Equity in health care for migrants: what have we learnt from the pandemic?

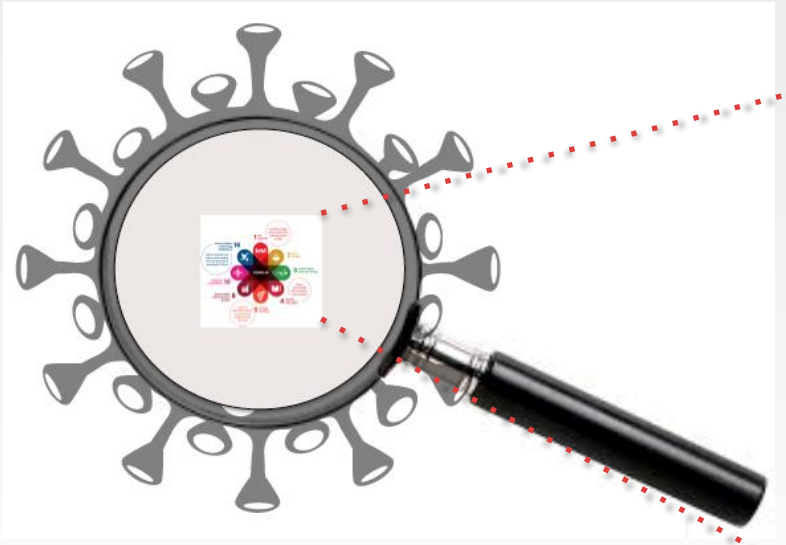
Nationella Kvalitetsdagen för Primärvården
Torsdagen den 23 november 2023

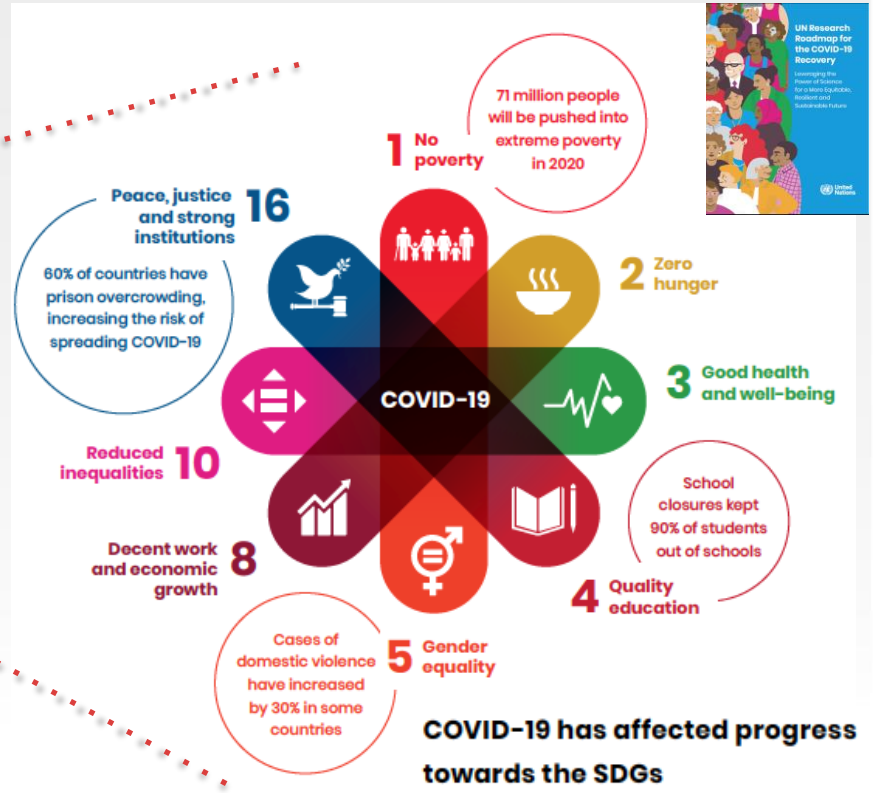
Prof. Esperanza Diaz
Specialist in Family Medicine
Director Pandemic Centre

PANDEMIC CENTRE
University of Bergen (UiB)

UNIVERSITY OF BERGEN

Pandemic: a magnifying glass



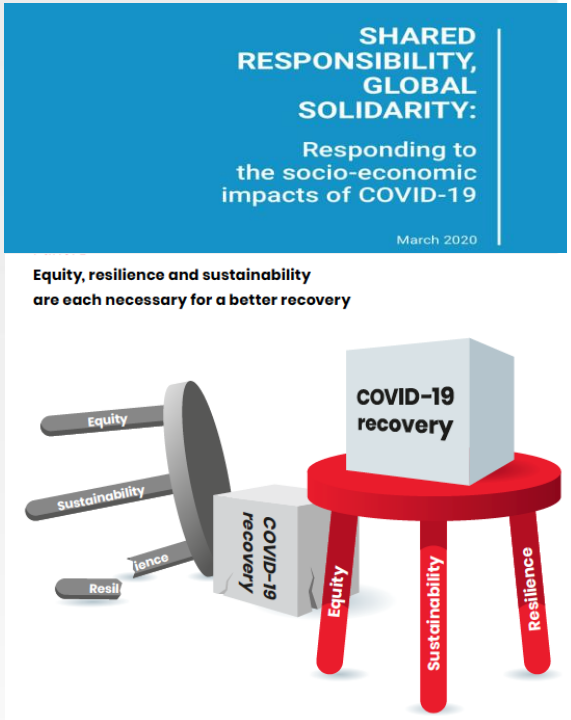


PANDEMIC CENTRE
University of Bergen (UiB)

The pandemic: new possibilities for the future?

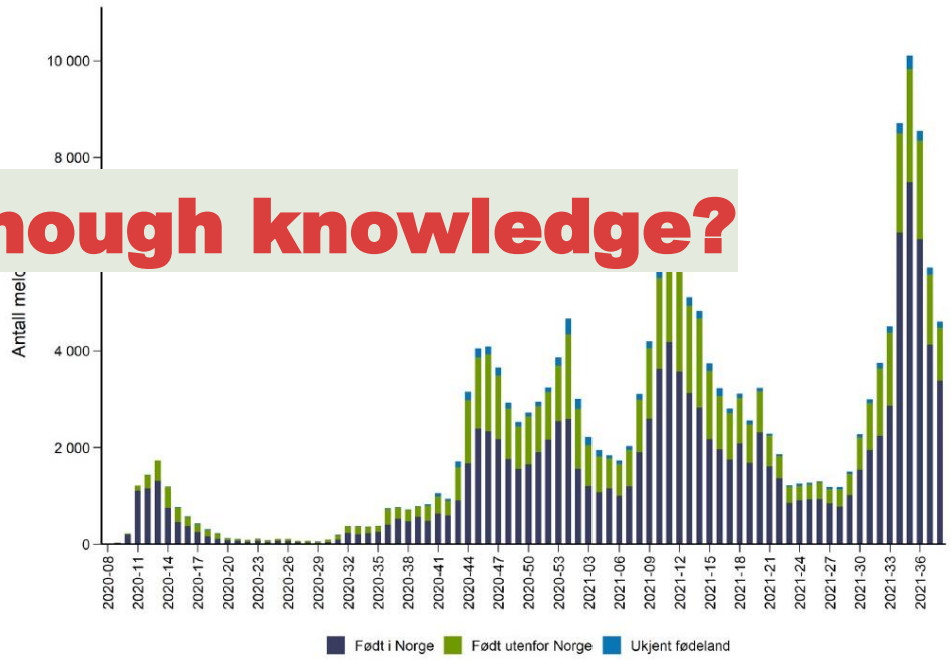
- ✓ ” And when we get past this crisis, we will face a choice –go back to the world we knew before ***or deal decisively with those issues that make us all unnecessarily vulnerable to this and future crises.”***

- ✓ The way out of Covid-19: ”***justice, sustainability and adaptability***”



Shared responsibility, global solidarity: Responding to the socio-economic impacts of COVID-19, Report United Nations Sustainable Development Group, March 2020 & UN Research: Roadmap for the COVID-19 Recovery November 2020

Did we not have enough knowledge?

