

INTERNATIONAL MIGRANTS' HEALTH

HEALTH SYSTEMS: QUALITY OF HEALTH CARE

SCIENTIFIC LITERATURE REVIEW SUMMARY SHEET

What will you find on this summary sheet?

This document summarizes the scientific literature regarding Quality of health care in the context of health care for international migrants within the Region of the Americas. The information provided here is based on a broader scoping review of the published scientific literature regarding international migrants' health in the Region of the Americas between January 2016 and March 2023.

This summary sheet is a narrative and descriptive synthesis of several main topics related to the field, with focus on international migration and health in the region. It does not fully represent the heterogeneity of information available internationally in terms of type of migrants, countries of origin, and study designs; however, it provides a description of general patterns often found in this literature. In this scoping review, 33 articles addressed quality of health care in the context of international migrants.

The results presented in the following scientific literature review summary sheet are based on selected articles from the review and are not intended to be an exhaustive review of all current literature. You can find all references in the interactive dashboard located within PAHO's Information Platform on Health and Migration.

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Are there other similar scientific literature summary sheets on international migrants' health available?

The scoping review on international migrants' health included a total of 837 academic articles categorized within three broad themes: health outcomes, health systems and health determinants. All these articles are described and presented in an interactive dashboard along with 11 other similar summary sheets are available that touch upon more specific categories within these three major topics. If you want to learn more about quality of and access to care, you can find related information in the summary sheet on Health Care Access.

MAIN FINDINGS

What can we learn from the scientific literature so far about Quality and Acceptability of Care for International Migrants?

Studies retrieved from the published scientific literature suggest some of the following findings:

QUALITY AND ACCEPTABILITY OF CARE: GENERAL FINDINGS

Once patients go past initial barriers to healthcare, quality and acceptability of care becomes relevant and may imply new barriers to seeking further care, as for instance, some international migrants may have the perception that the care received in the country of arrival is worse than in the country of origin (1). On the other hand, quality and acceptability may also be facilitators, as other immigrant groups in different contexts report general appreciation of the care delivered (2).

- When describing acceptability in the context of human mobility and diversity, evidence highlights that emphasis is placed on culturally sensitive healthcare. Achieving culturally sensitive care requires culturally diverse patients to identify the care delivered and its context of delivery as respectful of their culture, leading them to feeling comfortable, trusting, and respected (3).
- Studies also found that healthcare professionals may hold stereotypical views on international patients, and this may be reflected during provision of care, as reported in Argentina in relation to Bolivian immigrant women (4) and in Brazil towards Bengali immigrants (5). They may also have very limited knowledge of the patients' culture and country of origin, as reported by Haitian patients in the United States of America (USA), or of the context in the country of origin, as observed by Colombian and Venezuelan asylum seekers and refugees in Chile when seeking mental healthcare in relation to experiencing traumatic events (6).
- In both the USA and Canada, international migrants express dissatisfaction with delivery of healthcare with regards to their relationship with their provider and different studies point to dissatisfaction related to short and impersonal appointments (1,7).
- A few studies found that some patients felt that because of cultural differences, healthcare professionals should take the time to explain procedures to patients, include culturally relevant references and listen to patients' needs, establishing a horizontal relationship rather than a hierarchical one and fostering patient-centered care (8–12). For instance, despite language gaps, a trusting relationship with providers is a facilitator of adherence to care among Spanish-speaking Latino adults with poorly controlled diabetes in the USA (13). Additionally, in the same country, physicians may be a trusted source of information on key lifestyle issues such as physical activity and screen-time among children (14).
- Evidence shows that disparities have been detected among foreign-born patients compared to nationals in the USA, Chile, and Brazil (5,15–17) due to language gaps (18) and in other cases, potentially due to bias (19).
- Fostering patient-centered care and positive patient-provider relationship may also imply including patients in decision-making, something that has been challenging to achieve, as for instance an observational quantitative study carried out in the USA with immigrant black men found that most had been tested for prostate cancer without being made aware by their physician (20) and another study also carried out in the USA, with Latino immigrant women, found that low acculturation led to less



informed decision-making with regards to cancer treatment (21).

