Migrant Health Research Workshop

Dr Luisa Silva
Paul Bird
Prof. Pareek Research Group

Content

- Background on migration
- Migrant health needs
- Migrant research examples
- Group activity

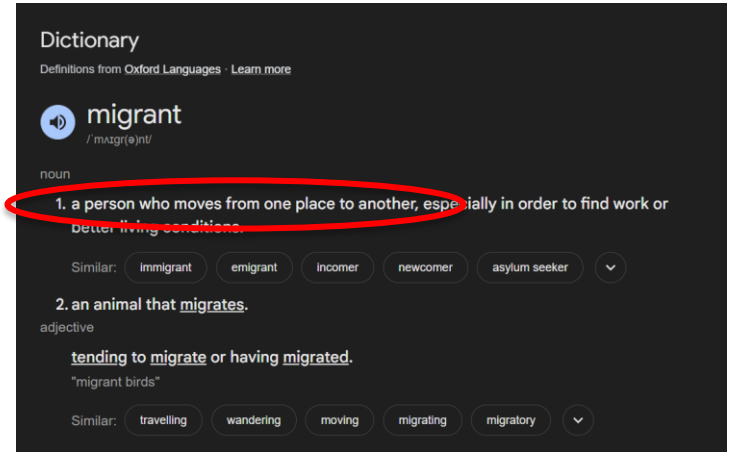
Background - Getting on the same page

What is a Migrant?

Background - Getting on the same page

What is a Migrant?

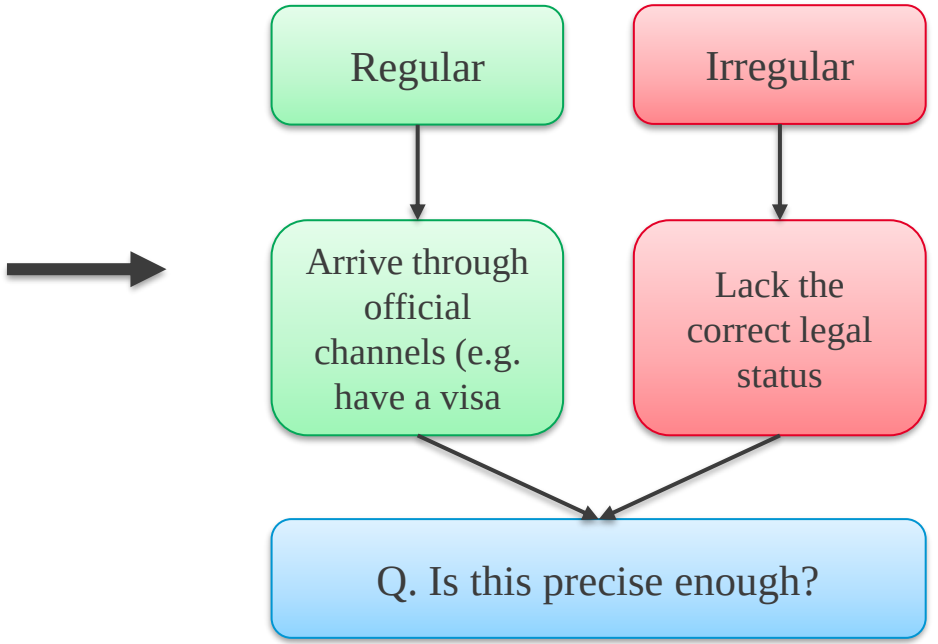
Q. Are they all the same?



Background - Getting on the same page

What is a Migrant?

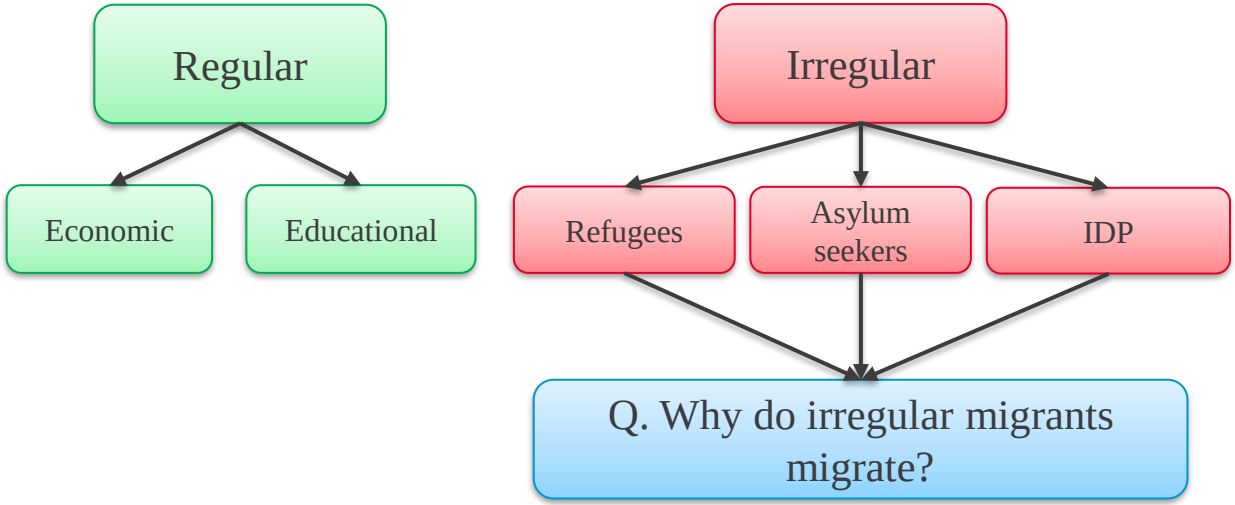
Types of Migrants



Background - Getting on the same page

What is a Migrant?