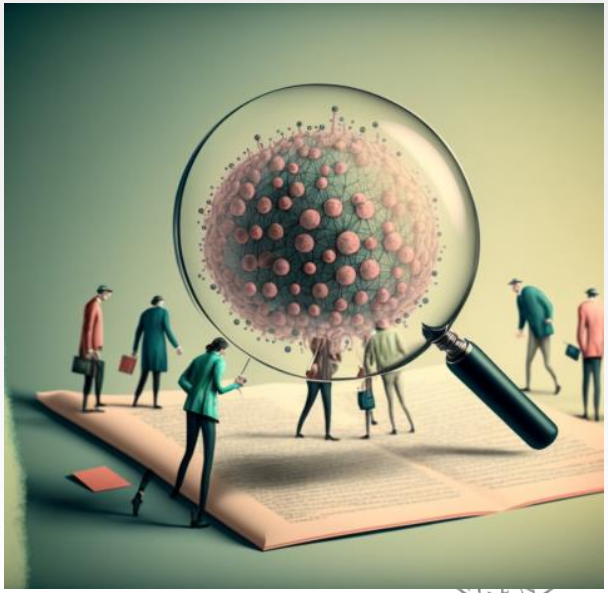


Migrants:
Not targeted in public health & overrepresented in the covid -19 statistics

PANDEMIC CENTRE
University of Bergen (UiB)

Development of migration and health research during the pandemic

Access	Information	Digitalization
“Culture”	Stigma	Screening
Vaccines	…	Over-representation



General impact on migrant related research

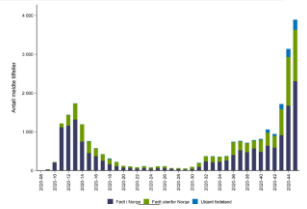
- Migration as an “evident” health determinant
- New experts in the field of pandemics AND migration
- Data more available
- Sense of urgency in “doing something”

A few of our projects related to migrants

- Quick mobilizing research: Inncovid.no
- Complexities and interpretation of results:
  - Disease and vaccination and socioeconomics
  - What is really “culturally related”?
- Interventions that require evaluation:
  - Health ambassadors & elderly migrants
- Forgotten?: “Essential” workers
- Collateral damages?: Food security

Quick mobilising: COVID-19 in Norway – a migrant perspective

- February/March 2020: Contacts abroad…. But is COVID-19 a threat here?
- Yes, it is (?!): Preventive measures from March 12th
- Newspapers: The case of Somalia!
- Higher burden of COVID-19 infections confirmed some weeks after by FHI Why?? Which groups? What to do?
- April 2020: Inncovid.Norge https://www.inncovid.no/



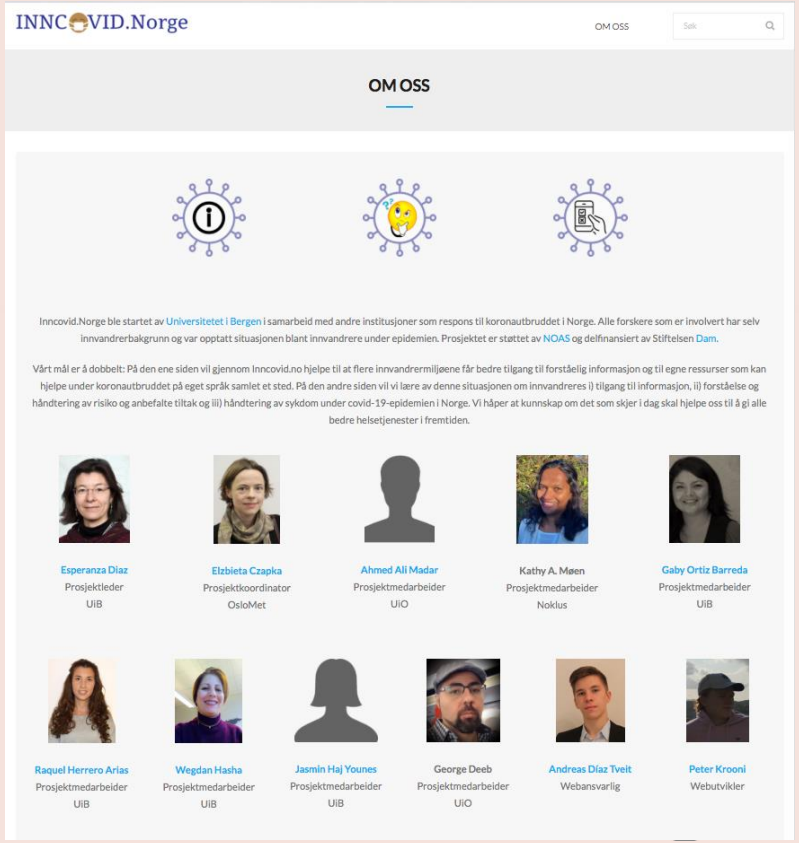
INNCOVID.Norge

PANDEMIC CENTRE
University of Bergen (UiB)

UNIVERSITY OF BERGEN

INNCOVID.Norge

How do immigrants in Norway get and manage information about COVID-19 and health authorities' recommendations?



PANDEMIC CENTRE
University of Bergen (UiB)

What did we want to know?

To understand migrants':

1) perception of health risk,
2) access to information regarding the pandemic and the preventive measures recommended by the health authorities,
3) degree of trust in this information, in the health authorities, the government, and the Norwegian news media
4) adherence to the recommendations

MIXED METHODS – Survey + interviews

- **Survey:**
  - Online, 45 questions
  - 529 respondents
  - 5 languages: Polish, Arabic (mainly Syrians), Somali, Tamil, and Spanish (mostly Chile and Spain)
  - 25-May to 01-Jul

- **Semi-structured in-depth interviews**
- Via telephone
- 55 participants
- 5 language groups
- April-May 2020

Information

- 82% had received sufficient information from health authorities

Madar et al. Archives of Public Health (2022) 80:15
https://doi.org/10.1186/s13690-021-00764-4

Archives of Public Health

RESEARCH Open Access

COVID-19: information access, trust and adherence to health advice among migrants in Norway

Ahmed A. Madar[1*], Pierina Benavente[2], Elżbieta Czapka[3], Raquel Herrero-Arias[4], Jasmin Haj-Younes[2], Wegdan Hasha[2], George Deeb[5], Kathy A. Møen[2,6], Gaby Ortiz-Barreda[4,7] and Esperanza Diaz[2,8]

Abstract

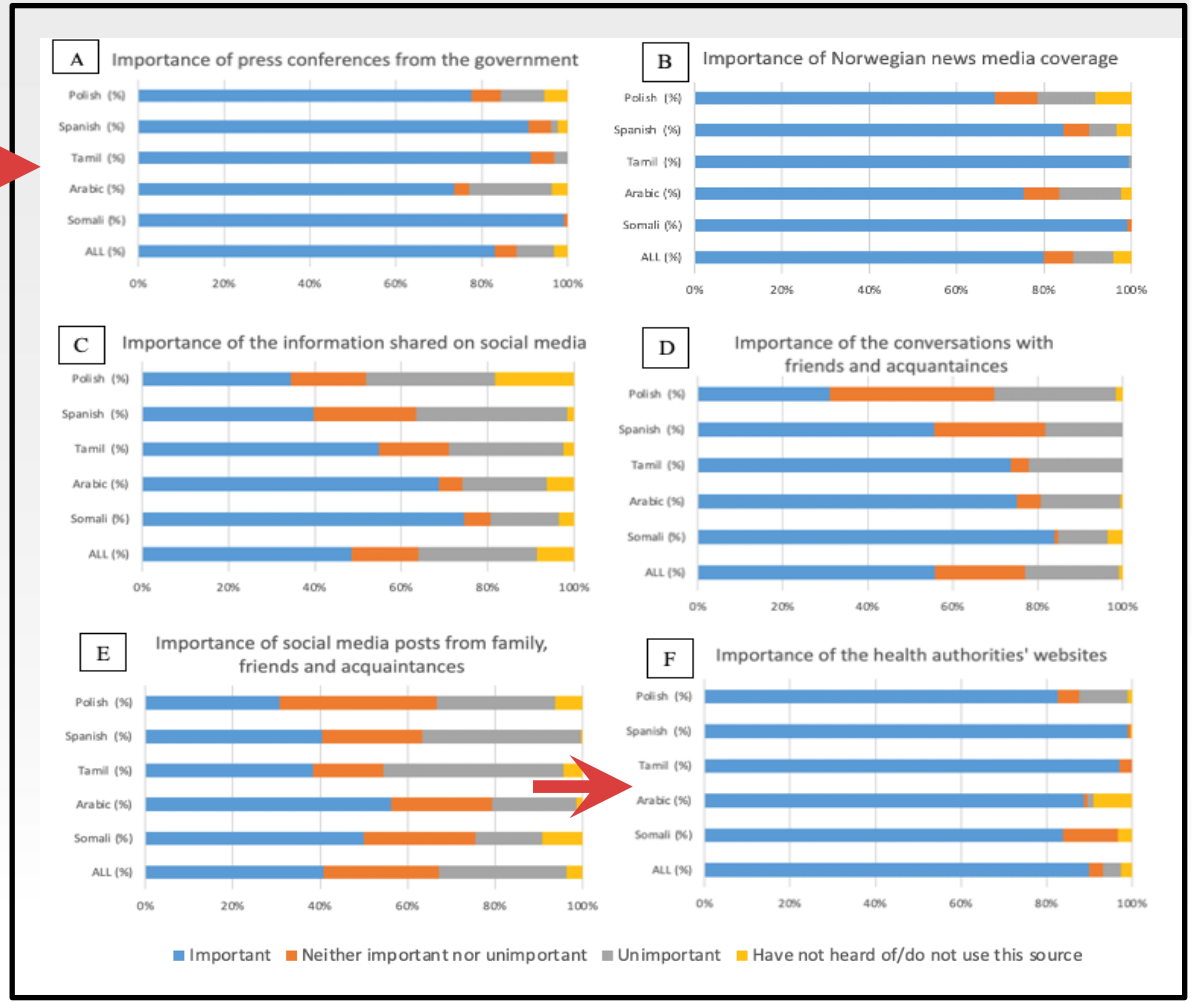
Background: Migrants in Norway bear a higher burden of COVID-19 infections and hospitalization as compared to non-migrants. The aim of our study was to understand how migrants perceive their own health risk, how they access information regarding the preventive measures, the degree of trust in this information, in the Norwegian authorities and the news media, and migrants' adherence to authorities' recommendations regarding the pandemic.