- Beyond delivery of care, patients from different cultural backgrounds may have different expectations regarding appointment management, expressing dissatisfaction with wait times before an appointment, as observed in the USA (22).
- On the one hand, research conducted shows that communication challenges arise mainly due to providers and patients not speaking the same language, as identified in the USA, Canada, Brazil, and Chile (23–26). Additionally, gaps in communication may arise from cultural differences (27–29).
- In the USA and Canada, providers pointed to the lack of adequate support and training, like the absence of bilingual health education materials and interpretive services, specifically with regards to care in refugee settings hindering trusting therapeutic relationships with their patients (30).

HOST COUNTRIES' INITIATIVES

- Studies found that most interventions and initiatives were developed and implemented under a culturally sensitive approach, and some were aimed specifically at improving relevance and acceptability of services (31–35) or information materials (36–39) promoting culturally and linguistically relevant solutions to gaps in the health system for international migrants.
- Other interventions were aimed at improving general access to care and a Canadian health education program improved health navigation and knowledge of the Canadian healthcare system among international migrants and refugees (40), while another one in the USA reduced disparities in emergency department use for Spanish-speaking young children (41).
- Some initiatives focus on training existing health workforce, as for instance in New Mexico healthcare professionals are trained on

healthcare eligibility and migration status to avoid discrimination (31). Other initiatives focus on including additional health agents, either in the community or within healthcare centers to facilitate access and promote acceptability. Community navigators provide culturally and language-sensitive guidance to immigrant populations to reduce barriers to access in the USA and Canada (42,43) and in Brazil, Bolivian health agents were deployed to reach Bolivian immigrants facing barriers to access healthcare (44). More specifically, peer-counselling for tuberculosis treatment adherence among Latino immigrant high-school students in the USA (45) and promotion of psychosocial well-being for adolescent forced-migrants in the USA and Canada (46) have been implemented. In the same line, some strategies aimed at promoting vaccination (47) and colorectal cancer screening (48) among Asian immigrants used community or lay health workers. Specifically for Latino immigrant populations, Spanish-speaking health promoters have been deployed in initiatives aimed at preventing non-communicable diseases through lifestyle changes (49,50) or to promote colorectal cancer screening (51) or mental health (52,53).

- With regards to promoting acceptability of care, in Chile, or cross-cultural facilitators, have gained prominence to facilitate, reduce, and fill communication gaps due to cultural and linguistic differences mostly between Creole-speaking Haitian patients and their healthcare providers (23). Interpreters have also been included in delivery of care among refugees in the USA and Canada (25). However, although the experience has been mainly positive in Chile, in the USA and Canada, including a third-party in medical consultations has been challenging. Healthcare professionals point to difficulties related to not trusting that interpreters properly translate without moral, cultural, or gender bias, disruption linked to interpreting via phone, and the limited knowledge some interpreters may have of medical terms (25).
- There are proposed curriculum frameworks for medical undergraduates to guide education on refugee and migrant health (54).

Barriers to the use of trained interpreters in consultations with refugees in four resettlement countries: a qualitative analysis using normalization process theory (25)

Primary care practitioners in refugee resettlement countries provide care to refugees, for whom access to trained interpreters is a priority. However, there are barriers to the implementation of interpreted consultations, and a lack of international, theoretically informed research. This study aims to understand such barriers in four resettlement countries using Normalization Process Theory, through a cross-sectional online survey with networks of primary care practitioners who care for refugees in Australia, Canada, Ireland, and the USA, with qualitative data regarding barriers to interpreter use.

Results show that, in all countries, the use of an interpreter had communication challenges between providers and patients, that can impede primary care consultation goals. Practitioners did not always have confidence in interpreted consultations, describing poor professional practice by some interpreters.

It is obvious that when we are talking about sensitive information particularly mental health issues, the interpreters can be uncomfortable with the subject matter and at times appear to be either leading the patient/family member to an answer or providing a negative answer for them. (US respondent 17).