Types of Migrants

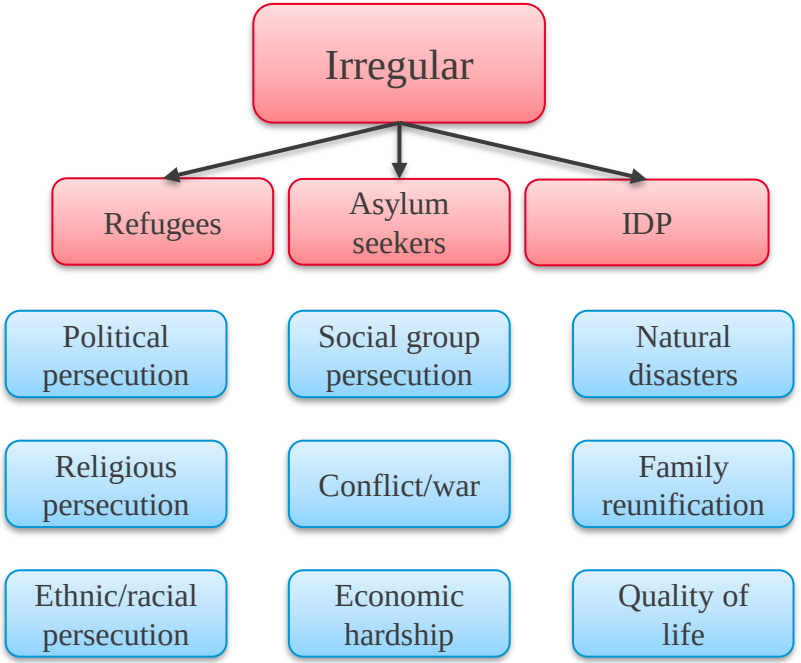


Background - Getting on the same page

What is a Migrant?

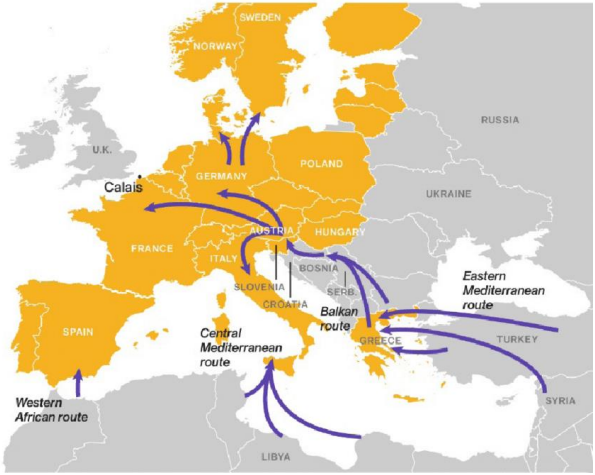
Types of Migrants

Reasons for migrating



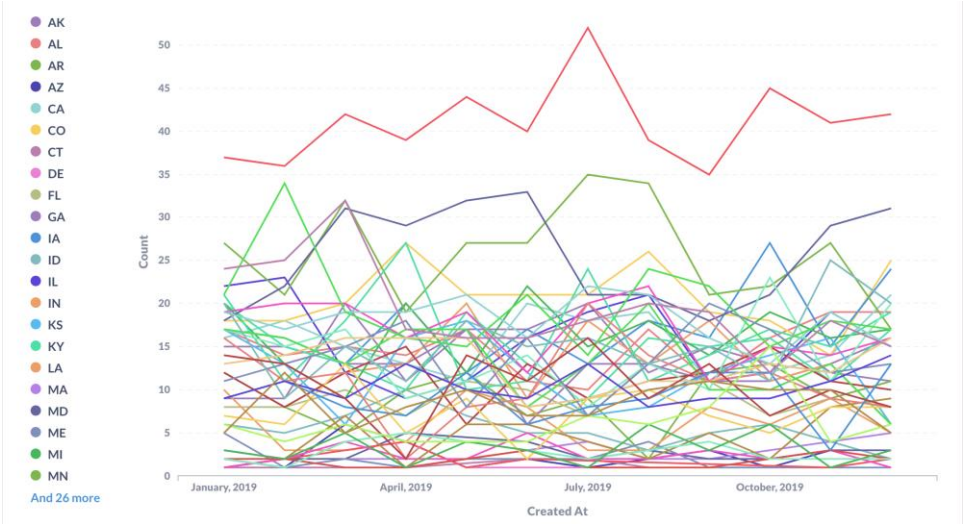
Migration into Europe

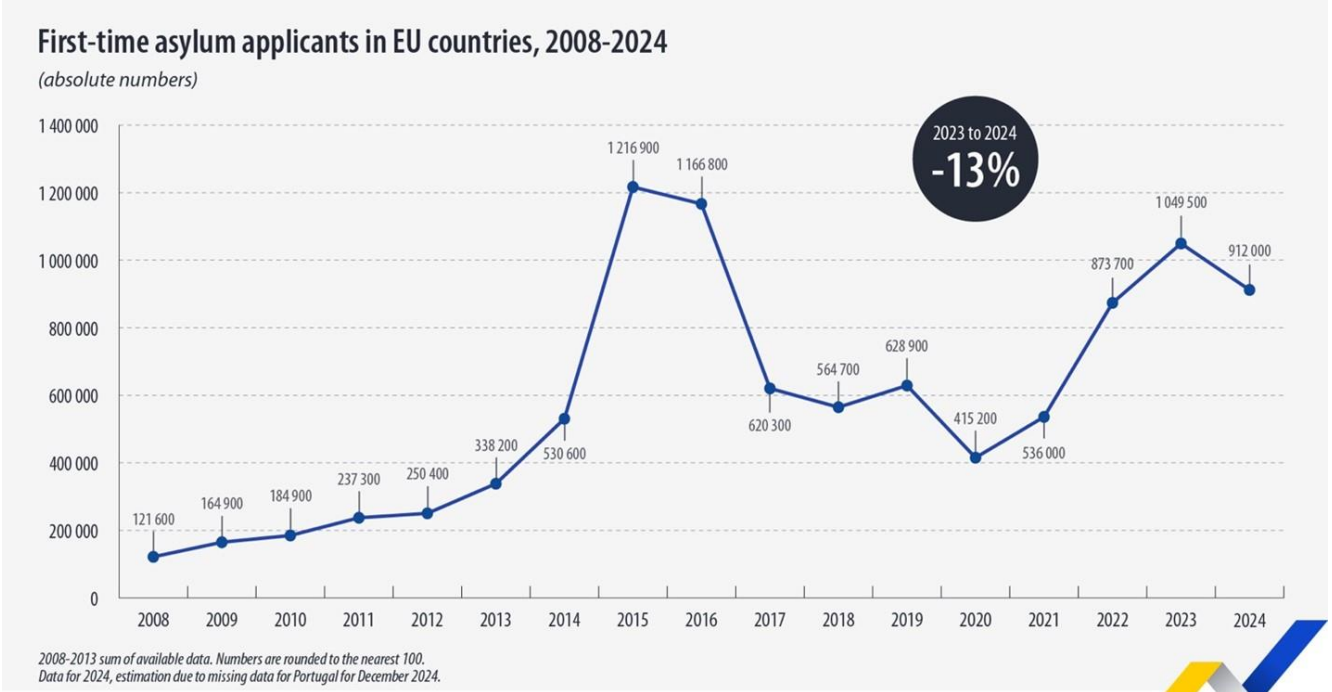
Q. What is the migration trend between 2014 and 2024 in Europe?



