



Human resource and a European level migration health database – Principles and structure of training in diversity responsive research

Consensus conference 7-8 Oct, Pècs

Workshop 5: Human resource capacity/ training

Jeanine Suurmond

Amsterdam UMC, University of Amsterdam,

Department of Public Health,

Amsterdam Public Health Research Institute



Barriers

- Researchers have not yet been able to deliver high quality data on migrants' health needs and access to care, because of a lack of competencies: (1) to study needs of a multi-ethnic, multilingual and highly mobile group; (2) to understand the complexity of the barriers in access to care for this group.
- Generally, most researchers have not received training that enables them to work from and/or incorporate the perspective of migrant populations into their work and thus assume the perspective of the majority in the conduct of their work.



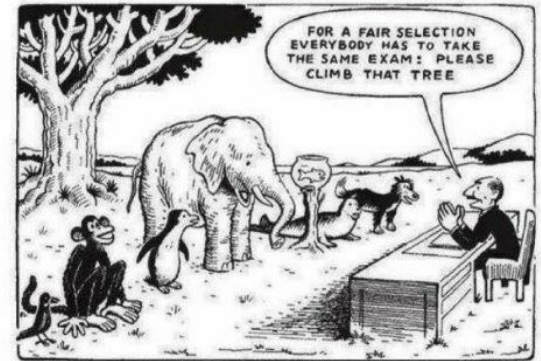
Barriers





Barriers

- (1) Effective communication and interaction between researchers and study participants;
- (2) Adequate analysis and interpretation of results as they relate to the patient/population impact;
- (3) Appropriate engagement in study design and implementation for community/population based research.





Barriers

- (1) **Recruitment** (eg researcher does not know where to find respondents, potential respondents cannot read info; do not trust the research, etc);
- (2) **Informed consent** (eg respondent cannot read informed consent; does not trust informed consent etc);
- (3) **Data collection** (eg researcher does not speak the language of the respondent during interview; researcher uses questionnaire that respondents cannot read/or interpret different);
- (4) **Data analysis** (eg researcher does not have sufficient knowledge resources to adequately analyse and interpret interviews; insufficient power);
- (5) **Report data** (eg research results never reach the studied population; does not change their situation).



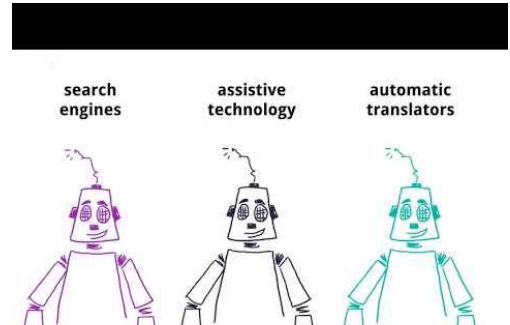
Competencies needed include

- (1) Knowledge of theories and models aimed to understand health and health care use migrants and ethnic minorities;
- (2) Knowledge/skills of quantitative epidemiological techniques;
- (3) Knowledge/skills of qualitative and participatory research;
- (4) Knowledge/skills of factors that influence (non)adoption and (in)effective implementation of preventive policies and health care services



Training should include

- **Training** of large groups of early stage researchers in competencies, eg participatory research; use interpreters; involve bicultural researchers eg interactive modules; onsite learning; secondments
- Development of **toolkits** eg the AMC toolkit inclusive palliative care;
- Development of **novel tools** for researchers e.g. using virtual reality to train large groups of researchers; ICT solutions for language barriers between researcher and respondent); ...





Training should include

- Working together, seeking out partnerships;
- Working intersectoral;
- Being an agent of change
-





Questions?

Jeanine Suurmond: j.Suurmond@amsterdamumc.nl