Potentially giving patient medical advice that is different than what I have said. (Canadian respondent 12).

Findings from this study can be used to inform policies and interventions to improve skills and resources for interpreted consultations in primary care.



Impact of Venezuelan immigration on medical care at the largest hospital in Roraima, Brazil: qualitative analysis (26)

The growing flow of Venezuelan immigration in Brazilian territory has prompted discussions about their insertion into the community. The health system of Roraima has the challenge of universalization of access to the immigrant population, so this study attempts to understand repercussions of this phenomenon from the perspective of health professionals through a qualitative study.

Based on a categorical analysis of obstacles in health care, researchers identified structural problems (frailties in infrastructure and lack of technical professionals) and ethnocultural problems that represent a limiting factor for quality health care.

Within ethnocultural barriers language is noted as the most important one. However, based on interviewees' statements and participant observation, researchers noted that most nursing technicians have resistance to using Spanish.

"The language interferes more on their side! They don't put the slightest effort into learning how to speak Portuguese. We strive to try to pass on the information, many of them think that we have to learn to speak Spanish. I say: "No! You have to learn to speak Portuguese, you are in Brazil. You are the ones that have to learn."" (E10)

Researchers also found that interviewees lack permanent education regarding immigrants' health. This could mitigate reported difficulties, since it would be more prudent for providers to adapt and understand patients' needs and limitations, than the other way around.

"We only have training [in the field of] nursing, but not to serve foreigners. We even have patients from Lethen, Guyana, and also immigrants from Haiti" (E8)

Findings from this study may help to reflect critically on health investments for ensuring efficacy, dignity, and humanity to immigrants.

References

1. Guruge S, Sidani S, Illesinghe V, Younes R, Bukhari H, Altenberg J, et al. Healthcare needs and health service utilization by Syrian refugee women in Toronto. *Conflict and Health*. 2018;12(1):46.
2. Law S, Andermann L, Chow W, Luo XW, Wang X. Experiences of Family Burden in Caring for the Severely Mentally Ill in a Foreign Land: A Qualitative Study of Chinese Immigrant Families in Toronto, Canada. *Transcultural Psychiatry*. 2021;13634615211000552.
3. Tucker CM, Marsiske M, Rice KG, Nielson JJ, Herman K. Patient-centered culturally sensitive health care: model testing and refinement. *Health Psychology: Official Journal of the Division of Health Psychology, American Psychological Association*. 2011;30(3):342–50.
4. Baeza B, Aizenberg L, Barría Oyarzo C. Cultura y salud migratoria: miradas comparativas entre profesionales sanitarios y mujeres migrantes bolivianas. *Si Somos Americanos*. 2019;19(1):43–66.
