



MESU NYT

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novo nordisk fonden

New project: CONTINUITY

With funding from the Novo Nordisk Foundation, a new project has commenced: Mobility and continuity of chronic disease care amongst forcibly displaced persons

During a humanitarian crisis, people may seek refuge in another and more secure part of their country, becoming internally displaced or cross-national borders into neighboring countries, and temporarily stay in refugee camps or settlements. Others may gravitate towards urban areas and live as undocumented migrants. Past and more recent internal conflicts in South Sudan have forced millions to flee violence, poverty and hunger – resulting in different kinds of mobility patterns. An estimated 1.47 million South Sudanese are internally displaced, and more than 920,000 have sought refuge in Uganda, making it the third busiest migration corridor in Africa. This mobility has important public health implications, not least for the growing number of forcibly displaced persons at risk of, or affected by, cardiometabolic conditions such as diabetes and hypertension.

Over a 5-year period, CONTINUITY seeks to develop an understanding of the intersections between mobility, community support and (dis)continuity of cardiometabolic disease care. Specifically, CONTINUITY will empirically reveal the contours of cardiometabolic disease care practices at both household, community, and health systems levels, and examine the way they intersect with their past, current, and imagined mobilities to shape (dis)continuities of care. Such understanding paves the way for conceptualizing cardiometabolic health-enabling environments and strengthening health systems for forcibly displaced persons.



CONTINUITY is led by Associate Professor Morten Skovdal.

For more detail: www.publichealth.ku.dk/continuity

Written by Morten Skovdal

CALENDAR

Conference:

EUPHA: Strengthening health systems: Improving population health and being prepared for the unexpected

Berlin, Germany, 9-12 November 2022

The focus of Berlin 2022 will be on health systems. We have learned from the Covid-19 pandemic that infectious diseases know no boundaries. We have seen the successful development of vaccines but also the spread of the Delta variant around the globe as these vaccines have not yet been available to everyone. The conclusion is simple: the EU must take on a more active role in global health. This includes taking a stand on expansive issues such as planetary health, climate change, environmental degradation, water and food security, migration, gender, and poverty.

Register and get further information about the conference via [this link](#)

Summary report on seminar: Er tolkeloven en barriere for sundhed?

Den 26/4-2022 afholdte MESU i samarbejde med Center for Almen Medicin på Københavns Universitet et velbesøgt seminar om tolkegebyrets konsekvenser. Seminaret bestod af en præsentation af forskernes resultater med en efterfølgende paneldebat.

Først introducerede Camilla Michaëlis, videnskabelig assistent på MESU, en opgørelse af udviklingen af brugen af tolk i sundhedsvæsenet i årene 2017-2019. Her viste opgørelsen et fald i brugen af tolk i flere af landets regioner. Sammen med Johanna Falby Lindal fra Center for Almen Medicin, fremlagde Camilla også deres kvalitative studie, som har fokuseret på patienternes oplevelse i mødet med sundhedsprofessionelle, når der ikke har været en tolk til stede. Flere interviews med patienter viser at, en manglende adgang til kvalificeret tolkning, giver patienterne en række problemer med at give og modtage information til deres praktiserende læge. I et tredje studie har ph.d studerende Cæcilie Center for Almen Medicin, analyseret en række konsultationer mellem læge og patient. Udskrifterne af konsultationerne viste, at det er vanskeligt at skabe en sammenhængende samtale, da lægen prøver at være så konkret som mulig, mens patienten i mangel på ord kommer til at gentage sig selv. Det giver en tøvende samtale, hvor der opstår tvivl om, hvem der har initiativet. I det fjerde og sidste oplæg fortalte lektor og læge Anette Davidsen om en undersøgelse af de praktiserende lægers oplevelser af manglende tolkebistand. Her viste det sig, at patienterne oftest ikke kan eller vil betale for en tolk, og derfor bruger enten pårørende eller møder op uden tolk, som giver store problemer med forståelser. Kvalificeret tolkning er derfor altafgørende for præcis kommunikation om sygdom og behandling, og tolken er lige så meget lægens som patientens redskab.

