ohne entsprechende Ausbildung und ohne geregelte Berufspflichten beizuziehen. In Fällen notwendigen Beizugs von Dolmetscherdienstleistungen stellt sich die Frage nach der Kostentragung und Finanzierung. Da aufgrund der geltenden Rechtslage eine Übernahme von Dolmetscherkosten durch die Krankenpflegeversicherung nicht möglich und eine Revision dieser Regelung kurzfristig kaum zu	Führungspersonen Gesundheitswesen	Bekannt***

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					erreichen ist, sind die Kosten heute entweder von der öffentlichen Hand, z.B. den Spitälern, oder den Patientinnen und Patienten zu tragen. Falls keine gesetzliche Regelung und kein Vertrag bestehen, hat bei Behandlung im Spital dieses die Kosten für eine notwendige Übersetzungsleistung zu übernehmen. Im Falle der Mittellosigkeit des Patienten sind die Kosten subsidiär von der Sozialhilfe zu tragen, bei Personen ohne Aufenthaltsrecht in der Schweiz gegebenenfalls als Nothilfeleistung. Angesichts der unbefriedigenden Situation sind andere Optionen zu prüfen, wie eine genügende Übersetzungsinfrastruktur zur Verfügung gestellt werden kann, sei dies durch eine Mitfinanzierung von Vermittlungsstellen für interkulturelle DolmetscherInnen durch die öffentliche Hand, sei dies durch eine explizite Regelung der Übersetzungsfrage auf Ebene der Kantone, oder sei dies durch die Suche nach weiteren Finanzierungsmodellen. Auch auf Ebene der Fachorganisationen bestehen Möglichkeiten, zur Verbesserung der Situation beizutragen.		
CH	Migration, Prekarität und Gesundheit : Ressourcen und Risiken von vorläufig Aufgenommenen und Sans-Papiers in Genf und Zürich	(Achermann et al. 2006)	Qualitativ	1, 2, 4	Studie zu Gesundheitshandeln und –ressourcen von vorläufig Aufgenommenen und Sans Papiers	Vorläufig Aufgenommene und Sans Papiers	Bekannt
CH	Controlling der Integration von B-Flüchtlingen. Schlussbericht und Empfehlungen 2006, BFM	(BFM 2008)	Bericht	2, 4	*Kapitel Gesundheit.* Aufgrund der Ergebnisse sind insgesamt 28 % der Flüchtlinge krank oder behindert. Der Anteil der Betroffenen nimmt im Zeitverlauf zu, zwischen T0 und T1 um 4 %, zwischen T1 und T2 um 8 %. Die Flüchtlinge beurteilen ihre Gesundheit als weniger gut als die Sozialarbeitenden (+ 6 %). Die Kategorisierung der Krankheiten bietet Probleme, wenn die jeweiligen Einschätzungen der Flüchtlinge und der Sozialarbeitenden getrennt von einander etrachtet werden. Die beiden Gruppen ordnen nämlich die Krankheiten bzw. Behinderungen sehr unterschiedlich ein. Zum Beispiel geben in T1 48 % der Flüchtlinge, aber nur 28 % der Sozialarbeitenden eine körperliche Krankheit an. Der negative Einfluss der Krankheit auf die Integrationschancen nimmt mit den Jahren zu. Insbesondere in dieser Hinsicht zeigen sich die Sozialarbeitenden weniger optimistisch als die Flüchtlinge Dies bedeutet, dass rund 25 % aller antwortenden Flüchtlinge diesen Einfluss der Krankheit als mittelgross bis gross einstufen. Nach Einschätzung der übrigen 75 % ist ein solcher Einfluss offenbar nicht vorhanden oder gering.	Flüchtlinge	Gross

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					Empfehlungen zum Thema Gesundheit: **A.** Einleitung spezifischer Massnahmen zur Verbesserung der sozialen und beruflichen Integration kranker Personen. **B.** Die Migrantinnen und Migranten sollten über die Funktionsweise des schweizerischen Gesundheitssystems besser informiert werden. Dies führt letztlich zu einer Effizienzsteigerung und besseren (Wieder-)Eingliederung der betreuten Flüchtlinge, was eine Senkung der Sozialhilfe- und Gesundheitskosten nach sich zieht. Einführung eines Case Managements, das den Bedürfnissen der einzelnen Personen Rechnung trägt, indem es sie vermehrt am bestehenden Gesundheitssystem teilhaben lässt, insbesondere auch durch den Zugang zu Spezialeinrichtungen in schweren Fällen (traumatisierte Personen, Folteropfer usw.). **C.** Systematischer Einbezug von interkulturellen Übersetzerinnen und Übersetzern bei gesundheitlichen Problemen.		
CH	Der Dialog zu Dritt: PatientInnen, DolmetscherInnen und Gesundheitsfachleute in der Universitäts-Frauenklinik Basel	(Bischoff 2008a)	Qualitativ	2, 3	Im Alltag wird Gesundheitspersonal häufig mit DolmetscherInnen konfrontiert ohne eine entsprechende Vorbereitung auf diese Zusammenarbeit zu erhalten. Das Wissen um die Kriterien einer "guten Dolmetscherin" sollte in Weiterbildungsveranstaltungen für das medizinische Fachpersonal behandelt werden. Dort könnte die Fachpersonen auch dafür sensibilisiert werden, wann der Beizug von interkulturellen Vermittlerinnen indiziert ist, auch unabhängig von Sprachproblemen. Die Zusammenarbeit mit DolmetscherInnen erfolgt im Alltag meist nach pragmatischem und konzeptionell noch wenig ausgebildetem Ansatz: Die Praxis bestimmt, wie der Dialog zu Dritt gestaltet wird. Hier muss weitergearbeitet werden, z.B. indem Weiterbildungen angeboten werden, wo Dolmetschende und medizinische Fachpersonen gemeinsam Dolmetsch-Situationen und DolmetscherInnen-Rollen besprechen. Solche Weiterbildungsversanstaltungen sollten auch einen reflexiven Umgang mit dem Begriff "Kultur" beinhalten. Der Trialog gehört zum Alltag der Klinik, und es handelt sich nicht nur um eine spezialisierte Dienstleistung, sondern um einen Teil der Regelversorgung, die allen Personen ungeachtet ihrer Herkunft zugute kommen und der zukünftig mehr Beachtung geschenkt werden sollte.	Führungspersonen Gesundheitswesen, Medizinisches Fachpersonal, Dolmetschende	Gross
CH	Doctor - Patient Gender Concordance and Patient Satisfaction in Interpreter-Mediated Consultations: An Exploratory Study	(Bischoff 2008b)	Qualitativ (N=363consultations)	2, 3	When interpreters were used, mean scores were similar for doctor – patient concordant and discordant pairs.However, in the absence of interpreters, doctor – patient gender discordance was associated with lower overall ratings of the quality of communication (− 0.46, p = 0.01). Results suggest that the presence of a professional	Akteure und Entscheidungstragende in Institutionen des Gesundheitswesen	Gross

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					interpreter may reduce gender-related communication barriers during medical encounters with foreign language – speaking patients.	s	
CH	Dolmetschen, Vermitteln und Schlichten im vielsprachigen Basel : Umgang mit Diversität und Fremdsprachigkeit – Umfrage unter Leitungspersonen öffentlicher Institutionen	(Bischoff und Dahinden 2008)	Qualitativ Fallstudien	2, 3	The aim of this study was to examine the practices, experiences and problems of public institutions in Basel in relation to linguistic mediation, cultural mediation and conflict mediation. The proportion of migrants in their institutions varied from 33% in health services, 60% in social services, 72% in educational institutions, up to 74% in legal and police services. Senior staff also estimated the proportion of foreign language speakers, i.e. those clients that have little or no language proficiency in German. High and very high proportions of foreign language clients were found: 18% in health services, 35% in social services, 44% in education services and 71% in legal services. The estimated use of intermediaries varies widely: while most public institutions used interpreters (32% of them regularly, 49% occasionally), this is not the case with other intermediaries: institutions use intercultural mediators infrequently (9% regularly, 14% occasionally) and conflict mediators only sporadically (4% regularly, 7% occasionally). Senior staff were also asked what type of intermediaries they used when they had to find someone that could translate between provider and client of a given language. They indicated whether they opted most often for a qualified interpreter (paid, professional, trained), a bilingual employee (someone working in the respective institution who speaks the foreign language), a client relative (family member or friend of the client who serves as an ad-hoc interpreter), and other non-professional interpreters (including volunteers such as interpreters appearing on internal lists). It appears that for most foreign-languages, professional interpreters were primarily used in about half of the public institutions. However, the use of client relatives, bilingual employees and other non-qualified intermediaries is also frequent. Public institutions' senior staff members are well aware of the increasing diversity of their clientele. While interpreting services appear to be routinely available in the major part of public institutions, intercultural mediation and conflict mediation is less frequent. The proxy solutions of intermediaries (client relatives, bilingual employees and non-trained interpreters) abound and are at the same time deemed of suboptimal quality. Nevertheless, we	Akteure und EntscheidungsträgerInnen in öffentlichen Institutionen	Mittel

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					conclude that intercultural mediation offers a means of integrating immigrants, in that institutions which set up mediation services improve access to public institutions for foreign language speakers and ensure equity for diverse populations.		
CH	HIV-infected sub-Saharian migrants in Switzerland: Advancing cross-cultural health assessment	(Bischofberger 2008)	Qualitativ (interviews with 10 HIV-infected and 30 non-infected sub-saharian African Migrants)	1, 2, 4	HIV prevalence among sub-Saharan migrants in Switzerland has continuously increased in the past 2 decades. These patients present later and with more health impairments at clinical settings compared with non-Africans. Qualitative interview data with 10 HIV-infected and 30 noninfected sub-Saharan African migrants (including 10 who were peer educators) living in Switzerland showed that HIV infection was characterized as invisible, shameful, risky, and treatable, representing helpful and problematic factors. Thus, participants lived with contradictory realities that needed to be appropriately assessed and acknowledged by clinicians. This was particularly important because these migrants remain under treatment for an extensive period of time because of the chronic nature of HIV disease. There is a need for nurse clinicians who are able to apply cross-cultural assessment strategies and to concurrently provide a quick and sound clinical grasp of the migrants' illness needs.	Sub-saharian African Migrants as a risk group for HIV/AlDS	Mittel
CH	L'interprétariat dans le nord et l'est de la Romandie: analyse des interactions dans les institutions de la santé, du social et de l'éducation	(Humair und D'Onofrio 2008)	Qualitativ	2, 3	On constate que les professionnels peuvent mobiliser divers réseaux d'interprétariat, à savoir le réseau interne, le réseau relais externe, le réseau d'interprète-médiateur et le réseau socio-familial. En principe les professionnels jugent de la nécessité d'un interprète et du profil requis. Le caractère formé ou non formé est, a priori, secondaire. C'est en fonction des finalités de la rencontre avec l'usager, des enjeux communicationnels (l'objet d'interprétariat) que l'un des quatre réseaux identifiés dans les discours des professionnels sera mobilisé. Intimement lié à ce déterminant, probablement en termes de co-dépendance, on trouve le coût-financement de l'interprète. Par ailleurs, les activités que les professionnels et les interprètes disent mettre en scène durant une séance d'interprétariat sont différentes. En principe, les professionnels agissent des discours en regard de leur communauté de pratique, c'est-à-dire qu'ils évaluent la situation et accompagnent l'usager dans son processus d'insertion ou de santé en traitant les problématiques qui apparaissent sur un plan pratique et humain (écoute et empathie). Les interprètes, quant à eux, décrivent premièrement des activités de modulation des messages afin de les rendre intelligibles aux migrants et aux professionnels ;	Akteure und Entscheidungstragende in Institutionen des Gesundheitswes.	Mittel

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					deuxièmement des activités de soutiens (écoute et empathie) et de distanciation (mettre des limites à la relation, à son implication). Dernier aspect important relevé par l'analyse, les pratiques des interprètes (comme celles des professionnels) peuvent avoir un empan temporel différent selon que l'usager est résidentiel/hospitalisé ou en consultation. Le début ou la clôture de la relation « socioprofessionnelle » peut être hors séance d'interprétariat. Les situations d'interaction avec interprète montrent qu'une interprétation réussie ne dépend pas uniquement des compétences de l'interprète. Elle est conditionnée par la participation active de tous les protagonistes. Le résultat ne dépend pas que d'une maîtrise parfaite et égale des deux langues chez l'interprète, mais surtout de la faculté de recourir à deux ou plusieurs langues dans des circonstances variables et selon des modalités diverses par tous les interlocuteurs. Lorsque les participants sont bilingues ou plurilingues, l'emploi des langues présentes pour répondre aux besoins interactionnels immédiats peut contribuer à une communication efficace : se faire comprendre et comprendre dans le temps le plus court possible. Dans ces conditions, la mobilisation de compétences plurielles dans des situations interactionnelles bi-plurilingues demande, parmi d'autres, une capacité de « lire » la situation au travers des compétences partagées, des capacités d'entraide, des représentations langagières des interlocuteurs *Principales recommandations* Au niveau des institutions, il serait utile d'évaluer le volume d'activité que représente le travail avec interprète quelque soit le réseau sollicité et de documenter les cadres d'intervention (qui demande, quelle langue, qui interprète, motif et finalité de la rencontre (objet d'interprétariat), maîtrise de la langue française, provenance du migrant, etc.). L'étude de cette documentation leur permettrait de développer une posture institutionnelle en situation exolingue et de définir des moyens (temps, financement, approche de la migration, notamment) pour la rendre opérationnelle au travers des professionnels. Pour les institutions coordonnant les demandes d'interprète. Il convient d'éviter d'envoyer une interprète d'un autre continent ou pays que celui du client; ils seront des étrangers. Le risque auquel on s'expose est celui du filtre des idées préconçues – ceci d'autant plus que les langues sont proches; ces langues charrient des représentations, en particulier celles d'un héritage historique contentieux, postcolonial (par ex. entre Portugal		