5. Delamuta KG, Mendonça F de F, Domingos CM, Carvalho MN de. Healthcare experiences of primary care workers with Bengalese immigrants in Paraná State, Brazil. *Cadernos de Saúde Publica*. 2020;36(8).
6. Carreño A, Blukacz A, Cabieses B, Jazanovich D. “Nadie está preparado para escuchar lo que vi”: atención de salud mental de refugiados y solicitantes de asilo en Chile. *Salud colectiva*. 2020;16:e3035.
7. Torres CA, Thorn BE, Kapoor S, DeMonte C. An Examination of Cultural Values and Pain Management in Foreign-Born Spanish-Speaking Hispanics Seeking Care at a Federally Qualified Health Center. *Pain Medicine (Malden, Mass)*. 2017;18(11):2058–69.
8. Pang H, Cataldi M, Allseits E, Ward-Peterson M, de la Vega PR, Castro G, et al. Examining the association between possessing a regular source of healthcare and adherence with cancer screenings among Haitian households in Little Haiti, Miami-Dade County, Florida. *Medicine*. 2017;96(32):e7706.
9. Richter S, Vallianatos H, Green J, Obuekwe C. Intersection of Migration and Access to Health Care: Experiences and Perceptions of Female Economic Migrants in Canada. *International Journal of Environmental Research and Public Health*. 2020;17(10).
10. Gagliardi AR, Kim C, Jameel B. Physician behaviours that optimize patient-centred care: Focus groups with migrant women. *Health Expectations: An International Journal of Public Participation in Health Care and Health Policy*. 2020;23(5):1280–8.
11. Salami B, Mason A, Salma J, Yohani S, Amin M, Okeke-Ihejirika P, et al. Access to Healthcare for Immigrant Children in Canada. *International Journal of Environmental Research and Public Health*. 2020;17(9):3320.
12. Magny-Normilus C, Mawn B, Dalton J. Self-Management of Type 2 Diabetes in Adult Haitian Immigrants: A Qualitative Study. *Journal of Transcultural Nursing: Official Journal of the Transcultural Nursing Society*. 2020;31(1):51–8.
13. Zamudio CD, Sanchez G, Altschuler A, Grant RW. Influence of Language and Culture in the Primary Care of Spanish-Speaking Latino Adults with Poorly Controlled Diabetes: A Qualitative Study. *Ethnicity and Disease*. 2017;27(4):379–86.
14. Lindsay AC, Moura Arruda CA, Tavares Machado MM, de Andrade GP, Greaney ML. Exploring how Brazilian immigrant mothers living in the USA obtain information about physical activity and screen time for their preschool-aged children: a qualitative study. *BMJ open*. 2018;8(8):e021844.
15. Bacon E, Riosmena F, Rogers RG. Does the Hispanic health advantage extend to better management of hypertension? The role of socioeconomic status, sociobehavioral factors, and health care access. *Biodemography and Social Biology*. 2017;63(3):262–77.
16. Chen J, Grossman E, Link A, Wang B, Sherman S. Disparities in hospital smoking cessation treatment by immigrant status. *Journal of Ethnicity in Substance Abuse*. 2020;19(1):44–57.
17. Cabieses B, Oyarte M. Health access to immigrants: identifying gaps for social protection in health. *Revista de Saúde Publica*. 2020;54:20.
18. Stephenson J, Distelberg B, Morton KR, Ortiz L, Montgomery SB. Different Depression Treatment Recommendations and Adherence for Spanish- and English-Speaking Patients. *Journal of the American Board of Family Medicine: JABFM*. 2019;32(6):904–12.