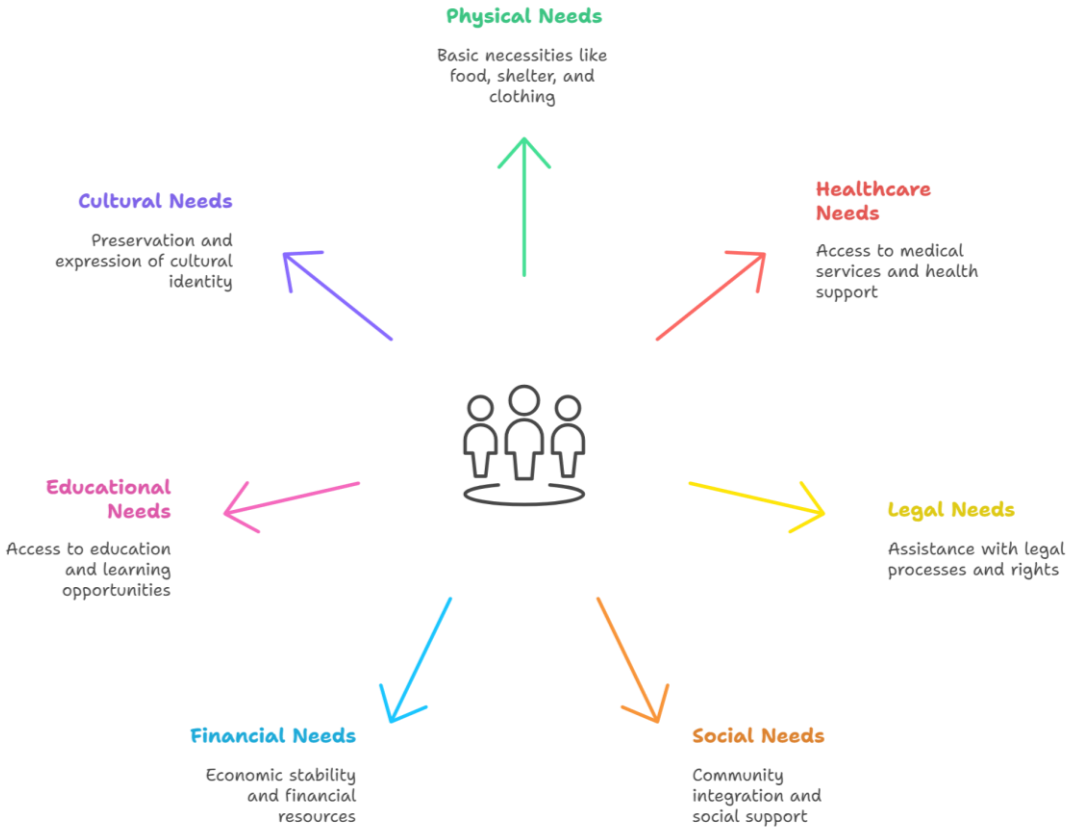
Migration into Europe

Incredibly complicated and hard to measure accurately!