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					et Brésil ou Angola).		
CH	Rassistische Diskriminierung im Spital verhindern : ein Handbuch für Institutionen des Gesundheitswesens	(Kilcher und Leimgruber 2008)		4	Das Handbuch dient als Informationsquelle und Argumentationshilfe, enthält einen praktischen Umsetzungsleitfaden und Empfehlungen. Der Band richtet sich an Entscheidungsträgerinnen und -träger, sowie an Fachpersonen von Instutionen des Gesundheits- und Sozialbereichs. Die Empfehlungen basieren sowohl auf Studienergebnissen und Fachliteratur als auch auf den Erfahrungen aus dem Projekt " Rassismus und Diskriminierung am Arbeitsplatz Spital "	Entscheidungsträgerinnen und -träger, sowie an Fachpersonen von Instutionen des Gesundheits- und Sozialbereichs	Gross
CH	Hôpitaux promoteurs de santé: mieux entourer les migrants	(Kocher-Longerich 2008)		2, 4	Promouvoir la santé au sein même des institutions hospitalières : tel est l'objectif principal du Réseau suisse des hôpitaux et services promoteurs de santé. Lors de la dernière journée annuelle du réseau, les échanges et réflexions ont principalement porté sur l'amélioration de la prise en charge des migrants.	Akteure in der Gesundheitsversorgung	Mittel
CH	Mutilations génitales féminines : l'adolescente en quête de réponses	(Renteria 2008)		1, 2	En Suisse, le nombre de filles et de femmes migrantes excisées au cours de leur enfance dans leur pays d'origine ou menacées de mutilations génitales rituelles est estimé à 6-7000. Les professionnels de la santé en tant qu'interlocuteurs privilégiés doivent donc être en mesure de répondre aux questions y relatives, non seulement durant l'adolescence, mais aussi dans toutes les phases de la vie.	Filles et femmes migrantes excisées ou menacées de mutilations génitales rituelles	Mittel
CH	Ausländerinnen und Ausländer in der Schweiz. Bericht 2008	(Rausa und Reist 2008)		1, 4	Ausländische Frauen werden häufiger mit Adipositas hospitalisiert als Schweizer Frauen, bei den Männern ist das Gegenteil der Fall. AusländerInnen unter 25 Jahren sind häufiger von Hospitalisierungen mit der Diagnose Übergewicht betroffen. Die ausländische Bevölkerung befindet sich auch häufiger als die SchweizerInnen mit Diabetes Typ 2 im Spital, während die Unterschiede bei den Hospitalisierungsraten aufgrund ischämischer Herzkrankheiten sehr gering sind (bei beiden Geschlechtern). Ausländische Männer werden häufiger mit einer chronisch obstruktiven Lungenkrankheit sowie mit Lungenkrebs hospitalisiert, was auf deren häufigeres Rauchen und häufigere berufsbedingte Staub- und Kältebelastungen zurückzuführen sein dürfte. Magenkrebs ist unter AusländerInnen ebenfalls eine häufigere Hospitalisierungsursache als bei SchweizerInnen. AusländerInnen, besonders im erwerbsfähigen Alter, weisen	Ständige ausländische Wohnbevölkerung	Gross

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					häufiger als SchweizerInnen eine spitalbedürftige Depression auf. Auch wegen Infektionskrankheiten werden AusländerInnen häufiger hospitalisiert, dies zeigt sich besonders bei Tuberkulose und HIV/Aids.		
CH	Trends in Imported Malaria to Basel, Switzerland	(Thierfelder et al. 2008)	Qualitativ (109 patients with the diagnosis of malaria at the University Hospital and at a teaching hospital in Basel between January 1994 and June 2004)	1, 4	The most common reason for travel was to visit friends and relatives in the country of origin (37%), and most infections were acquired in Africa (82%), with *Plasmodium falciparum* malaria the most frequently found parasite (84%). The mean time between first symptoms and the diagnosis of malaria was 4 days (range 0.5-31 d). Delay in diagnosis occurred in 14% of cases, and 37% of hospitalized patients were referred to the ICU. In 22% of referred cases, high parasitemia (>2%) according to internal criteria was a reason for referral. The course of disease remained mild in the great majority (90%) of patients, and none of the patients died. **Conclusions:** Prompt and specific diagnosis of malaria could be improved. Malaria-associated mortality was reduced over time. As ICU referral showed to be inappropriately high in relation to a moderate clinical course of several admitted patients, criteria for ICU admission should be reevaluated. The trend toward malaria in patients originating from endemic areas suggests that preventive travel advice should specifically address these patients.		Mittel
CH	Verborgen. Gesundheitssituation und –versorgung versteckt lebender MigrantInnen in Deutschland und in der Schweiz	(Tolsdorf 2008)		2,4	Zum Thema der Gesundheitssituation und –versorgung versteckt lebender MigrantInnen liefert auch die Pflegewissenschaftlerin Tolsdorf (2008) eine umfassende Darstellung mit Bezug auf die Situation in Deutschland und der Schweiz.	Sans Papiers	Mittel
CH	Undocumented migrants lack access to pregnancy care and prevention	(Wolff et al. 2008)	Quantitativ (N=161 migrant and 233 control women)	1, 2, 4	Compared to women who are legal residents of Geneva, undocumented migrants have more unintended pregnancies and delayed prenatal care, use fewer preventive measures and are exposed to more violence during pregnancy. Not having a legal residency permit therefore suggests a particular vulnerability for pregnant women. This study underscores the need for better access to prenatal care and routine screening for violence exposure during pregnancy for undocumented migrants. Furthermore, health care systems should provide language- and culturally- appropriate education on contraception, family planning and cervical cancer screening	Undocumented migrant women in Geneva	Mittel
CH	Pflegende Dolmetschende? Dolmetschende Pflegende?	(Bischoff und Steinauer 2007)		3	In diesem Beitrag gehen wir auf drei Fragen ein: Was sind die klinischen Folgen von Sprachbarrieren? Wie können Sprachbarrieren überwunden werden? Sollen Pflegefachpersonen	Fachpersonal im Gesundheitswesen	Gross

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					dolmetschen? Aus vorliegenden Studien geht klar hervor, dass fremdsprachige Patienten aufgrund ungenügenden Informationsflusses tendenziell eine der Situation unangemessene Behandlung erhalten. Ebenso besteht in der Literatur Konsens darüber, dass Angehörige als Ad-hoc Dolmetscher sowie ungeschulte, mehrsprachige Mitarbeitende wenig- oder ungeeignet sind, Situationen, in denen Sprachbarrieren anzutreffen sind, zu lösen. Dagegen sind professionelle Dolmetscherinnen diejenige Strategie, die am eindeutigsten zur verbesserten Behandlungsqualität von fremdsprachigen Patienten führt. Da sich im Klinikalltag aber ein konsequentes Hinzuziehen von professionellen Dolmetscherinnen nicht immer umsetzen lässt, stellt das Einrichten einer klinikinternen Liste mit geschulten, mehrsprachigen Mitarbeitenden in definierten Situationen eine akzeptable Alternative dar.		
CH	The Self-reported Health of Immigrant Groups in Switzerland	(Bischoff und Wanner 2007)	Quantitativ	1, 4	The data from the 2002 Swiss Health Survey provide some evidence of health disparities between Swiss people and immigrants. Although the self-reported health of ‘‘Northern immigrants’’ (people from Germany and France) does not differ significantly from that of the majority Swiss population, ‘‘Southern immigrants’’ (people from Italy, Former Yugoslavia, Portugal, Spain and Turkey) report lower levels of health in several areas. Lower levels of health are particularly likely to be reported by Italian men and women. Conclusion: The self-reported health of immigrants is currently inferior to that of the Swiss. If it is the position of the Swiss health care system to ensure equal health provision for all Swiss residents, including immigrant groups, and to strive for equal health outcomes for all, self-reported ill health among immigrants is a useful basis for health policy and planning.	Largest Groups of foreign nationals in Switzerland	Gering
CH	Medical care of asylum seekers: a descriptive study of the appropriate-ness of nurse practitioners' care compared to traditional physician-based care in a gatekeeping system	(Bodenmann et al. 2007a)	Quantitativ	2	Although the nursing gatekeeping system provides appropriate treatment to asylum seekers, it might be improved with further training in recording medical history and performing targeted clinical examination.	Medical personal	Mittel
CH	Migrations sans frontières, mais barrières des représentations	(Bodenmann et al. 2007b)		1, 2, 3, 4	CHUV/PMU: Patients traités pour **carie du biberon (CDB)** sont des enfants de la première ou deuxième génération de la migration, vivant dans des conditions socio-économiques défavorisées. Prévalence importante au sein de certains groupes ethniques. Associé à déterminants sociaux et au statut de migrant. Pour la CDB chez certains migrants, des comportements alimentaires surprotecteurs et le vécu de la première dentition s'associent à	Médecins, cliniciens, personnel de soins de santé, Migrants précaires	Gross

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					certaines données postmigratoires : promiscuité des hébergements, accès à une alimentation plus riche en hydrates de carbone ; ce sont des éléments indispensables pour la compréhension par le médecin de cette pathologie aux multiples causes et aux séquelles majeures. Le coût de cette maladie en termes de PH est de 2300.- à 2800.- par patient ; le coût en termes de santé des enfants est plus lourd : intégration sociale et acquisition du langage perturbées. **Pandémie de « diabésité »** : liée à facteurs génétiques et d'hygiène, mais aussi à un bas niveau social. Touche de plus en plus les ressortissants de pays émérgents. Le vécu d'une maladie chronique telle que le diabète, maladie initialement asymptomatique, intègre les conditions prémigratoires (facteurs génétiques, hygiène de vie), les conditions de migration ainsi que les conditions postmigratoires : selon le rôle du migrant dans la communauté, des difficultés se greffent sur la gestion des différents temps de la vie quotidienne, empêchant une prise en charge adéquate de cette maladie. **Maladie mentale** fréquente chez migrants forcés: La maladie mentale et la souffrance morale sont des conséquences de la migration, de la vulnérabilité de la situation de départ et des insuffisances des conditions d'accueil. La prise en charge peut alors «buter» sur des manifestations singulières de la maladie mentale, complexifiée par les nombreuses contraintes administratives et sociales et les choix politiques du pays hôte. **Conclusion :** Une approche bio-psycho-socio-spirituelle associée à une évaluation des trajectoires prémigratoires, migratoires et postmigratoires est utile pour le clinicien ; ces approches sont intégrées dans l'apprentissage des compétences transculturelles.		
CH	Pregnancy outcomes and migration in Switzerland : Results from a focus group study	(Bollini et al. 2007)	Qualitativ (Focus groups)	1, 4	Eight focus groups were held: there were a total of 40 participants including 14 Turkish, 17 Portuguese, 9 Swiss. The study revealed that migrant women in Switzerland face stressful situations, which may differ according to nationality and length of stay in the country. Main factors negatively affecting pregnancy were stress due to precarious living conditions, heavy work during pregnancy, inadequate communication with healthcare providers, and feelings of racism and discrimination in society. **Conclusions:** Main findings of this qualitative study confirm that migrant communities need focused health attention because of numerous barriers to healthcare experienced in Switzerland. Improving the reproductive health of the migrant community is a priority that can be addressed by public health interventions, including integration of migrants into the society, strict observance of labor regulations, improved	Turkish and Portuguese women	Mittel

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					communication with healthcare providers, and better information targeting migrant communities.		
CH	The agency of migrant prostitutes : experiences from Switzerland	(Chimienti 2007)	Qualitativ (N=55)	1, 4	For this study, we have chosen to examine the parallels between the situations of people working in three areas of the sex market: cabarets, champagne bars and massage parlours. In Switzerland, these groups are confronted in their daily lives with many similar difficulties associated with their activities in the sex market and to their migratory status (uncertainty as to their length of stay, low socio-economic status, and/or restricted geographic mobility). **Conclusion:** These results show that, in situations of vulnerability, the global context (i.e. association of supports, local legislation) has little effect on the behaviour. As the activity of migrant sex workers is still (and even in a country where this activity is permissible) at the inter-section between legality and illegality, the context of interaction or labour might have more impact on behaviour: either enabling as in massage parlours or being very constraining as in cabaret. Furthermore, we highlighted that in situations of vulnerability individual factors take on considerable importance in personal strengths, and turn out to be of fundamental importance when the structural contribution is limited to proposing sectional measures relating mostly to health. When there is almost no way of changing the structural context, the only solution that people are faced with is to change themselves; in other words their ways of reacting to a given situation. For people in a context of stability, these reactions can barely be associated with resources as instead they represent a way of surviving. In order to understand these reactions as resources, we have to be aware of the structural context of people living in vulnerable situations. This understanding does not mean accepting this instability without doing anything, however. On the contrary, this understanding is essential to the proposal of helpful interventions.	Migrant sex workers	Mittel
CH	Coping strategies of vulnerable migrants : the case of asylum seekers and undocumented migrants in Switzerland	(Chimienti und Achermann 2007)	Qualitativ	1, 4	Our findings lead us to conclude that 'resources' seem to be a way of compensating for serious and immediate needs, rather than facilitating an individual's capacity to capitalise on a situation. Another obvious distinction concerns the short-term contribution/effect of these resources. At present we have no reason whatsoever to assume that what is positive in the context of this study will be positive in the future. Our study focuses on the circumstances of life in such uncertainty over a relatively short period of time; the people interviewed having resided in Switzerland for between 1 and 17 years. While confirming, today,	Undocumented migrants	Mittel

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					the health damage suffered by migrant guest workers from the 1960s who are now reaching retirement age, how, we ask, do the migrants involved in this study perceive their own old age? Although our results clearly illustrate the need to embrace the migratory question beyond the sole issue of health, first recommendations can be concentrated on action that can be taken by political actors and decision makers active in this domain, while giving due consideration to the broader future of international migration.		
CH	Transkulturelle Kompetenz: Lehrbuch für Pflege-, Gesundheits- und Sozialberufe	(Domenig 2007)	Lehrbuch	2, 4	Wie können Fachpersonen professionell auf die Bedürfnisse von Migrantinnen und Migranten eingehen? Was müssen Spitäler tun, damit das überhaupt möglich ist? Und: Wie können Pflegende und Ärzte dafür sorgen, dass Migrantinnen und Migranten sich besser um ihre Gesundheit kümmern können? Das Handbuch enthält Fallbeispiele und Übungen, die den Bezug zur Praxis herstellen und zum Nachdenken über das eigene Handeln anregen.	Fachpersonen	Bekannt
CH	Psychotherapie mit Folter- und Kriegsopfern : ein praktisches Handbuch	(Maier und Schnyder 2007)	Handbuch		Within the context of worldwide migratory movements, numerous victims of war and torture are moving into western countries. Frequently, these patients are in need of psychotherapy, which is partly provided by specialized institutions. Psychotherapists of victims of war and torture have to deal with manifold additional physical, social, material, and legal problems of their clients. Therefore, such patients are best treated by multidisciplinary teams. The psychotherapy of such victims involves the classical methods for the treatment of PTSD; however, these methods may be of limited effect in these patients due to high comorbidity. Additional methods and concepts known from the treatment of complex PTSD and borderline personality disorders must be integrated into therapeutic strategies.	Folter- und Kriegsopfer	Mittel
CH	Evolution, entre 1990 et 2002, des activités préventives des médecins de premier recours en Suisse dans le cadre de l'épidémie de VIH/Sida.	(Meystre-Agustoni et al. 2007)	Quantitativ (random sample of primary health care physicians)	1	Globally, risk assessement has increased over the period for certain groups of patients. Routine screening is often or always performed by only 40% of physicians for migrants, while by a higher proportion of physicians (63%-93%) for other groups as homosexuals or drug patients.	Migrants as risk group for HIV/AIDS	Mittel
CH	Les représentations de la tuberculose chez les « sans-papiers » d'origine équatorienne	(Bluntschli 2006)	Qualitativ	4	Mémoire de fin d'étude présenté à la Haute école de la santé La Source, Programme de formation d'infirmières, infirmiers HES, 2006.	Sans-papiers » d'origine équatorienne	Gering
CH	Votations du 24 septembre : « migrants forcés » et menaces sur	(Bodenmann und Vannotti		4	Alors qu'en Suisse les mesures politiques à l'encontre de courants migratoires "non désirés" se sont durcies suite aux votations du 24	Migrants « forcés » et	Gering