Eftermiddagen blev afrundet med en paneldebat mellem sygeplejerske, Nasteha Hussein, formand for Lægeforeningen, Camilla Rathcke, formand for Sundhedsudvalget i Danske Regioner, Karin Friis Bach, formand for Dansk Selskab for Almen Medicin, Bolette Friedrichsen og næstformand for Selskab for Indvandrersundhed, Morten Sodemann. I både panelet og salen blev det understreget, at det giver god mening ud fra et politisk perspektiv at kæde effekten af tolkegebyret sammen med dagsordenen om ulighed i sundhed, som det er lykkedes at gøre i forhold til socialt udsatte borgere. Samtidig kan man påvise, at konsultationer uden tolk tager tre gange så lang tid – og dermed går tiden fra andre patienter.

Skrevet af Hejdi Abdelhamid

New article: Use of reperfusion therapy and time delay in patients with ischaemic stroke by immigration status: A register-based cohort study in Denmark

In summary, reperfusion therapy is mainstay of treatment for acute ischaemic stroke and is administered within 4.5 hours after stroke onset. We compared use of this acute treatment and time-to-treatment delay between immigrants and Danish-born residents. We found that immigrants had lower chances of receiving reperfusion therapy and also had a longer prehospital delay than Danish-born residents. However, no differences in system delay or clinical outcome were found. Polish immigrants of all immigrant groups had the lowest chances of this acute treatment. We conclude that the lower chances of reperfusion therapy and longer prehospital delay seen in immigrants were explained by living alone, less severe stroke, language barriers, or cultural norms or simply lack of knowledge about stroke signs and symptoms.

Read the full article here: <http://doi.org/10.1111/ene.15303>

Reference: Mkoma GF, Norredam M, Iversen HK, Andersen G, Johnsen SP. Use of reperfusion therapy and time delay in patients with ischaemic stroke by immigration status: A register-based cohort study in Denmark. Eur J Neurol. 2022

Written by George F. Mkoma

New article: Disparities in postpartum depression screening participation between immigrant and Danish-born women

Postpartum depression (PPD) is a serious public health concern that affects between 10-15% women globally. Systematic use of screening questionnaires can increase detection of women at risk and improve early detection and referral. This study looks at the inequalities in PPD screening, using the Edinburgh Postpartum Depression Scale, in the universal nurse home visiting program in Denmark, in relation to mothers' migration status. We also explore whether proxies for acculturation, such as length of residence in Denmark, age at migration, place of education, or partners migration background are associated with differences in screening participation among migrant women. Results showed that, compared to Danish-born women, immigrant women in all groups were 80-90% more likely to lack PPD screening. All factors indicating lower acculturation were independently associated with increased risk of lack of screening. None-the-less, even the more acculturated group that arrived in Denmark as children were more likely to lack screening compared to Danish-born women. Results point out to inequities in PPD screening in real world universal home-visiting settings that may results in larger unmet mental health needs among immigrant mothers.

Read the full article here: <https://academic.oup.com/eurpub/article/32/1/41/6448262?login=true>

Reference: Marti-Castaner, M., Hvidtfeldt, C., Villadsen, S. F., Laursen, B., Pedersen, T. P., & Norredam, M. (2022). Disparities in postpartum depression screening participation between immigrant and Danish-born women. *European journal of public health*, 32(1), 41-48.

Written by Maria Castaner

New article: Household composition after resettlement and emotional health in adolescent migrants.

This study examines how migration characteristics, supports, resilience, and emotional well-being vary by unaccompanied minors (UAM) resettlement household composition (reunification with parents, reunification with a non-parental family member, or living in a household not containing any family members). Using a mixed-methods (quantitative-qualitative) cross-sectional approach, we assessed 46 Latin American adolescent UAM to the U.S. who resettled into these three household types. Results showed how youth experienced support differently by household type, influencing their strategies for adapting and coping post-resettlement, influencing their resilience and emotional well-being. Youth living in households without relatives had lower resilience and positive affect and needed to expend greater efforts to mobilize social supports than youth living with parents or with non-parental family members. Findings highlight the ways in which the needs and coping abilities of UAM migrants vary with the composition of their immediate receiving environment, their post-resettlement household. Understanding differences associated with these household characteristics can guide interventions to maximize emotional health and resilience.

Read the full article here: <https://www.sciencedirect.com/science/article/pii/S2666623522000265>

Reference: Orjuela-Grimm, M., Marti-Castaner, M., Bhatt-Carreño, S., Castro, M. A., Restrepo, A. H., Pinilla, H., & Lewis-Fernandez, R. (2022). Household composition after resettlement and emotional health in adolescent migrants. *Journal of migration and health*, 5, 100103-100103.

Written by Maria Castaner

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