YOUNG-IG

Bridging Youth and Young Professionals

In a Migrational Context via Digitalization

RESEARCH AND CURRICULUM DEVELOPMENT IMPACT ANALYSIS

The Impact Assessment of COVID-19 In the Context of Health Services
"Migrants and Professionals Working with Migrants"

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Impressum

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Introduction

YOUNG IG

Bridging Youth and Young Professionals
In a Migrational Context via Digitalization

Bridging Youth and Young Professionals in a Migrational Context via Digitalization (YOUNGMIG)" is a project aimed at creating and implementing an outreach strategy to fill the gaps inclusion of migrants and provide a detailed insight on obstacles that the migrants are exposed to in different spheres.

The target groups of the project,

- Young migrants

- Young professionals working with migrants

- As final beneficiaries, organisations, institutions, stakeholders, and other actors working on the migration field

The project's outputs:

IO1- Curriculum Development: The focus of this IO is to identify problems of young migrants arising in COVID-19 period will be researched and a final report will be written on the necessities of young migrants and young (pre)professionals from different sectors (Health, Education, Justice, Civil Society).

IO2- E-Learning Platform for Language and Culture: The platforms to be developed within this IO aim to provide learning environment for basic level language teaching for young professionals who are dealing with migrant issues in their country. There will be also another module within this platform which will focus on topics such as cultural diversity and intercultural relations.

IO3- E-Learning Platform for Sectors: Within this IO, online platform will be created to train young professionals from different sectors and young migrants reciprocatively.

As it has been identified above, one of the milestones of the project is to present problems of young migrants arising in COVID-19 period and provide detailed data on the impact of COVID-19 pandemic on the migrants on different fields. Main objective is to highlight current situation on how migrants benefit from social services and opportunities on the local area and point out the way to decrease obstacles preventing them from access to the services.

Within this scope this objective, each partner has been responsible for implementing desk based and field research and making a detailed analysis to provide a report having detailed data related to the topic. The results of the surveys and focus groups and literature review will be used by the project consortium to define a road map for developing project outputs and implementing project activities in an effective way. This report provides a detailed information reflecting results of IO1 activities that have been finalised by Compass. We compiled the results of survey, focus group and literature review on health care treatment (specifically COVID-19 pandemic) aimed at the migrants and the needs of health care providers to offer a better health care treatment to the migrants.

Literature Review

On this part, literature has been carried through two main titles, one of them is general concept for the health care in Austria and the second one health care for COVID-19 pandemic.

Health and Social Care for Migrants in Austria

Austria's health system is complex. The federal government is responsible for the legislative framework, including regulation of social health insurance (SHI). SHI funds have operational responsibility for ambulatory and rehabilitative care (outside hospitals) and outpatient medicines, and they negotiate contracts with providers. Due to the federalist structure of the state and the system of compulsory insurance, the Austrian health care system is characterised by the interaction of numerous actors from the different legislative and administrative levels (federal government, provinces, districts, local authorities) and from the self-administration sector (social insurance).

Table 1
Structure of the Austrian Health Care System

Federal Government	**Social Insurance System**
• Health care system • Enabling law for hospitals (Federal Hospital Act)	• Health care outside hospitals • Rehabilitation • Medicines

Provinces
• Implementation laws and enforcement for hospitals • Care (social issues)

Source: Federal Ministry of Labour, Social Affairs, Health and Consumer Protection (BMASGK) https://www.sozialministerium.at

Health care provision is primarily a public task in Austria, which is regulated by social law. The main legislative competencies are given to the Federal Ministry of Health, Family and Youth (Karl-Trummer et al. 2009). Nine federal states are responsible for the enactment of legislation and its implementation, as well as for financing and the provision of inpatient care (ibid. with reference to BMGF 2005). The financing of the health care system is pluralistic, in accordance with the constitution and social insurance laws. In terms of financing, a social health insurance system provides approximately half of the total health care expenditure (Hofmarcher and Rack 2006). The insurance is mandatory and based on membership of an occupational group or place of residence and involves the beneficiaries' dependants as well. (Karl-Trum-

mer et al. 2009). In Austria, the basis of entitlement to health care is affiliation to insurance. There are adaptive structures to migrants in health care involving mediation/translation services, translated informational material, health services adapted to migrant specificities (for example, meals in hospitals) as well as the integration of such in education for healthcare providers.[1]