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	la santé	2006)			septembre dernier sur la révision de la loi sur l'asile (LAsi) et de la loi sur les étrangers (LEtr), qu'en est-il de la réalité que les médecins observent, sans compassions doucereuses, mais aussi sans cynisme ? Ce nouveau durcissement de la loi aura un impact certain sur la santé des êtres humains concernés. De telles personnes ont traversé, dans une large majorité des cas, un processus de migration forcée difficile voire traumatique: elles ont fuit la guerre, la faim, ou plus simplement l'impossibilité de construire des projets de vie. Dans le pays d'"accueil" leur statut précaire peut les rendre victimes de discrimination; la pauvreté et la maladie y sont toujours aux aguets alors que les droits élémentaires, comme le droit à être soigné, demeurent incertains.	précarisés en Suisse	
CH	Migration, stress, and resilience: how African migrants in Switzerland try to stay healthy Stress as an idiom for resilience: health and migration among sub-saharan Africans in Switzerland	(Buchi und Obrist 2006; Obrist und Buchi 2008)	Qualitativ (group discussions)	1	Most research on migrants examines what makes them ill. Inspired by Antonovsky's salutogenic approach, this study shifts the perspective and asks why migrants stay healthy. At the centre of interest are sub-Saharan Africans living in Switzerland who consider themselves and/or are considered by others as mastering problems affecting their health. The mixed Swiss-African research team explored meanings of health and resilience in 20 case studies in Zurich and Basel and five group discussions in Bern, Biel and Geneva. The data show that migrants with resilient trajectories have a dynamic and multi-dimensional understanding of health. Moreover, they have learnt to interpret difficulties as 'stress': a popular illness concept in Switzerland and Europe but less known in their home countries. The paper argues that resilience is closely related with the appropriation of 'stress' as an illness concept: it not only gives meaning and helps to explain diffuse symptoms of ill-health, it also offers an agenda for action and contributes to their feeling of social belonging in the host country. These findings have important implications for policy and practice in the rapidly changing field of migration and health.	Sub-saharan Africans in Switzerland	Bekannt
CH	Migration et intimité : "amélioration de l'information et de l'accessibilité à la contraception auprès des migrant-e-s" : bilan 2003-2006	(Carbajal et al. 2006)	Quantitativ (analyse des statistiques vaudoises)	1, 4	L'objectif principal de cette étude était de prévenir les grossesses non-désirées auprès des femmes et hommes migrants par une information adaptée sur la sexualité, la contraception, la grossesse et les "risques sexuels" (grossesses non désirées, IST infections sexuellement transmissibles, VIH/sida). Les populations étrangères concernées sont originaires de l'Afrique subsaharienne, Amérique du Sud et des pays de l'ex-Yougoslavie. L'analyse des statistiques vaudoises sur l'interruption volontaire de grossesse (IG) mettent en évidence le fait que les femmes d'origine étrangère et issues de certaines nationalités recourent davantage à l'IG que les Suissesses.	MigrantInnen aus Sub-Sahara-Afrika, Südamerika und dem ehemaligen Jugoslawien im KantonWaadt	Mittel

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					Le taux de recours en 2002 dans la communauté étrangère était de 16,9 IG pour 1000 femmes étrangères versus 5,7 IG pour 1000 femmes suisses.		
CH	Promotion de la santé en entreprise et travailleurs immigrés: pour une approche spécifique	(Kilcher 2006)	Qualitativ	1	Tout l'art de la promotion de la santé en entreprise (PSE) est de savoir choisir des mesures qui répondent aux groupes cibles qui en ont le plus besoin. L'expérience révèle en effet que ces groupes sont les plus difficiles à atteindre. Il en est ainsi des migrant-e-s. L'exemple de l'établissement médico-social pour personnes âgées Bächli à Bassersdorf (ZH) nous montre pourquoi certaines initiatives échouent et comment faire pour les améliorer.	Migrants employé-e-s	Gering
CH	Medikalisierung sozialen Leidens: Erfahrungen aus der Praxis	(Kläui 2006)	Sekundäre Analyse	4	Durch die Medikalisierung sozialen Leidens kommt es zur Individualsierung und Entpolitisierung des Leidens: von den Gräueln des Krieges zum PTSD-erkrankten Individuum (PTSD: posttraumatic stress disorder). Beschäftigt man sich mit Folter und den Schrecken des Krieges, dann erweitert sich die Perspektive von der Behandlung des Einzelnen zu einer Klage und Anklage.		Gering
CH	Système de suivi de la stratégie de lutte contre le VIH/sida en Suisse : comportements des migrants par rapport au VIH/sida en 2005	(Meystre-Agustoni et al. 2006)	Qualitativ (entretiens avec informateurs-clés, panels d'experts)	1	La présente étude porte sur trois populations : les migrants subsahariens, les migrants sans statut légal (clandestins), les migrants des Balkans. L'étude devait permettre de répondre aux questions suivantes : les données à disposition sont-elles suffisantes pour se prononcer sur la situation et son évolution ? ; Quels sont les problèmes principaux et les problèmes émergents ? ; Les données à disposition sont-elles suffisantes pour agir (si nécessaire) ? La méthode choisie (panel) est-elle suffisante dans le cadre d'une surveillance de deuxième génération ? Convient-il de procéder à des enquêtes de population ? **Note :** pas de résultats dans l'abstract	migrants subsahariens, migrants sans statut légal (clandestins), migrants des Balkans	Gering
CH	Diversität und Chancengleichheit	(Saladin et al. 2006)	Handbuch	2, 3, 4	Das vorliegende Handbuch will die schweizerischen Gesundheitsinstitutionen – Spitäler, Kliniken und Institutionen der Langzeitpflege – in ihren Bestrebungen unterstützen, für die unübersehbaren gesellschaftlichen Phänomene von Diversität und Migration eine glaubwürdige und erfolgreiche Antwort zu finden.	Akteure in der Gesundheitsversorgung	Bekannt
CH	Sans-Papiers in der Schweiz : unsichtbar, unverzichtbar	(Schweizerisches Rotes Kreuz 2006)	Handbuch	1, 2, 4	Die Publikation behandelt aus unterschiedlichen theoretischen Perspektiven Themen, die für die Sans-Papiers-Frage in der Schweiz sozial- und gesellschaftspolitisch relevant sind: unter anderem die Grund- und Menschenrechte, die soziale Sicherheit sowie die Gesundheitsressourcen und -versorgung. Daneben geben Aufzeichnungen einzelner Lebensgeschichten von Sans-Papiers in der Schweiz einen Einblick in unterschiedlichste Facetten der Leben von Sans-Papiers. Informationen zu rechtlichen Grundlagen	Sans Papiers, Akteure in der Gesundheitsversorgung	Mittel

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					und ein Verzeichnis nützlicher Adressen runden die Publikation ab. [Hrsg.] [Inhalt (Auszug)] S. 116-135: Gesundheitsversorgung für Sans-Papiers in der Schweiz : das Beispiel der "Unité mobile de soins communautaires" in Genf / Hans Wolff. - S. 136-151: Zugang zur Gesundheitsversorgung für irreguläre Migrantinnen und Migranten: ein europäischer Vergleich. - Etc		
CH	Gesundheitsversorgung für Sans-Papiers in der Schweiz : das Beispiel der "Unité mobile de soins communautaires" in Genf	(Wollff 2006)	Fallstudie	2, 3	Modellbeispiel der « Unité mobile de soins communautaires » in Genf ; Verbesserung des Zugangs zur Gesundheitsversorgung für Sans Papiers	Sans Papiers in Genf	Mittel
INTERNATIONAL							
A	Nach der Gastarbeit. Prekäres Altern in der Einwanderungsgesellschaft	(Reinprecht 2006)	Quantitiv	1, 2	Die Untersuchungen deuten auf einen folgenreichen Wirkungszusammenhang: Gesundheitliche Ungleichheit prekarisiers den Prozess des Älterwerdens, die Erfahrungen der Prekarität beschleunigt das subjektive Gefühl des Altern(s). Während autochtone Ältere den subjektiven Alternprozess hinausshieben können tritt das Älterwerden den MigrantInnen unmittelbarer entgegen. Unsicherheit sozialer Rückzug und Inaktivität bilden die entscheidenden Risikofaktoren für Gerbrechlichkeit und funktionnelle Einschränkungen im Alter. Das subjektive Gesundheitsempfinden am stärksten duch den Grad der funktionnellen Selsbständigkeit im Alltagsleben erklärt, darüber hinaus erweisen sich auch akute Erkrankungen sowie das Gesundheitsverhalten als wirksam. Das **Resultate:** Gesundheitsfördernde Aktivitäten. Zugewanderte Ältere und einheimische Ältere; Kontakt zu Familie 78/86, gesund ernähren 53/72, nicht rauchen 51/64, kein Alkohol 70/47, Sport betreiben 2/38 (Zugewanderte Ältere; Empfehlung: Förderung von Aktivität und Bekämpfung der sozialräumlichen Segregation als zentrale Ziele der Gesundheits- und Autonomieförderung)	Ältere ArbeitsmigrantInnen aus dem ehemaligen Jugoslavien und der Türkei	Gross
B	Is the use of interpreters in medical consultations justified? A critical review of the literature	(Ribera et al. 2008)	Qualitativ	3	The literature review clearly demonstrates that linguistic barriers tend to affect the following factors negatively: (1) Access to medical resources, particularly to preventive care; (2) quality of care; (3) limited autochthonous language proficiency (LALP) patient satisfaction; (4) health personnel satisfaction, to name a few. Moreover, language barriers have been associated with both higher and lower rates of service utilization. Analysis of utilization patterns associated with language fluency indicate that some of the observed difference may be due to differential effects of (a) language barriers influencing initial access and (b) language	Führungspersonen Gesundheitswesen Medizinisches Fachpersonal, Dolmetschende	Gross

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					barriers affecting diagnosis and treatment. For instance, the first barriers can hinder or prevent a person from seeking initial assessment and care and later increase the frequency of emergency services utilization, while the second can affect the quality of care received, increasing the need of the patient to go repeatedly and unnecessarily to various health providers for the same health problem. Linguistic barriers can therefore pose an obstacle to the provision of quality and equity in health care. Furthermore, the literature demonstrates how language barriers can considerably increase medical costs by (1) generating needless medical costs (increased hospitalization, extended length of hospital stays, unnecessary tests and unnecessary consultations due to lack of trust and/or poor communication; and by (2) causing costly medical complications (misdiagnosis, misunderstanding of diagnosis and treatment, decreased treatment adherence and low rates of preventive health care). *Concerning professional interpreters, the revised literature shows:* (1) Quality and quantity of care. The presence of professional interpreters and bilingual health professionals increases the quantity and quality of received medical care, approximating LALP patients to autochthonous language proficiency (ALP) patients. In other words, while linguistic barriers tend to result in LALP patients receiving either fewer medical examinations when necessary or additional unnecessary tests and medication than ALP patients, the literature shows that the use of professional interpreters tends to approximate the quality of care and satisfaction of LALP patients to that of ALP patients, and therefore reduces inequities in health care. (2) Cost effectiveness. The use of professional interpreters also reduces LALP patients' costs and utilization of medical services, particularly in emergency services. As the majority of diagnoses are undertaken on the basis of the clinical interview (see Bischoff, 2003), if communication is limited due to language barriers, then health professionals perceive the need to (i) increase tests in order to be assured that they provide the correct diagnosis, or to (ii) increase therapeutic coverage to guarantee maximum treatment success. It is likely that the so-called 'defensive medicine' reinforces these practices. On the basis of the available data, it is not possible to confirm whether interpreting services reduce total costs. Further research is needed. But there is little question concerning the potential of a		

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					more adequate use of resources targeted at prevention and treatment of disease, as well as at palliative care. In this sense, interpreting services are certainly cost-effective.		
CDN	Broken english, broken bones? Mechanisms linking language proficiency and occupational health in a Montreal Garment Factory	(Premji et al. 2008)	Qualitativ	3	The proficiency in the official languages influences occupational health by affecting workers' ability to understand and communicate information, and supporting relationships that can affect work-related health.	Migrant workers	
CDN	Utilization of physician services for diabetic patients from ethnic minorities	(Shah 2008)	Quantitativ (population health surveys in Ontario)	4	Diabetes is a common chronic disease, which results in significant morbidity and mortality. Although ethnic variations in disease prevalence are known, variations in the utilization of physician services for the disease (particularly in publicly funded health care systems) are uncertain. Results: There were 20,788 eligible survey respondents. Standardized diabetes prevalence was elevated for the South Asian and Black populations (11.1% and 11.0%, respectively) compared with that for the White population (5.9%). Ethnic minorities with diabetes were less likely to receive an eye examination compared with White patients (adjusted OR, 0.63; 95% CI, 0.46-0.85). The use of primary care and diabetes specialist care did not differ. Conclusion: Ethnic minorities with diabetes are less likely to receive eye examinations. This disparity in quality of care could lead to worse clinical outcomes for these patients.	Minority patients with Diabetes	Mittel
CDN	Ethnicity and utilization of family physicians: A case study of Mainland Chinese immigrants in Toronto	(Wang et al. 2008)	Quantitativ / qualitativ	2	The paper aims to explore the choice between Chinese-speaking and non-Chinese-speaking family physicians by Mainland Chinese (MLC) immigrants and to determine the underlying reasons for MLC immigrants use of ethnically- and linguistically-matched family physicians. The paper reveals an overwhelming preference among MLC survey respondents for Chinese-speaking family physicians regardless of study areas and socioeconomic and demographic status. The focus groups suggest that language, culture and ethnicity are intertwined in a complex way to influence the choice of health care providers and health management strategies in the host society.	Chinese Immigrants	Gering
CDN	Health care reform and the paradox of efficiency: "Writing in" culture	(Anderson et al. 2007)	Qualitativ	2	The authors draw on their research at health care institutions in a western Canadian city to probe, first, how the concept of culture is interpreted within organizations; and second, how culture is "written into health systems" as they undergo restructuring. Meanings and interpretations of culture are not transparent; moreover, "writing in" culture is not simply a matter of health care providers learning about their clients' "belief systems" and being	Actors in PH	Gering

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					sensitive to these beliefs. Belief systems and people's experiences of the care they receive are negotiated within highly complex "organizational cultures," located in broader macroeconomic and political structures, and discourses that shape how health care systems are organized. ?		
CDN	Predictors of Health Service Barriers for Older Chinese Immigrants in Canada	(Lai und Chau 2007)	Quantitativ	2	This study examined access barriers to health services faced by older Chinese immigrants in Canada. Factor analysis results indicated that service barriers were related to administrative problems in delivery, cultural incompatibility, personal attitudes, and circumstantial challenges.	Chinese migrants	Gering
CDN	"Inside and outside": Sikh women's perspectives on cervical cancer screening	(Oelke und Vollman 2007)	qualitativ	1, 2	The literature suggests that cervical cancer in immigrant women, a growing population in Canada, is less likely to be detected early than it is in the general population, as immigrant women tend not to take advantage of screening. Culturally appropriate screening services for immigrant women are few. Lack of knowledge about the importance of prevention, influence of family and community, and health-provider issues affected the women's access to screening.	Immigrant women	Gering
CDN	GPs' strategies in intercultural clinical encounters	(Rosenberg et al. 2007)	Qualitativ (N=25 with family physicians)	2, 3	Physicians reported three types of strategies: (i) insistence on patient adaptation to local beliefs and behaviours; (ii) physician adaptation to what he or she assumed patients wanted; and (iii) negotiation of a mutually acceptable plan. Individual physicians did not adopt the same strategy in all situations. Their choice of strategy depended on the topic. When dealing with issues they felt deeply about, such as the autonomy of women, many physicians insisted on patient adaptation. Physicians used a patient-centred model of care, but had no framework to elicit information about patients' culture. **Conclusions:** A patient-centred model of care enables physicians to consult effectively despite a wide range of cultural differences between themselves and their patients. However, their lack of a conceptual framework for addressing cultural difference prevents systematic data collection and consideration of challenges to respect for individual autonomy. Physician training should include the provision of an explicit conceptual framework for approaching patients from a different culture.	GPs in Montréal	Mittel
CDN	Use of diabetes resources in adults attending a self-management education program	(Gucciardi et al. 2006)	Qualitativ	2	The Objective of the Studie is to identify the types of resources used to acquire information or assistance in the management of diabetes, and to identify persons who are more or less likely to use a variety of diabetes resources. Those who did not speak English,	Migrants as Diabetes patients	Mittel

