



MESU NYT

NR. 2 10. ÅRGANG 03.JULI 2020

Nyt fra MESU og samarbejdspartner: Kroniske syge og udsatte gruppers situation under COVID-19 pandemien

Nogle kroniske sygdomme er forbundet med en øget risiko for at blive alvorligt syg af COVID-19. Kroniske sygdomme, der har en social slagside, da de er forbundet med en u hensigtsmæssig sundhedsadfærd i forhold til KRAM-faktorer, som hyppigt hænger sammen med lavere socioøkonomisk status. Samtidig påvirker socioøkonomisk status den formelle adgang til sundhedsvæsenet. Migranter og etniske minoriteter er generelt overrepræsenterede blandt folk med lavere social status og er derfor mere sårbare over for sygdomme med social slagside.

Kroniske sygdomme efterlader få muligheder for intervention under en pandemi, da det er umuligt på så kort tid at korrigerer mange års effekt af dårlig kost, rygning, alkohol og manglende motion (KRAM). Derfor argumenterer Nørredam & Benfield for, at vi i stedet må sikre, at alle patienter med kroniske sygdomme behandles efter højeste medicinske standard, så deres kroniske sygdom er velreguleret, at lægemidler til at behandle kroniske sygdomme er tilgængelige, og at der er adgang til lægehjælp – både i almen praksis og på hospitalerne.

Migranter og etniske minoriteter er generelt overrepræsenterede blandt folk med lavere social status og er derfor mere sårbare over for sygdomme med social slagside. I tillæg er nogle migranter og etniske minoriteter særligt sårbare i forhold til diabetes og hjertekarsygdom på grund af deres genetiske baggrund samt en øget risiko for metabolisk syndrom via de epigenetiske transformationer, som migrationsprocesser indebærer. Herudover ses det, at migranter har flere kroniske sygdomme, hvor eksempelvis diabetes er associeret med sygdomme som TB og posttraumatisk stressforstyrrelse erhvervet før eller under migration.

COVID-19 kommer til både at eksponere og øge den eksisterende sociale og etniske ulighed i sundhed i befolkningen i Danmark og verden over. Selvom data indtil videre er sparsom, ses udtryk for denne ulighed både i USA og i England. Endnu eksisterer der ikke lignende data for Danmark, men de personlige erfaringer er foruroligende. Bekræftes disse af yderligere data vil det understrege behovet for at forstærke den forebyggende indsats.

Nørredam, M. & Benfield, T. (2020). Kroniske syge og udsatte gruppers situation under COVID-19 pandemien. *Ugeskriftet Læger*. 182. Læs den videnskabelige leder [her](#).

Ny rapport fra Rådet for Socialt Udsatte: Sundhed blandt uregistrerede og hjemløse migranter

I en ny rapport fra Rådet for Socialt Udsatte belyses uregistrerede gademigranternes sundhedstilstand. Rapporten stiller skarpt på en række afgørende barrierer såsom manglen på adgang til behandling af ikke-akutte tilstande, samt de særlige udfordringer gruppen har stået over for i forbindelse med COVID-19. [Rådet for Socialt Udsatte](#).

Du kan læse rapporten [her](#).

Calendar

PhD defense: Addressing migration-related health inequalities in Scandinavia through equitable education.

10 August 2020, participation online. Claire Mock-Muñoz de Luna will be defending her thesis. Read more on page 3

16th World Congress on Public Health

12-17 October 2020, Roma Convention Center, La Nuvoletta, Rome, Italy

OBS! The World Congress on Public Health will be now be held as **a virtual congress** due to COVID-19.

Read more on page 3

To nye CAGE rapporter fra MESU og samarbejdspartnere:

Equity in Education?

The new CAGE report by Andrea Dunlavy, Christopher J. de Montgomery, Thomas Lorentzen, Maili Mailin and Anders Hjern presents a comparative analysis of educational outcomes among refugee children in the Nordic countries.

The report assesses educational outcomes among refugee children in the Nordic region. The comparative results found in the report were derived from joint efforts to harmonize register data from Denmark, Finland, Norway and Sweden. The primary study population consisted of refugee children who were granted residency in the Nordic region as children between 1986 and 2005 and were followed up through 2015.

Several focus points were identified from the findings of the report:

1) That the overall results, to varying degree, show similarities between the Nordic countries in that the educational systems have not been as successful in fostering educational achievements of refugee students as they have been for majority population students. 2) That age matters, as refugee children who arrived at younger ages tended to have better school performance. 3) Refugee children's educational outcomes varied by country of origin. 4) That gaps in educational outcomes between refugee children and children of refugees relative to the majority population varied between the Nordic countries.

You can read the full report "Equity in Education?" [here](#).

Young Refugees' Pathway in(to) Education

The new CAGE report by Brit Lynnebakke, Lutine de Wal Pastoor & Ketil Eide presents the findings from substudy 3a, the TURIN study (Transitions upon Resettlement in Norway), highlighting teacher and student voices.

