

**Migration och prevention –  
Struktur och samordning kring  
hälsoundersökningar av asylsökande m.fl.  
i Sverige**

**Robert Jonzon** RNT, BA, MPH

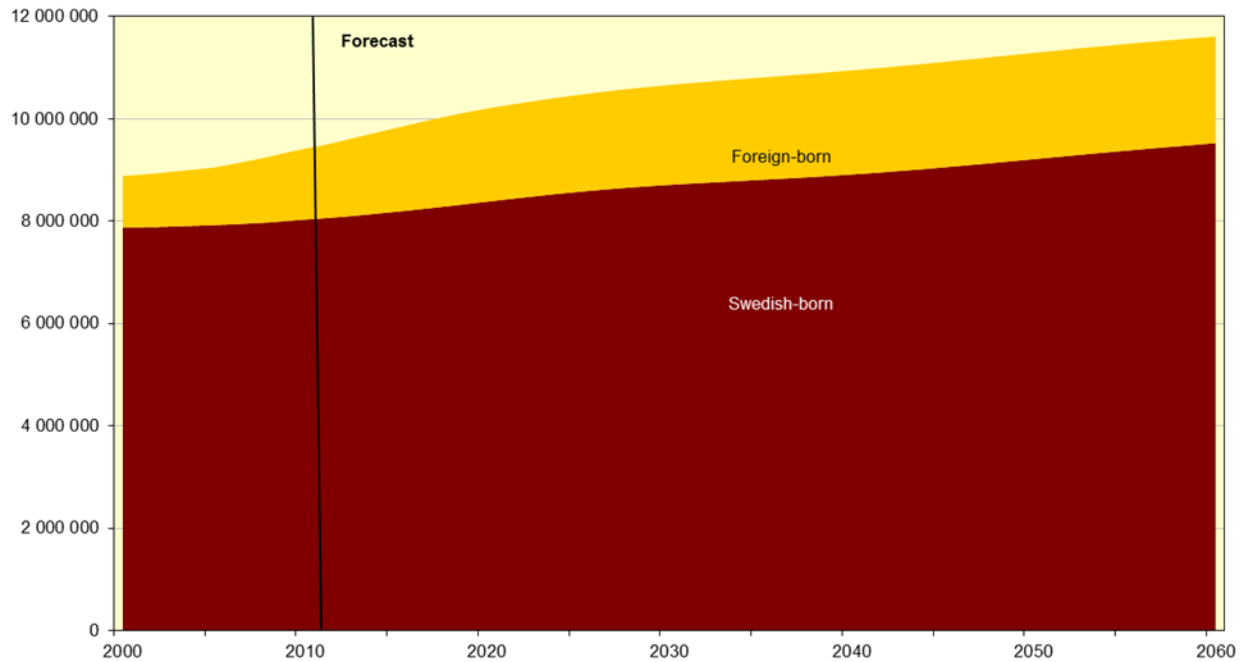
Utredare

Avdelningen för kunskapsstöd. Enheten för hälsa och sexualitet

Folkhälsomyndigheten, Sverige

# Population 2000-2011 and forecast 2012-2060 by Swedish- and foreign born

Source: Statistics Sweden (SCB)