Table 2
Austrian social insurance funds

The Austrian social insurance system			The Austrian social insurance system – NEW structure		
Main Association of Austrian Social Security Institutions			**Umbrella association**		
General Accident Insurance Fund (AUVA)	9 Regional Social Health Insurance Funds	Pension Insurance Fund (PVA)	General Accident Insurance Fund (AUVA)	Austrian Social Health Insurance Fund (ÖGK)	Pension Insurance Fund (PVA)
	5 Company Social Health Insurance Funds				
	Social Insurance Fund for the self-employed (trade, commerce, industry)				
Social Insurance Fund for the Austrian Railway and Mining Industries			Social Insurance Fund for the self-employed (trade, commerce, industry, farmers) (SVS)		
Social Insurance Fund for Farmers					
Social Insurance Fund for Public Service Wage and Salary Earners					
		Insurance Fund for Austrian Notaries	Social Insurance Fund for Public Service Wage and Salary Earners (including Austrian Railway and Mining Industries) (BVAEB)		

Sources: Austrian social insurance funds, BMASGK: Structural reform of social insurance funds https://www.sozialministerium.at

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[1]   https://www.diva-portal.org/smash/get/diva2:1410195/FULLTEXT01.pdf

At a national level, the Federal Ministry of Labour, Social Affairs, Health and Consumer Protection (BMASGK, Link: www.sozialministerium.at, English website) is responsible for general health policy, the protection of the health of the population, the regulation of the health professions, pharmacies, and medicines, as well as for legislation and the supervision of the social insurance funds. It prepares federal legislation, draws up administrative regulations, is active as a decision-maker and also as a supervisory authority, and acts as a coordinator between the most important stakeholders in the health care system.

Undocumented migrants are excluded from the insurance system and from the state-funded scheme for uninsured persons. However, undocumented migrants access first aid, in cases of emergency, at federal hospitals (in terms of the KAKuG 2008). In general, opportunities to receive medical treatment beyond emergency care (primary and secondary care) without being insured or being able to pay directly, are highly limited. Nevertheless, in some cases and at the health professional's discretion, a window of opportunity exists for undocumented migrants to receive treatment beyond an actual case of emergency. In practice, a medical professional can 'turn a blind eye' by applying a wider definition of "emergency"; providing services despite knowing that they will not be paid for and/or accepting false identities. Care offered beyond this opportunity mostly depends on sporadic agreements with doctors who offer medical treatment at reduced costs, or organisations who offer specific services free of charge.

Given the limited entitlement to health care, providers are to be found among the general hospital emergency units. There are, however, also some established organisations, namely non-governmental and local and international non-profit religious organisations which provide services for people that have fallen out of the health and social insurance system (Karl-Trummer et al. 2009; see also PICUM, 2007). Social insurance in Austria is composed of health, pension and accident insurance. Austria's social insurance institutions are statutory bodies under public law. All insurance institutions are members of the main association of Austrian social insurance institutions. As soon as a person takes up occupation they are automatically covered by insurance. Insurance protection extends to school and university students, as well as pensioners. Insurance contributions are calculated on the basis of a person's income. Social insurance contributions are deducted by the employer and paid over to the local tax office. Employers are also responsible for registering their employees with the relevant social insurance office. Employees receive a social insurance number once they are registered.

The Austrian Structural Plan for Healthcare (ÖSG)

The ÖSG is a joint nationwide framework which the federal government, all of the provinces and the social insurance funds adopt jointly. In this way – in spite of the different responsibilities – a joint vision of the further development of the Austrian health care system is created. The ÖSG contains planning statements for selected areas of outpatient and acute/inpatient care, for outpatient and inpatient rehabilitation, and for large items of medical- technical equipment. In addition, the ÖSG contains quality criteria for many areas of care which aim to achieve the same standards in different care- related structures throughout the country. Österreichischer Strukturplan Gesundheit (https://broschuerenservice.sozialministerium.at/Home/Download?publicationId=642)

Patients' rights are legally established in Austria and enforceable. Patients' ombuds- man's offices in all of the provinces safeguard the rights and interests of patients and mediate in the case of conflicts. In addition to offers of professional medical care, a large number of self-help groups support patients in coping with their illness.

