

MIGHEAL: HEALTH INEQUALITIES AMONG MIGRANT POPULATION

SHORT POLICY GUIDE



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MIGHEAL

*HEALTH INEQUALITIES AMONG MIGRANT
POPULATION*

Short Policy Guide

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Health inequalities indicate the distributional differences in the health status of populations. Addressing health inequities requires identifying their root causes.

The MIGHEAL study identified key-areas for health policy, by:

- a. identifying unmet care needs within the Greek health system, especially in the context of drastic cuts in public health expenditure, of the restructuring of the National Health System and of shrinking household incomes;
- b. providing evidence of the population which is at health risk;
- c. addressing shortfalls in the provision of health care for the migrant population;
- d. measuring inequalities in the access to health services.

Moreover, MIGHEAL research findings can aid health care providers by:

- identifying key determinant figures for the health status of migrant and native population in Greece
- documenting emergency needs among the migrant population
- providing awareness of handling diversity issues in health care provision
- reinforcing cultural competence in health care provision
- advancing awareness about communities of care.

The MIGHEAL Policy Guide provides policy recommendations for key priority areas of health sector, aiming at reducing health inequalities, combating discrimination and enhancing access to healthcare by removing barriers to access. It aspires to be a useful tool for all actors involved in decision-making process and healthcare systems.

The project also sheds light on the importance of:

- Adopting a holistic approach to address health inequalities, based on the collaboration of all stakeholders involved, at the local and

regional level (central and local administration, civil society organisations, research centres)

- Developing effective Primary Health Services (PHS) and General Practitioners' services, in urban and rural areas, to ensure universal access and continuity of health care, for both the native and the migrant populations;
- Effectively addressing new health problems that have emerged during and because of the crisis, like (i) the very high incidence of depressive symptoms, especially among native Greek women, (ii) the delays in seeking medical treatment, owing to economic hardship, and (iii) the impact of financial strain on the chances of reporting poor health, regardless of the immigrant status.

Addressing the social determinants of health inequalities

Tackling health inequities is an integral part of WHO's new strategy for better health in Europe, "Health 2020", aiming to close the gap between different groups in the course of a generation (Commission on Social Determinants of Health: 2008) It also remains a top priority of the EU health and investment policy European Commission: 2014).

How can we reduce health inequalities?

Evidence-based knowledge gained by the MIGHEAL survey sheds light on the importance of policy interventions for reducing lifestyle-behavioral risks, dealing with increased health mental needs, addressing the high rates of unmet need, investing in public services and primary health care system (List PG1).

List PG1: Priority areas for policy intervention based on key-findings

Unmet need

- Overall unmet need is high among all groups (15%-30%), but highest among Greek and third country females. The most common reason is inability to pay (7%-15%) but this is fairly evenly distributed among Greeks and migrant groups, and higher among females. No appointments available and long waiting lists are also somewhat common (5%-10%), and most common among Greek females.

Quality of services

- High rates of poor quality of services or care are reported by migrant and native population. However, over 80% of respondents did not report problems in using health services.

Discrimination in health care provision

- Discrimination in health care is relatively rare. However, migrants report significantly higher discrimination than Greeks, although the differences appear to be rather small in absolute terms.

Risk behaviours

- Ergonomic and material hazards are significantly and substantially higher among almost all immigrant groups, while risk behaviours (i.e. smoking, alcohol consumptions, no physical activity) are most prevalent in Greek population.

Primary Health Care

- Primary health: GP use was found to be low overall (10%-15%) while specialist use is fairly widespread (30%-60%).

Mental Health Care

- Mental health: Depressive symptoms are prevalent overall (25%-40%), but most common among Greek females.

According to literature, there is a clear consensus that upstream, socio-economic policies are likely to have the greatest impact on reducing health inequalities. “Reviewing and implementing more progressive systems of taxation, benefits, pensions and tax credits” is the most frequently policy proposal endorsed by health inequalities research community (Smith & Eltanani, 2015).

Policy proposals that intend to reduce lifestyle behavioural risks are also considered more appropriate for dealing with health inequalities. Therefore, there is evidence to suggest that policy interventions should take into account the socioeconomic, cultural and environmental aspects related with health inequalities.