# Who are the migrants?

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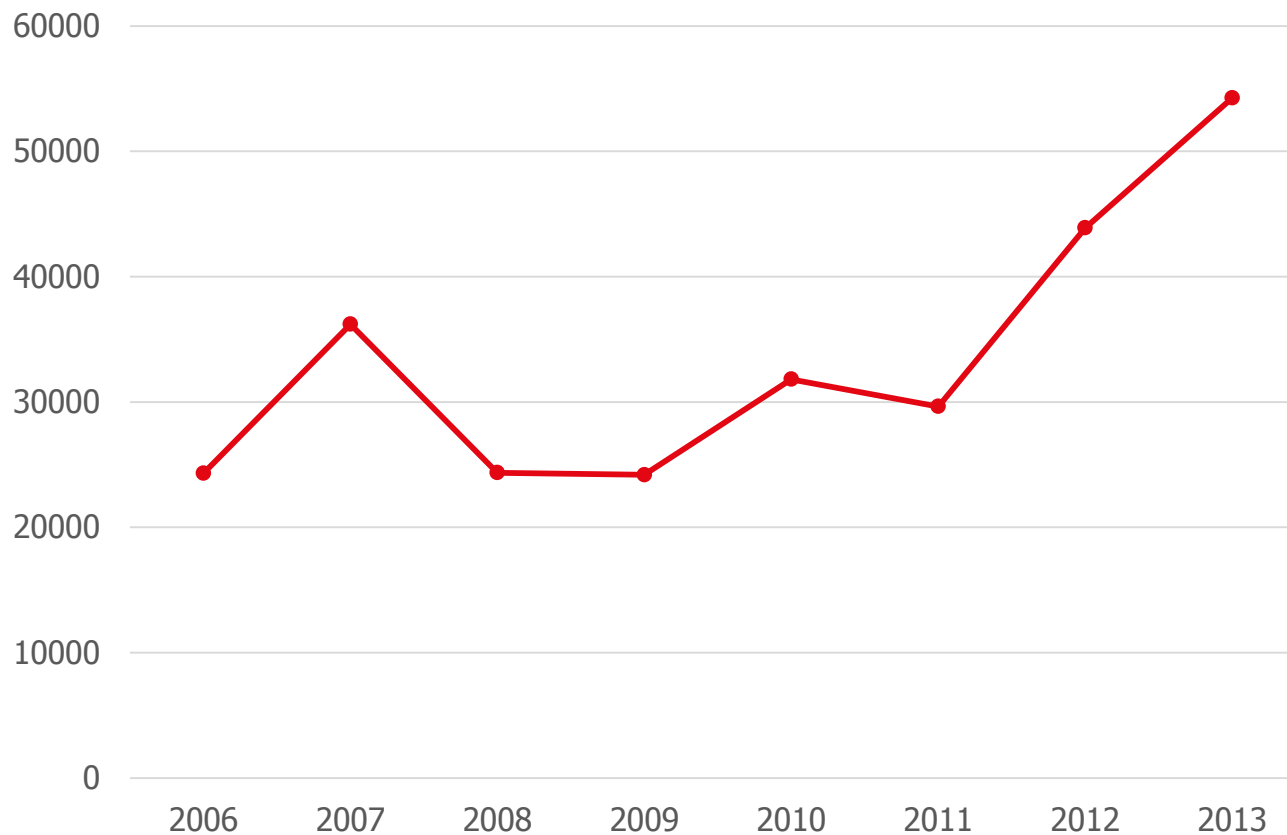
- Asylum seekers
- Quota Refugees
- Other Refugees (family reunification)
- Undocumented or irregular migrants
- Labour migrants
- Students

Health statistics confined to “*Foreign born*”