Methods: An online survey was performed between May and July 2020 among 529 Polish, Arabic, Somali, Tamil, and Spanish-speaking migrants in Norway. For each outcome presented in the aims, unweighted and weighted descriptive analyses were performed for all migrants together and for each language group.

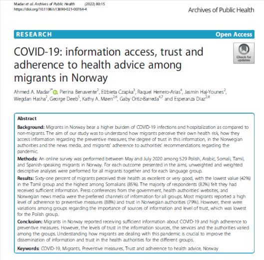
Results: Sixty-one percent of migrants perceived their health as excellent or very good, with the lowest value (42%) in the Tamil group and the highest among Somalians (85%). The majority of respondents (82%) felt they had received sufficient information. Press conferences from the government, health authorities' websites, and Norwegian news media were the preferred channels of information for all groups. Most migrants reported a high level of adherence to preventive measures (88%) and trust in Norwegian authorities (79%). However, there were variations among groups regarding the importance of sources of information and level of trust, which was lowest for the Polish group.

Conclusion: Migrants in Norway reported receiving sufficient information about COVID-19 and high adherence to preventive measures. However, the levels of trust in the information sources, the services and the authorities varied among the groups. Understanding how migrants are dealing with this pandemic is crucial to improve the dissemination of information and trust in the health authorities for the different groups.

Keywords: COVID-19, Migrants, Preventive measures, Trust and adherence to health advice, Norway



INNCOVID.Norge

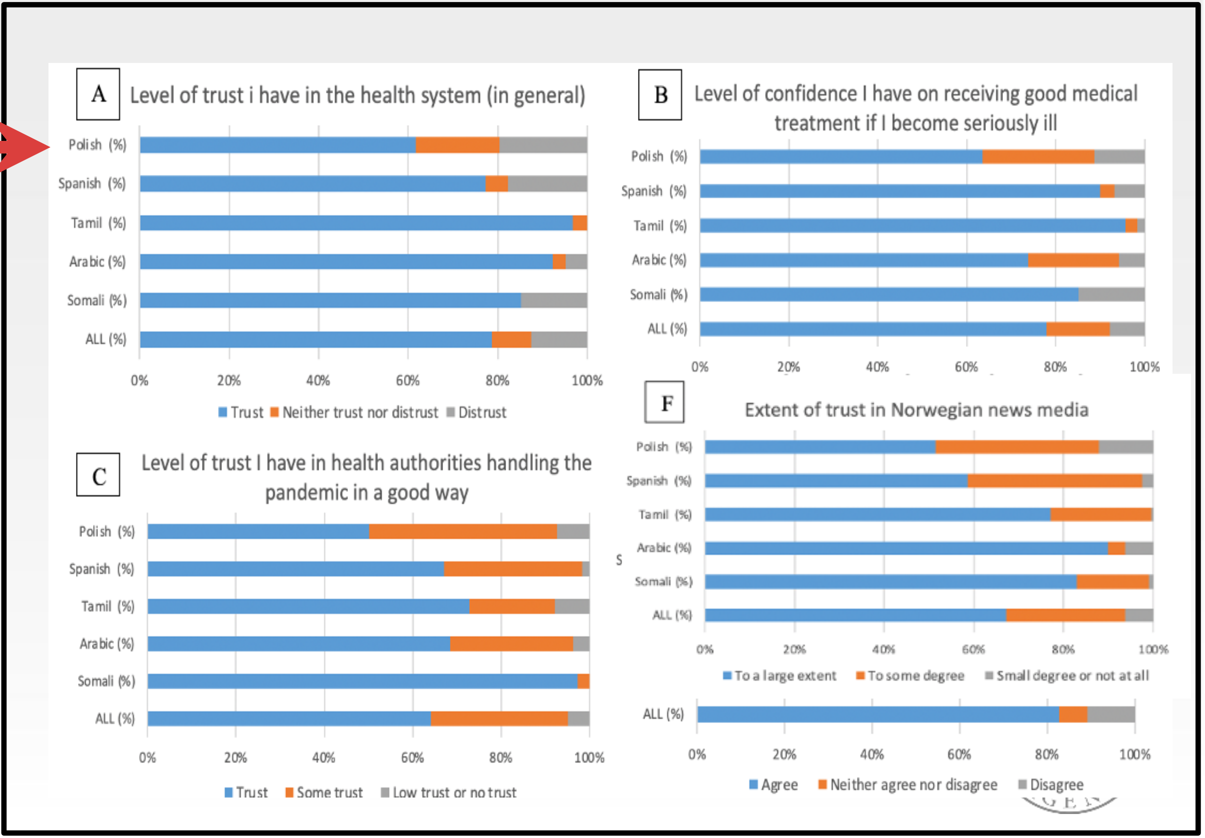

Archives of Public Health

RESEARCH Open Access

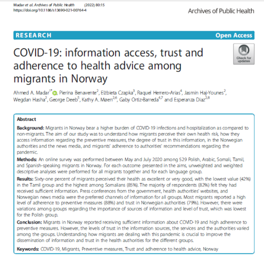
COVID-19: information access, trust and adherence to health advice among migrants in Norway

Abstract

Trust in the health system, government, and Norwegian news media



INNCOVID.Norge


Madar et al. Archives of Public Health (2022) 80:15
https://doi.org/10.1186/s13690-021-00764-4
Archives of Public Health
RESEARCH Open Access

COVID-19: information access, trust and adherence to health advice among migrants in Norway

Ahmed A. Madar[1*], Pierina Benavente[2], Elżbieta Czapka[3], Raquel Herrero-Arias[4], Jasmin Haj-Younes[2], Wegdan Hasha[2], George Deeb[5], Kathy A. Møen[2,6], Gaby Ortiz-Barreda[4,7] and Esperanza Diaz[2,8]

Abstract

Background: Migrants in Norway bear a higher burden of COVID-19 infections and hospitalization as compared to non-migrants. The aim of our study was to understand how migrants perceive their own health risk, how they access information regarding the preventive measures, the degree of trust in this information, in the Norwegian authorities and the news media, and migrants' adherence to authorities' recommendations regarding the pandemic.