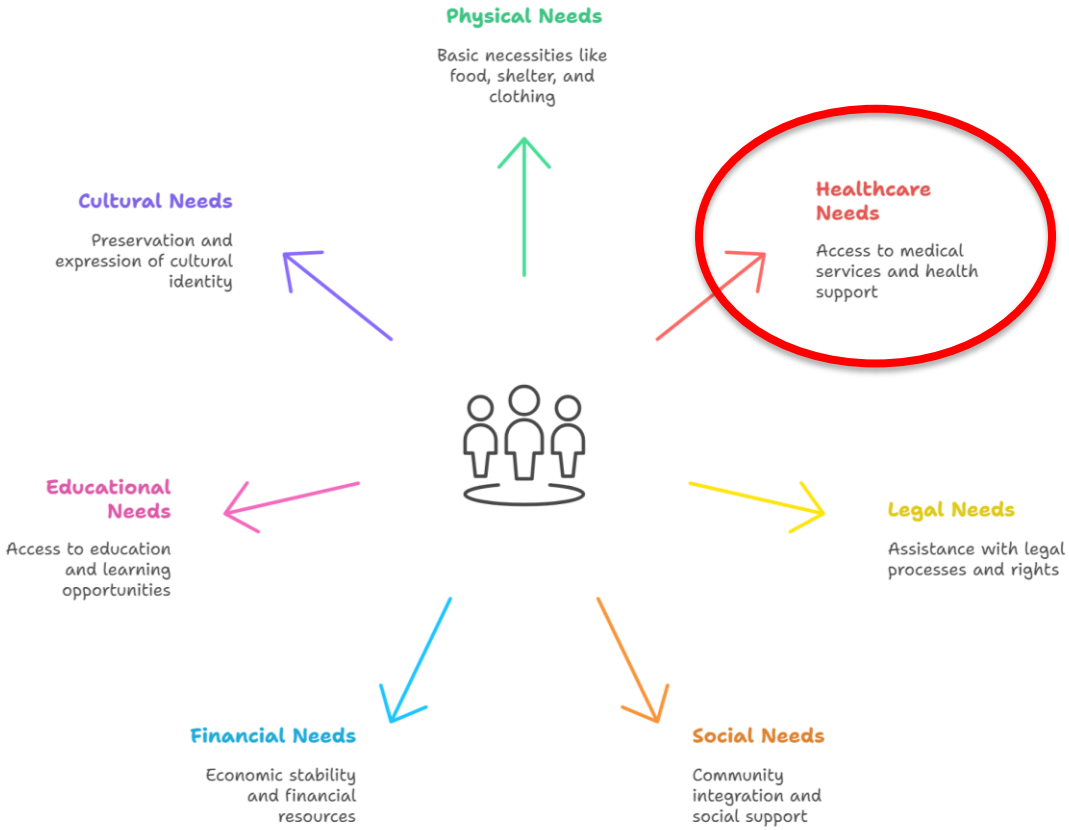



First-time asylum applicants in EU countries, 2008-2024
(absolute numbers)
1 400 000
1 200 000
1 000 000
800 000
600 000
400 000
200 000
0
2023 to 2024
-13%
121 600
164 900
184 900
237 300
250 400
338 200
530 600
1 216 900
1 166 800
620 300
564 700
628 900
415 200
536 000
873 700
1 049 500
912 000
2008
2009
2010
2011
2012
2013
2014
2015
2016
2017
2018
2019
2020
2021
2022
2023
2024
2008-2013 sum of available data. Numbers are rounded to the nearest 100.
Data for 2024, estimation due to missing data for Portugal for December 2024.
eurostat