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					were born outside of Canada, had a lower level of education, or who were older used fewer diabetes resources.Conclusion Notably, the characteristics of individuals who are less likely to use resources or a variety of resources reflect the basic determinants of health (i.e., age, sex, ethnicity or primary language spoken, and education).Practice implications We need to develop resources that are equitably accessible and of interest to all patients, particularly for individuals who do not speak English, who have lower education and literacy levels, and who are older.		
CDN	The basic principles of migration health : Population mobility and gaps in disease prevalence	(Gushulak und MacPherson 2006a)	Qualitativ	4	Disparities often exist between a migrant population's place of origin and its destination, particularly with relation to health determinants. The effects of those disparities can be observed at both individual and population levels. Migration across health and disease disparities influences the epidemiology of certain diseases globally and in nations receiving migrants. While specific disease-based outcomes may vary between migrant group and location, general epidemiological principles may be applied to any situation where numbers of individuals move between differences in disease prevalence. Traditionally, migration health activities have been designed for national application and lack an integrated international perspective. Present and future health challenges related to migration may be more effectively addressed through collaborative global undertakings. This paper reviews the epidemiological relationships resulting from health disparities bridged by migration and describes the growing role of migration and population mobility in global disease epidemiology. The implications for national and international health policy and program planning are presented.	PH-Actors	Mittel
CDN	Migration medicine: principles and practice.	(Gushulak und MacPherson 2006b)	Qualitativ	4	Migration Medicine offers an overview of the historical triggers and ethical issues that spurred development of the global public health monitoring and control agencies we know today. The text aims to propose new approaches to the health of internationally mobile populations at multiple levels, such as integration and harmonization with what may have been considered traditionally non-health sectors--trade, the economy, and international security. The need to provide a strong evidence base for political decision making has become one of the most important drivers in international affairs related to globalization. This book suggests a course toward this important goal.		Mittel
CDN	Intercultural communication	(Rosenberg et al.	Qualitativ	2, 3	Patients and/or physicians lacked knowledge of the effects of culture on the doctor-patient relationship and expressions of	Physicians, GPs	Mittel

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	competence in family medicine: Lessons from the field.	2006)	(videotaped clinical encounters)		distress as well as the effects of immigrant-specific stress on health. Most subjects were motivated to have an interpersonal, rather than an intercultural encounter. Physicians and patients demonstrated the skills needed to achieve an interpersonal encounter. Some physicians and their patients (not trained in ICC=intercultural communication competence) achieved intercultural meetings as a result of their interpersonal interactions over a period of years. **Discussion:** Lack of formal training partly explains why most participants demonstrated an elementary level of ICC. In addition, Identity Management Theory and Co-cultural Theory explain some of the barriers to ICC. Practice implications: Providing physicians with formal training in intercultural communication and empowerment training for patients is likely to improve the quality of care of immigrants.		
D	Migration, transnationale Lebens-welten und Gesundheit : Eine qualitative Studie über das Gesundheitshandeln von Migrantinnen	(Eichler 2008)	Qualitativ (N=10)	1, 2, 3	Eichler. beobachtet insgesamt eine verstärkte Bildung neuer Kompetenzen im Gesundheitshandeln der befragten Migrantinnen im Verlauf der Zeit nach der Migration. Ihr « Compliance »-Verhalten muss als wohl begründetes Verhalten informierter, kritischer Patientinnen verstanden werden, welches diese aus der Perspektive transnationaler Lebenserfahrung annehmen, und darf nicht voreilig auf eine defizitäre Informationslage und/oder kulturelle/sprachliche Verständigungsprobleme zurückgeführt werden. Weitere Beobachtungen : Die befragten Migrantinnen greifen auch nach der Migration für die Beratung gesundheitlicher Fragen auf ein soziales Netzwerk im Herkunftsland zurück, und beeinflussen dieses Netzwerk mit ihrem « doppelten Blick » auf die Gesundheitssysteme beider Regionen. Ein Rückgriff auf in der Herkunftsregion übliche alternative Therapieformen und Heilmittel ist v.a. als « Vorstufe » zur Inanspruchnahme des schulmedizinisch geprägten deutschen Versorgunssystems zu beobachten. Die strukturellen Bedingungen der Gesundheitssysteme der Herkunftsländer haben – insbesondere in der Anfangsphase im Aufnahmeland - grossen Einfluss auf das Gesundheitshandeln der Migrantinnen bzw. auf ihre Haltung gegenüber dem hiesigen Gesundheitssystem (Z.B. messen Migrantinnen, in deren Land das System nicht funktioniert, einem Laiengesundheitssystem hohe Bedeutung zu. Oder Frauen aus Ländern mit stark schulmedizinisch geprägten Systemen mit « irrationalem Medikamentengebrauch » zeigen in der ersten Zeit nach der Migration u.U. eine Erwartungshaltung bezüglich ärztlicher Medikamentenverschreibung.	« Freiwillige » Migrantinnen (Migration = positiv besetztes Lebensereignis) verschiedener Herkunft (alle mit gutem Bildungshintergrund und durch « multiple Inklusion » gekennzeichnet)	Gross

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D	Caries prevalence in 11-14 – year old migrant children in Germany	(Bissar et al. 2007)	Quantitativ (N=570)	1, 4	DMFT values significantly higher in immigrant children. In Germany, migrant children have a poorer dental health status than native children coming from the same low socio-economic classes. Risk-oriented PH policies with appropriate prevention programs must be developed for these children.	11-14 year old immigrant schoolchildren	Mittel
D	Migration und psychische Gesundheit : Belastungen und Potentiale	(Borde und David 2007)		1, 2, 3, 4	Artikel Haasen et al. , Schouler-Ocak, David et al., Schwartau et al., Wohlfahrt et al., Gün, Schultz, Ozankan		Vgl. Einzelbeiträge
D	Schweres Schwangerschaftserbrechen bei Migrantinnen - eine Folge psychischer Belastungen im Zuwanderungsprozess?	(David et al. 2007)	Eigene Untersuchung mit 576 Schwangeren	2, 4	Die eigenen Untersuchungsergebnisse und die wenigen vorhandenen Veröffentlichungen bestätigen uns in der Annahme, dass das schwere Schwangerschaftserbrechen bei Migrantinnen häufiger auftritt als bei einheimischen Schwangeren. Über die Gründe kann bisher jedoch nur spekuliert werden. Psychosomatisch orientierte Behandlung diesbezüglich scheitert oft an Sprachbarrieren.	Schwangere Migrantinnen in Deutschland	
D	Suchtstörungen bei Migrantinnen und Migranten - ein relevantes Problem?	(Haasen et al. 2007)	Qualitative / Quantitativ	1, 2, 4	Insgesamt kann festgestellt werden, dass Suchtstörungen bei Migrantinnen und Migranten als ein relevantes Problem bezeichnet werden können. Dieses ergibt sich jedoch nicht aufgrund einer erhöhten Prävalenz, wofür es derzeit keine Hinweise gibt, wobei eine erhöht Prävalenz von Suchtstörungen bei MigrantInnen sich durchaus in Zukunft noch entwickeln kann. Daher bedarf es perspektivisch einer epidemiologischen Untersuchung dieser Entwicklung - eine indirekte Annäherung an die Frage einer erhöhten Prävalenz, wie bisher geschehen, ist unzureichend für eine adäquate Antwort auf entsprechende Versorgungsfragen. Am deutlichsten wird die Relevanz der Suchtstörungen bei MigrantInnen bei der Betrachtung der Konsummuster. Ein riskanteres Konsummuster kann der erhöhten Mortalität unter drogenabhängigen Aussiedlern, der erhöhten Rate an Hepatiden unter MigrantInnen mit Suchtstörungen und der erhöhten Alkoholismusrate bei drogenabhängigen MigrantInnen türkischer Herkunft entnommen werden. Diese drei Aspekte sind alarmierend und erfordern ein schnelles versorgungspolitisches Eingreifen. Eine schnelle Antwort wird jedoch erschwert durch die unzureichende wissenschaftliche Evidenz und den Mangel an kultureller Kompetenz im Suchthilfesystem. Die notwendige Veränderung des Suchthilfesystems muss sowohl den diagnostischen als auch den therapeutischen Besonderheiten Rechnung tragen. Diagnostisch muss sowohl für eine klare Definition eines Suchtproblems unter Berücksichtigung kultureller Normen gesorgt, als auch die Bedeutung der Akkulturationsschwierigkeiten als psychische	MigrantInnen mit Suchtstörungen	Mittel

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
					Belastung berücksichtigt werden. Die notwendigen Behandlungsmassnahmen betreffen vor allem die familientherapeutische Perspektive, eine adäquate und finanziell abgesicherte Hinzuziehung von Dolmetschern mit Erfahrung in der kulturellen Mediation, als auch die Berücksichtigung von Wirkungsunterschieden in der Pharmakotherapie.		
D	Subjective illness beliefs of Turkish migrants with mental disorders - Specific characteristics compared to German patients	(Franz et al. 2007)	Quantitativ (N=79 turkish patients and 79 german patients)	4	Turkish patients believed significantly stronger in a chronical timeline of illness and in negative illness consequences, while German patients believed significantly stronger in treatment control and personal control. Turkish patients more often mentioned external causes of their disease compared to Germans. **Conclusions:** The results provide explanations of the deficient health care situation for Turkish migrants in Germany.	Turkish migrants with mental disorders	Mittel
D	Sprachliche und kulturelle Missverständnisse in der Psychotherapie	(Gül 2007)	Qualitativ	2, 3	Analyse der bikulturellen Interaktion zwischen Therapeut und Patient, Bedeutung interkultureller therapeutischer Kompetenzen. Sprachliche, kulturelle, ethnische und religiöse Differenz beeinflussen den Therapieprozess. Folgen können sein: - Therapeuten schicken ihre Patienten an andere Behandler oder zurück in deren Familie, oder sie stellen falsche Diagnosen mit entsprechend falscher Behandlung - PatientInnen nehmen die Angebote nicht oder zu spät in Anspruch, drücken Konflikte somatoform aus, brechen Therapien ab und suchen nach muttersprachlichen TherapeutInnen. Die vorherrschende „Gleichbehandlungsmaxime“ bei den Therapeuten wird von den PatientInnen als ungerechte Behandlung wahrgenommen. Wirkliche (gerechte) Gleichbehandlung setzt voraus, dass die individuellen Ungleichheiten (Andersartigkeiten, Besonderheiten) zur Kenntnis genommen werden. **Fazit:** Die bewusste Wahrnehmung und Auseinandersetzung mit sprachlichen, kulturellen, ethnischen und religiösen Besonderheiten fördern nicht nur ein Vertrauensverhältnis zwischen dem Therapeuten und dem Patienten, sondern begünstigen den Therapieerfolg. Identifizierung psychosozialer Faktoren, die bei MigrantInnen als krankheitsbegünstigend betrachtet werden: - Trennungs- und Entwurzelungserlebnis - Enttäuschungsgefühle in Bezug auf nicht erfüllte Wunschvorstellungen - Druck durch die Erwartungshaltung der Familien in der Heimat - Zerfall familiärer und sozialer Lebenszusammenhänge - Anpassungsleistung an die Aufnahmegesellschaft	TherapeutInnen von MigrantInnen mit psychischen Problemen	Mittel

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
					- Verlust der haltgebenden Werte und Sinnorientierung - -narzisstische Kränkung		
D	Bedeutung und Angebotsstruktur von kultureller Kompetenz in der Versorgung am Beispiel der Migrantenambulanz der Rheinischen Kliniken Langenfeld	(Ozankan und Atik 2007)	Bericht/Evaluation eines Projekts zur Überwindung von Zugangsbarrieren des öffentlichen Gesundheitsdienstes	2, 3	Ziel: Erweiterung der interkulturellen Öffnung durch die Einstellung von Fachpersonal mit direkten oder indirekten Migrationserfahrungen. Projekt basiert auf festgestellter Unterrepräsentation von MigrantInnen bei der Inanspruchnahme psychiatrischer Hilfsangebote. Die Migrantenambulanz schliesst eine Bedarfslücke, indem sie für eine spezielle Zielgruppe den Zugang ins Versorgungssystem öffnet. Angeboten wird psychiatrische Behandlung inkl. Diagnostik und Pharmakotherapie unter Einbeziehung der Angehörigen un der Betreuer in den komplementären Diensten. Beratungs- und Informations-gespräche in externen Institutionen wie MigrantInnenvereinen (aufsuchende Arbeit). Mit dem Angebot konnte eine deutliche Reduzierung der Schwellenangst türkischsprachiger PatientInnen, insbesondere der Frauen, erreicht werden. Es scheint aufgrund der Evaluation nicht nur möglich, sondern zunehmend notwendig zu sein, innerhalb der psychosozialen Regelversorgung spezielle Angebote für MigrantInnen mit muttersprachlichen Kompetenzen zu organisieren, ohne eine psychosoziale Ghettobildung zu initiieren. Dies obwohl auch Gefahren einer solchen Spezialisierung zu beachten sind: Tendenz, dass deutsche TherapeutInnen die Auseinandersetzung mit PatientInnen mit Migrationshintergrund zu vermeiden suchen, was unprofessionell ist.	Politik-Akteure, Fachpersonal der psychiatrischen Versorgung. Behandlungsangebot richtet sich vorrangig an türkisch sprechende PatientInnen, andere Nationalitäten bilden aber kein Ausschlusskriterium.	Gross
D	Erklärungsmodelle für den Zusammenhang zwischen Migration und Gesundheit	(Razum 2007)	Quantitativ	4	Will man zwischen genetischer Disposition und Lebensstileinflüssen unterscheiden, so ist vor allem der Vergleich mit der Bevölkerung des Herkunftslandes aussagekräftig. Niedrigere Mortalität von MigrantInnen bedeutet nicht, dass die Prävalenz von Risikofaktoren niedrig ist und daher keine präventiven Interventionen erforderlich sind. Auf die Fragen, ob MigrantInnen ein gutes Leben führen und ob sie mit Achtung behandelt werden, geben nicht alle Morbiditäts- und Mortalitätsdaten zuverlässige Auskunft. Hierzu müssen ausgewählte Gesundheitsindikatoren wie z.B. Müttersterblichkeit oder Studien zur psychischen Befindlichkeit und zur sozialen Lage von MigantInnen herangezogen werden.		Gross
D	Migration und Gesundheit : Entwicklung eines Erklärungs- und Analysemodells für	(Schenk 2007)	Theorieentwicklung	4	Mit dem Modell soll eine Analysegrundlage geschaffen werden, die alle potenziellen Einfl ussfaktoren einschließt. Ob und welchen Einfluss die einzelnen Faktoren auf das zu erklärende		Gross