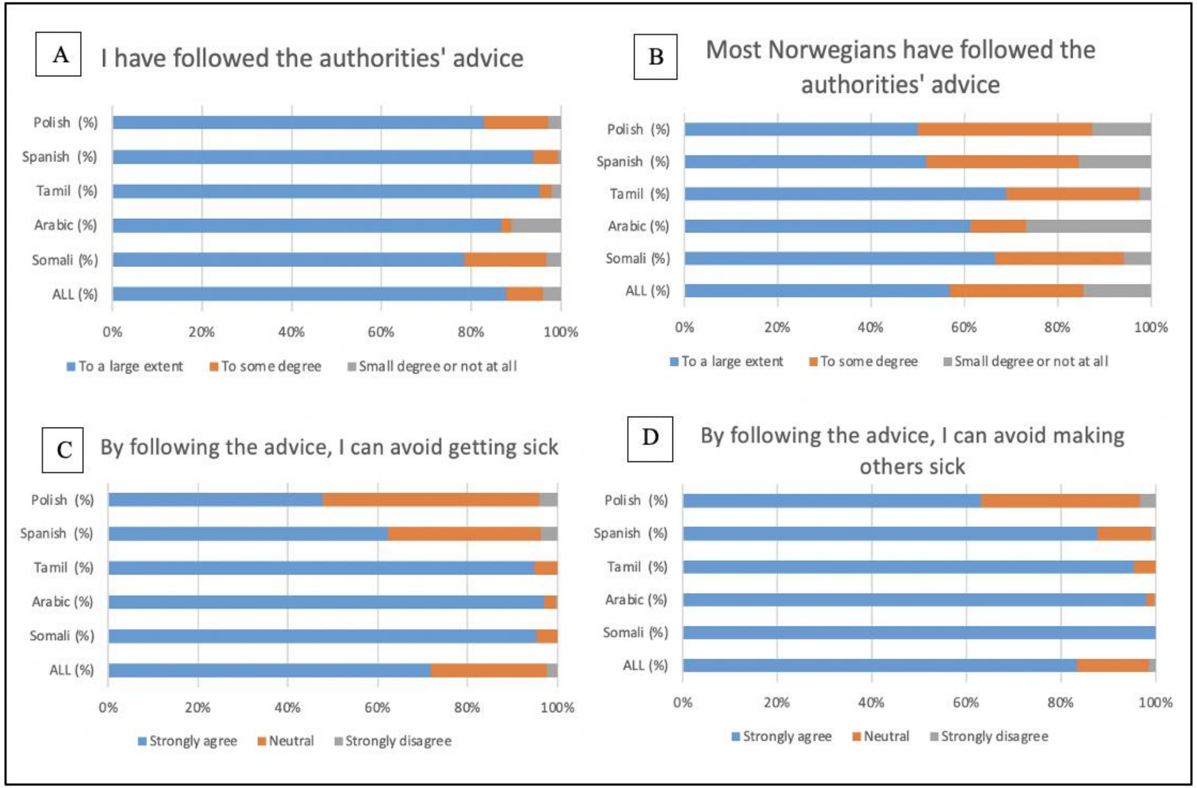
Methods: An online survey was performed between May and July 2020 among 529 Polish, Arabic, Somali, Tamil, and Spanish-speaking migrants in Norway. For each outcome presented in the aims, unweighted and weighted descriptive analyses were performed for all migrants together and for each language group.

Results: Sixty-one percent of migrants perceived their health as excellent or very good, with the lowest value (42%) in the Tamil group and the highest among Somalians (85%). The majority of respondents (82%) felt they had received sufficient information. Press conferences from the government, health authorities' websites, and Norwegian news media were the preferred channels of information for all groups. Most migrants reported a high level of adherence to preventive measures (88%) and trust in Norwegian authorities (79%). However, there were variations among groups regarding the importance of sources of information and level of trust, which was lowest for the Polish group.

Conclusion: Migrants in Norway reported receiving sufficient information about COVID-19 and high adherence to preventive measures. However, the levels of trust in the information sources, the services and the authorities varied among the groups. Understanding how migrants are dealing with this pandemic is crucial to improve the dissemination of information and trust in the health authorities for the different groups.

Keywords: COVID-19, Migrants, Preventive measures, Trust and adherence to health advice, Norway

Following authorities' advice



INNCOVID.Norge

PANDEMIC CENTRE
University of Bergen (UiB)

CONCLUSIONS

- Migrants had received sufficient information (formal channels more relevant)
- Many sources of information but not always adapted to migrants' needs
  - Language competence
  - Digital competence
- High levels of trust in Norwegian government and health authorities
- Similar results among the five migrant groups but Polish less trust
- High levels of adherence to preventive measures, but a perception that Norwegians do so to a lesser degree (just the same as Norwegian-born!!)

UNIVERSITAS BERGENSIS

Scandinavian Journal of Public Health, 1–9

ORIGINAL ARTICLE

'Who is telling the truth?' Migrants' experiences with COVID-19 related information in Norway: a qualitative study

ELŻBIETA ANNA CZAPKA[1], RAQUEL HERRERO-ARIAS[2], JASMIN HAJ-YOUNES[3], WEGDAN HASHA[3], AHMED A. MADAR[4], KATHY A. MØEN[3,5], GABY ORTIZ-BARREDA[6,7] & ESPERANZA DIAZ[3,8]

[1]*Sociology Institute, Faculty of Social Sciences, University of Gdańsk, Poland,* [2]*Department of Welfare and Participation, Western Norway University of Applied Sciences, Norway,* [3]*Department of Global Public Health and Primary Care, University of Bergen, Norway,* [4]*Department of Community Medicine and Global Health, Institute of Health and Society, University of Oslo, Norway,* [5]*NORCE Research Centre, Bergen, Norway,* [6]*Department of Health Promotion and Development, University of Bergen, Norway,* [7]*Public Health Research Group, University of Alicante, Spain, and* [8]*Unit for Migration and Health, Norwegian Institute of Public Health, Norway*

Abstract

Aims: The over-representation of migrants among those infected by COVID-19 in high-income countries has spurred questio about insufficient distribution of health information to society's subgroups. Our study aimed to shed light on migrant experiences with information relating to COVID-19 in Norway. *Methods:* We conducted 55 semi-structured interviews wi migrants from five different countries living in Norway: Somalia (10), Syria (15), Sri Lanka (10), Chile (10), and Polan (10). The interviews were performed by bilingual researchers with a migrant background, audio-recorded, transcribed ar thematically analysed. *Results:* We identified the four key themes of multiple and contradictory information sources, langua barriers, conspiracy theories/speculations, strategies for information provision and ways ahead. Participants accessed ar combined several often transnational sources of information. Information was perceived as confusing and contradictory ar there was a wish for more translated information. ***Conclusions:*** It is important to recognise the specific factors affectir migrants' ability to receive, trust and use health-related information during pandemics and other health crises.

Keywords: *COVID-19, migrants, information, Norway*

Herrero-Arias *et al. International Journal for Equity in Health* (2022) 21:154
https://doi.org/10.1186/s12939-022-01747-9

International Journal for Equity in Health

RESEARCH Open Access

The evolvement of trust in response to the COVID-19 pandemic among migrants in Norway

Raquel Herrero-Arias[1,2*], Gaby Ortiz-Barreda[3,4], Elżbieta Czapka[5,6] and Esperanza Diaz[7,8]

Abstract

Background The COVID-19 pandemic has had profound consequences for the world's population, particularly for vulnerable groups like migrants who face barriers to healthcare access. Trust in authorities is crucial to any crisis management strategy implemented by a government. However, trust in authorities is linked to trust in other areas of life and it evolves during a crisis. This study explores migrants' trust in the Norwegian government's response to the COVID-19 pandemic.

Methods We conducted semi-structured interviews from April to May 2020 with migrants from Somalia (10), Syria (15), Sri Lanka (10), Chile (10) and Poland (10) who were living in Norway. Interviews were conducted via telephone and in participants' mother tongue. Data were analysed thematically using the systematic text condensation method.

Results Trust was established at four levels: (i) in the personal sphere, (ii) in Norwegian society in general, (iii) in the Norwegian authorities' management of the pandemic, and (iv) in the transnational sphere. Trust was deeply rooted in relationships with individuals, groups and entities, across countries. High trust in authorities emerged in the accounts of participants who felt they were taken care of in the diverse relationships they established in Norway, particularly during the crisis.

Conclusion Pandemics create more vulnerability but also opportunities for trust-building. Trust-building can be fostered through relationships in the host country that provide the foundation for migrants to feel included. Healthcare providers are in a position from which they can nurture trust as they can build relationships with migrants over time.

Keywords Migrants, Refugees, COVID-19, Trust, Qualitative research, Authorities

Challenges

Several sources of information (official and non-official)

Contradictory information sources

Speculations/conspiracy theories/lack of trust in the authorities

Lack of competence in Norwegian

Transnational lives

Facilitators and wishes

Direct information *from schools, employers and trade unions*

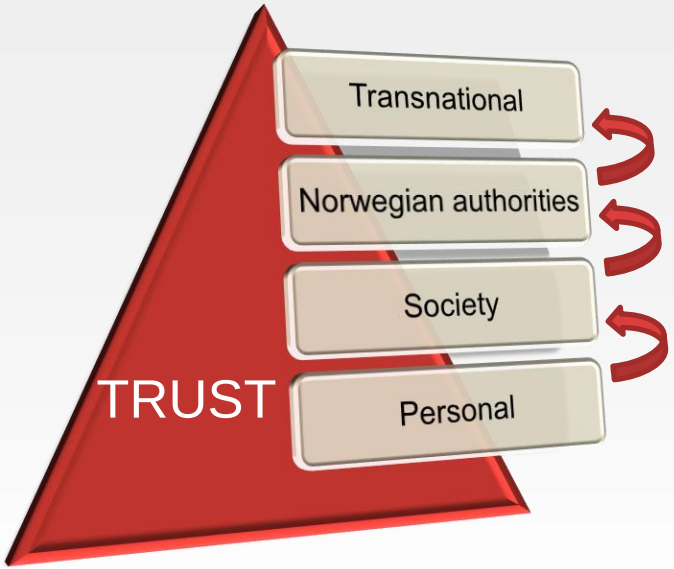
Information in *different languages*

M*ore specific solutions* to everyday challenges

Obligations better than recommendations (Polish & Tamil)

PANDEMIC CENTRE
University of Bergen (UiB)

The evolvement of trust in response to the COVID-19 pandemic among migrants in Norway. Herrero-Arias, R; Ortiz-Barreda, G; Czapka, E; Diaz, E. 2022



- Pandemic: vulnerabilities but also possibilities for building trust.
- Trust can be promoted through relationships in the host country and inclusion.
- Health professionals in an excellent possition to nurture trust by building relationships over time.

