



MESU NYT

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Announcement: New workshop during EUPHA

Maria Marti and Wietse Tol will be leading a workshop titled 'Immigrant mothers' perinatal mental health: social determinants and psychosocial supports' during the next 2021 EUPHA conference. This workshop will bring together four projects lead by researchers in the UK, Canada, and Denmark that shed light on the factors that influence perinatal mental health among immigrant women and explore psychosocial approaches to support maternal well-being. Presentations will provide new evidence on the prevalence and risk of perinatal mental illness amongst immigrant women (Daniela Fuhr), discuss the role of social isolation and loneliness in shaping immigrant parents' mental well-being (Lisa Merry), and present qualitative findings from two psychosocial programs integrated in the healthcare system that support the mental well-being of immigrant women in Europe (Hora Soltani, Maria Marti). The workshop aims to create an interactive session to discuss strategies to integrate mental health and psychosocial support into existing maternal healthcare and home-visiting programs and tackle social determinants of perinatal mental health.

Join us!

Written by Maria Marti Castaner



Announcement: MESU is now on LinkedIn!

MESU is growing on social media and has now a LinkedIn-page, which you can visit and follow via [this link](#). Here you can follow our research and network information about health among migrants and ethnic minorities.

MESU is also on Facebook, which you can like and follow on:

<https://www.facebook.com/MigrationEtnicitetSundhed/>

CALENDAR

Conference:

African Healthcare-Associated Infections

2 Nov. - 3 Nov. 2021

The Healthcare-Associated Infections Project in collaboration with University of Ghana & University of Copenhagen, under the auspices of DANIDA, presents ACHAI 2021. ACHAI 2021 will be offered in a format allowing participants to join in the conference either in person or online

You can read more about the conference via [this link](#)

Conference (virtual) :

14th European Public Health Conference 2021: Public health futures in a changing world

10 Nov. - 12 Nov. 2021

'Times change, and we are changed with them', as the 16th century phrase has it. Public health has changed a lot in the last thirty years. Whole subdisciplines, for example health informatics, and genetic public health, have grown up in that time. Has the core practice of public health changed? Does it need to? All this will be discussed on the conference where some of the content for the programme is also organized by some of researchers from MESU.

You can read more about the conference via [this link](#)

Summary report on seminar:

COVID-19 pandemien: Hvad har vi lært om migranter og etniske minoriteters sundhed?"

Den 31/8-2021 afholdte MESU i samarbejde med Dansk Selskab for Indvandrersundhed (SIS) et velbesøgt seminar om de erfaringer, vi alle har gjort os det seneste år omkring COVID-19 og ulighed i sundhed. Seminaret var delt op i tre temaer. Først introducerede Sabrina Islamoska, ph.d. ved Københavns Universitet, os for den forskning, som ligger på området omkring særligt COVID-smitte, forløb af sygdommen og indlæggelser blandt etniske minoriteter. Dernæst blev vi introduceret til forskellige offentlige myndigheders tilgang til hele COVID pandemien; overvejelser omkring kommunikation, testning, oplysningsarbejde etc. - og hvordan strategierne hele tiden ændrede sig i takt med, at vi lærte mere om COVID-19, så hvad der virkede og hvad der ikke virkede. Det tredje tema tre berørte mange af de frivillige indsatser, som har været en vigtig del af arbejdet med etniske minoriteter under pandemien og hvordan de frivillige indsatser også blev inkluderet i de offentlige myndigheders arbejde. De frivillige indsatsers task force oplyste, at de i langt højere grad har været i øjenhøjde med de mennesker, de gerne ville nå ud til. Eftermiddagen blev afrundet med en paneldebat mellem vicedirektør i Sundhedsstyrelsen, Helene Bilsted Probst, sektionsleder i Styrelsen For Patientsikkerhed, Britta Bjerrum Mortensen, praktiserende læge i Hvidovre, Urfan Zahoor Ahmed, og professor, Morten Sodemann. De var alle enige om, at dagens primære "take home message" var, at vi for fremtiden skal være bedre til at samarbejde på tværs af samfundet; myndigheder med lokale instanser og frivillige kræfter, for at udnytte de ressourcer, som er tilgængelige, hvis bare man rækker ud.