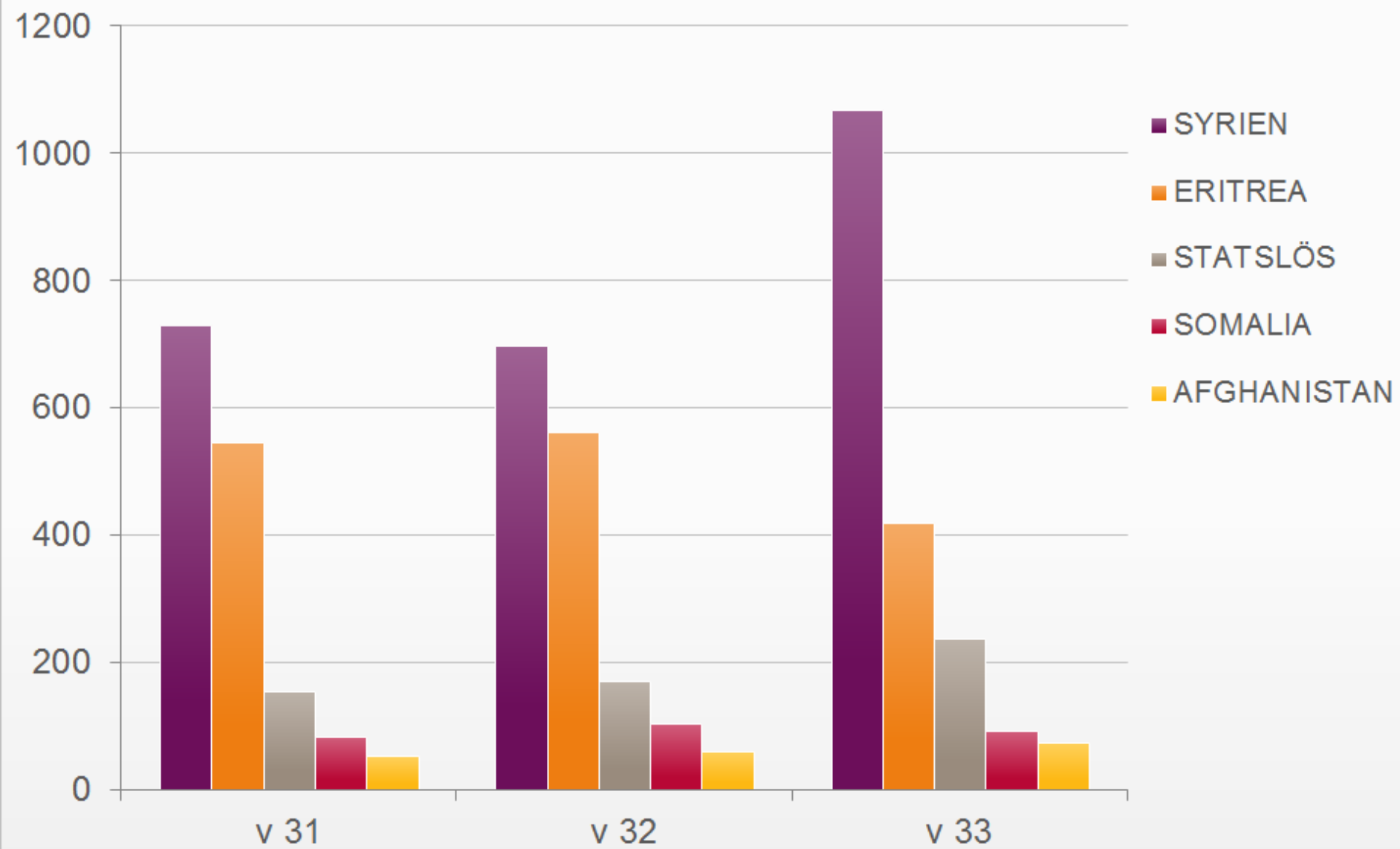
# Asylum seekers in Sweden 2006 – 2013

(Current prognosis for 2014 is 80 000 )

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## Asylsökande – de fem största grupperna



# The right to health, medical and dental care for migrants in Sweden

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## The Health and Medical Care for Asylum Seekers and others Act (2008:344)

“Others” = quota refugees, other refugees (family reunification), undocumented or irregular migrants

- **health assessment**
- **emergency care and care that cannot be deferred**, including dental care, maternity care, care when seeking abortion and advice on contraception

# The health assessment

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A dual purpose;

- To identify health problems that need immediate attention (for the **individual** person)
- To detect and prevent spread of infectious diseases (for **public health** reasons)
- But also an opportunity to give information about the Swedish healthcare system

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Sweden is divided into 290 municipalities and **21 counties**, which is the Government's representative at the regional level

Each county has a **county council**, responsible for the health and medical services within the county