The report addresses the findings of the qualitative research project Educational and psychosocial transitions encountered by young refugees upon resettlement in Norway (TURIN). The study's main aim was to gain more knowledge about what may promote or inhibit young refugees' successful educational and psychological transitions in the early resettlement period. It is argued that young refugees' initial period of resettlement may be marked not only by numerous challenges but also optimism and future hope.

The TURIN interviews focused on refugee students' and school staff's individual experiences; however, the findings draw attention to how macro-level conditions influence these experiences.

From the findings, three central dilemmas are identified;

1) Seeing the individual and group-level challenges, 2) Sustaining motivation vs preparing for future demands, 3) Balancing educational and psychosocial demands.

You can read the full report "Young Refugees' Pathway in(to) Education" [here](#).



Stay up to date on health systems responses: COVID-19 Health Systems Response Monitor

The Health System Response Monitor (HSRM) has been designed in response to the COVID-19 pandemic to collect and organise up-to-date information on how countries are responding to the crisis. The HSRM focuses on the responses of health systems but also captures wider public health initiatives. The tool is a joint undertaking of the WHO Regional Office for Europe, the European Commission, and the European Observatory on Health Systems and Policies. [HSRM](#).

You can access up-to-date information on health system responses and other COVID-19-related public health initiatives on countries within the WHO European Region as well as Canada and the United States. In addition, you can select different countries and compare their responses on a) preventing transmission, b) ensuring sufficient physical infrastructure and workforce, c) providing health services effectively, d) paying for services, e) governance, and f) measures in other sectors using [this tool](#).

You can also access a number of different cross-country analysis on topics such as compensation of health professionals, contact tracing using apps, adjusting hospital payment systems, the value of civil society during COVID-19 and much more [here](#).

Nyt fra MESU og samarbejdspartnere: Refugee camps and COVID-19: Can we prevent a humanitarian crisis?

I tidsskriftet *Scandinavian Journal of Public Health* stiller Signe Smith Jervelund og samarbejdspartnere skarpt på flygtninges udsatte position, og hvordan denne risikeres at forværres markant af COVID-19 pandemien.

Flere organisationer har kritiseret forholdene i Europæiske flygtningelejre, herunder Morialejren i Grækenland. De observerede inhumane og uhygiejniske forhold skaber et miljø, der udgør en trussel for flygtninges sundhed – især under en pandemi. Tidligere studier har vist, at børn i lejeren er særligt udsatte, og at deres sundhedstilstand er i forværring. Med en høj andel af kroniske lidelser blandt den voksne befolkning, forventes det, at befolkningen i disse lejre kan blive uforholdsmæssigt påvirket af et COVID-19 udbrud. En forbedring af vilkårene er mere end nogensinde afgørende for at sikre flygtninges sundhed og undgå en humanitær krisesituation.

Du kan læse kommentaren af Vonen, H.D., Olsen, M.L., Eriksen, S.S., Jervelund, S.S. & Eikemo, T.A. [her](#).

Update: 16th World Congress on Public Health. Public Health for the Future of Humanity: Analysis, Advocacy and Action

From the 12th to 17th of October 2020 the 16th World Congress on Public Health will take place virtually, focusing on *Public Health for the Future of Humanity*.

The theme of the World Congress reflects the global public health community's commitment to respond to new challenges of climate change, poverty and inequalities that are leading to mass migration and conflict. These new circumstances are also a threat to health. In a series of eight plenary sessions, these challenges will be explored further.

OBS! Due to the repercussions of the coronavirus pandemic the congress will now be held as a virtual congress. Detailed information can be found [here](#).

[WCPH2020](#)



Invitation to online PhD defense: Addressing migration-related health inequalities in Scandinavia through equitable education – A comparative study

Claire Mock-Muñoz de Luna will be defending her PhD on the 10th of August at 13:00. Due to the present COVID-19 situation, you are invited to participate online. You can access the PhD defense through [this link](#).

In this defense, Claire will be present and discuss her PhD research on migrant health and equity in education. In response to persistent migration-related inequalities in health and education, Claire's thesis aims to shed light on the different approaches taken by Scandinavian education systems to address the specific health and wellbeing needs of migrant and refugee children. To this aim, the thesis investigates whether there are inequalities in health in Scandinavia between migrant and majority population children, and the role that migrant education policies and schools play in addressing these inequalities.

Claire finds that, overall, children with a migrant background experience a health disadvantage only partly explained by parental socio-economic status. She also finds that non-health targeting policy areas such as migrant education policy do indeed impact the ability of schools and educators to address the health and wellbeing of the children these policies target. The findings suggest that, while socio-economic status is a key area for policy interventions in universal welfare state strategies, a multi-sectoral and more targeted approach is needed in order to address the more complex mechanisms at play in case of migration-related health inequalities.

Skrevet af Claire Mock-Muñoz de Luna



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