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Executive
Agency for
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PROMOVAX

Promote Vaccinations among Migrant Populations in Europe

newsletter

ISSUE 4, September 2012

www.promovax.eu

PROMOVAX is a 3-year EU-funded project (2010-2013) aiming to promote immunizations among migrant populations in Europe.

In this issue:

► The PROMOVAX consortium is currently developing immunization educational material for migrants and a toolkit for health care workers, providing immunizations to migrants.

- In order to produce effective and relevant materials, the PROMOVAX consortium researched reasons of under-immunization among migrant groups at the Migrant and Health Provider levels. The results of this research were the basis for the development of the material content during the partners' and experts' meeting that took place in Athens, on March 2012 and are briefly presented in this newsletter.

► As part of our efforts to present relevant projects and initiatives you can learn more about the migrant immunization best practices identified and evaluated in Italy.

► EU Workshop overview.

1. BARRIERS TO THE USE OF HEALTH SERVICES AMONG MIGRANT POPULATIONS:

1.1 IMMUNIZATION BARRIERS AND MISCONCEPTIONS AMONG MIGRANT POPULATIONS

The main sources used for this work were the analysis of the PROMOVAX WP4 results as well as other published literature. Additionally, similar material that has been used in other projects, particularly projects included in the best practices identified during the PROMOVAX WP5, were identified and reviewed.

The most important barriers in migrants' immunization that were identified are:

1. **Sociocultural issues** (marginalization, low level of integration into new community, difficulties in adaptation to new environment, acculturation, impact of family traditions, cultural and language differences).

2. **Education-related issues** (low level of education of parents, especially mother, low level of health literacy, particularly in the field of vaccinations).
3. **Socioeconomic issues** (low income, low-status occupations, necessity to work making making it difficult or impossible to be free during vaccination appointment times).
4. **Health care utilization issues** (geographical and financial access, limited access due to the shortage of personnel, lack of trust in health care personnel).
5. **Migration-related issues** (continued migration, staying for short time in one place, fear of arrest).

1.2 MIGRANT IMMUNIZATION BARRIERS AT THE HEALTH PROVIDER LEVEL

The main sources used for this work were the review of the published literature and the results of focus groups discussions conducted among health care workers providing for migrants in Greece and Hungary.

1. **Limitations of the hosting countries' health-care systems**, such as lack of funding for undocumented migrants' immunizations, limited availability of interpreters and cultural mediators, inconvenient opening hours of health services, complicated process of obtaining appointments, prolonged waiting.
2. **Health care personnel are frequently unaware of migrants' health rights** (i.e. free medical care when they are in the process of obtaining a residence permit or available immunization referral sites). This fact constitutes an extra obstacle related to immigrants' access to health care services.
3. **Lack of training of health care providers on cultural diversity issues**. Migrants often have different attitudes and beliefs towards diseases and expectations towards health care services. Discourteous care and stereotypical attitudes towards patients from an ethnic minority background can act as a barrier and have a detrimental effect on vaccination related behavior.
4. Physicians often are ill-equipped to diagnose and treat diseases that appear **in different geographic regions** (i.e. malaria, dengue fever).
5. **The lack of appropriate translated information and educational materials** can also be a hindrance; particularly where information and education is critical to the needs of adequate patient management.



2. Improving access to immunizations among migrants in Italy

Immigration is a growing phenomenon in Italy and involves resident labor migrants, asylum seekers/refugees and undocumented migrants. Access to a core set of public health care services, including immunizations, is granted by law to all individuals in Italy regardless of their resident status (regular/irregular). Obstacles to the effective use of health care services therefore reside mostly in informal barriers (language, cultural, psychological, social etc.). Although grass root level initiatives aimed at improving access to immunizations among migrants are numerous, they are generally not known outside the local context in which they were developed. For this reason it was deemed very useful, in the context of the PROMOVAX project, to identify and analyze these locally implemented strategies in order to identify best practices that could be replicated at national and international level.

Between April and June 2011, a literature review and a survey among the 21 Italian Regions and Autonomous Provinces were conducted to identify successful actions aimed at increasing access to immunizations among foreigners in Italy. Practices were classified as follows: 1. activities to improve access to existing public services, 2. ad hoc actions targeting vulnerable populations, and 3. complementary activities aimed at bridging the gap between beneficiaries and public services.