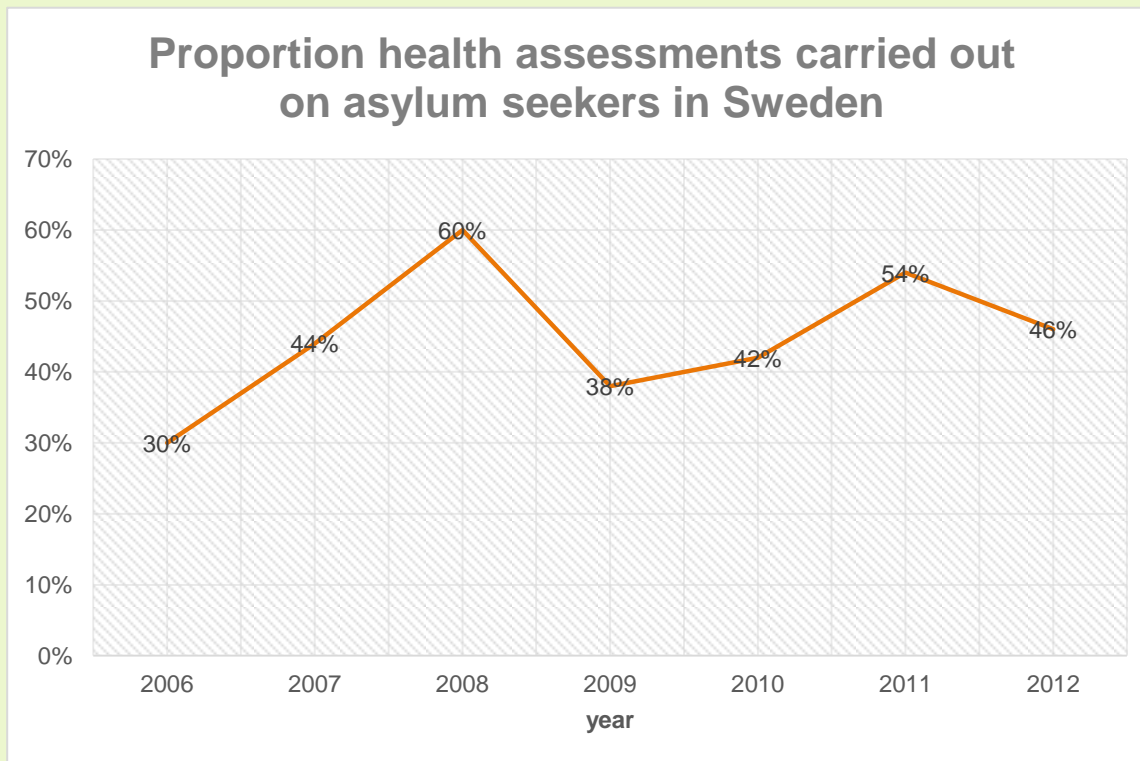
## Three major organizational structures within the regional health care system, carrying out health assessment services for migrants

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- one or few “specialized” health centers
- many “ordinary” health centers
- mobile teams

# Outcome

Source: The Swedish Association of Local Authorities and Regions (SALAR)



Ett samverkansprojekt, jan2012 – juni 2014

*”Förbättrad struktur och samordning  
kring hälsoundersökningar av  
asylsökande”*

Syfte: Att öka genomförandegraden av  
hälsoundersökningar bland asylsökande

# Delprojekt IKT (Information, Kommunikation och Teknik)

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## Delmål

- Nytt digitalt IT-system för informationsöverföring
- Utveckla standard/ramverk för funktionell och rättssäker informationshantering

## Resultat

- Snabbare överföring av information
- Sparar tid hos landsting och Migrationsverket
- Bättre möjligheter till uppföljning

# Delprojekt OG (det Operativa Gränssnittet)

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## Delmål

- Kompetenshöjande insatser
- Målgruppsanpassad information

## Resultat

- Genomförda utbildningar
- Kursplan för Migration och hälsa
- Radiodrama – *Amina gifter sig*