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	epidemiologische Studien				Gesundheitsphänomen tatsächlich haben, muss jeweils empirisch geprüft werden. Auch müssen nicht alle Faktoren für eine spezifi sche Fragestellung relevant sein. Zunächst zeigt das Modell all jene zentralen Dimensionen, die eine Situation mit Migrationshintergrund von einer Situation ohne Migrationshintergrund unterscheiden und zu ge sundheitlichen Ungleichheiten zwischen der einheimischen und der Migrantenpopulation führen können: 1. Unterschiede gesundheitsrelevanter Bedingungen in Herkunfts- und Aufnahmeland, 2. das Migrationsereignis selbst, 3. die besondere soziale und 4. rechtliche Lage von Migranten im Aufnahmeland, 5. ihre ethnische Zugehörigkeit und damit verbundene Ethnisierungsprozesse sowie 6. Zugangsbarrieren zur gesundheitlichen Versorgung.		
D	Changes in cardiovascular risk factors among first and second generation Turkish migrants in Germany – an analyses of the Mikrozensus 2005	(Reeske et al. 2007)	Quantitativ (Mikrozensus Data)	1	We found a decrease of smoking prevalence from the first to the second generation among male Turkish migrants with a high educational level: 47.6% of the first generation are smokers, but only 40.3% of the second generation. In the German reference population there are 30.4% smokers. Among male Turkish migrants with low educational level, there is an increase over the generations from 50.9% in the first generation to 59.6% in the second generation. Among Turkish women, there is a substantial increase in smoking prevalence over the generations, irrespective of educational level (high level: from 32.5% to 37.7%, low level: from 24.3% to 40.8%). First generation Turkish migrants have a slightly higher prevalence of obesity, compared to the German reference population. The prevalence of obesity is declining among the second generation. **Conclusions:** For the first time, we present representative data the prevalence of risk factors for cardiovascular diseases among Turkish migrants in Germany. First generation migrants from Turkey show prevalences that are higher than that of Germans and that are similar to those in urban Turkey (Tezcan et al., 2003). In the second generation, prevalences converge with those of the German reference population. Our hypothesis – which interprets migration as a 'health transition' is thus supported.	First and second generation Turkish migrants in Germany compared to Germans	Gross
D	Sind Migrantinnen und Migranten anders depressiv?	(Schouler-Ocak 2007)	Literaturstu-die	2, 4	Die unterschiedlichen Ausdrucksformen, Krankheitskonzepte und Behandlungserwartungen bei depressiven Erkrankungen verdeutlichen, dass sich die Depression bei Menschen mit Migrationshintergrund anders äussert und daher auch übersehen werden kann. Dabei spielen die sprachlichen und kulturgebundenen Verständigungsschwierigkeiten eine besondere Rolle. Insgesamt ist	Depressive MigrantInnen	Gering

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					aufgrund der aufgeführten Unterschiede in den verschiedenen kulturellen Kontexten davon auszugehen, dass Depressionen bei Menschen mit Migrationshintergrund schwieriger zu diagnostizieren und zu behandeln sind. Diese Ausführungen verleiten zur Schlussfolgerung, dass die interkulturelle Kompetenz im Umgang mit Patienten mit Migrationshintergrund unverzichtbar ist. (...) Der systematische Einsatz von professionellen Sprach- und Kulturvermittlern, die systematische interkulturelle Öffnung sowie das systematische Erwerben der interkulturellen Kompetenz können dazu beitragen, dass Depressionen bei Menschen mit Migrationshintergrund aus unterschiedlichem kulturellem Kontext besser erfasst und behandelt werden.		
D	Ressourcen- und resilienzorientierte Arbeit mit migrierten Patientinnen und Patienten	(Schultz 2007)	Qualitativ	2, 3 Bildung transkultu reller Kompeten z und Ressource nortientier ung bei Fachleute n	Definition inter-/transkulturelle Kompetenz. Der transkulturelle Ansatz wird um die Betonung ressourcenorientierter Arbeit erweitert. Bezugnahme auf die dokumentierte Tatsache, dass Migrationsschicksale und ethnische Diskriminierung im Aufnahmeland die Persönlichkeitsentwicklung deformieren und zu krankheitswertigen psychischen Verfassungen führen können. In diesem Zusammenhang ist die Resilienzforschung beachtenswert. Erläuterung von Faktoren, die zu einer ressourcenorientierten Behandlung von MigrantInnen beitragen können. **Fazit:** Die Möglichkeiten einer ressourcen- und resilienzorientierten Behandlung sind vielversprechend. Damit sie zum Tragen kommen, braucht es die Bereitschaft des professionellen Personals, institutionelle Veränderungen und die Erweiterung von Fort- und Ausbildung.	TherapeutInnen und Betreuungsperson en von migrierten und schwarzen deutschen PatientInnen	Gross Ressourcenorien tierung
D	Psychische Belastung von Patientinnen und Patienten in gynäkologisch-internistischen Notfallambulanzen von drei Berliner Innenstadtkliniken	(Schwartau et al. 2007)	Quantitativ	2 Inanspruc hnahme von Notfallstr ukturen; 4 psychisc. Belastung	Welche patientenseitigen Faktoren beeinflussen die Angemessenheit einer Inanspruchnahme der Rettungsstellen? Unterscheidet sich die psychische Belastung der PatientInnen, die eine klinische Notfallambulanz aufsuchen? Als Prädiktoren für eine angemessene Inanspruchnahme (Angemessenheit wird aufgrund eines Vergleichs zwischen den Inanspruchnehmenden beurteilt, nicht im Vergleich zur Versorgung in anderen Einrichtungen) zeigten sich Alter über 30 Jahre, Vorliegen chronischer Erkrankung und Vorstellung innerhalb der Praxissprechzeiten. Alle anderen Variablen (Geschlecht, Bildungsgrad, Erwerbstätigkeit, Wohnortnähe zur Klinik, Vorhandensein eines Hausarztes, Nutzungsfrequenz der Rettungsstelle, Grad der psychischen Belastung) hatten keinen entscheidenden Einfluss auf die Angemessenheit der Inanspruchnahme. Die Analyse weist darauf hin, dass MigrantInnen seitens der behandelnden ÄrztInnen als	PatientInnen von internistischen und gynäkologischen Notfallambulanze n (deutscher und nicht-deutscher Muttersprache) in drei grossen Kliniken der Berlinger Innenstadt	Gering

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					weniger behandlungsbedürftig eingeschätzt werden, während das Laienwissen, Beschwerdewahrnehmung und -interpretation jedoch eine höhere Rate angemessener Inanspruchnahmen nach den beschriebenen Kriterien bewirkt. Bei der Bildung des Index zur angemessenen Inanspruchnahme hoben sich diese Besonderheiten gegenseitig auf. Variablen "Schmerz im Alltag", "aktueller Stress und Belastung" und "Lebenszufriedenheit" bildet den Faktor "Allgemeine psychische Belastung". 46% der türkischstämmigen, 34% der anderen nicht-deutschen und nur 26% der deutschen Befragten wiesen nach diesen Kriterien eine hohe allgemeine psychische Belastung auf. Auch der Bildungsgrad erwies sich als ähnlich wirksamer Einflussfaktor: 48% der Befragten mit geringer, 32% derer mit mittlerer und nur 21% derer mit hoher schulischer Bildung wiesen nach diesen Kriterien eine hohe allgemeine psychische Belastung auf. Bei der alleinigen Betrachtung der türkischstämmigen Befragten zeigt sich, dass trotz Abnahme mit Höhe des Bildungsgrads auch bei Befragten mit hohem Bildungsgrad der Anteil mit hoher allg. psychischer Belastung relativ hoch ist (39%, während 16% der deutschen Befragten mit hoher Bildung eine hohe allg. psych. Belastung zeigen). Betrachtet man den Grad psych. Belastung nach Ethnizität und Geschlecht zeigt sich, dass 48% der türkischstämmigen Frauen gegenüber 36% der Frauen anderer und 29% der Frauen deutscher Ethnizität hohe Belastungswerte aufweisen. Dies betrifft auch 40% der türkischen gegenüber 30% der anderen und 21% der deutschen männlichen Patienten. **Diskussion:** Die befragten PatientInnen türkischer/kurdischer Ethnizität befanden sich verglichen mit den deutschen Befragten häufig in stark benachteiligter Lebenslage. Neben der häufigen hohen psychsischen Belastung hatten sie auch oft geringe schulische Bildung und waren häufiger erwerbslos. Diese Faktoren (Bildung und Erwerbsstatus) haben aber bekannterweise eine Schlüsselfunktion für gesundheitliche Belange wie Lebenszufriedenheit, Stress und Belastung bis hin zu Schmerzen. Wie bereits in vorangehenden Studien beobachtet, gaben die befragten MigrantInnen signifikant häufiger starke Schmerzen im Alltag an als deutsche Befragte. Worauf dieser Unterschied zurückzuführen ist, bleibt unklar. Unterschiede der Schmerzdeutung und des Schmerzausdrucks sind jedoch soziokulturell bedingt. Das eigene Schmerzverständnis ist zu hinterfragen.		

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
D	Reaching migrants for preventive care: Optimization of access and utilization.	(Walter et al. 2007)	Qualitativ	1	Essential criteria for the sustainable effectiveness of preventive and health promotion consist in the proper selection of target groups and successfully approaching them. The knowledge of possible barriers that make the access to preventive care and health promotion more difficult, e.g. low health literacy, that means the difficulties of linguistic understanding or the low acceptance regarding the provider, is necessary in order to select adequate access possibilities to the defined target groups. Up to now, for this and particularly for the ethno-specific health behaviour of migrants in Germany information hardly exists. So far, there are only a few preventive offers which are target group focussed. The use of native speaking preventive consultants is an attempt to improve the access to preventive care for migrants by low threshold come and access-structures.	Migrants as a hard-to-reach group in health and preventive care	Mittel
D	Mögliche psychische Folgen von Wanderung und Migration bei Kindern und jungen Erwachsenen	(Wohlfahrt et al. 2007)	Qualitativ	1 ,2, 3, 4	**Fazit:** Hilfestrukturen benötigen mehr intelligente Hilfe, die nicht verallgemeinert, sondern die immer von Fall zu Fall Unterschiedliches bereitstellt. Eine Zusammenarbeit zwischen Jugendhilfe, Psychologen, Schule und Eltern über einen systemischen, interkulturellen und reflektierenden Ansatz zwischen dem jeweils Eigenen und Fremden wäre eine solche Möglichkeit.	Kinder und jugendliche MigrantInnen	Gering
D	Cancer survival among children with Turkish migrant background in Germany 1980–2005: a registry-based analysis	(Zeeb et al. 2007)	Quantitativ (1774 Children under 15 (cancer patients) with Turkish background compared to all other registered cases (37’ 259)	2	Overall we found no differences in cancer survival probabilities between Turkish migrant children and other children with cancer. The five-year survival probability was 74% for children with migration background as compared to 75% or others. Comparisons involving different diagnostic groups or frequent entities, gender, age groups and time periods revealed a significantly lower 5–year survival probability only in the subgroup of Turkish children who were diagnosed with acute lymphatic leukemia prior to 1988 (62% versus 75% for nonmigrant children; log-rank test $P < 0.0001$). For malignant bone tumours Turkish migrant children had a 5-year survival probability of 72% versus 66% among comparison children ($P = 0.14$). No major differences were detected in the completeness of follow-up for the two groups. **Conclusions**: Our results suggest that in Germany, migration status has no bearing on the eventual outcome of cancer therapies with regard to mortality. The results of our analyses may be used to inform parents of children with Turkish migrant background with respect to the comparative prognosis of their child.	Children under 15 Cancer patients with Turkish background	Mittel

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
D	a) Mortality from cancer among ethnic German immigrants from the Former Soviet Union, in Germany b) Epidemiological perspectives of migration research: The example of cancer c) All-cause and cardiovascular mortality among ethnic German immigrants from the former Soviet Union: a cohort study	a) (Kyobutungi et al. 2006) b) (Zeeb et al. 2008) c) (Ronellenfitsch et al. 2006)	Quantitativ (a) + c) : retrospective cohort study of 34' 393 so-called « Aussiedler »	1, 4	**a)** Compared to Germans, male Aussiedler had similar all-cancer mortality, higher mortality from lung and stomach cancers, and lower mortality from prostate cancer. Females had lower all-cancer, lung, and breast cancer mortality. Compared to the Russian Federation, Aussiedler had lower all-cancer mortality; males had similar mortality from lung cancers. **b)** With regard to cancer, descriptive studies among Turkish migrants and ethnic German immigrants from the Former Soviet Union have shown overall low, but slowly increasing cancer rates as compared to autochthonous Germans. For individual cancer sites such as stomach cancer, migrants appear to experience higher risks than the comparison population. Epidemiologic approaches studying cancer care and services for migrants, as well as analytic studies that allow assessing the particular temporal dynamics of cancer risks among migrant groups, are scarce in Germany. Thus, major challenges for cancer epidemiology among migrants exist in Germany. **c)** In contrast to our hypothesis on migrants' health, overall and CVD mortality among Aussiedler is lower than in Germany's general population. Possible explanations are a substantially better health status of Aussiedler in the FSU as compared to the local average, a higher perceived socio-economic status of Aussiedler in Germany, or selection effects. SMR differences between substrata need further exploration, and risk factor data are needed.	**a) + c) :** « Aussiedler » from the Former Soviet Union in Germany's largest federal state **b):** Turkish migrants and ethnic German immigrants from the Former Soviet Union	Gering
D	Migration, transnationale Lebenswelten und Gesundheit : Eine qualitative Studie über das Gesundheitshandeln von Migrantinnen	(Eichler 2008)	Qualitativ (N= 10)	1, 2, 3	Eichler beobachtet insgesamt eine verstärkte Bildung neuer Kompetenzen im Gesundheitshandeln der befragten Migrantinnen im Verlauf der Zeit nach der Migration. Ihr « Compliance »-Verhalten muss als wohl begründetes Verhalten informierter, kritischer Patientinnen verstanden werden, welches diese aus der Perspektive transnationaler Lebenserfahrung annehmen, und darf nicht voreilig auf eine defizitäre Informationslage und/oder kulturelle/sprachliche Verständigungsprobleme zurückgeführt werden. Weitere Beobachtungen : Die befragten Migrantinnen greifen auch nach der Migration für die Beratung gesundheitlicher Fragen auf ein soziales Netzwerk im Herkunftsland zurück, und beeinflussen dieses Netzwerk mit ihrem « doppelten Blick » auf die Gesundheitssysteme beider Regionen. Ein Rückgriff auf in der Herkunftsregion übliche alternative Therapieformen und Heilmittel ist v.a. als « Vorstufe » zur Inanspruchnahme des schulmedizinisch geprägten deutschen Versorgunssystems zu beobachten. Die strukturellen Bedingungen der	« Freiwillige » Migrantinnen (Migration = positiv besetztes Lebensereignis) verschiedener Herkunft (alle mit gutem Bildungshintergrund und durch « multiple Inklusion » gekennzeichnet)	Gross

