



MEETING THE **H**EA  
LITERACY NEEDS OF  
IMMIGRANT POPULATIONS

## **Deliverable 2.1. FOCUS GROUP MINUTES**

### **Spanish focus groups**



This report summarizes the two focus groups developed in Spain aiming at providing useful information for the set up and conduction of training courses. Through these focus groups, the needs of migrant population and social and health workers involved in the promotion and protection of health in the intercultural mediation in Spain are identified.

### ***Methodology***

Two different focus groups have been organised:

*Group 1* Social and health care workers in structures involved in prevention and care

*Group 2* Migrant individuals and linguistic-cultural mediators from East Europe

Eight adults (> 18 years old of age) for each focus group were contacted directly (group 1) and with the collaboration of migrant associations (group 2). Finally the first focus group was composed by 6 participants and the second one by 4 participants.

Each focus group has been chaired by a facilitator and an external observer has attended to take notes without intervening. All the participants who adhere to the study have undersigned an informed consent.

Below the main characteristics of each focus group and their key conclusions are described:

#### ***Group 1: Social and health care workers in structures involved in prevention and care***

Date: 23th April 2014

Place: Culture house of Xàtiva (Valencia)

Starting hour: 18.30

Ending hour: 20:07

Duration: 1h 37min

Number of participants: 6



### Characteristics of the participants:

The focus group was integrated by 6 participants. All of them were women and public servants. Specifically, the group was composed by four doctors, a nurse and a midwife. Regarding the age, the participants were from 34 to 53 years old, being the main part of them between 40 and 50 years old. Four participants of the group have been trained in subjects related to migrant and health in the last year.

The focus group started with the introduction of the chairperson, the observer and the participants. Concretely, the chairperson explained the objectives of the focus group and the framework of the project, and the participants have introduced themselves and their expertise in the field of health and migration. Some leaflets about the MEET project were at disposal of the participants. After the introduction, the chairperson leaded the conversation to the arguments on health useful for the project:

1. Features of the migrant people and the migrant target group (East Europe migrants).
2. Access level to care and cure services and to prevention programs.
3. Possible factors limiting access to social and medical services.
4. Suggestions on how to widen up the information on possibility to access health services, through the involvement of the communities of migrants.
5. Knowledge of prevention programs and their use.
6. Knowledge of information campaigns for health promotion.
7. Prevalent diseases of the target group and Knowledge of the risks behaviours of vulnerable groups.
8. Presence of formation and professional updating courses for healthcare workers, aimed at expanding the knowledge of specific needs for migrants health and at favouring a “culturally competent” service.
9. Suggestions directed at the implementation of “networks” made of associations of



professionals, physicians, international organisations, social and health workers, organisations for human rights and of migrants (networking activity).

10. Knowledge of the multilingual material useful for information.

11. Knowledge of information on services, their organisation, and the ways of access.

The main conclusions of this focus group are:

The target group has been referred as similar as the Spanish people by the professionals. This fact contributes to the invisibility of this group, not creating conflicts in the relationship professional-user. Three axes have been pointed out by the professionals: (i) common diseases with the Spanish people or diseases related with work conditions (mainly working on care and agriculture); (ii) alcohol consumption habits (a cultural habit); and (iii) a rejection of the importance of prevention programs and health promotion and the ignorance of them. The professionals have highlighted the language barrier as a main obstacle in the relationship professional-user and their interest in the proposal of networking with migrant people and the role of the “Community Health Educator”.

***Group 2: Migrant individuals and linguistic-cultural mediators from East Europe***

Date: 5th May 2014

Place: Culture house of Xàtiva (Valencia)

Starting hour: 18.30

Ending hour: 19.50

Duration: 77'

Number of participants: 4

Characteristics of the participants:

The participants of the migrant focus group were women from 22 to 50 years old who have been living in Spain since 2002 and 2004. They are living in an owned or rented house with their partner and children. Regarding the labour situation, the group was heterogeneous: they are volunteers,



working in black economy, working in salaried employee or students. All of them belong to the Association of migrant people of Eastern countries in Xàtiva and one of them has a position of responsibility in the association.

The focus group started with the introduction of the chairperson and the observer. Thus, the chairperson explained the objectives of the focus group and the framework of the project. Some leaflets were at disposal of the participants. After the introduction, the chairperson led the conversation to the arguments on health useful for the project:

1. General ideas of social and labour integration of Eastern migrant people.
2. Problems with access and use the healthcare services.
  - a. Improvements.
3. General Health status.
  - a. Smoking and alcohol consumption.
  - b. Reproductive and sexual health.
  - c. Labour health.
  - d. Mental health.
4. Needs of training programs and main areas of intervention.
5. Knowledge and participation in health promotion and prevention programs.

The main conclusions of this focus group are:

The participants showed a preoccupation regarding to the administrative process in order to access to the healthcare services and the new legislative reform introduced by the Royal Decree 16/2012. Moreover, the language barriers were highlighted as an important difficulty. Some migrants need the accompaniment of other migrant who can speak Spanish to the healthcare services. Moreover, the use of medical urgencies was pointed out as a service used incorrectly by a small group of migrant. This fact was related with the labour timetables and the lack of health education.

They reported as main problems of health the following: smoking, cancer and musculoskeletal



problems. The problem of smoking and its implications were discussed. This habit was related with the crisis consequences and the difficulties to stop it. The consumption of alcohol was also discussed. In this regard, it was observed a high consumption of alcohol linked to cultural habits. Therefore, smoking and the consumption of alcohol are the main topic in this group. The dynamic of the focus group was concluded with the topic of the participation of migrant people in prevention and health promotion programs. The participants showed an interest in this subject but not in initiatives like conferences or explanatory meetings.

### ***Personal interview with the Social Worker of a health centre***

Finally, an interview with the Social Worker of the health center in Xàtiva has carried to complete the information collected in the focus groups. The interview was carried the 7th May in the health centre with a duration of 45 minutes.

#### The main conclusions of this interview are:

The Social Worker has pointed out an idea that was highlighted by the health professionals: the invisibility of the community of Bulgaria and Romania people. The Social Worker explained that people from Romania and Bulgaria had some health problems in the past: an important number of VIPs, the unfamiliarity with the National Spanish Health System, the excessive use of medical urgencies, loss of the appointment with health care provider and the use of strategies to cheating the assistance pathways. However, she argued that this community is currently similar to native people regarding to diseases, habits and social behaviour. She identified as a health problem in this community the consumption of alcohol: migrant people from Bulgaria and Romania consume large amounts of alcohol which can be reinforced by the cultural habits and it could cause important damages to their health. Moreover, she underlined the role of alcohol in social relationship in the process of migration.