# Delprojekt HUA (Hälsa-Undersökningar av Asylsökande)

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## Delmål

- Generera ny kunskap om hälsoundersökningar utifrån asylsökandes perspektiv

## Resultat

- Genomförda forskningsstudier

Centrala teman: Information, kommunikation och rädslor

# A state of limbo – in transition between two contexts

## Health assessment at arrival in Sweden, as perceived by former Eritrean asylum seekers

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# Background

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Few asylum seekers undergo health assessment on arrival to Sweden

Structural weaknesses identified

The asylum seekers' own perception of the health assessment is not known



# Aim

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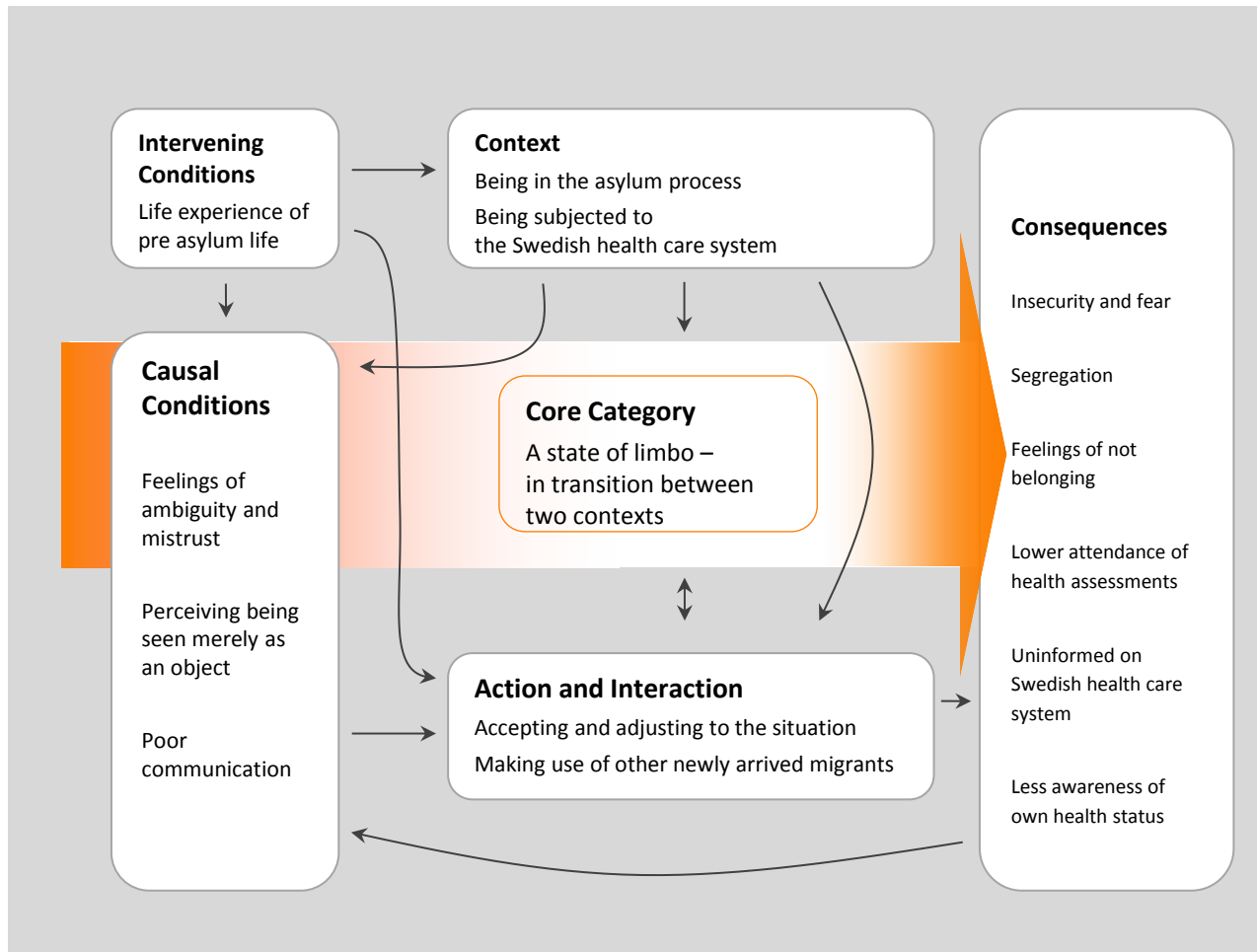
To explore and improve understanding of how asylum seekers from Eritrea perceived and experienced the health assessment during the asylum seeking process