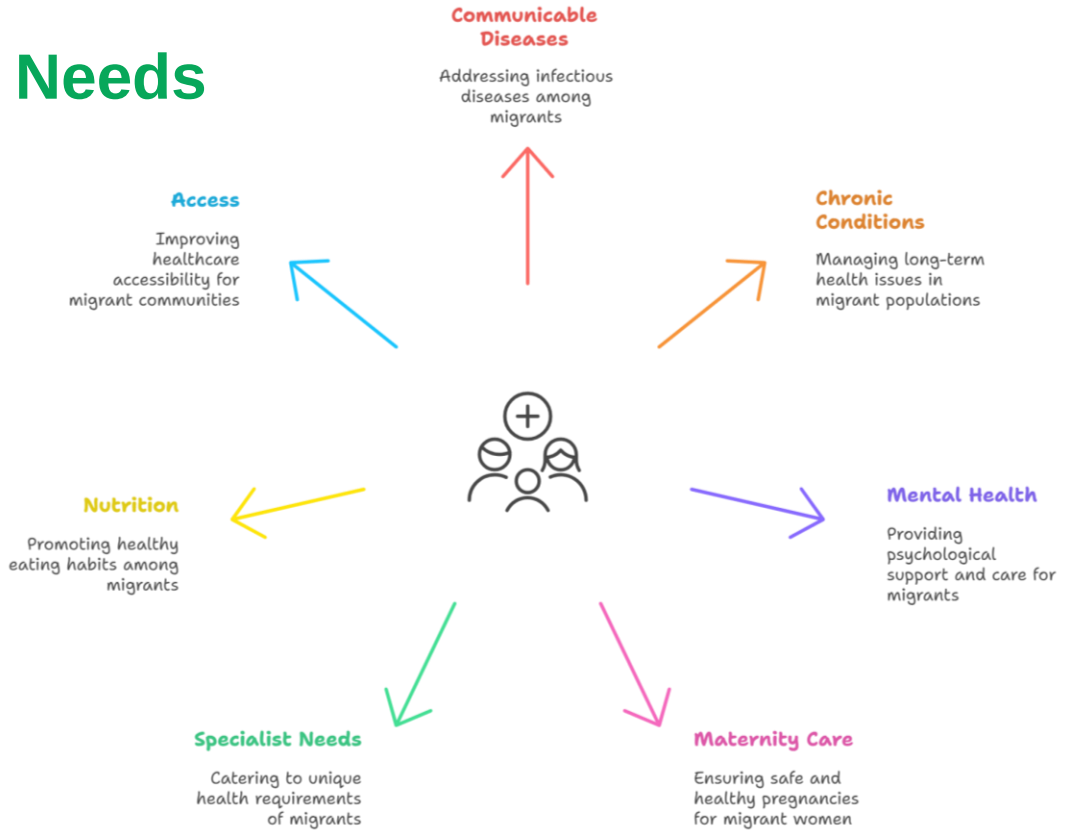
Migrant Needs



Migrant Needs

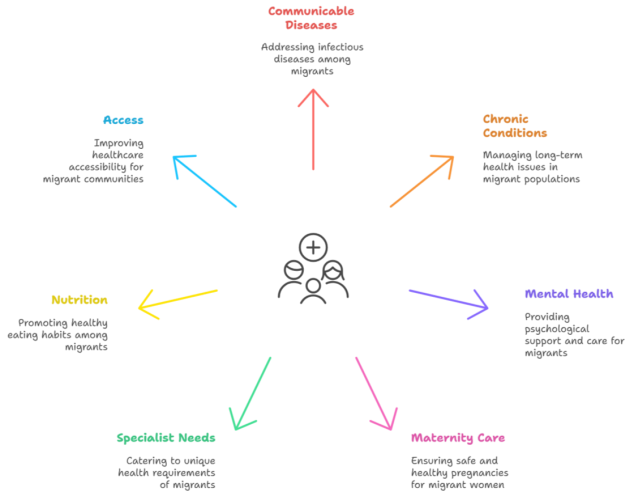


Migrant Health Needs



Migrant Health Needs

Q. How is all this managed in the UK or Europe?



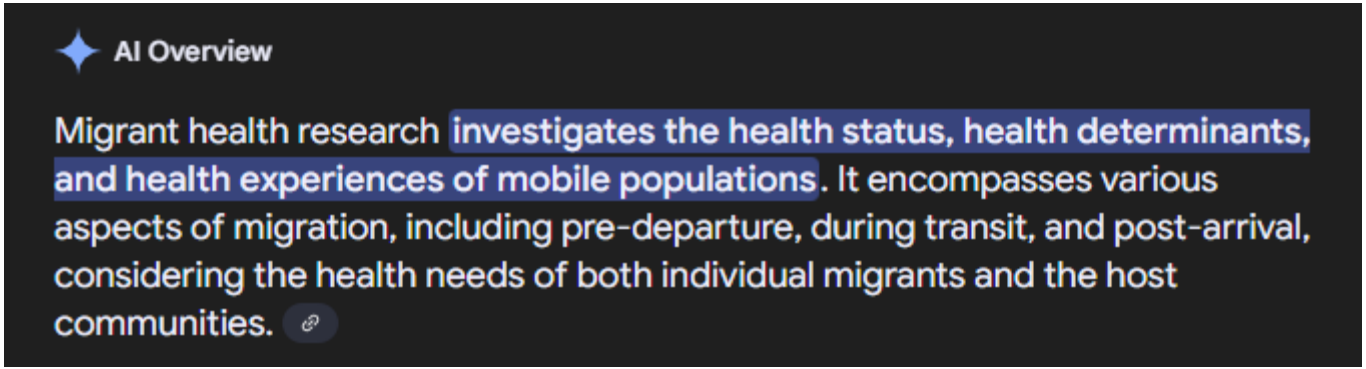
Migrant Health Needs

Lack of coordination?

But the system is trying!

Migrant Health Research

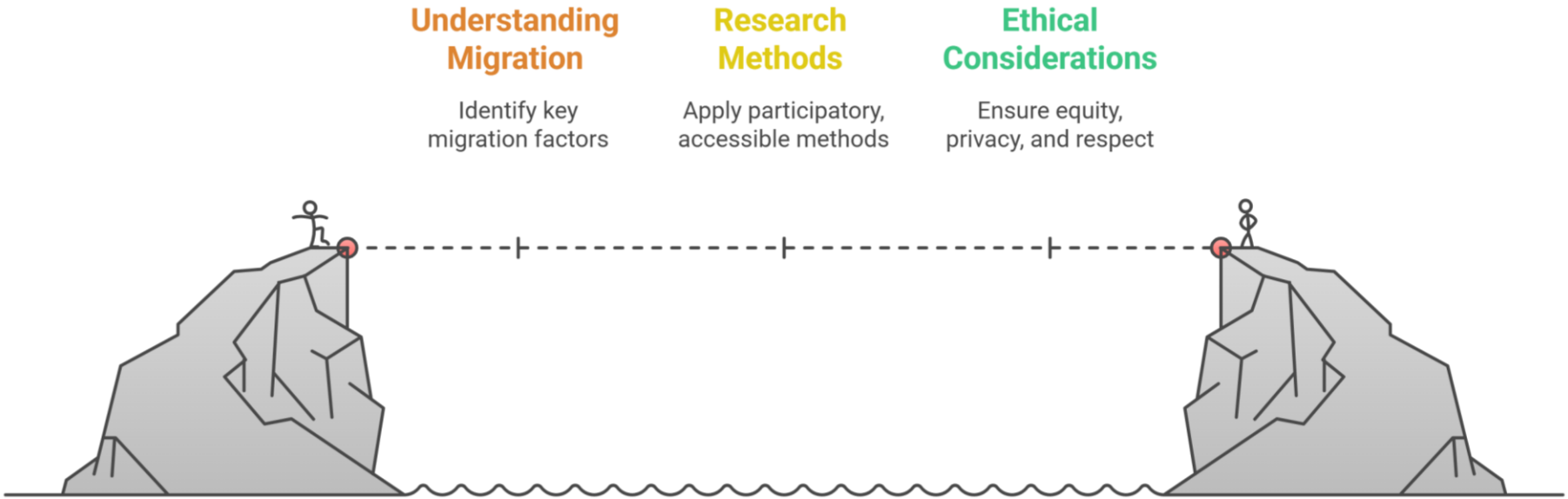
Definition:



Migrant Health Research

Q. What considerations do you need to take when conducting migrant health research

Migrant Health Research



Research examples

Q. Who here is vaccinated for COVID-19?

Research examples

Q. Who here got their Flu shot?

Research examples

MMR vaccine status in UK migrants

Journal of Migration and Health 9 (2024) 100217

Contents lists available at ScienceDirect

Journal of Migration and Health

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

Risk of vaccine preventable diseases in UK migrants: A serosurvey and concordance analysis

Mayuri Gogoi [a,b,1], Christopher A. Martin [a,b,c,1], Paul W. Bird [a,d], Martin J. Wiselka [a,c], Judi Gardener [d], Kate Ellis [c], Valerie Renals [c], Adam J. Lewszuk [c], Sally Hargreaves [e], Manish Pareek [a,b,c,*]

[a] Department of Respiratory Sciences, University of Leicester, UK
[b] Development Centre for Population Health, University of Leicester, UK
[c] Department of Infection and HIV Medicine, University Hospitals of Leicester NHS Trust, Leicester, UK
[d] Department of Clinical Microbiology, University Hospitals of Leicester NHS Trust, Leicester, UK
[e] Migrant Health Research Group, Institute for Infection and Immunity, St George's, University of London, London, UK

149 migrants recruited

- Leicester City of Sanctuary (charity)
- Leicester College (educational)
- St Paul's Polish Roman Catholic Church (religious)
- Leicester Hospital (medical)