Twenty-one practices were collected in 10 Regions. As shown in **Figure 1**, type-1 initiatives (n=12) were aimed at increasing the access of migrant populations to public vaccination services while operating within those services. The main access enabling strategy used relied on the production and dissemination of multicultural and multi-ethnic information supported by word-of-mouth communication within migrant communities that was expected to act as an action-amplifier. Type-2 (n=4) and type-3 (n=5) initiatives were implemented outside those structures within foreign communities, in external structures or in dedicated offices inside local health units. One type-3 initiative was conducted also in a hospital maternity unit to inform new mothers on when and how childhood vaccinations could be accessed.

The range and diversity of the initiatives identified in Italy, outline a marked local health and social mobilization in the area examined. Two thirds of all initiatives were continuous rather than temporary actions and most took place within the public health sector. These aspects increase the likelihood of sustainability. However successful experiences should be given more visibility and translated leaflets and guidelines elaborated so far, should be shared among local health units and Regions. In this way, tools can be adjusted, updated and reproduced avoiding unnecessary duplications.

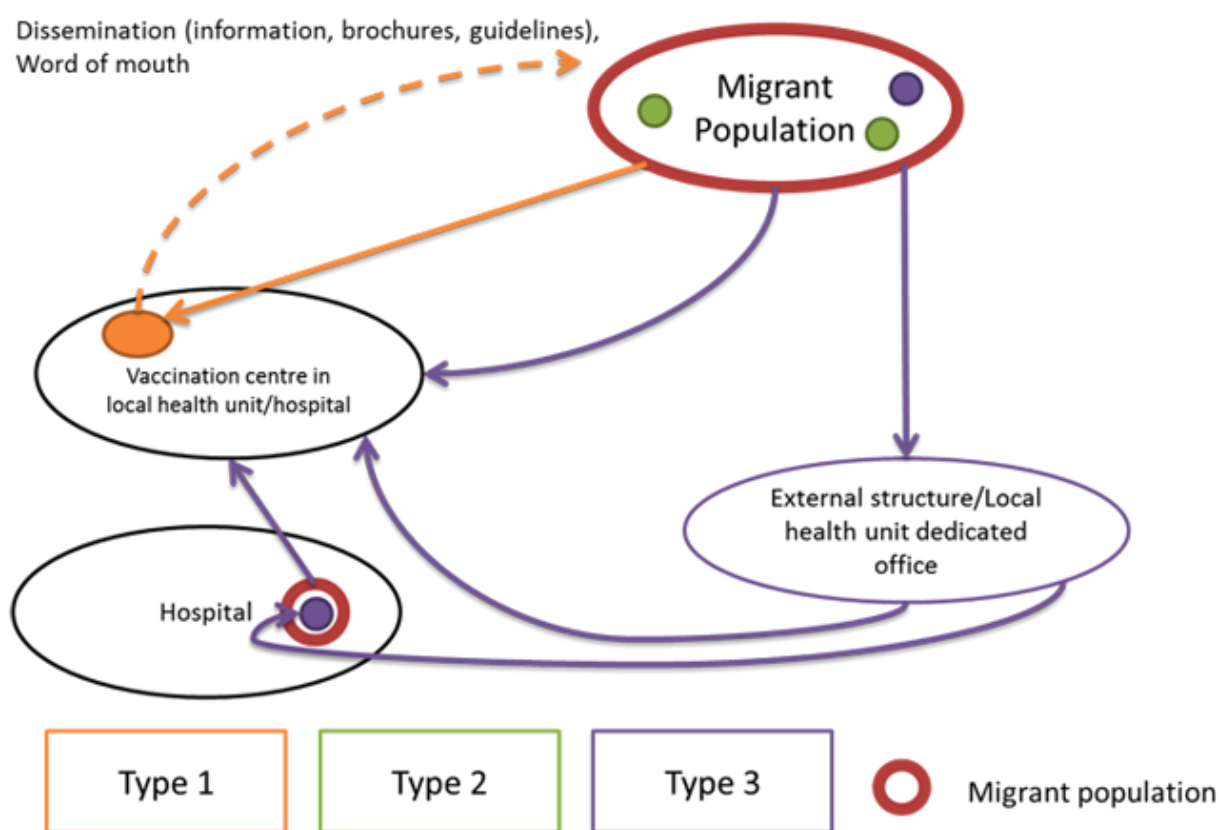


Figure 1 – Models of intervention by type of initiative

3. EU Workshop overview

The EU workshop was the main event of the 6th WP, which is dedicated to the development of the educational materials for health professionals and migrants. The workshop took place in Brussels, on June 28-29th, 2012.