# Method

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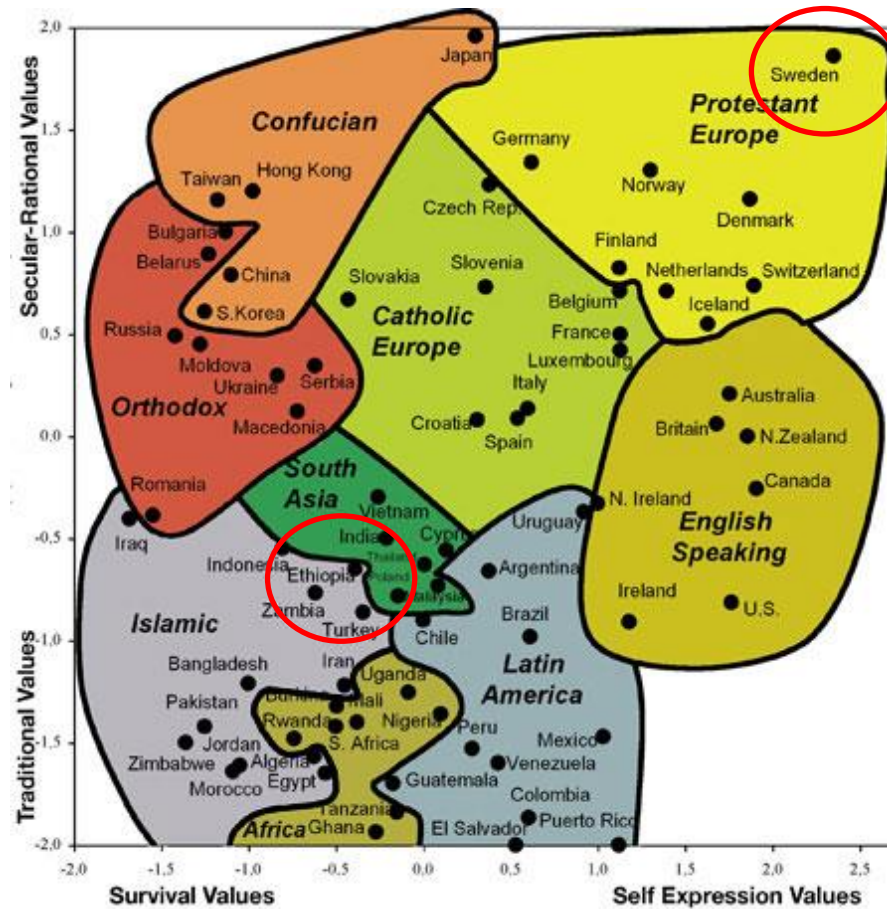
- Qualitative approach
- Grounded Theory
- Individual interviews
- Analyses by using the paradigm model

# Findings – framed in the paradigm model



# The World Value Survey Cultural Map

[www.worldvaluessurvey.org](http://www.worldvaluessurvey.org)



# Conclusions

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Poor communication and inability to overcome language and cultural barriers

There is a need for training and improved communication

There are reasons to believe, that these missed opportunities to communicate, negatively affected both the quality of the health assessment and the number of asylum seekers attending the health assessment

# Resultaten från projektets olika delar har samlats i en vägledning

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Folkhälsomyndigheten

Tack !