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					Gesundheitssysteme der Herkunftsländer haben – insbesondere in der Anfangsphase im Aufnahmeland - grossen Einfluss auf das Gesundheitshandeln der Migrantinnen bzw. auf ihre Haltung gegenüber dem hiesigen Gesundheitssystem (Z.B. messen Migrantinnen, in deren Land das System nicht funktioniert, einem Laiengesundheitssystem hohe Bedeutung zu. Oder Frauen aus Ländern mit stark schulmedizinisch geprägten Systemen mit « irrationalem Medikamentengebrauch » zeigen in der ersten Zeit nach der Migration u.U. eine Erwartungshaltung bezüglich ärztlicher Medikamentenverschreibung.		
D	Caries prevalence in 11-14 – year old migrant children in Germany	(Bissar et al. 2007)	Quantitativ (N=570)	1, 4	DMFT values significantly higher in immigrant children. In Germany, migrant children have a poorer dental health status than native children coming from the same low socio-economic classes. Risk-oriented PH policies with appropriate prevention programs must be developed for these children.	11-14 year old immigrant schoolchildren	Mittel
D	Migration und psychische Gesundheit : Belastungen und Potentiale	(Borde und David 2007)		1, 2, 3, 4	Artikel Haasen et al. , Schouler-Ocak, David et al., Schwartau et al., Wohlfahrt et al., Gün, Schultz, Ozankan		Vgl. Einzelbeiträge
DK	Ethnic minorities in Denmark: health and health services use	(Folmann 2007)	Quantitativ	1, 2, 4	This study has demonstrated that ethnic minority groups in Denmark, with the exception of Vietnamese people, have a significantly higher frequency of overall hospital contacts compared to Danes. The association is strongest among men and women from Somalia. Furthermore, ethnic minority groups, with the exception of Vietnamese people, also have a significantly higher frequency of overall contacts to GP. The association is strongest among men and women from Lebanon. In relation to specific chronic diseases, the results are much more fragmented. Ethnic minorities have a higher frequency of contacts related to lifestyle diseases that develop early in life (type 2 diabetes, skeletal muscle disease, asthma), while contacts related to life style diseases that develop later in life (cardiac heart disease, osteoporosis, preventive cancer) appear to be more common among Danes. Compared to Danes, Pakistanis have a significantly higher frequency of contacts related to type 2 diabetes, cardiac heart disease and chronically pulmonary disease, whereas Vietnamese people in general have fewer contacts related to these diseases. **Conclusions:** This study has demonstrated that most ethnic minorities have a higher frequency of contacts to the health care system compared to Danes. Nevertheless, the minority groups differ among themselves in relation to health services use. One has to consider that ethnic minorities differ in history, genetics, socio-	Ethnic minority groups in Denmark	Gering

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
					economy, life style and perception of disease. Therefore it is crucial in both research and health planning to take into consideration that each minority group is unique and that ethnic minorities should not be generalized into one group.		
DK	Health behaviour among non-western immigrants with Danish citizenship	(Hansen et al. 2007)	Quantitativ (N=136 non-western immigrants with Danish citizenship and 9901 citizens with Danish background)	1	Non-western immigrants had lower odds for reporting that own effort is very important to maintain good health and for reporting consuming more alcohol on a weekly basis than recommended by the Danish National Board of Health. The odds was higher for non-western immigrants than citizens with Danish background for reporting sedentary spare time activities, daily consumption of boiled vegetables and daily consumption of salad/raw vegetables. We found no differences in daily smoking, daily fruit consumption, BMI 325 or BMI 3330. **Conclusions:** The non-western immigrants are healthier in terms of alcohol and vegetable consumption and unhealthier with regard to leisure-time physical activity. The non-western immigrants are less likely to report that their own effort is important in maintaining good health.	Danish cizizens with Danish and non-western background	Gering
DK	Differences in stage of disease between migrant women and native Danish women diagnosed with cancer: results from a population-based cohort study.	(Norredam et al. 2008)	Quantitativ (N=269 migrants, N=1608 native Danes)	1	Migrant women had decreased odds ratios of being diagnosed at the local stage and increased odds of having unknown stage (= tendencies, not statistically significant). Results indicate that migrant women may experience barriers in access to healthcare until cancer diagnosis compared to Danish women.	Refugee and family reunited migrant women	Gering
DK	Motivation and relevance of emergency room visits among immigrants and patients of Danish origin	(Norredam et al. 2007)	Quantitativ (N=3426 patients and care givers at emergency rooms (ER)	2, 3	More among immigrant patients than among patients of Danish origin had considered contacting a primary caregiver before visiting the ER, and more immigrants reported going to the ER because they could not contact a general practitioner, or could not explain their problem on the telephone. Compared to immigrants, more patients of Danish origin explained that the ER was most relevant to their need. A higher proportion of claims among immigrants were seen by caregivers as not being appropriate to the ER. **Conclusion:** Migrants have more irrelevant ER claims, presumably because of barriers in access to primary care. Access to primary care should be facilitated for these groups. Alternatively, ERs could include primary care activities as part of their services.	Patients and care givers at 4 emergency rooms (ER) in Kopenhagen	Mittel
E	Health care provision for illegal migrants: may health policy make a difference?	(Torres-Cantero et al. 2007)	Quantitativ (N=380 migrants)	2	We interviewed 380 migrants to assess whether there were differences on health services utilization by legal status. We did not find differences in the utilization of health services when ill between legal and illegal migrants. However, a significantly lower utilization of health services was associated with less education.	Migrants with legal and illegal status	Gering

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
E	Demand for psychiatric emergency services and immigration. Findings in a Spanish hospital during the year 2003	(Perez-Rodriguez et al. 2006)	Quantitativ (N=1511 emergency visits, N=410 hospitalizat.)	2	Immigrant under-uses psychiatric emergency and hospitalization services in comparison with natives. They did not consult because of psychoses or affective disorders, but mainly because of reactive conditions related to the stress of migration.	Immigrants seeking psychiatric care	Gering
EUR (S, CH)	Migration and health : difference sensitivity from an organisational perspective	(Björngren und Cattacin 2007)		1, 2, 4	This book contains articles dealing with discourses in health systems, difference sensivity, barriers and learning processes in organizations, as well as an agenda for further research.	Undocumented migrants in Sweden and Switzerland	Mittel
EUR (S, CH)	Organisational Research in "Migration and Health": A Research Agenda	(Maggi 2007)		4	Propositions for further research in Migration&Health from an organizational perspective	Organisations/Actors in M&H	Mittel
EUR	Mental health, health care utilisation of migrants in Europe	(Lindert et al. 2008)	Review of the literature concerning mental health disorders of migrants and their access to and their consumption of health care and psychosocial services in Europe.	2, 4	Aim of this article is to give an overview on (i) prevalence of mental disorders; suicide; alcohol and drug abuse; (ii) access to mental health and psychosocial care facilities of migrants in the European region, and (iii) utilisation of health and psychosocial institution of these migrants. **Results**: It is impossible to consider "migrants" as a homogeneous group concerning the risk for mental illness. The literature showed (i) mental health differs between migrant groups, (ii) access to psychosocial care facilities is influenced by the legal frame of the host country; (iii) mental health and consumption of care facilities is shaped by migrants used patterns of help-seeking and by the legal frame of the host country. Conclusion - Data on migrant's mental health is scarce. Longitudinal studies are needed to describe mental health adjusting for life conditions in Europe to identify those factors which imply an increased risk of psychiatric disorders and influence help seeking for psychosocial care. In many European countries migrants fall outside the existing health and social services, particularly asylum seekers and undocumented immigrants.	Migrants with mental disorders	Mittel
EUR	Migrant and ethnic health research: Report on the European Public Health Association Conference 2007	(Rafnsson und Bhopal 2008)	Conference Report	4, 1	Der Conference Report zur EUPHA-Tagung 2007 „Migrant and ethnic health research“ gibt einen Überblick über die europäische Forschungstätigkeit in diesem Bereich. Eine wichtige Beobachtung mit Blick auf Public Health-Massnahmen ist die zunehmende Vulnerabilität von MigrantInnen hinsichtlich Infektionskrankheiten und die Tatsache, dass veränderte Lebensstile bei diesen Bevölkerungen zu einer Zunahme der sogenannten Wohlstandserkrankungen führen. So seien in manchen	Migrants in Europe	Gross

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
					Migrationspopulationen in Europa höhere Raten in Bezug auf Bluthochdruck, Diabetes, Herzinfarkt und Hirnschlag beobachtet worden.		
F	Repères sur la santé des migrants	(Stanojevich und Veïsse 2007)	Revue de littérature	4	Obésité, maladies cardiovasculaires et diabète sont les principaux pourvoyeurs de maladies chroniques des étrangers bénéficiaires d'une carte de résident. Par rapport aux exilés, trois principaux groupes de pathologies émergent : psycho-traumatismes, maladies infectieuses et maladies chroniques. S'il n'apparaît pas de différence entre les migrants et les autochtones en matière de dépression et de recours aux soins de santé mentale, les migrants présentent des antécédents significativement plus fréquents de crise d'angoisse et d'états de stress post-traumatique. Groupes spécialement vulnérables : femmes (prévalence plus élévée de grossesses non désirées et de complications obstétricales chez les étrangères), mineurs étrangers isolés, personnes âgées vivant en foyer (capital santé fortement dégradé, vieillissement précoce). Aujourd'hui, les pouvoirs publics en charge de la prévention s'engagent sur la voie d'une approche spécifique étendue à d'autres pathologies auxquelles les migrants sont particulièrement exposés, afin de mieux prendre en compte les multiples facteurs de vulnérabilité de ces populations. La notion d'" approche spécifique " des questions de santé des migrants crée parfois débat lorsqu'elle s'apparente à une forme de " discrimination positive ". En effet, le traitement différentiel relatif aux discriminations est généralement perçu comme illégitime puisqu'il s'oppose au principe d'égalité de traitement de tous les citoyens, garanti par la Constitution et hérité d'une longue tradition républicaine. Cependant, le principe d'égalité peut faire l'objet d'exceptions dès lors que les différences de traitement trouvent leur justification au travers d'une différence de situation ou de l'intérêt général : c'est le principe de la discrimination positive. En l'espèce, la vulnérabilité des migrants et l'intérêt de la santé publique peuvent justifier la mise en place de mesures préférentielles - comme une politique de vaccination ou une campagne de prévention ciblées -, à condition toutefois que l'impact de la mesure ne soit pas disproportionné par rapport au but visé et que les retombées négatives potentielles, notamment le fichage ou la stigmatisation, demeurent maîtrisées	Migrants en France	Mittel
GB	Impact on and use of an inner-city London Infectious Diseases	(Cooke et al. 2007)	Quantitativ (N=111)	2	Migrants presented with a range of more severe infections, which suggests they face barriers to accessing appropriate health care and	London resident migrants	Gering

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
	Department by international migrants: a questionnaire survey				screening both on arrival and once settled through primary care services. A more organised and holistic approach to migrant health care is required.		
GB	Tobacco control policy initiatives and UK resident Bangladeshi male smokers : Community-based, qualitative study.	(Croucher und Choudhury 2007)	Qualitativ (N=81)	1	Continued smoking was supported by anxieties about harassment in younger respondents, the migration experience of older respondents, and the unskilled employement opportunities available in the restaurant trade. Confusion about the purpose, availability and efficacy of nicotine replacement therapy. Respondents reported isolation and marginalisation from current tobacco control initiatives, including much NHS Stop Smoking Service provision. Initiatives should be inclusive and adress the reported needs of this community.	UK resident Bangladeshi men	Mittel
GB	Culture, health and illness, fifth edition	(Helman 2007)	Qualitativ / Quantitativ	1, 2, 3, 4	On the basis of secondary sources published before 2006 in UK and USA, the book emphasis that culture, traditional beliefs and practices play many symbolic, religious and social roles in immigrant's daily lives. Food habits, dietary habits others factors beyond the control of the immigrants themselves may affect their health and nutrition. The cultural factors influence on maternal diet and infant's health. In the same way, within the migrant community, some cultural attributes may actually be dangerous to their health.		Mittel
GB	Evidence from England on ethnic access to primary and secondary healthcare services	(Nazroo et al. 2007)		2	Small disparities in access to secondary care services (most notable for hospital out- and day-patient services) and marked disparities in access to dental services were detected, with fully djusted odds ratio (OR) for visiting a dentist at least occasionally varying between 0.20 to 0.84 compared with white. However there were no disparities in access to primary care services even after adjusting for self-reported morbidity, with greater utilization by Caribbean, Indian, Pakistani and Bangladeshi. Similarly, there was no evidence of ethnic disparities in levels of detection, treatment and control for hypertension, hypercholesterolemia and diabetes. **Conclusions:** This study indicates that the provision of a publicly funded universal access health service, such as the National Health Service in England, minimizes ethnic/racial disparities in healthcare.		Gering
GB	Somali women's experience of	(Straus et al.	Qualitativ	2, 3	Mismanagement of care of female circumcision provided during	Somali women in	Gering

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
	childbirth in the UK: Perspectives from Somali health workers	2007)	(N= 8 somali women)		pregnancy and labour leads to problems at birth for many Somali women. The importance of Somalia's oral culture is not recognised when addressing communication barriers and continuity of care is lacking but important. Somali women also felt that midwives held stereotyped and negative attitudes towards them. Existing pressures as a consequence of migration were compounded by these experiences of childbirth in the UK. Midwives need to possess the necessary clinical knowledge and skills to deal with women who have been circumcised and the issue needs to be raised early in the pregnancy. Attention needs to be paid to ensure continuity of care, maximising verbal communications and challenging stereotypical views of Somali women.	London	
GB	Mental disorders among Somali refugees	(Bhui et al. 2006)	Quantitativ (N=143)	4, 1	Over a third with mental disorders (common and PTSD). Higher risk of mental disorders found among Somalis who used Khat and those who claimed asylum at entry to the UK. Lower risk among Somalis in employement and those receiving education in the UK and in Somalia. PH interventions for Somalis should focus on khat use and mental health screening on arrival.	Somali refugees in London	Mittel
GB	Primary health care for refugees and asylum seekers : A review of the literature and a framework for services	(Feldman 2006)		2	Paper provides a framework for primary health care services to meet the recognized health needs of refugees and asylum seekers. The framework is conceptualized in terms of gateway services (facilitate entry into primary care for unregistered patients), core services (provide full registration, provided by dedicated practices or mainstream practices) and ancillary services (supplement and support core services' ability to meet the additional health needs of this group, e.g. language services, specialist services for survivors of torture and organized violence etc.). The paper stresses the importance of ancillary services to successful mainstream provision.	Refugees and asylum seekers	Gross
GB	« We are not completely Westernised »: Dual medical systems and pathways to health care among Chinese migrant women in England	(Green et al. 2006)	Qualitativ (N=42 interviews with women of chinese origin)	1, 2, 3, 4	Most women draw upon both medical systems (« chinese » and « western »). Women who are more connected with majority English culture are more successful in their consultations with Western health service practitioners but do not necessarily discontinue using Chinese medicine. We find that recourse to two different systems helps to overcome barriers when accessing health	Women of chinese origin	Mittel