19. Delafield R, Elia J, Chang A, Kaneshiro B, Sentell T, Pirkle CM. A Cross-Sectional Study Examining Differences in Indication for Cesarean Delivery by Race/Ethnicity. *Healthcare (Basel, Switzerland)*. 2021;9(2).
20. Lepore SJ, Nair RG, Davis SN, Wolf RL, Basch CE, Thomas N, et al. Patient and physician factors associated with undisclosed prostate cancer screening in a sample of predominantly immigrant black men. *Journal of immigrant and minority health*. 2017;19(6):1343–50.
21. Katz SJ, Wallner LP, Abrahamse PH, Janz NK, Martinez KA, Shumway DA, et al. Treatment experiences of Latinas after diagnosis of breast cancer. *Cancer*. 2017;123(16):3022–30.
22. Chung S, Johns N, Zhao B, Romanelli R, Pu J, Palaniappan LP, et al. Clocks Moving at Different Speeds: Cultural Variation in the Satisfaction With Wait Time for Outpatient Care. *Medical Care*. 2016;54(3):269–76.
23. Sepúlveda C, Cabieses B. Rol del facilitador intercultural para migrantes internacionales en centros de salud chilenos: perspectivas de cuatro grupos de actores clave. *Revista Peruana de Medicina Experimental y Salud Pública*. 2020;36:592–600.
24. Cain CL, Surbone A, Elk R, Kagawa-Singer M. Culture and Palliative Care: Preferences, Communication, Meaning, and Mutual Decision Making. *Journal of Pain and Symptom Management*. 2018;55(5):1408–19.
25. MacFarlane A, Huschke S, Pottie K, Hauck FR, Griswold K, Harris MF. Barriers to the use of trained interpreters in consultations with refugees in four resettlement countries: a qualitative analysis using normalisation process theory. *BMC Family Practice*. 2020;21(1):259.
26. Arruda-Barbosa L de, Sales AFG, Souza ILL de. Reflexos da imigração venezuelana na assistência em saúde no maior hospital de Roraima: análise qualitativa. *Saúde e Sociedade*. 2020;29(2).
27. Astorga-Pinto SM, Cabieses B, Calderon AC, McIntyre AM. Percepciones sobre acceso y uso de servicios de salud mental por parte de inmigrantes en Chile, desde la perspectiva de trabajadores, autoridades e inmigrantes. *Revista del Instituto de Salud Pública de Chile*. 2019;3(1).
28. Cole DC, McLaughlin JE, Hennebry JL, Tew MA. Precarious patients: health professionals' perspectives on providing care to Mexican and Jamaican migrants in Canada's Seasonal Agricultural Worker Program. *Rural and Remote Health*. 2019;19(4):5313.
29. Peláez S, Hendricks KN, Merry LA, Gagnon AJ. Challenges newly-arrived migrant women in Montreal face when needing maternity care: Health care professionals' perspectives. *Globalization and health*. 2017;13(1):5.
30. Kavukcu N, Altıntaş KH. The Challenges of the Health Care Providers in Refugee Settings: A Systematic Review. *Prehospital and Disaster Medicine*. 2019;34(2):188–96.
31. Larenas-Rosa D, Valdés BC. Salud de migrantes internacionales en situación irregular: una revisión narrativa de iniciativas. *Revista Peruana de Medicina Experimental y Salud Pública*. 2019;36:487–96.
32. Ma KPK, Saw A. A Qualitative Study on Primary Care Integration into an Asian Immigrant-specific Behavioural Health Setting in the United States. *International Journal of Integrated Care*. 2018;18(3).
33. Benjumea-Bedoya D, Becker M, Haworth-Brockman M, Balakumar S, Hiebert K, Lutz J-A, et al. Integrated care for latent tuberculosis infection (LTBI) at a primary health care facility for refugees in Winnipeg, Canada: a mixed-methods evaluation. *Frontiers in public health*. 2019;7:57.
34. Kaltman S, Serrano A, Talisman N, Magee MF, Cabassa LJ, Pulgar-Vidal O, et al. Type 2 Diabetes and Depression: A Pilot Trial of an Integrated Self-management Intervention for Latino Immigrants. *The Diabetes Educator*. 2016;42(1):87–95.
35. Andrae MH, White RS, Chen KY, Nair S, Hall C, Shaparin N. The Effect of Initiatives to Overcome Language Barriers and Improve Attendance: A Cross-Sectional Analysis of Adherence in an Inner City Chronic Pain Clinic. *Pain Medicine (Malden, Mass)*. 2017;18(2):265–74.
36. Piñeiro B, Díaz DR, Monsalve LM, Martínez Ú, Meade CD, Meltzer LR, et al. Systematic Transcreation of Self-Help Smoking Cessation Materials for Hispanic/Latino Smokers: Improving Cultural Relevance and Acceptability. *Journal of Health Communication*. 2018;23(4):350–9.
37. Yeh M, Heo M, Suchday S, Wong A, Poon E, Liu G, et al. Translation of the Diabetes Prevention Program for diabetes risk reduction in Chinese immigrants in New York City. *Diabetic Medicine*. 2016;33(4):547–51.
38. Arestad KE, MacPhee D, Lim CY, Khetani MA. Cultural adaptation of a pediatric functional assessment for rehabilitation outcomes research. *BMC Health Services Research*. 2017;17(1):658.