Research examples

Method

1) Venous blood sample (approx. 10 mL)
   i. Tested for presence of IgG for Measles, Mumps and Rubella (not covering).
2) Complete questionnaire
   i. Basic demographics
   ii. Immigration status
   iii. Self reported disease and vaccination

Research examples

Measles		IgG Positive	IgG Negative	PPV % (95 % CI)	NPV % (95 % CI)	Cohen's kappa
Disease	Yes	13	5	72.2 % (46.5 – 90.3 %)	8.4 % (4.3 – 14.5 %)	−0.05
	No	120	11			
	*					
Vaccine	Yes	27	6	81.8 % (64.5 – 93.0 %)	8.6 % (4.2 – 15.3 %)	−0.04
	No	106	10			
	*					
Combined D/V[†]	Yes	36	7	83.7 % (69.3 % - 93.2 %)	8.5 % (4.0 – 15.5 %)	−0.05
	No	97	9			
	*					

Research examples

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Research examples

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	*					
Vaccine	Yes	31	0	100.0 % (88.8 % - 100.0 %)	2.5 % (0.5 – 7.3 %)	0.01
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Research examples

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Research examples

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	*					

Research examples

Conclusion

1) Not always agreement between self reported vaccination and disease history. Important for clinical decision-making regarding catch-up vaccines
2) Larger seroprevalence studies needed in this population

Research examples – ENGAGE-CV

Exploring the understanding of cardiovascular disease and its research through engagement with under-served communities

(Dr Jatinder Minhas, Dr Jonathan Ince)

- 4 Community organisations – migrant and ethnic minority groups
- Focus groups
- Engagement workshops (MI, stroke, NHS services)

Research examples – ENGAGE-CV

- Knowledge of cardiovascular diseases, risk factors and treatment (MI, stroke)
- Awareness of research on cardiovascular diseases
- **Experience healthcare service**

Research examples – ENGAGE-CV

I know, yeah, but some no can speak in English how to explain about your problem (…) Yeah, how many problems – kidney, asthma or something like that – emergencies, how to ring 111, talking about her problems. What they said? ‘Ah, can you repeat that?’, as many times as they want ‘please give me..’ (...) When you call 111 they ask irrelevant questions, irrelevant questions.

Research examples – ENGAGE-CV

Maybe you don't like it – I'm going to say something – in this country, in the first 30 seconds according to your accent (...) If they see you are not British, you will stay on the line for longer. I used to live with a native-speaker and I had a problem, they called 111 and I said 'I have a problem' and they said 'OK', these questions, these questions, then my friend, she took the phone and started swearing to them 'he is sick and he needs your help. You are asking such silly questions' and they came to our flat straight away.

Research examples – ENGAGE-CV

- **Experience healthcare service – challenges:**
  - Language barriers
  - Feeling of discrimination/stigma when accessing services
  - Doctor-patient relationship
  - Difficulties accessing care in a timely manner
  - Digital literacy
  - Differences in healthcare systems
  - General health advice, not culturally-sensitive

ENGAGE-CV – next steps

Q. How can healthcare professionals communicate more empathetically?

Q. How can the barriers that migrants face when accessing healthcare be mitigated?

Research examples

Q. Who has heard of TB?

Research examples

Q. Who has heard of HIV?

Research examples

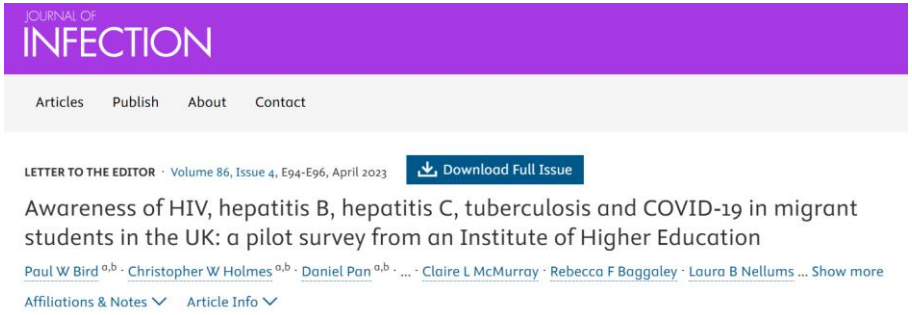
Q. Who has heard of Hepatitis B or C?