Written by Maria Goldsmith, Mathilde H. Andersen and Alina Aiesha Khan

Reminder: You are warmly invited to join the newly formed Global Society on Migration, Ethnicity, Race and Health



Membership is free until the end of 2021!

Why was the society created?

At the successful 1st World Congress on Migration, Ethnicity, Race and Health in Edinburgh in 2018, there was a strong consensus for setting up a Global Society which would continue to take a worldwide perspective on the vital issues discussed at the Congress. This has now been established, chaired by Prof Bernadette Kumar. It will soon be an Incorporated Charity in the United Kingdom, led by an international Board of Trustees and managed by In Conference, a leading Association and Conference Management Company.

What will the Society do?

The Society is a meeting point for individual members and affiliated organisations working to protect and improve the health of all, regardless of their place of origin or ethnic/racial background. It provides opportunities to exchange information and ideas and promote beneficial change across the world. Since its launch in October 2020, it has held two successful webinars with two more scheduled in 2021. A 2nd World Congress is being planned for 2023. Our freely accessible website, www.gsmerh.org is a unique source of research evidence, national and international reports and other resources on all the key issues. We will coordinate working and discussion groups - a Covid-19 researchers' group is already active.

Why should I join?

As a member, you will enjoy reduced rates at all Society events for which a fee is charged. You will receive regular newsletters highlighting important events worldwide, key new publications and other developments. You will be able to join specialist topic discussion or working groups. You can also get involved in running the Society, through nominating yourself or others for election as a trustee or office bearer and participating in scientific committees or other working groups.

Am I eligible?

Everyone over the age of 18 and living anywhere in the world can join, provided they agree to uphold the Society's values.

How much does it cost?

Membership is **free** until December 31, 2021. Thereafter a modest annual subscription will be charged to help cover the Society's running costs. This will vary according to your country of residence and there will be a special student rate. The scale of fees will be shown when you apply for membership.

How do I join?

Click on [this link](#) and it will take you through to the membership website.

If you have any further queries please contact In Conference Ltd by email: gsmerh@in-conference.org.uk or call on +44 (0)131 336 4203.

Prof Laurence Gruer

Secretary, Global Society on Migration, Ethnicity, Race and Health

Honorary Professor of Public Health, Edinburgh and Glasgow, UK



New article: Implementation, Mechanisms and Context of the MAMA ACT Intervention to Reduce Ethnic and Social Disparity in Stillbirth and Infant Health

This article is a process evaluation of the MAMA ACT intervention. The intervention focused on improving the communication between immigrant women and midwives during antenatal care (ANC) regarding warning signs of pregnancy complications and how to access acute care, to help prevent cases of stillbirth and infant death. The project was financed by TrygFonden and the intervention components included a six-hour training session in intercultural communication and cultural competence for midwives working in ANC, two one-hour follow-up dialogue meetings, and health education materials (leaflet and app) for pregnant women and their partners including information on warning signs of pregnancy complications and how to respond. We used the British Medical Research Council's framework for process evaluations of complex interventions to examine the implementation through dose, reach, and fidelity, important mechanisms of change among pregnant women and midwives, and the influence of contextual factors. A mixed-methods approach was applied using cross-sectional survey data collected by telephone interviews in 6 languages, administrative data, and in-depth qualitative data.

The reach of the intervention was high and it was evaluated positively by both pregnant women and midwives. Organizational factors in ANC, barriers in immigrant women's everyday life, and habitual interaction patterns among midwives served as contextual barriers potentially hindering the intended mechanisms of the intervention. When interpreting the intervention effects, attention should be drawn to both organizational and interpersonal factors in the clinic as well as the pregnant women's life situations.

Read the full article here: <https://www.mdpi.com/1660-4601/18/16/8583/htm>

Reference: Rasmussen TD, Johnsen H, Jervelund SS, Christensen U, Nybo Andersen AM, Villadsen SF. Implementation, mechanisms and context of the MAMA ACT intervention to reduce ethnic and social disparity in stillbirth and infant health. *IJERPH*, 2021

Written by Trine Damsted Rasmussen

New article: Psychosocial Responses to Healthcare: A Study on Asylum-Seeking Families' Experiences in Denmark

Much work has gone into unpacking the range of individual, interpersonal and structural barriers that prevent asylum-seekers from accessing healthcare.