“Policy interventions should take into account the socioeconomic, cultural and environmental aspects related with health inequalities”

In this sense, it is highly recommended an intersectoral policy approach, which addresses the unequal distribution of power, income, goods and services. The proposed policy framework is in line with MIGHEAL research findings, existing literature on migrant health (Rechel et al. 2011) (Figure 1) and WHO strategy (List PG2).

Figure 1: Policy measures tackling the determinants of health for migrants

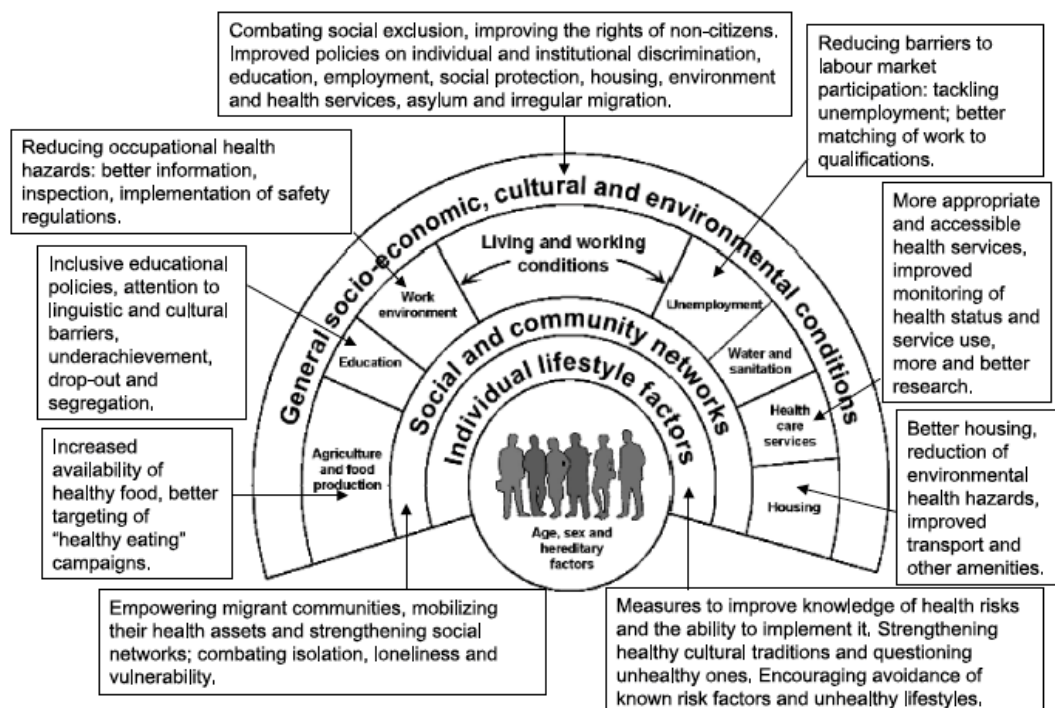


Figure 1.1 Policy measures tackling the determinants of health for migrants

Source: Adapted from WHO Regional Office for Europe (2010)

Source: Rechel et al. 2011:8

List PG2: An intersectoral policy approach for addressing health inequalities

Tackling inequitable distribution of power, money and resources;

- Combating social exclusion, respecting the rights of non-citizens, reducing individual and institutional discrimination.
- Social and community networks: empowering migrant communities, mobilizing their health assets and strengthening social networks, combating isolation and vulnerability.
- Improving access to affordable, sustainable and high-quality healthcare, providing disadvantaged groups and marginalised communities better access to healthcare.

Building health culture;

- Improving knowledge of health risks and the ability to implement it, strengthening health cultural traditions and questioning unhealthy ones, encouraging avoidance of known risks factors and unhealthy lifestyles.

