



## The inclusion of migrants in health impact assessments: A scoping review



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### ABSTRACT

This article reports the findings of a scoping review assessing the extent and ways in which migrants have been included in health impact assessments (HIAs) and HIA evaluations worldwide. A total of 117 HIAs and two HIA evaluations were included. Only 14% of hand-searched HIAs mentioned migrants, 5% analysed migrants and only 2% included them in their recommendations. Nonetheless, migrants would be expected to be part of the analysis based on the reasons for which migrants were most commonly mentioned. Although the majority of HIAs included in the review mentioned migrants in baseline conditions and impact analysis steps, migrants were seldom included in recommendations. Furthermore, the use of frameworks or tools guiding the completion of an HIA was negatively associated with the inclusion of migrants in recommendations. This is a pivotal risk of frameworks not mentioning migrants. Although workshops and stakeholder engagement were a frequent way of including migrants in HIAs, this usually involved organizations representing migrants, and only seldom included members of the migrant community themselves. The main barriers to including migrants in the HIA impact analysis were the lack of available data on migrants and the significant additional resources required to gather and analyse additional data on migrants. Guidance is needed on ways to optimally include migrants in HIAs and ensure that recommendations for mitigation measures are optimal.

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### Introduction

Health impact assessment (HIA) provides a pragmatic approach to tackling the social determinants of health; that is, the conditions in which people live and work. It has the potential to create policies that better attend to the determinants of health by assessing the anticipated positive and negative impacts projects, programs, or policies may have on health and recommending alternatives to mitigate the anticipated negative impacts and promote positive impacts (Mindell et al., 2008; WHO, 2011b). This can be particularly beneficial to groups facing systemic disadvantages such as migrants. It is necessary to understand the way in which migrants have been included in HIAs to date in order to understand the gaps to render the process more beneficial.

There is no universally agreed upon definition of migrants. Different definitions vary in terms of the types of reasons for displacement,

borders across which the displacement took place (national or international), and the amount of time elapsed since the displacement. This scoping review uses the definition adopted by the United Nations which considers as migrant anyone who has resided in a foreign country for over a year irrespective of the reasons and means used to migrate. Thus, there are different types of migrants according to the context and reason for which they migrate (Key Migration Terms, 2011). These include, but are not limited to: international students in pursuit of a specific post-secondary degree; temporary migrant workers who are present for a defined period of time according to a working contract with an enterprise; refugees who have left their country of origin due to fear of persecution, and economic immigrants who have left their country of origin to ameliorate their quality of life, generally through employment (CIC, 2011; Key Migration Terms, 2011). This definition does not include a time frame after which a migrant is no longer considered one within a host country.

According to the International Organization for Migration (IOM) there are 214 million migrants worldwide (International Organization for Migration, 2012). Migrants may be socially disadvantaged because they have experienced a break in their life and find themselves in a novel context with new societal and institutional norms and realities (Vissandjee et al., 2004). Consequently, it has been observed that

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migrants experience a decline in their health during the first decade of migration (Dunn and Dyck, 2000; Kennedy et al., 2006; *Longitudinal Survey of Immigrants to Canada: Process, progress, and prospects*, 2003; McDonald and Kennedy, 2004). Although access to curative health care services constitutes a barrier to preserving their health, the decline in health is equally mediated by the broader social determinants of health (SDH) (Dunn and Dyck, 2000; Tastsoglou, 2006; WHO, 2011a; Zhao et al., 2010).

However, little is known about how migrants are included in HIAs. Thus, countries hosting an ever increasing number of migrants are forgoing an opportunity cost by not knowing whether these groups are effectively assessed to prevent the decrease in their health status. Indeed, such a decline in health prevents them from optimally participating in and contributing to their new communities.

It is necessary to distinguish between the factors influencing the health of different ethnic minority groups versus those affecting migrant groups. While these factors may overlap, they have different ramifications which may in turn translate into different considerations for the analysis and recommendations of an HIA. The concept of ethnicity is complex but implies the presence of either “shared origins or social background; shared culture and traditions which are distinctive, maintained between generations and lead to a sense of identity and group-ness; and/or a common language or religious tradition” (Bhopal, 2007). Thus, an ethnic group may be a minority without being a migrant group while still facing health inequities for reasons that are different from those faced by migrants. Conversely, migrants might face similar barriers to optimal health irrespective of their ethnic background (Vissandjee et al., 2004). To date, the concepts of migrant status and ethnicity remain often wrongfully conflated in health research. In the context of HIA, this may lead to suboptimal recommendations which do not adequately consider the impacts of migration irrespective of ethnic group.