In this Brief Communication, we disentangle asylum-seeking families' psychosocial responses when accessing healthcare as crucial dimensions of the access experience. Drawing on semi-structured interviews with 11 asylum-seeking families in Denmark, we present examples from three specific healthcare encounters between families and healthcare professionals in the Danish asylum system. We demonstrate how unfamiliarity with the healthcare system, interpersonal miscommunication and cultural insensitivity among professionals evoke specific emotions that undermine participants' trust in the healthcare system and affect their future motivation for healthcare seeking and ultimately also their healthcare seeking behavior. We argue for an urgent need to recognize the pivotal role of such psychosocial responses in shaping healthcare access for asylum-seeking families. Focusing on these responses is an important next step in overcoming barriers in access to healthcare, which have been described in literature for years.

Read the full article here: <https://pubmed.ncbi.nlm.nih.gov/33759026/>

Reference: Barghadouch A, Norredam M. Psychosocial Responses to Healthcare: A Study on Asylum-Seeking Families' Experiences in Denmark. *Journal of Immigrant and Minority Health*. 2021.

Written by Amina Barghadouch

New article:

Recommendations for ethnic equity in health: a Delphi study from Denmark

A new [article](#) titled “Recommendations for ethnic equity in health: a Delphi study from Denmark” has just been published in Scandinavian Journal of Public Health by Signe Smith Jervelund, Kirsten Vinther-Jensen, Knud Ryom, Sarah Fredsted Villadsen, Nana Folmann Hempler. The article is based on a [report](#) that was published by the Danish Society of Public Health in 2020 to address ethnic health inequities.

The article aims to formulate recommendations on structural and organisational levels to reduce ethnic health inequities. A number of decision-makers, representing municipalities, regions, the private sector, and voluntary organisations in Denmark, participated in the formulation of recommendations inspired by the Delphi method. The consensus process was conducted in three rounds during spring 2020, resulting in eight overall recommendations on both structural and organisational levels, including suggestions for action.

The recommendations were to strengthen:

1. health policies and strategies related to the needs of ethnic minorities including health literacy, linguistic, cultural and social differences;
2. health-promoting local initiatives developed in co-creation with ethnic minorities;
3. health promotion and prevention from a life course perspective with a focus on early intervention;
4. cross-sectoral and interdisciplinary collaborations that facilitate transitions and coordination;
5. competencies of professionals in terms of cultural knowledge, awareness, reflexivity and skills;
6. access to healthcare services by increasing information and resources;
7. interpreting assistance for and linguistic accessibility to healthcare services;
8. documentation and intervention research.

The article concluded that to reduce ethnic health inequities, it is crucial that Danish welfare institutions, including their strategies, approaches and skills of employees, are adapted to serve an increasingly heterogeneous population.

Many persons contributed to inputs to the article, including practitioners within ethnic minorities' health and a number of decision-makers within the area of ethnic minorities' health, representing municipalities, regions, the private sector and voluntary organisations, with a geographically dispersed affiliation. The formulated recommendations were also sent for comments to two NGOs representing ethnic minorities: the interest group *Mino Denmark* and the private organisation *Neighbourhood Mothers*. Finally, the recommendations were discussed with the Danish Research Centre for Migration, Ethnicity and Health, University of Copenhagen, and the Board of the Danish Society of Public Health. The authors are very grateful for all the contributions.

On behalf of the authors,
Signe Smith Jervelund

You can read the full article [here](https://pubmed.ncbi.nlm.nih.gov/34515598/): <https://pubmed.ncbi.nlm.nih.gov/34515598/>

Reference: Jervelund SS, Vinter-Jensen K, Ryom K, Villadsen SF, Hempler NF. Recommendations for ethnic equity in health: a Delphi study from Denmark. SJPB, 2021

Written by Signe Smith Jervelund

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