INNCOVID.Norge

UNIVERSITAS BERGENSIS

Contents lists available at ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

The road to equitable healthcare: A conceptual model developed from a qualitative study of Syrian refugees in Norway

Jasmin Haj-Younes [a,*], Eirik Abildsnes [b], Bernadette Kumar [c], Esperanza Diaz [a,c]

[a] Department of Global Public Health and Primary Care, University of Bergen, PO Box 7804, 5020, Bergen, Norway
[b] Department of Psychosocial Health, University of Agder, PO Box 422, 4604, Kristiansand, Norway
[c] Unit for Migration and Health. Norwegian Institute of Public Health, PO Box 222, Skøyen, 0213, Oslo, Norway

ARTICLE INFO

Keywords:
Access to healthcare
Health status
Refugees
Migrants and transients
Health equity
Public health
Qualitative research

ABSTRACT

Background: Refugees in high-income countries face barriers to healthcare access even when they have the same rights and entitlements as the host population. Disadvantages in healthcare access contribute to differences in health outcomes and impact acculturation. This study explores perceived changes in health status and experiences with the Norwegian healthcare system of Syrian refugees living in Norway, using a trajectory perspective.
Methods: We conducted 15 semi-structured interviews in April 2020 among purposefully recruited adult refugees from Syria resettled in Norway. Interviews were carried out in Arabic and analysed with Systematic Text Condensation using NVivo software. We used Lévesque's access model and Edberg's migration trajectory perspective as theoretical frameworks. A conceptual model was developed – The Migrant Sensitive Access Model - that highlights the factors contributing to a positive versus negative healthcare journey.
Results: Findings were summarized under three main themes: *changes in health and well-being, expectations*, and *trust*. Perceived changes in health status and attributed causes for change were related to the resettlement phase, gender, and were highly informed by pre-migration and migration experiences. The users' perception of the caregiver, communication, and time were identified as key factors in the care-access journey in inspiring trust or distrust in the caregiver.
Conclusion: Syrian refugees in Norway appreciate the Norwegian healthcare system but are impeded in their access to care. Many of the barriers can be bridged during the doctor-patient interaction with a diversity sensitive caregiver. The model we propose gives a comprehensive overview of key areas determining the healthcare experience of this population. The results of this study can be useful to policymakers and healthcare providers when addressing disparities in healthcare access for forced migrants.

Open access Original research

BMJ Open

General practitioners' management of depression symptoms in Somali refugee and Norwegian patients: a film vignette experiment

Samantha Marie Harris, [1] Per-Einar Binder, [2] Esperanza Diaz, [3,4] Vebjørn Ekroll, [1] Gro M Sandal [1]

To cite: Harris SM, Binder P-E, Diaz E, *et al*. General practitioners' management of depression symptoms in Somali refugee and Norwegian patients: a film vignette experiment. *BMJ Open* 2021;11:e055261. doi:10.1136/bmjopen-2021-055261

► Prepublication history and additional supplemental material for this paper are available online. To view these files, please visit the journal online (http://dx.doi.org/10.1136/bmjopen-2021-055261).

Received 08 July 2021
Accepted 03 December 2021

[1]Department of Psychosocial Science, University of Bergen Faculty of Psychology, Bergen, Norway
[2]Department of Clinical Psychology, University of Bergen Faculty of Psychology, Bergen, Norway
[3]Department of Global Public Health and Primary Care, University of Bergen Faculty of Medicine and Dentistry, Bergen, Norway
[4]Unit for Migration and Health, Norwegian Institute of Public Health, Oslo, Norway

Correspondence to
Samantha Marie Harris;
samantha.harris@uib.

ABSTRACT

Objectives Refugees in comparison with non-refugee patients may face higher unmet mental healthcare needs. The mechanisms underlying these disparities are still poorly understood. The general practitioner (GP) plays a vital role in refugees' mental health (MH), managing complaints within primary care and acting as gatekeeper to specialist services. However, GPs have reported feeling uncertain about working with refugee patients. Somalis make up one of the largest refugee groups in Norway and use primary care services more than the majority population for physical health, although not for MH. The current study examines GPs' management of MH complaints in Somali refugee versus Norwegian vignette characters and the role of GP clinical uncertainty.

Design We distributed an online experimental survey to GPs in Norway (n=133), who were randomised to watch a simulated consultation with a female Norwegian, female Somali, male Norwegian or male Somali vignette character, presenting the same symptoms of depression. GPs indicated which diagnoses, assessments and treatments they would endorse for the patient and their level of certainty.

Outcome measures We calculated Simpson indices to measure inter-rater reliability and 2×2 analysis of variances as well as Bayesian estimation to examine clinical certainty based on patient background and gender.

Results GPs' clinical decisions about Somali and Norwegian vignette characters were similar, with a few exceptions. There was less consensus regarding the first prioritised diagnosis for Somali characters (Simpson index=0.129) versus Norwegian characters (Simpson index=0.208), (p=0.011, one-tailed). Somalis more frequently received diagnoses of post-traumatic stress disorder (PTSD), while Norwegians received diagnoses of feeling depressed. GPs endorsed sick leave more often for Norwegian characters and medication for physical complaints for Somali characters. There were no substantial differences in GPs' self-reported certainty.

Conclusions We found few and relatively small effects of patient background and gender on GPs' clinical decisions. Nevertheless, the validity of certain diagnoses and prescription of sick leave need to be considered by clinicians and in future research.

Strengths and limitations of this study

- The experimental design has limited external validity and may not translate directly to a true consultation setting.
- Findings may be less relevant regarding clinical decisions made by other health professionals, or clinical decisions made about patient populations other than Somali refugees.
- However, the experimental approach provides practically uncontrounded comparisons of vignette characters' gender and background.
- By specifying the patient's background, we were able to improve the relevance of the findings for general practitioners and service users with a Somali background.
- The power analysis followed by both frequentist analyses as well as Bayesian estimation provides a statistically robust basis on which to draw the conclusions.

INTRODUCTION

Since the beginning of the so called 'refugee crisis' in 2015, much attention has been paid to delineating the difficulties refugee populations face regarding health and healthcare.[1–3] Previous literature from European countries suggests that there are persistent inequalities between refugee/migrant and non-migrant groups, with migrants facing higher levels of unmet healthcare needs particularly regarding mental health (MH).[4] However, the underlying mechanisms of these disparities are still poorly understood.

The general practitioner (GP) plays an important role in refugees' MH care, resolving most MH problems within general practice as well as acting as gatekeeper to secondary services. The Norwegian public healthcare system is characterised by universal health coverage for all legal residens, including refugees, and individuals

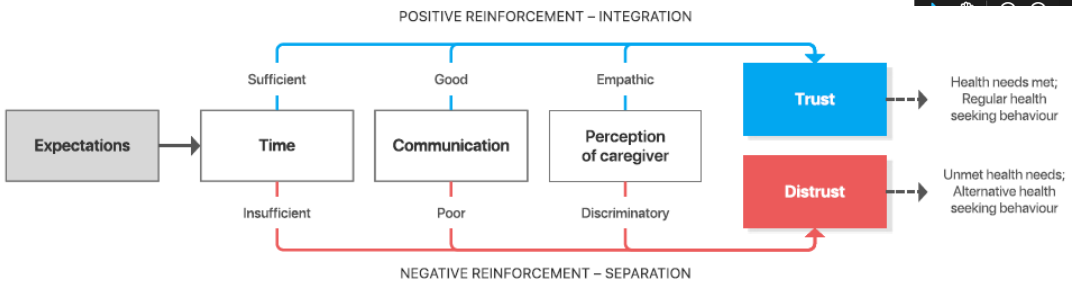


Fig. 1. The Migrant Sensitive Access Model (insert figure here).

PANDEMIC CENTRE
University of Bergen

Norwegian “dugnad” as a rhetorical device in public health communication during the COVID-19 pandemic. A qualitative study from immigrant’s perspectives. (Under Review)

Raquel Herrero-Arias, Irina Vladimirovna Halbostad, Esperanza Diaz

Conclusion

In multicultural societies, governments and authorities should be aware of the linguistic and cultural barriers to public health communication if they are to effectively reach all the population. The use of culturally specific concepts as rhetorical devices in this context may hinder effective health communication and increase health inequalities.

?