39. Haffizulla FS, Ramoutar A, Eason A, Hardigan P. Caribbean Diaspora Healthy Nutrition Outreach Project (CDHNOP): A Qualitative and Quantitative Approach to Caribbean Health. *Annals of Global Health*. 2020;86(1):12.
40. Ghahari S, Burnett S, Alexander L. Development and pilot testing of a health education program to improve immigrants' access to Canadian health services. *BMC Health Services Research*. 2020;20(1):321.
41. DeCamp LR, Godage SK, Valenzuela Araujo D, Dominguez Cortez J, Wu L, Psoter KJ, et al. A Texting Intervention in Latino Families to Reduce ED Use: A Randomized Trial. *Pediatrics*. 2020;145(1).
42. Shommu NS, Ahmed S, Rumana N, Barron GRS, McBrien KA, Turin TC. What is the scope of improving immigrant and ethnic minority healthcare using community navigators: A systematic scoping review. *International Journal for Equity in Health*. 2016;15:6.
43. Genoff MC, Zaballa A, Gany F, Gonzalez J, Ramirez J, Jewell ST, et al. Navigating Language Barriers: A Systematic Review of Patient Navigators' Impact on Cancer Screening for Limited English Proficient Patients. *Journal of General Internal Medicine*. 2016;31(4):426–34.
44. Losco LN, Gemma SFB, Losco LN, Gemma SFB. Sujeitos da saúde, agentes do território: o agente comunitário de saúde na Atenção Básica ao imigrante. *Interface - Comunicação, Saúde, Educação*. 2019;23.
45. Hovell MF, Schmitz KE, Blumberg EJ, Hill L, Sipan C, Friedman L. Lessons learned from two interventions designed to increase adherence to LTBI treatment in Latino youth. *Contemporary Clinical Trials Communications*. 2018;12:129–36.
46. Bennouna C, Khauli N, Basir M, Allaf C, Wessells M, Stark L. School-based programs for Supporting the mental health and psychosocial wellbeing of adolescent forced migrants in high-income countries: A scoping review. *Social Science & Medicine (1982)*. 2019;239:112558.
47. Juon H-S, Strong C, Kim F, Park E, Lee S. Lay Health Worker Intervention Improved Compliance with Hepatitis B Vaccination in Asian Americans: Randomized Controlled Trial. *PloS One*. 2016;11(9):e0162683.
48. Nguyen TT, Tsoh JY, Woo K, Stewart SL, Le GM, Burke A, et al. Colorectal Cancer Screening and Chinese Americans: Efficacy of Lay Health Worker Outreach and Print Materials. *American Journal of Preventive Medicine*. 2017;52(3):e67–76.
49. Mosdøl A, Lidal IB, Straumann GH, Vist GE. Targeted mass media interventions promoting healthy behaviours to reduce risk of non-communicable diseases in adult, ethnic minorities. *The Cochrane Database of Systematic Reviews*. 2017;2:CD011683.
50. Taverno Ross SE, Barone Gibbs B, Documet PI, Pate RR. ANDALE Pittsburgh: results of a promotora-led, home-based intervention to promote a healthy weight in Latino preschool children. *BMC Public Health*. 2018;18(1):360.
51. Shokar NK, Byrd T, Salaiz R, Flores S, Chaparro M, Calderon-Mora J, et al. Against colorectal cancer in our neighborhoods (ACCION): A comprehensive community-wide colorectal cancer screening intervention for the uninsured in a predominantly Hispanic community. *Preventive Medicine*. 2016;91:273–80.
52. Sternberg RM, Nápoles AM, Gregorich S, Stewart AL. Mentas Positivas en Acción: feasibility study of a Promotor-delivered cognitive behavioral stress management program for low-income Spanish-speaking Latinas. *Health Equity*. 2019;3(1):155–61.
53. Figueroa SC, Stafford RS, Heaney CA, Rosas LG. The effect of a behavioral weight-loss intervention on depressive symptoms among Latino immigrants in a randomized controlled trial. *Journal of immigrant and minority health*. 2018;20(5):1182–9.
54. Gruner D, Feinberg Y, Venables MJ, Shanza Hashmi S, Saad A, Archibald D, et al. An undergraduate medical education framework for refugee and migrant health: Curriculum development and conceptual approaches. *BMC Med Educ*. 2022 Dec;22(1):374.

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HEALTH AND MIGRATION

MAPPING OF
SCIENTIFIC LITERATURE

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