

Workshop 3: Best practices

Margaret Greenfield's presentation outlined 3 questions:

Which type of data need to be collected to effectively support migrants' health?

Data collection should combine routine data gathering practices and dynamic research which captures emerging needs. Data should ideally be collected through the use of mixed methods (both quantitative and qualitative) to capture both statistical measures of outcomes and thick rich narratives on the impact on migrants' health and wellbeing. Any system developed for collect data must provide support for flexibility and real time responsiveness. During the development of data capture system benchmarking is advised to ensure that it remains fit for purpose. The UK system can serve as an example for certain stages of data collection as a wide variety of materials and processes can be captured using UK models.

Various sources should be able to contribute to any such database developed: e.g. NGOs, social services, health service providers, etc. This requires a standard terminology for migrants and refugees and to be aligned with European requirements on data sharing, collection and storage.

To ensure large scale international systemic data collection local, regional, and national stakeholders and agencies need to be appropriately coordinated and properly informed about information required and changing intelligence demands.

3 main areas of diseases were mentioned which are worth to note in the database: infectious diseases, acute diseases, chronic diseases.

This data can be collected via emergency care, health care providers (e.g. use of services, preventive screening, vaccination/immunization, etc.). Preventive outreach methods which are most effective for preserving „herd“ immunity against infectious diseases are recommended as a priority category, linked to intelligence gathering about outbreaks, risk, etc. The collection of relevant health-related or socio-demographic data is also advised: e.g. environmental factors, legal status of migrants, etc.

What type of evidence should be collected to support migrants' inclusion within the health care system? (e.g. Migrant-friendliness/Cultural competency/diversity responsiveness)

Suggested indicators for mapping quality of care received by migrants:

- Utilization of services by category of migrants
- Type of services received (and satisfaction level)
- Organization of care – e.g. targeted, opportunistic, accessible in community languages, etc.

Attention to health equity must be a central focus when developing both the database and organising data collection. These activities require cultural competency and sensitivity from the health services staff.

Standards for equity in health care for migrants must include attention paid to: policies, access to services, quality of care provision, service use participation, promoting equity outside of the health sector (e.g. employment, accommodation, etc.). Accordingly, minimal standards must be set in relation to the above factors. First and foremost, language barriers must be addressed, either via the accessibility to translators or practitioners' ability to make use of translation projects to support care.

Which methods and tools should be implemented to make data on best practices available for policy decision makers and practitioners? (And challenges in use of such tools/methods)

3 levels are considered here. On the level of data collection, as mentioned earlier, the aim is to achieve flexible, holistic data gathering and to design a responsive database so that real-time need is identified and met.

On the level of policy makers use of material, ongoing communication must be reinforced to bridge gaps between academics and politicians. The production of brief reports, dissemination of research result, and utilising appropriate rhetoric are key to meeting the needs of policy makers. Both quality of the care, but more importantly the financial outcome – cost-effectiveness of the health care of preventive actions vs. treatments – must be emphasized to gain traction with policy makers and decision makers in relation to release of funds.

Finally, to support the communication of cost-benefit analysis of delivery of migrant friendly health care, public communication of research, methods used, cost effectiveness, etc., must be strengthened to directly address the public. This also requires the translation of the results and approaches into formats suitable for use by the media and dissemination to the public.