INNCOVID.Norge

UNIVERSITAS BERGENSIS

Disease and vaccination: complexities

Scandinavian Journal of Public Health, 1–9

ORIGINAL ARTICLE

The correlation between socioeconomic factors and COVID-19 among immigrants in Norway: a register-based study

MARTE KJØLLESDAL[1], KATRINE SKYRUD[1], ABDI GELE[1], TRUDE ARNESEN[2], HILDE KLØVSTAD[2], ESPERANZA DIAZ[1,3] & THOR INDSETH[1]

[1]*Health Services Research, Norwegian Institute of Public Health, Oslo, Norway,* [2]*Division of Infection Control and Environmental Health, Norwegian Institute of Public Health, Oslo, Norway, and* [3]*Department for Public Health and Primary Care, University of Bergen, Bergen, Norway*

Abstract

Aim: Immigrants in Norway have higher COVID-19 notification and hospitalisation rates than Norwegian-born individuals. The knowledge about the role of socioeconomic factors to explain these differences is limited. We investigate the relationship between socioeconomic indicators at group level and epidemiological data for all notified cases of COVID-19 and related hospitalisations among the 23 largest immigrant groups in Norway. *Methods:* We used data on all notified COVID-19 cases in Norway up to 15 November 2020, and associated hospitalisations, from the Norwegian Surveillance System for Communicable Diseases and the emergency preparedness register at the Norwegian Institute of Public Health. We report notified COVID-19 cases and associated hospitalisation rates per 100,000 and their correlation to income, education, unemployment, crowded housing and years of residency at the group level. *Results:* Crowded housing and low income at a group level were correlated with rates of both notified cases of COVID-19 (Pearson's correlation coefficient 0.77 and 0.52) and related hospitalisations (0.72, 0.50). In addition, low educational level and unemployment were correlated with a high number of notified cases. ***Conclusions:*** **Immigrant groups living in disadvantaged socioeconomic positions are important to target with preventive measures for COVID-19. This must include targeted interventions for low-income families living in overcrowded households.**

Tidsskriftet
DEN NORSKE LEGEFORENING

COVID-19, vaccines and immigrants

EDITORIAL

ESPERANZA DIAZ

E-post: esperanza.diaz@uib.no
Esperanza Diaz is director of the Pandemic Centre at the University of Bergen. She is a professor at the Department of Global Public Health and Primary Care and has an additional position at the Unit for Migration and Health, Norwegian Institute of Public Health.
The author has completed the ICMJE form and declares no conflicts of interest.

We need more knowledge about migrant health as well as a high level of professional reflection to prevent the stigmatisation of particularly vulnerable groups.

Those of us who work with migrant health often say that migrant background is an independent health determinant (1). The association between migrant background and health differs in the various migrant groups. Consequently, the effects of specific measures to improve health services for these groups must be evaluated before implementation. For several years, researchers have been calling for systematic data on migrant background to be accessible in health registers. The Norwegian authorities have been opposed to this because of legal objections based on the fear of misuse of such data and the stigmatisation of certain groups.

During the coronavirus pandemic, it was journalists who first warned of an over-representation of immigrants, particularly from Somalia, among those testing positive for COVID-19 (2). Thereafter, the health authorities also acknowledged the need for official, reliable data. In due course, the Norwegian Institute of Public Health published regular coronavirus statistics on immigrants in Norway (3). Thanks to this information, the authorities decided to ally themselves with immigrant groups and initiate targeted measures to solve some of the specific challenges facing these groups. Official data on health among immigrants was helpful during the coronavirus crisis.

«It is not because being born in a particular country or having specific genes means that you do not want to get vaccinated»

Diaz et al. BMC Public Health (2022) 22:1288
https://doi.org/10.1186/s12889-022-13687-8

BMC Public Health

RESEARCH Open Access

Disparities in the offer of COVID-19 vaccination to migrants and non-migrants in Norway: a cross sectional survey study

Esperanza Diaz[1,2*], Jessica Dimka[3] and Svenn-Erik Mamelund[3]

Abstract

Background: Vaccination is key to reducing the spread and impacts of COVID-19 and other infectious diseases. Migrants, compared to majority populations, tend to have lower vaccination rates, as well as higher infection disease burdens. Previous studies have tried to understand these disparities based on factors such as misinformation, vaccine hesitancy or medical mistrust. However, the necessary precondition of receiving, or recognizing receipt, of an offer to get a vaccine must also be considered.

Methods: We conducted a web-based survey in six parishes in Oslo that have a high proportion of migrant residents and were hard-hit during the COVID-19 pandemic. Logistic regression analyses were conducted to investigate differences in reporting being offered the COVID-19 vaccine based on migrant status. Different models controlling for vaccination prioritization variables (age, underlying health conditions, and health-related jobs), socioeconomic and demographic variables, and variables specific to migrant status (language spoken at home and years lived in Norway) were conducted.

Results: Responses from 5,442 participants (response rate of 9.1%) were included in analyses. The sample included 1,284 (23.6%) migrants. Fewer migrants than non-migrants reported receiving a vaccine offer (68.1% vs. 81.1%), and this difference was significant after controlling for prioritization variables (OR 0.65, 95% CI: 0.52–0.82). Subsequent models showed higher odds ratios for reporting having been offered the vaccine for females, and lower odds ratios for those with university education. There were few to no significant differences based on language spoken at home, or among birth countries compared to each other. Duration of residence emerged as an important explanatory variable, as migrants who had lived in Norway for fewer than 15 years were less likely to report offer of a vaccine.

Conclusion: Results were consistent with studies that show disparities between non-migrants and migrants in actual vaccine uptake. While differences in receiving an offer cannot fully explain disparities in vaccination rates, our analyses suggest that receiving, or recognizing and understanding, an offer does play a role. Issues related to duration of residence, such as inclusion in population and health registries and health and digital literacy, should be addressed by policymakers and health services organizers.

Keywords: COVID-19, Migrant, Migrant health, Health disparities, Vaccination

Complexities

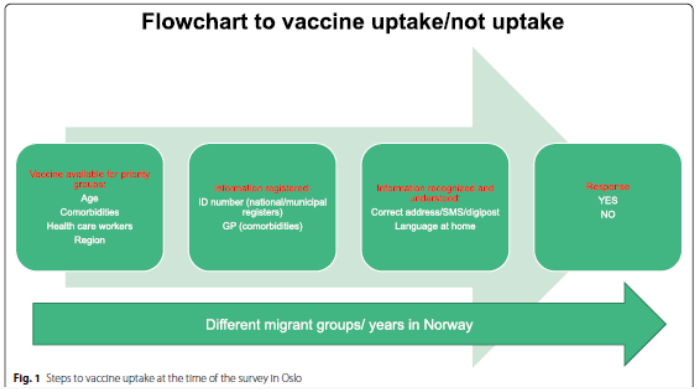


Fig. 1 Steps to vaccine uptake at the time of the survey in Oslo

Cultural factors influencing COVID-19-related perceptions and behavior, seen from immigrants' own perspective. A qualitative study in Norway

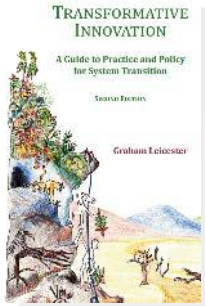
Solveig Vederhus, Eirik Myhre*, Liv Grimstvedt Kvalvik, Esperanza Diaz. Under review*

- Hospitality and social habits in the daily life
- Religious traditions, rituals, and gatherings
- Sense of community within the groups
- Societal duty and responsibility
- Use of traditional medicine
- Attitudes towards the Norwegian healthcare system
- Other factors: ‘between cultures’, structural and socioeconomic factors

PANDEMIC CENTRE
University of Bergen (UiB)