Research examples

Awareness of Infectious Diseases

183 migrants recruited

- Leicester College
- 18-44 years old
- >25 countries



Research examples

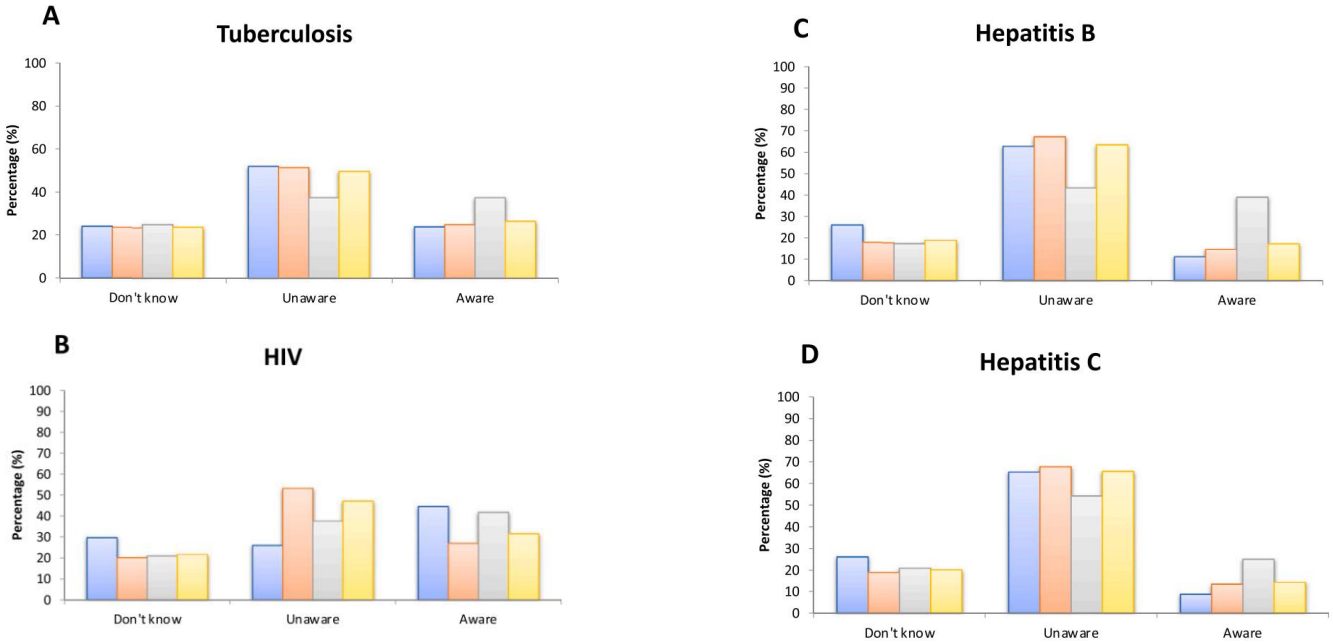
Method

Completed a questionnaire on:

- Basic demographics
- Awareness of infectious disease and vaccines
  - HIV
  - Hepatitis B/C
  - Tuberculosis
  - SARS-CoV-2

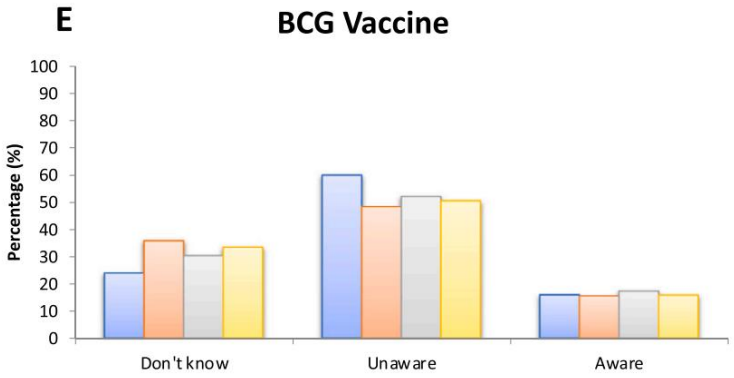
Research examples

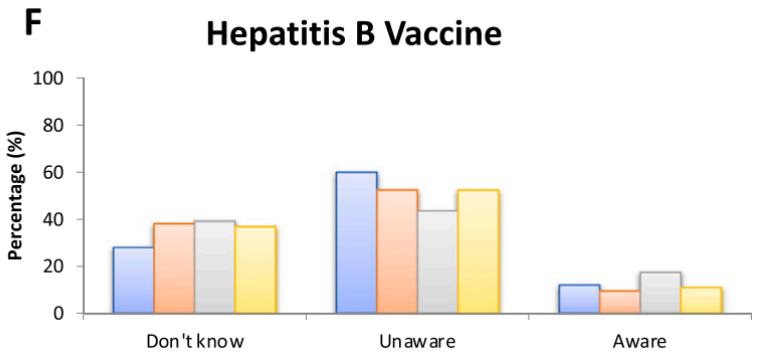
African Asian/Middle Eastern European Total



Research examples

African Asian/Middle Eastern European Total



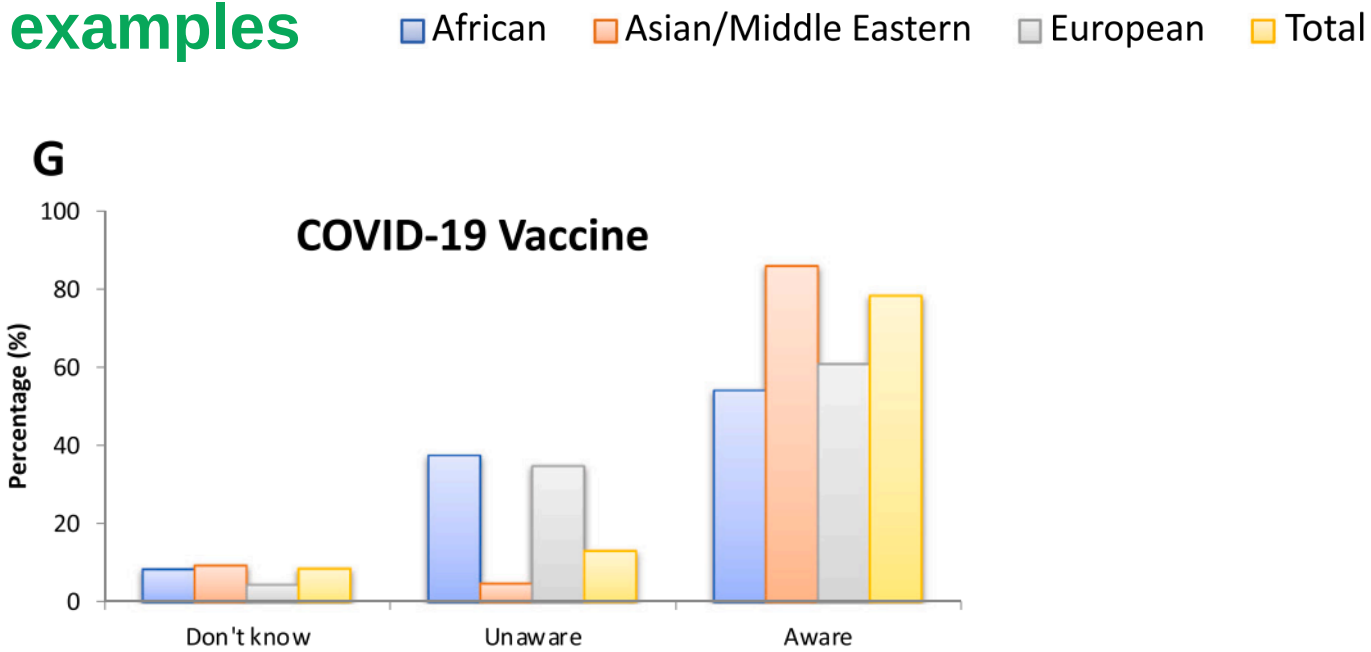


Research examples

Very low awareness of disease…

But is this always the case?