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
					care. The health policy implications of the findings would suggest that a system that acknowledges and embraces medical pluralism would assist the development of culturally appropriate health care provision.		
GB	You have to cover up the words of the doctor": The mediation of trust in interpreted consultations in primary care.	(Robb und Greenhalgh 2006)	Qualitativ (N=69 interviews with service users, professional and family member interpreters, GP, nurses, receptionists and 2 focus groups)	3	Trust was a prominent theme in almost all the narratives. The triadic nature of interpreted consultations creates six linked trust relationships (patient-interpreter, patient-clinician, interpreter-patient, interpreter-clinician, clinician-patient and clinician-interpreter). Three different types of trust are evident in these different relationships - voluntary trust (based on either kinship-like bonds and continuity of the interpersonal relationship over time, or on confidence in the institution and professional role that the individual represents), coercive trust (where one person effectively has no choice but to trust the other, as when a health problem requires expert knowledge that the patient does not have and cannot get) and hegemonic trust (where a person's propensity to trust, and awareness of alternatives, is shaped and constrained by the system so that people trust without knowing there is an alternative). These different types of trust had important implications for the nature of communication in the consultation and on patients' subsequent action. **Practical implications:** Quality in the interpreted consultation cannot be judged purely in terms of accuracy of translation. The critical importance of voluntary trust for open and effective communication, and the dependence of the latter on a positive interpersonal relationship and continuity of care, should be acknowledged in the design and funding of interpreting services and in the training of both clinicians, minterpreters and administrative staff.	Actors involved in medical interpretation	Mittel
GB	1) Ethnic elders and their needs 2) Ethnic minority elders: are they neglected in published geriatric psychiatry literature?	1) (Shah et al. 2006) 2) (Shah et al. 2008)	Literatur-studien 1) Psychiatry 2) International psychogeriatri	2, 3, 4	**Results:** The main findings were: (1) overall only 7.6% of the publications examined ethnic minority elders; (2) only 5.1% of publications were exclusively of ethnic minority elderly groups; and, (3) only 2.5% of publications included ethnic minority elderly groups in their overall sample. **Conclusions:** Findings from studies, such as epidemiological studies of risk factors for mental	Different ethnic elderly groups	Gross

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
			cs IPA		disorders in old age and randomized controlled studies of treatment interventions, which exclude ethnic minority elders, cannot be assumed to apply to these groups. Researchers, research institutions, funding organizations and policy-makers should acknowledge the rising numbers of ethnic minority elders and recognize the importance of using ethnic minority-specific research data in the planning of culturally sensitive services and mental health promotion programs.		
I	Social networks, information and health care utilization: Evidence from undocumented immigrants in Milan	(Devillanova 2008)	Qualitativ	1, 2	The analysis focuses on the time spent in Italy before an immigrant first receives medical assistance. Estimates indicate that networks significantly foster health care utilization: after controlling for all available individual characteristics and for ethnic heterogeneity, I find that relying on a strong social tie reduces the time to visit by 30%. The effect of information networks is stable across specifications and it is relatively large. Further investigation seems to confirm the quantitative importance of networks as an information device.	Undocumented migrants in Milano	Gering
NL	Ethnic differences in Internal Medicine referrals and diagnosis in the Netherlands	(Lanting et al. 2008)	Quantitativ	2, 3	All ethnic minority groups living in Rotterdam municipality, make significantly more use of the outpatient clinic than native Dutch people. Immigrant patients are more likely to be referred for analysis and treatment of 'gastro-intestinal signs & symptoms' and were less often referred for 'indefinite, general signs'. Ethnic minorities were more frequently diagnosed with 'Liver diseases', and less often with 'Analysis without diagnosis'. The increased use of the outpatient facilities seems to be restricted to first-generation immigrants, and is mainly based on a higher risk of being referred with 'gastro-intestinal signs & symptoms'. Conclusion: These findings demonstrate substantial ethnic differences in the use of the outpatient care facilities. Ethnic differences may decrease in the future when the proportion of first-generation immigrants decreases. The increased use of outpatient health care seems to be related to ethnic background and the generation of the immigrants rather than to socio-economic status.	Patients of internal medicine outpatient clinic in Rotterdam	Mittel
NL	Comparing psychological distress, traumatic stress reactions, and experiences of unaccompanied refugee minors with experiences of adolescents accompanied by parents	(Bean et al. 2007)	Quantitativ (N=3273)	4	URMs self-report significantly higher scores for internalizing problems, traumatic stress reactions, and stressful life events. URMs appear to be at significantly higher risk for the development of psychopathology than refugee adolescents with a family member, immigrants, or Dutch adolescents.	Unaccompanied refugee minors (URMs)	Mittel

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
NL	Perceived met and unmet need for mental health care across ethnic groups	(Fassaert et al. 2007)	Quantitativ (N=725)	2, 4	Depending on the type of mental health care intervention, preliminary results show that in the general population perceived need was higher among Turkish migrants compared to ethnic Dutch, especially with respect to information (27.3% vs. 9.8%) and social interventions (23.5% vs. 3.8%). Compared to ethnic Dutch, Turkish migrants more often reported that perceived need for care was unmet or only partially met (i.e. discordance). There were only few statistically significant differences between Moroccan migrants and ethnic Dutch. Discordance among Turks mainly concerned need for information (18.7%) and social interventions (19.8%). Differences with respect to discordance were explained by higher prevalence of mood and anxiety disorders and self-reported severity levels. **Conclusions**: While Turkish respondents are more likely to perceive a need for mental health care than ethnic Dutch, they are also less satisfied with any type of intervention. Our results indicate that satisfaction with mental health care among Turkish subjects strongly correlates with normative need as well as self-reported severity of the mental disorder. The results suggest room for improvements in both the contents of mental health care for migrants and views of migrant patients upon mental health care.	Ethnic Dutch, Turkish and Moroccan residents of Amsterdam	Gross
NL	Migrants use of mental health care: a population based study	(Koopmans und Foets 2007)	Quantitativ (Data from Dutch National Survey)	2	About 5% of the indigenous population reported mental health care service use in the past 12 months. That percentage was higher for all migrants groups, ranging from 6.3% for Moroccans to 8.7% for Turks. Among the indigenous population about 7% of the younger and middle age groups reported mental health care service use, whereas among the elderly only 2.4% reported such use. This age related pattern of utilization was similar for all migrants groups. All three indicators of need for care, as well as age predicted utilization. The additional role of ethnicity was limited to the two non- Dutch speaking groups: the Odds Ratios for Moroccans and Turks were 0.46 and 0.56 respectively. **Conclusion:** Utilization of mental health care varies with the expressed need in all ethnic groups, with an independent reducing role for being old. In non-Dutch speaking migrant groups the ulitization level is about half the level of all other groups, suggesting a substantial gap still exists	Ethnic Dutch and migrants from Surinam, the Dutch Antilles, Morocco and Turkey.	Gross
NL	Cultural differences in managing information during medical interaction: How does the physician get a clue?	(Meeuwesen et al. 2007)	Qualitativ (N=103 transcripts of video-registered medical	2, 3	Physicians set the agenda and lead the conversation firmly forward, while a considerable number of patients (mainly Dutch) put on the brakes. The majority of the medical conversations was traditional (37%) or cooperative (37%), while another 25% was more or less conflicting or complaintive in nature. Interviews of ethnic-minority patients were mostly traditional or cooperative, while Dutch	Physicians**,** non-western and Dutch patients	Gross

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
			interviews (56 non-Western and 47 Dutch patients)		patients showed a variety of types, especially in cases of poor mutual understanding. Further, conversational symmetry between patient and physician has increased over the years, due to the importance attached to patient autonomy. Conclusion: Physicians receive different conversational clues from Dutch and ethnic-minority patients in case of poor mutual understanding.Practice implications This points to the necessity for physicians as well as patients to become culturally competent.		
NL	Antidepressant prescriptions in first and second generation ethnic minorities in Dutch general practice	(Volkers et al. 2007)	Quantitativ (N=2392)	2	Moroccan and Surinamese patients with a physician diagnosed depression had lower treatment rates with antidepressants (68.9% and 63.2%) than Dutch patients (72.9%) and all ethnic minorities had lower numbers of prescriptions. Differences in treatment rates were explained by variation in demographic and socioeconomic variables and co-morbidity with anxiety. The second generation was less likely than the indigenous population to receive antidepressant treatment and both first and second generations received a reduced number of prescriptions. These findings were independent of age and other background variables. **Conclusions:** The largest non-western minorities in the Netherlands received less antidepressant treatment for depression in general practice than the indigenous population. The largest difference was found in the second generation, which does not support the acculturation hypothesis.	Dutch, Moroccan, Turkish, Surinamese and Antillean patients with depression aged 15-55 in the Netherlands	Gering
NL	Using Intervention Mapping to develop a programme to prevent sexually transmittable infections, including HIV, among heterosexual migrant men	(Wolfers et al. 2007)	Intervention development project	1	This intervention development project indicates that careful well-informed intervention development using Intervention Mapping is feasible in the daily practice of the MPHS, provided that sufficient time and expertise on this approach is available.	Heterosexual migrant men with afro-caribbean, turkish and moroccan background	Gering
NL	Do Dutch doctors communicate differently with immigrant patients than with Dutch patients?	(Meeuwesen et al. 2006)	Qualitativ (N= 61 non-western immigrants, N= 83 Dutch patients , video-observation N=31 Dutch GPs)	2, 3	Consultations with the non-Western immigrant patients (especially those from Turkey and Morocco) were well over 2 min shorter, and the power distance between GPs and these patients was greater when compared to the Dutch patients. Major differences in verbal interaction were observed on the affective behavior dimensions, but not on the instrumental dimensions. Doctors invested more in trying to understand the immigrant patients, while in the case of Dutch patients they showed more involvement and empathy. Dutch patients seemed to be more assertive in the medical conversation.	General practicioners, non-western and Dutch patients	Gross
NL	Potential barriers to the use of	(Scheppers et al.	Literaturstudie		The objective of this paper is to present an overview of the	Different ethnic	Mittel

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
	health services among ethnic minorities: a review	2006)	1990-2003		potential barriers and the factors, which may restrict ethnic minority patients from using health services, according to the literature available. i.e. **Results:** There were 54 articles reviewed. They reported on studies carried out in different countries and among different ethnic minorities. Potential barriers occurred at three different levels: patient level, provider level and system level. The barriers at patient level were related to the patient characteristics: demographic variables, social structure variables, health beliefs and attitudes, personal enabling resources, community enabling resources, perceived illness and personal health practices. The barriers at provider level were related to the provider characteristics: skills and attitudes. The barriers at system level were related to the system characteristics: the organisation of the health care system. **Conclusions:** This review has the goal of raising awareness about the myriad of potential barriers, so that the problem of barriers to health care for different ethnic minorities becomes transparent. In conclusion, there are many different potential barriers of which some are tied to ethnic minorities. The barriers are all tied to the particular situation of the individual patient and subject to constant adjustment. In other words, generalizations should not be made.	minority groups in different countries	
N	Termination of pregnancy according to immigration status: a population-based registry linkage study	(Vangen et al. 2008)	Quantitativ (N=all women 15-49 years undergoing termination of pregnancy and resident in Oslo (200-2003)	1, 4	Refugees and labour had significantly higher TOP rates than nonmigrants. Except in women less than 25 years, labour migrants had higher TOP rates than nonmigrants. Refugees had the highest rates in all age groups. Being unmarried was associated with a substantially increased risk of TOP among the nonmigrants; such effect was not observed among labour migrants and refugees. Two or more children were associated with increased risk among nonmigrants and refugees compared with four or more among the labour migrants. Generally, higher education showed a protective effect that was most pronounced among nonmigrants. **Conclusion**: Public health efforts to increase the use of contraceptives among refugees and labour migrants above 25 years should be encouraged.	All women 15-49 years undergoing termination of pregnancy (TOP)	Mittel
N	Psychosocial factors and distress: a comparison between ethnic Norwegians and ethnic Pakistanis in Oslo, Norway	(Syed et al. 2006)	Quantitativ (N=13581 Norwegian born and 339 ethnic	4	Pakistanis reported less education and lower employment rate than Norwegians. The Pakistani immigrants also reported higher distress compared to the ethnic Norwegians. The groups differed significantly with respect to social support and feeling of powerlessness, the Pakistanis reporting less support and more	Pakistani immigrants in Oslo	Gross

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			Pakistanis)		powerlessness. The expected difference in mean distress was reduced from 0.23 (0.19 - 0.29) to 0.07 (0.01 - 0.12) and 0.12 (0.07 - 0.18) when adjusted for socioeconomic and social support variables respectively. Adjusting for all these variables simultaneously, the difference in the distress level between the two groups was eliminated **Conclusion:** Poor social support and economic conditions are important mediators of mental health among immigrants. The public health recommendations/ interventions should deal with both the economic conditions and social support system of immigrant communities simultaneously.		
S	Cervical, endometrial and ovarian cancers among immigrants in Sweden: Importance of age at migration and duration of residence	(Beiki et al. 2008)	Quantitativ (Data of national cancer register 5.3 million women 1969 - 2004 in Sweden.)	4	In order to compare the risk of gynaecologic cancer among foreign-born women to the risk among those born in Sweden and to elucidate risk of cancer in relation to age at migration and duration of residence, we followed a cohort of 5.3 million women between 1969 and 2004 in Sweden. Through linkage with the national cancer register, we estimated cancer risk as rate ratios (RRs) with 95% confidence intervals (CIs) using Poisson regression. We reported RRs adjusted for age, calendar year of follow-up and years of education. Overall, 18,247 cases of cervical, 35,290 cases of endometrial and 32,227 cases of ovarian cancers occurred during 117 million person-years of follow-up. We found that adjusted RRs of all the three cancers were lower or the same among foreign-born women compared to those born in Sweden. As for cervical cancer, women aged 35-49 years born in Poland and Bosnia and women aged 50 years or more born in South America showed an increased risk, which was related to increasing age at migration. The risk was lowest among women born in Iran, Iraq, Organisation for Economic Cooperation & Development (OECD) and Finland, and highest among women born in Bosnia and Eastern Europe during their first 5 years since immigration. RRs for endometrial and ovarian cancers did not vary by duration of residence or by age at migration. Health care providers should be aware of the higher risk of cervical cancer among immigrants from high-risk areas, especially among those who immigrate at older ages. On the other hand, protective factors for ovarian and endometrial cancers seem to be retained upon migration.	Immigrant women	Mittel
S	Mental health of recently resettled refugees from the Middle East in Sweden : the impact of pre-resettlement trauma, resettlement stress and	(Lindencrona et al. 2008)	Quantitativ	4	The pathways to symptoms of common mental disorder and post-traumatic stress symptoms among refugees during resettlement need to be better specified. We aim to identify models of these different mental health outcomes among refugees during resettlement, taking pre-migration, migration and post-migration	Middle eastern refugees	Gross