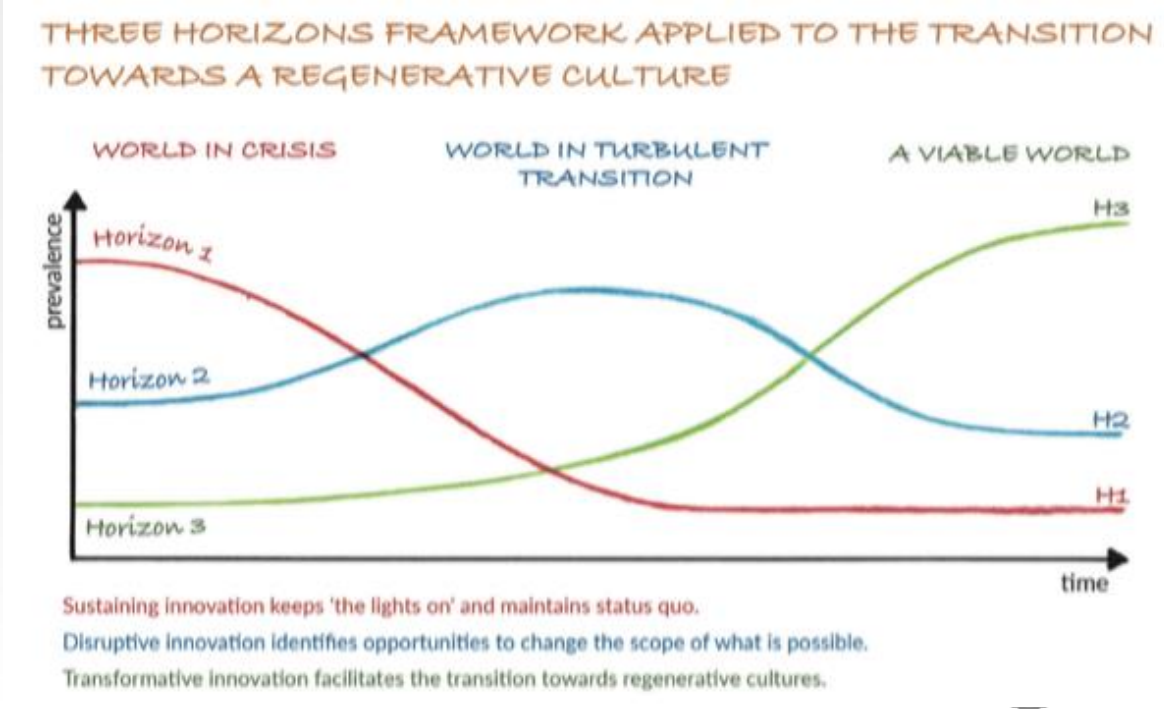
Interventions that require evaluation:

- Evaluation Health Ambassador project
  (Caritas, Bergen Municipality, Pandemic Centre)



The right balance

Keeping what helps - transformative innovation



PANDEMIC CENTRE
University of Bergen (UiB)

UNIVERSITY OF BERGEN

Eldre innvandrerkvinner møter forskere

Prosjekttittel: Eldre kvinner med innvandrerbakgrunn i Norge etter pandemien: hva er behovene?

Mål med prosjektet

1. Øke brukerkompetanse blant eldre innvandrerkvinner, både som brukere av tjenester og som samarbeidspartnere til forskere
2. Sikre en bedre inkludering av behovene til eldre innvandrerkvinner i forskning
3. Skape varige samarbeidsflater for å sikre kontinuerlig samhandling mellom aktørene.

Forgotten?: “Essential” workers

Benavente *et al. International Journal for Equity in Health* (2023) 22:220
https://doi.org/10.1186/s12939-023-02013-2

International Journal for Equity in Health

RESEARCH Open Access

Occupation-related factors affecting the health of migrants working during the COVID-19 pandemic – a qualitative study in Norway

Pierina Benavente[1*], Elena Ronda[2,3] and Esperanza Diaz[1]

Abstract

Background The effects of the COVID-19 pandemic were more pronounced among migrants than in the majority population and went beyond those directly caused by the virus. Evidence suggests that this overburden is due to complex interactions between individual and structural factors. Some groups of working migrants were in vulnerable positions, overrepresented in essential jobs, under precarious work conditions, and ineligible for social benefits or special COVID-19 economic assistance. This study aimed to explore the experience of migrants working in Norway during the COVID-19 pandemic to gather an in-depth understanding of the pandemic's impact on their health and well-being, focusing on occupation-related factors.

Methods In-depth personal interviews with 20 working migrants from different job sectors in Bergen and Oslo were conducted. Recruitment was performed using a purposive sampling method. Thematic analysis was used.

Results At the workplace level, factors such as pressure to be vaccinated, increased in occupational hazards, and increased structural discrimination negatively impacted migrants' health. Other factors at the host country context, such as changes in social networks in and out of the workplace and changes in the labour market, also had a negative effect. However, the good Norwegian welfare system positively impacted migrants' well-being, as they felt financially protected by the system. Increased structural discrimination was the only factor clearly identified as migrant-specific by the participants, but according to them, other factors, such as changes in social networks in and out of the workplace and social benefits in Norway, seemed to have a differential impact on migrants.

Conclusions Occupational-related factors affected the health and well-being of working migrants during the pandemic. The pressure to get vaccinated and increased structural discrimination in the workplace need to be addressed by Norwegian authorities as it could have legal implications. Further research using intersectional approaches will help identify which factors, besides discrimination, had a differential impact on migrants. This knowledge is crucial to designing policies towards zero discrimination at workplaces and opening dialogue arenas for acknowledging diversity at work.

frontiers in Public Health

Health of Ir
Workers Du
Pandemic:

OPEN ACCESS

- Increased occupational hazards
- Social changes (no family)
- Pressure to be vaccinated
- Increased structural discrimination

- +: Social security!

PANDEMIC CENTRE
University of Bergen

Collateral damages?: Food security

International Journal of
Environmental Research and Public Health

MDPI

Review

Food Insecurity among International Migrants during the COVID-19 Pandemic: A Scoping Review

Doua Ahmed [1,2], Pierina Benavente [2,*] and Esperanza Diaz [2]

[1] Centre of International Health, Department of Global Public Health and Primary Care, Faculty of Medicine, University of Bergen, 5020 Bergen, Norway
[2] Pandemic Centre, Department of Global Public Health and Primary Care, Faculty of Medicine, University of Bergen, 5020 Bergen, Norway
* Correspondence: pierina.benavente@uib.no

Abstract: The SARS-CoV-2 coronavirus and the measures imposed to control it have impacted food security globally, particularly among vulnerable populations. Food insecurity, in turn, has repercussions on health, exacerbating pre-existing inequalities. This scoping review maps the literature describing associations between the COVID-19 pandemic and food insecurity among migrants, with a particular view toward health. A total of 909 papers were extracted through four electronic databases, and 46 studies were included. The migrant populations described originated mainly from Latin America (11/46) and were located in North America (21/46). Most studies included refugees and asylum seekers (20/46). The main challenges described were financial hardship (28/46), the effect of migrants' documentation status on using public food aid (13/46), and the suspension of or reduction in humanitarian assistance due to the economic recession (7/46). The impact of food insecurity on migrants' mental and physical health was described in 26 of the 46 studies. Authorities in all destination countries should focus their attention and efforts into ensuring nutrition security for migrants in a holistic way, including their economic and legal integration, to be better prepared for health crises in the future.

Tidsskrift for velferdsforskning
VITENSKAPELIG PUBLISERING

UNIVERSITETSFORLAGET

Årgang 24, nr. 2-2021, s. 1-9
ISSN online: 2464-3076
DOI: https://doi.org/10.18261/issn.2464-3076-2021-02-07

Matusikkerhet under den første fasen av koronapandemien blant innvandrere og for hele befolkningen i Norge

Food Insecurity during the First Wave of the COVID-19 Pandemic for Migrants and for the Whole Norwegian Population

Esperanza Diaz
Leder, Pandemisenteret, UiB
Esperanza.diaz@uib.no

Pierina Benavente
Stipendiat, Pandemisenteret, UiB
Pierina.Velando@student.uib.no

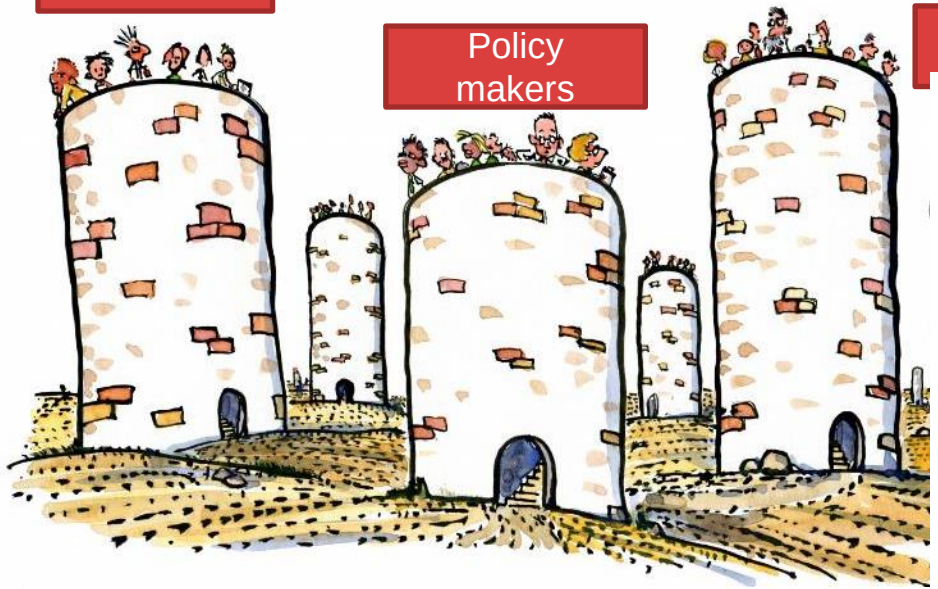
Adriana Oliva-Aroces
Stipendiat, Universidad de Alicante, Spain
adriana.oliva@ua.es

Sammendrag
Bakgrunn: Innvandrere utgjør 15 % av befolkningen, men representerer 30–40 % av positive tilfeller av covid-19 i Norge. Inngripende smitteverntiltak og nedstengning fører til nedgang i økonomien. Matusikkerhet oppstår i situasjoner med begrenset eller usikker tilgang til ernæringsmessig tilstrekkelig og trygg mat og kan bli påvirket av krisesituasjoner. Målet med prosjektet var å undersøke matusikkerhet blant hele befolkningen og innvandrere under den første fasen av koronapandemien.