Research examples



Research examples

Conclusion

1) Infectious disease awareness is low in some communities
2) But with the correct messaging, awareness can increase

Research examples

Q. Who here has even taken antibiotics?

Research examples

Q. Has anyone ever not finished a course of antibiotics?

Research examples

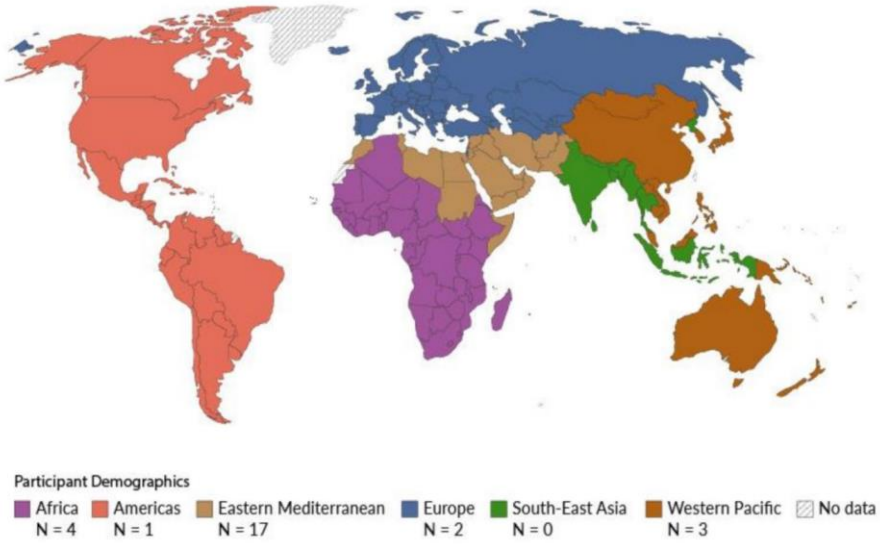
Antibiotic use and healthcare access among migrants (EMERGE study)

1) Semi-structured interviews
   i. Online
   ii. Face-to-face
   iii. Phone
2) Discussing antibiotic use and healthcare access

Research examples

Results

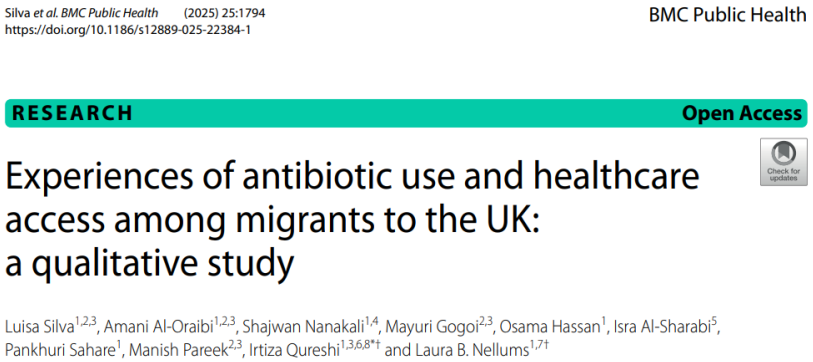
1) 27 migrants recruited
   i. 21-60 years old
   ii. 17 different countries
2) 4 themes
   1) Uncharted territory
   2) Preserving sense of agency
   3) Self perpetuating cycles
   4) Patient-doctor relationship



Research examples

Implications for future research and practice:

1) Factors contributing to AMR in migrant populations complex and multi-layered
2) Important to look at clinicians' experience



Silva *et al. BMC Public Health* (2025) 25:1794
https://doi.org/10.1186/s12889-025-22384-1

BMC Public Health

RESEARCH Open Access

Experiences of antibiotic use and healthcare access among migrants to the UK: a qualitative study

Luisa Silva[1,2,3], Amani Al-Oraibi[1,2,3], Shajwan Nanakali[1,4], Mayuri Gogoi[2,3], Osama Hassan[1], Isra Al-Sharabi[5], Pankhuri Sahare[1], Manish Pareek[2,3], Irtiza Qureshi[1,3,6,8*†] and Laura B. Nellums[1,7†]

Group Activity

Quick Question: Who's here?

- Clinicians?
- Researchers?
- Stakeholders
- Patients?
- Students?

Group Activity

Everyone break into small groups

Group Activity

Groups

1. Rural Community Centre
2. Hotel
3. Hospital
4. GP Surgery
5. Place of Worship
6. Place of work (e.g. a factory)
7. Refugee Detention Centre

Group Activity

Part One - Migrant Needs Assessment

- Objective: Discuss and present all the needs of migrants (economic, educational and involuntary)

- 15 minutes

Group Activity

Points to consider

- Common health conditions
- Access to healthcare
- Social determinants
- Vulnerability factors

Good luck!

Group Activity

Time up!

Group Activity

Health Conditions

- Mental health
- Maternity
- Children's health
- Communicable disease

Social Determinants

- Language
- Culture
- Education
- Housing
- Employment

Vulnerability Factors

- Cultural barriers
- Discrimination
- Poverty
- Document Loss
- Lack of support
- PTSD

Group Activity

Part Two – Research Question

- Come up with a research question and (vague) outline of a project in your research/work area that involves migrants

- **5 minutes**

Group Activity

Time up!

Thank you all for listening

We hope you all enjoyed our workshop

Happy for any final questions!