The main objectives of this event were the following:

- review and evaluate the health professional toolkit that was developed during prior stages of this project. The health professional toolkit was evaluated mainly by health professionals caring for migrants.
- review and evaluate the educational materials developed for migrants that were developed during prior stages of this project. The educational material for migrants was reviewed and evaluated by cultural

mediators and migrant representatives.

Associated as well as collaborating partners and invited experts participated in the workshop. Among the **45 participants** there were health professionals, cultural mediators and migrant representatives. They all gave their valuable feedback on the presented material and thus the workshop fulfilled its goal which was to add to what has been developed by the consortium and produce more efficient educational material, tailored to the needs of the project's target groups.

Based on the feedback received during the workshop the final educational material will be produced and widely disseminated in all consortium countries.



PROMOVAX Meetings

05.03.2012:

4th Partners meeting of the PROMOVAX Athens, Greece

In March 2012, in the experts' and partners' meeting that took place in Athens, Greece, the PROMOVAX consortium along with the invited experts decided on the content of the educational material for migrants and the health care worker toolkit.

27-28.6.2012:

EU workshop, Brussels

In June 2012 the EU workshop took place in Brussels with the participation of the PROMOVAX consortium as well as invited experts.

PROMOVAX News

21-23.06.2012:

4th EUPHA Conference on Migrant Health and Ethnic Minority in Europe

Poster presentations:

- "2nd phase of the PROMOVAX Project: Development of 'Best Practice Evaluation Tool for Migrant Vaccination' "Recommendation of the PROMOVAX Consortium on Migrant Vaccination" prepared and presented by PROMOVAX associated partner University of Pécs
- "Barriers to Health Care Services Among Migrants in Italy and Grass-Root Access-Enabling Initiatives" prepared and presented by PROMOVAX associated partner Istituto Superiore di Sanità

PROMOVAX Partnership

The PROMOVAX partnership comprises of **11 Associated Partners from 8 countries** and **12 Collaborating Partners from 11 countries**.



Main Partner:

- Institute of Preventive Medicine, Environmental and Occupational Health, Prolepsis – Greece

Associated Partners:

- Technische Universität Dresden – Germany
- Università degli Studi di Sassari – Italy
- The SINTEF Foundation – Norway
- Nofer institute of Occupational Medicine – Poland
- University of Zagreb, Medical School – Croatia
- RUBSI – Research Unit in Behaviour and Social Issues – Cyprus
- University of Pécs – Hungary
- Università degli Studi di Milano – Italy
- Istituto Superiore di Sanità – Italy
- Cyprus University of Technology – Cyprus

Collaborating Partners:

- Public Health Institute – Albania
- Baskent University – Turkey
- Hospital de Sabadell. Consorci Hospitalarai Parc Tauli'. Universitat Autònoma de Barcelona – Spain
- Institute of Occupational Health – Serbia
- WHO/Europe Occupational Health – Germany
- WHO/Europe Communicable Disease Units – Denmark
- Alpert Medical School of Brown University – USA
- International Organization for Migration (IOM), Migration Health Division (MHD) – Belgium
- Institute of Epidemiology, Preventive Medicine and Public Health – Greece
- National School of Health. Instituto de Salud Carlos III. Ministry of Science and Innovation – Spain
- European Center for Disease Prevention and Control (ECDC) – Sweden
- National Centre of Infectious and Parasitic Diseases (NCIPD) – Bulgaria



The PROMOVAX Project has received funding from the European Union / DG Health and Consumer Protection. The European Commission and the Executive Agency are not responsible for any use that may be made of the information contained on this website.