Metode: I en ekstra runde av Medborgerpanelet (NMP) svarte 4025 personer på spørsmålet «I løpet av koronapandemien, har du vært bekymret for at du vil gå tom for mat før du kan kjøpe igjen?». Samme spørsmål oversatt til fem språk (somalisk, polsk, tamil, arabisk og spansk) ble besvart av 529 innvandrere som del av studien Inncovid.Norge noen uker etter.

Hovedfunn: Blant NMP-respondentene hadde 16 % noen gang og 1 % ofte vært bekymret for å gå tom for mat. Tilsvarende prosenter var 31 % og 7 % for innvandrere, men med forskjeller mellom gruppene.
Konklusjon: Koronapandemien påvirker matsikkerhet i det norske samfunnet og rammer innvandrere spesielt. Evaluering og dekning av slike basale behov burde bli prioritert av myndighetene.

Nøkkelord
migrant, flyktning, matusikkerhet, pandemi, arbeidsledighet



Equity in health care, also for migrants

Scandinavian Journal of Public Health, 2021; 49: 804–808

COMMENTARY

Learning from the COVID-19 pandemic among migrants: An innovative, system-level, interdisciplinary approach is needed to improve public health

ESPERANZA DIAZ[1,2,3], SVENN-EIRIK MAMELUND[4], JARLE EID[1,5], HENRIETTE SINDING AASEN[1,6], ODDVAR MARTIN KAARBØE[1,2,7], REBECCA JANE COX BROKSTAD[1,8], SIRI GLOPPEN[1,9], ANDERS BEYER[1,10] & BERNADETTE NIRMAL KUMAR[3]

[1]Pandemic Centre, University of Bergen, Norway, [2]Department for Global Public Health and Primary Care, Faculty of Medicine, University of Bergen, Norway, [3]Unit for Migration and Health, Norwegian Institute of Public Health (FHI), Norway, [4]Centre for Research on Pandemics, OsloMet, Norway, [5]Centre for Crisis Psychology, University of Bergen, Norway, [6]Faculty of Law, University of Bergen, Norway, [7]Faculty of Social Sciences, University of Bergen, Norway, [8]Faculty of Medicine, University of Bergen, Norway, [9]Department of Comparative Politics, Faculty of Social Sciences, University of Bergen, Norway, and [10]Faculty of Fine Art, Music and Design, University of Bergen, Norway

Abstract

The effects of the COVID-19 pandemic are amplified among socially vulnerable groups, including international migrants, in terms of both disease transmission and outcomes and the consequences of mitigation measures. Migrants are overrepresented in COVID-19 laboratory-confirmed cases, hospital admissions, intensive care treatment and death statistics in all countries with available data. A syndemic approach has been suggested to understand the excess burden in vulnerable populations. However, this has not stopped the unequal burden of disease in Norway. Initially, the disease was mainly imported by Norwegians returning from skiing holidays in the Alps, and the prevalence of infection among migrants in Norway, defined as people born abroad to foreign parents, was low. Later, confirmed cases in migrants increased and have remained stable at 35–50% – more than twice the proportion of the migrant population (15%). To change this pattern, we need to understand the complex mechanisms underlying inequities in health and their relative and multiplying impacts on disease inequalities and to test the effect of counterfactual policies in order to reduce inequalities in disease burden. Yet, the current paradigm in the field of migration and health research, that is, the theories, research methods and explanatory models commonly applied, fail to fully understand the differences in health outcomes between international migrants and the host population. Here, we use the Norwegian situation as a case to explain the need for an innovative, system-level, interdisciplinary approach at a global level.

Keywords: *Migrants, pandemic, COVID-19, paradigm, interdisciplinarity*

Can research make a difference?

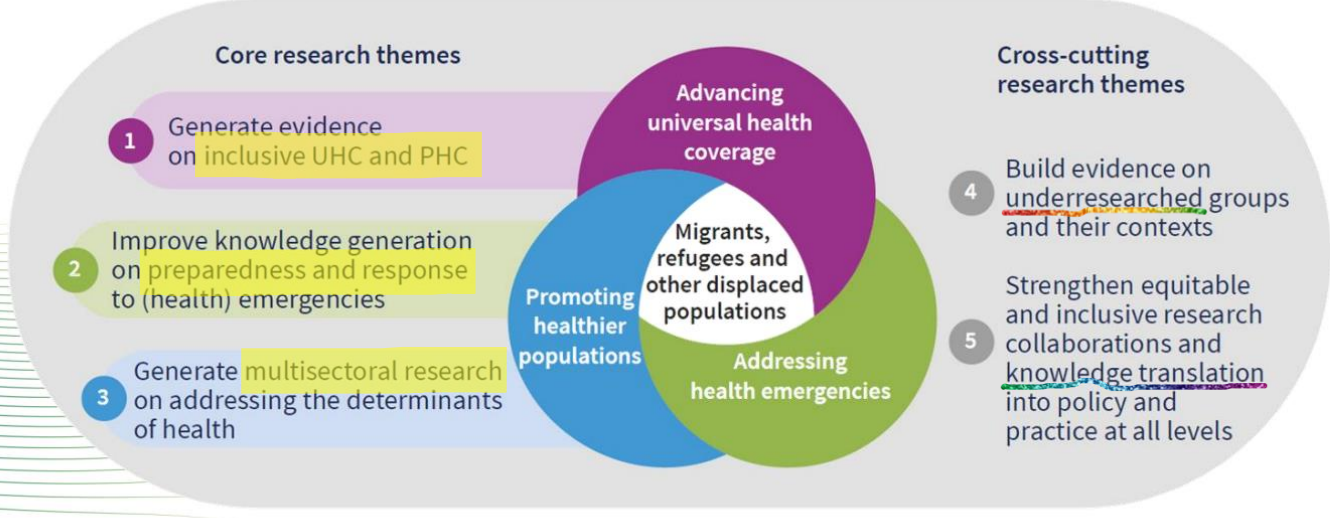
- Findings are key to advise the health and political authorities: engage with them!
- To get long-term adherence to the recommendations in all segments of society we need to:
  - Understand the different groups
  - Improve communication
  - Improve the trust
  - Engage with them!

World Health Organization

Global Research Agenda on health, migration and displacement

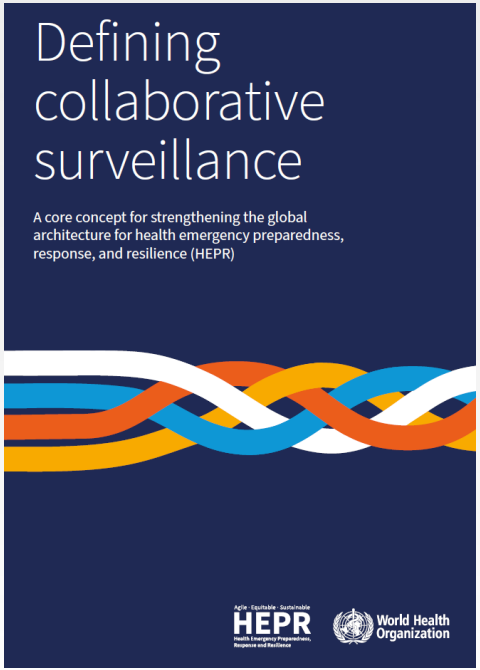
Strengthening research and translating research priorities into policy and practice

Five key research themes identified via consensus as global priorities to be addressed over the next five years



PANDEMIC CENTRE
University of Bergen (UiB)

General practice research must include migrant & health research



- Enhancing public health intelligence
  - Information for **inclusive** actionable insights
  - Dissemination to **all** stakeholders
- Evidence for decision making **taking the most vulnerable into account**
- From public health security to preparedness **also with migrants**
- All- hazards approach, **including stigma and discrimination**
- Common vulnerabilities and strengths approach **makes us all stronger.. and we all have both**

Defining collaborative surveillance. A core concept for strengthening the global architecture for health emergency preparedness, response, and resilience (HEPR) W. WHO 2023 Geneva


PANDEMIC CENTRE
University of Bergen (UiB)
Esperanza.diaz@uib.no
Thank you!