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
	capacity to handle stress				stress conditions, a person's capacity to handle such stress and socio-demographic variables into consideration. A new questionnaire developed to better cover resettlement stress, as well as pre-resettlement trauma exposures and different measures of a person's capacity to handle stress, was administered to 124 Middle Eastern refugees that had been granted permanent residency in Sweden only a few months before responding. We found four dimensions of resettlement stress: social and economic strain, alienation, discrimination and status loss and violence and threats in Sweden, that account for 62% of the total variance in resettlement stress. Social and economic strain and alienation are important for explaining symptoms of common mental disorder. In the model of core post-traumatic stress symptoms, pre-resettlement trauma exposure seems to have the strongest impact. A person's capacity to handle stress plays significant, direct and mediating roles in both models. The impact of resettlement stressors in the context of the whole migration process for different mental health outcomes is discussed.		
S	Female genital mutilation among antenatal care and contraceptive advice attendees in Sweden	(Litorp et al. 2008)	Quantitative	2, 4	Objective ist to explore knowledge of, attitudes toward and practice of female genital mutilation (FGM) among women originally from countries where FGM is customary attending antenatal care and contraceptive advice in Sweden. Results. Out of 49 women asked, 40 women agreed to participate, of whom 37 had undergone FGM. Most FGM operations had been performed by doctors or midwives. Half of the Muslim women said FGM was allowed by their religion. All women reporting to have undergone 'sunna', an allegedly mild form, had extensive damage to their genitals. At gynecological examination three cases of reinfibulation were detected, of which two had been performed after delivery in Sweden. Twenty-nine women had daughters and three had let their daughters undergo FGM, all of them before settling in Sweden. Problems related to delivery and sexual intercourse were the most commonly mentioned complications of FGM. **Conclusions:** The reliability of the self-reported form of FGM is low, which may have implications for research, interventions and health care. Although many women express negative attitudes toward FGM and know about serious complications, the religious justifications, the practice of FGM on daughters, reinfibulation on adults and medicalization of the practice indicate attitudes that favor of the continued practice of FGM.	Women with female genital mutilation (FGM)	Mittel
S	Psychological distress among	(Taloyan et al.	Qualitativ	4	To analyse whether there is an association between sex and poor	Kurdish	Mittel

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
	Kurdish immigrants in Sweden	2008)	(n=111, men; n=86, women)		self-reported health (SRH) and psychological distress in Kurdish immigrants. **Results:** Kurdish men and women had a high prevalence of poor SRH and psychological distress. Age-adjusted odds ratios for anxiety were higher in Kurdish women. Sex differences in anxiety remained even when marital status, education, housing and employment were taken into account. Conclusions: Kurdish men and women report a high prevalence of poor SRH and indicators of psychological distress. Women had a higher risk for anxiety than men. Negative experiences of pre-migration as well as post-migration experiences, such as economic difficulties, preoccupation with the political situation in the home country, perceived discrimination, and feelings of poor control over one's life, were associated with the outcomes.	immigrants aged 27-60 years	
S	Health-related quality of life and migration: A cross-sectional study on elderly Iranians in Sweden	(Koochek et al. 2007)	Quantitativ (N=625 men and women aged 60-84 years)	4	To examine the association between migration status and health-related quality of life (HRQL) in a comparison of elderly Iranians in Iran, elderly Iranian immigrants in Sweden, and elderly Swedes in Sweden. **Results:** Iranian women in Sweden with shorter times of residence scored lower on vitality (beta-coefficient = -7.9, 95% CI = -14.3 to -1.5) compared with other women in this study. The lower vitality dimension score remained nearly unchanged in the main model (beta-coefficient = -7.3, 95% CI = -13.7 to -0.9). A longer period of residence in Sweden had a positive association with social functioning (beta-coefficient = 14.1, 95% CI = 3.1-25.1) and role limitation due to emotional problems (beta-coefficient=18.3, 95% CI=1.4-35.2) among elderly Iranian women. In general, the Swedish subsample scores higher on all dimensions of the SF-36 among women and in six out of eight among men in relation to the rest of the subsamples. **Conclusion**: The HRQL of elderly Iranians in Sweden was more like that of their countrymen in Iran than that of Swedes, who reported a better HRQL than Iranians in this study. However, length of time since migration to Sweden is not associated with poorer HRQL among elderly Iranians. The association varied, however, with sex. Elderly Iranian women showed an increase in two of eight dimensions of the SF-36 with additional years in Sweden, whereas, among elderly Iranian men, additional years in Sweden were not associated with HRQL.	Elderly Iranian Immigrants	Gross
S	Utilisation of antenatal care by country of birth in a multi-ethnic population: A four-year community-based study in Malmo?, Sweden	(Ny et al. 2007)	Quantitativ (A 4-year (2000-2003) retrospective community-	2, 3	The aim of this study was to investigate differences in use of antenatal care in a multi-ethnic population in Malmo? Sweden, over a 4-year period. Age, parity, cohabiting status, use of an interpreter, and tobacco-use were examined to assess the potential effects of confounding factors. Results. Significantly increased	Migrant users of antenatal care	Mittel

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
			based register , N=5,373)		odds of lower utilisation of planned antenatal care were found among some groups of foreign-born women. Women born in Eastern and Southern Europe, Iraq and Lebanon, and Asia had fewer antenatal visits than recommended, and all foreign-born women (except for women born in Iraq and Lebanon, and South and Central America) had a late first visit compared to Swedish-born women. Foreign-born women had, in general, fewer unplanned visits to a physician at the delivery ward, but women originating from Asia, Iraq and Lebanon, and Africa had higher utilisation visits to midwives at the delivery ward compared to Swedish-born women. **Conclusions:** Foreign-born women had lower utilisation of planned antenatal care. Approximately 50% of women had higher utilisation of care, by making unplanned visits to the delivery ward. This puts strain on both economical as well as staff resources. The delivery clinic at the hospital level is not intended to handle routine visits, and, moreover, some of these women do not receive the full benefits of planned routine antenatal care.		
S	To what extent may the association between immigrant status and mental illness be explained by socioeconomic factors?	(Tinghog et al. 2007)	Quantitativ (10,423 Swedish citizens, where of 1,109 were immigrant)	4	This study investigated to what extent the association between immigrant status and mental illness can be explained by a different distribution of known risk factors for impaired mental health between groups of immigrants and persons born in Sweden. **Results:** Immigrants' excess risk for low subjective wellbeing was completely accounted for by adjustment for known risk factors in all the immigrant groups. However, social-economic disadvantages could not account for the non-European immigrants' higher prevalence of depression (MDI), although the increased relative risk found in univariate analyses was substantially reduced. **Conclusions:** The findings in this study suggest that the association between immigrant status and mental illness appears above all to be an effect of a higher prevalence of social and economic disadvantage. Mental illness can be explained by a different distribution of known risk factors for impaired mental health between groups of immigrants and persons born in Sweden. Methods The study is based on data from the Swedish PART-study, designed to identify risk factors for, and social consequences of, mental illness. The study population consists of a random sample of 10,423 Swedish citizens, whereof 1,109 were immigrants. The data was collected in the year 2000. The immigrants were divided into three groups based on country of origin (Scandinavians born outside Sweden, Europeans born	European and non-european Immigrants	Gross

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
					outside Scandinavia, non-Europeans). The occurrence of mental illness among immigrants and native Swedes were compared not adjusting and adjusting for indicators of socioeconomic advantage/disadvantage (education, income, labour market position, etc). Mental illness was approximated with the WHO (ten) wellbeing index scale and depressive symptoms were measured with the major depression inventory scale (MDI). Results Immigrants' excess risk for low subjective wellbeing was completely accounted for by adjustment for known risk factors in all the immigrant groups. However, social-economic disadvantages could not account for the non-European immigrants' higher prevalence of depression (MDI), although the increased relative risk found in univariate analyses was substantially reduced. Conclusions The findings in this study suggest that the association between immigrant status and mental illness appears above all to be an effect of a higher prevalence of social and economic disadvantage.		
S	Diabetes: A cross-cultural interview study of immigrants from Somalia	(Wallin et al. 2007)	Qualitativ (N=19 diabetic adults born in Somalia and now living in Sweden)	2, 4	To describe how diabetic immigrants from Somalia experience everyday life in Sweden and how they manage diabetes-related problems, with inclusion of a gender perspective. To treat and care for minority populations successfully, healthcare staff in Sweden must thoroughly understand the illness experiences of different ethnic groups. However, no studies have so far been reported that focus on immigrants from Somalia with diabetes. Four themes emerged: experience of distress in everyday life; everyday life continues as before; comprehensibility gives a feeling of control; and being compliant. A major finding was the variation in how the participants managed the fasting month of Ramadan. Several participants fasted and did not see the diabetes as an obstacle, others did see it as an obstacle or indicated that fasting was not compulsory for a sick person. This study provides healthcare staff with information about how a minority group experience and manage diabetes. The results indicate the importance of considering cultural background, as well as religious traditions such as Ramadan, in diabetes care. They also indicate that men and women differ in their reaction to diabetes and that care should be adapted to this. It is important to develop evidence-based guidelines for diabetes care in ethnic groups that are fasting during Ramadan to prevent complications and promote relevant self-care. Further, the prescribed dietary advice must be culturally appropriate.	Immigrants from Somalia with Diabetes	Gering

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
S	Coronary heart disease risks in first- and second-generation immigrants in Sweden: a follow-up study	(Sundquist und Li 2006)	Quantitativ	1, 4	Objective is to analyse whether there is an association between country of birth in first-generation immigrants and first hospitalization for or death from coronary heart disease (CHD) and to analyse whether this association remains in second-generation immigrants. First-generation immigrants from Finland, central European countries, other eastern European countries and Turkey had higher rates of CHD than men or women in the reference group. First-generation immigrant women born in southern Europe, other western European countries and Baltic countries had lower CHD risks than the reference group. Sons of both male and female first-generation immigrants showed CHD risks similar to or slightly higher than those of their parents. Amongst second-generation women, only subjects with Finnish fathers or mothers had higher risks of developing CHD than the reference. Conclusions Results Increased risks of CHD found in some first-generation immigrant groups often persist in second-generation immigrant men. Healthcare professionals and policy makers should take this into account when designing and undertaking measures to prevent CHD.	First- and second generation immigrants aged 25-69 years	Gross
USA	Beyond cultural competency: Bourdieu, patients and clinical encounters	(Lo und Stacey 2008)		2, 3	It is unrealistic and unfair to expect practising doctors to know intuitively how to manage the cultural complexity of patients' lives. We suggest that professional education around issues of cultural comptetency must happen early in training, and must be integral to physician education.	(Future) medical professionals	Gering
USA	How patients view primary care: differences by minority status after psychiatric emergency	(Roman et al. 2008)	Quantitativ / Qualitative (N=85)	2, 4	In sum, there were no differences in patient enablement between the minority and non-minority subgroups over the course of the study, nor were there any changes in patient's perception of their relationship with healthcare providers. However, this cohort found primary care services less satisfactory than a general population without mental illness. Patients with psychiatric disorders experience stigmatization in their attempts to access health care. This stigma may have a greater impact than race and ethnicity, thereby leading to a similarity in perception of health care between minorities and non-minorities with mental illness	Minority and non-minority patients with mental illness	Mittel
USA	Racial and ethnic disparities in the quality of asthma care	(Cabana et al. 2007)	Literaturstudie	2	Racial and ethnic disparities in the quality of asthma care have been well documented in the United States. There are multiple factors associated with such disparities in asthma care, including structural barriers (eg, ability to access the health-care system), process-of-care barriers (eg, ability to navigate the health-care system), and process-of-care barriers at the interpersonal level (eg,	Actors in health care	Mittel

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
					ability to work effectively with a health-care provider) for equitable, quality asthma care. This article summarizes these issues and identifies specific areas for future investigation. At a health-systems level, further work is needed to understand how medical care financing arrangements may or may not be contributing to racial and ethnic disparities in asthma care, as well as how specific organizational initiatives can address these issues. Research needs at the patient/provider level include defining the content and methods for disseminating issues regarding cultural competency to health-care providers.		
USA	Initiation and Use of Public Mental Health Services by Persons With Severe Mental Illness and Limited English Proficiency	(Gilmer et al. 2007)	Quantitativ (N=9243 patients with a psychiatric diagnosis and limited English proficiency)	3	Latino and Asian clients with limited English proficiency were significantly less likely to first access the system through emergency services and more likely to access the system through outpatient services. In two outpatient programs that were focused on delivering services to clients with limited English proficiency, clients had a higher intensity of outpatient service use than clients in clinics that did not have such a focus. **Conclusions:** The initial pattern of service use was favorable for both groups. However, over time this pattern persisted for Asian clients with limited English proficiency but not for Latino clients with limited English proficiency. Findings suggest that ethnically focused programs may be an effective approach to engaging populations that are underrepresented in the mental health system.	Latino and Asian patients with a psychiatric diagnosis	Gering
USA	Social Determinants and Nutrition: Reflections on the Role of Communication	(Viswanath und Bond 2007)	Literaturstudie	1	The effect of diet-related communications is mediated by individual and social factors. Discussed in the article are : Socioeconomic status (education, income, occupation), social integration, race and ethnicity, place. **SES:** large body of evidence for effects on health behaviours. **Social integration:** Peers interpret messages in understandable and meaningful ways. Message can be translated into terms that are understandable to the network-members, potentially leading to greater learning about nutrition and sustaining behaviour change. **Race and ethnicity:** Mediate communication effects in 3 ways : 1) Delivery mechanisms must be carefully selected 2) Message strategies must be consistent with the beliefs, values, and norms of targeted ethnic groups 3) Recommended dietary practices must integrate the group's commonly consumed foods into a more healthful diet (modify food preparation, suggest lower-fat versions of usual ingredients). **Place:** Neighborhoods play a critical role; the success of campaigns depends on opportunities that allow the target audience to act on the messages.	Different social groups as target groups of nutrition communication	Gross

Land	Titel	Autor/in	Methode	Bereich*	Aus dem Inhalt	Zielgruppen	Relevanz**
USA	A crash-course in cultural competence	(Rust et al. 2006)	Literaturstudie	3	The authors blended their extensive literature review with the knowledge and experience of a culturally diverse medical team to develop the CRASH-Course in Cultural Competency training program for medical professionals. CRASH is a mnemonic for the following essential components of culturally competent health care - consider Culture, show Respect, Assess/Affirm differences, show Sensitivity and Self-awareness, and do it all with Humility. The goal of the CRASH-Course in Cultural Competency is to build confidence and competence in the clinician's ability to communicate effectively with diverse patient populations.	Actors in Health care	Gering

* **1**= Prävention/Gesundheitsförderung; **2**= Gesundheitsversorgung ; **3**= Interkulturelles Übersetzen; **4**= Transversal, Epidemiologie

** Die Einschätzung der Relevanz der einzelnen gesichteten Publikationen für das BAG-Programmteam erfolgte subjektiv durch das Review-Team (grosse, mittlere oder geringe Relevanz).

*** Texte, die bzw. deren Relevanz dem Programmteam bereits bekannt sind (von ihm in Auftrag gegebene Forschungen), werden mit dem Vermerk „bekannt“ versehen.

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