Recently, there have been efforts to develop HIA guidance frameworks and tools which emphasize disparities in impacts across population subgroups in order to address potential health inequities. Although these guidance frameworks have been termed health equity impact assessment (HEIA), this nomenclature is not used consistently in the literature and thus will not be used throughout this review. These approaches promote the consideration of minority and disadvantaged groups by emphasizing the use of methods conducive to determining differential outcomes and perceptions between population groups in addition to explicitly mentioning population groups that may be more disadvantaged (Orenstein and Rondeau, 2009; Povall et al., 2013).

HIAs can also be of different depths according to the timelines and financial resources, which are in turn reflected in the extensiveness and detail of the data collection and analysis. A general way of categorising the depth of HIAs is as rapid (or desk-top), intermediate, or comprehensive (or in-depth) (Ison, 2000). Different types and depths of HIAs have been found to include disadvantaged groups to different degrees with rapid HIAs having a more superficial consideration of disadvantaged groups (Harris-Roxas and Harris, 2011). Despite the ever increasing number of migrants worldwide and the importance of their impact on global societies and economies, migrants remain seldom mentioned in HIA guidance frameworks and consequently, seldom explicitly included in HIAs. Thus, the inclusion of migrants in HIA has never been systematically assessed.

### Purpose

This scoping review sought to map out the extent and nature of the inclusion of migrants in HIAs. The research question of a scoping review must be kept broad in order to capture as much evidence in the discipline within the scope of interest as possible (Arksey and O'Malley, 2005). Consequently, the research questions of this scoping review were: “What is the extent of the literature on the inclusion of migrants

in HIAs?”; “How extensively does the literature on HIAs include migrants?”; “How have migrants been included?”; and “Have HIAs addressed the needs and contextual reality of migrants and why?”

### Methods

Scoping reviews provide valuable synthesis to inform and contextualise subsequent systematic reviews and primary studies (Levac et al., 2010). The following scoping review followed the methodology suggested by Arksey and O'Malley (2005), who outline five broad steps (identifying the research question; identifying relevant studies; study selection; charting the data; and collating, summarizing, and reporting results) and informed by the recommendations for application made by Levac et al. (2010). This methodology was deemed as most appropriate given its systematic nature and its use in several other scoping reviews exploring issues in health policy and impact assessment (Brien et al., 2010; Povall et al., 2013). A brief description of the considerations for each step is provided in Box 1.

#### Identifying relevant literature

The literature identified was published worldwide. The literature search encompassed three strategies. First, the following databases were systematically searched: OVID (Medline), SCOPUS, ProQUEST, European Centre for Minority Issues, EMBASE, Canadian Public Policy Collection, and the Institute for Scientific and Technical Information (INIST). Secondly, the documents from 31 key organizations and conferences, which either voluntarily publish HIA reports or contain extensive information on HIA and HIA resources were hand-searched for reports, HIA evaluations, policy briefs, and other governmental documents. There were six international organizations, nine from North America (Canada, USA), 10 from Europe (United Kingdom, Ireland, Finland, Sweden, Switzerland, Spain, The Netherlands), three from Oceania (Australia, New Zealand), and one from South East Asia (mainly Thailand). Lastly, experts in the field were contacted for any additional relevant documents with which they may be familiar. A detailed search strategy can be found in supplementary documents.

#### Box 1

##### Steps of a scoping review.

1. Identifying the research question  
Research questions are broad in nature as they seek to provide breadth of coverage.
2. Identifying relevant studies  
Comprehensiveness and breadth are important. Sources might include electronic databases, reference lists, hand searching of key journals, organizations, and conferences. Breadth should be determined and may be limited by resources available to complete the review.
3. Study selection  
Study selection includes post hoc inclusion and exclusion criteria. These criteria are based on the research question and on new insight on the subject matter through reading the studies. This process should be iterative.
4. Charting the data  
A data extraction form is created. Charting data should be an iterative process in which the extraction form is updated continually. Two authors should independently extract data.
5. Collating, summarizing, and reporting results  
An analytic framework or thematic construction is used to provide an overview of the breadth of the literature. Numerical and thematic analyses are presented.

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