Improving conditions of daily living;

- Education: Inclusive educational policies, attention to linguistic and cultural barriers, dropout and segregation.
- Unemployment: Reducing barriers to labour market participation, tackling unemployment, better matching of work to qualifications
- Work environment: Reducing occupational health hazards through better information, inspection and implementation of safety regulations
- Housing: Better housing, reduction of environmental health

hazards, improved transport and other amenities

- Environment: Promoting sustainable development and environmental justice, reducing social inequalities of climate change
- Agriculture and food production: increasing availability of health food, better targeting of “healthy eating” campaigns.

Providing high quality and accessible health services

- Enhancing up-skilling and life-long learning of the health workforce.
- Investing to infrastructure that contribute to the modernisation, structural reform and sustainability of health systems leading to measurable improvements in health outcomes, including e-health measures.
- Measuring and monitoring the impact of policy interventions; introducing impact assessment procedure, improving monitoring of health status, service use, more and better research.

Policy Recommendations

- Greece should follow the WHO and the European Commission Philosophy in an effort to fight social and health inequalities. A holistic approach should be adopted based on a multi-sectorial collaboration between the Ministries of Health, the Ministry of Interior, and the Ministries of Foreign Affairs and of the National Economy.
- The MIGHEAL Study has provided evidence on the social determinants of health inequalities among the migrant and native population in Greece. The marked inequities among gender, income, occupation and educational status are caused by the unequal distribution of power,

income, goods and services, and their access to health care. Despite the establishment of EOPYY in 2011, which (undoubtedly is the most promising reform of the last decades in the Greek health insurance system), the lack of General Practitioners (GP's) and of effective Primary Health Services (PHS) constitute a serious obstacle to accessing health services.

- Prevention programmes, G.P's services and a well functioning Primary Care system should be developed at urban and rural areas to ensure access and continuity of health care among the Greeks, the Albanians and the rest of Immigrants.
- Action on the social determinants of health should involve not only the Central Government but also the civil society, the local communities, the private sector, the global fora, the NGO's, and the international agencies.
- Actions to improve the wellbeing, the working and living conditions of girls and women suffering from depressive symptoms should be developed in order to fight unemployment, poverty and social exclusion
- Targeted social policies and supportive health and welfare services at a regional and provincial level would ensure a better access to health and welfare services
- Policies to achieve the above goals would involve not only the central authorities but also the local government, the civil society, research institutes, and global institutions
- Adhere to the anti-discrimination policies recently voted by the Greek Parliament (Law 4443/2016)¹⁻², which replaced the main Greek anti-discrimination legislation (Law 3304/2005). The new provisions introduce new protected grounds such as chronic illness, descent, family or social status and gender identity or characteristics. Up until Dec 2016, Law no. 3304/2005²⁻¹ on the application of the principle of equal treatment regardless of racial or ethnic origin, religious or other

¹ Greece, Law 4443/2016 Transposition of Directive 43/2000/EC on the application of equal treatment principle irrespective of race and ethnic origin, and transposition of Directive 78/2000/EC on the configuration of the general framework of equal treatment in employment and work

² Greece, Law 3304 /2005 On the application of the principle of equal treatment irrespective of racial or ethnic origin, religious or other beliefs, disability, age or sexual orientation.

beliefs, disability, age or sexual orientation implemented the Directives 2000/43/EC and 2000/78/EC, therefore covering all five grounds of the aforementioned Directives (Theodoridis 2016a, Theodoridis 2016b, ECRI report 2015).

- Acknowledge and follow good practices in health care for migrants (Mladovsky et.al 2012) at:
 - A governmental level
 - Health service level
 - Health worker level
- Improve the cultural competency of health personnel
- Establish a well-trained network of cultural mediators across health services

Concluding remarks

The above policy recommendations presume the mobilization of resources and the integration of health inequalities' priority in a wide range of policy reforms. Taking into account that until now the health policy and planning is mainly influenced by powerful interest groups such as pharmaceutical companies, addressing health inequalities remains a big challenge and requires political willingness. Especially for countries in economic recession like Greece, investing to health sector and social capital seems to be much more complicated issue.

However, policy makers should keep in mind that health is not only a value itself, but it constitutes one of the main preconditions for economic prosperity. Health influences productivity, labour supply, human capital and public spending. Thus, the cost of inaction may be higher than the level of the required expenditure.

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