Within the framework of the health reform, measures are therefore being taken to make the system more understandable.
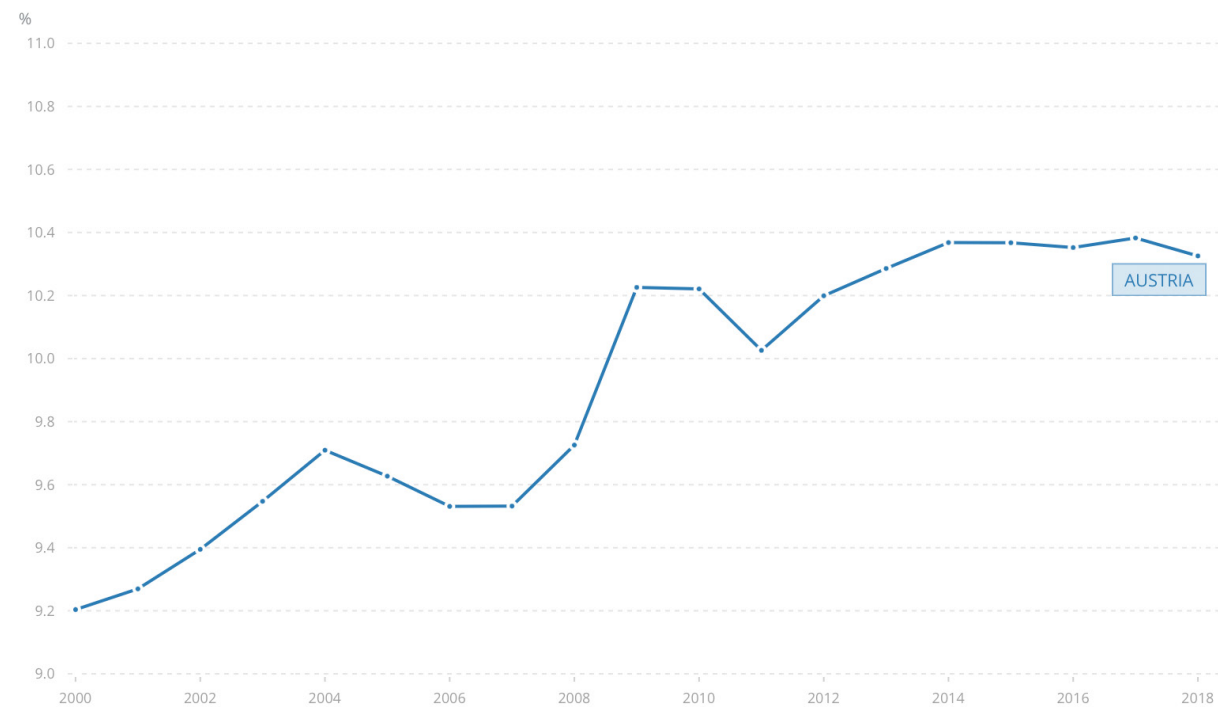
- The public health portal provides independent health information and services. Infor-mation about a healthy lifestyle which is designed to meet the needs of the population is made available on the websites of public institutions (Links: e.g. www.ages.at or www.fgoe.org).

- Via a nationwide patient survey which took place in 2014 for the first time across all the sectors of health care (e.g. a hospital and a family doctor providing follow-up care), information was collected from the perspective of those affected which offers pointers towards a better and more intelligent way to govern the health care system.

At around EUR 17 billion, the social health insurance system finances around 44.3 % (2017) of all ongoing health expenditure (including long-term care). Whereas the extra- mural sector is almost exclusively financed by the social health insurance system, in the intramural sectors the costs are shared by the pub-

lic purse and the social insurance funds. Nursing and care services are predominantly financed from tax revenue. [1]

Table 3
Current health expendures

**Source:** World Health Organization Global Health Expenditure database https://data.worldbank.org/indicator/SH.XPD.CHEX. GD.ZS?locations=AT

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[1]   https://broschuerenservice.sozialministerium.at/Home/Download?publicationId=642

Healthcare in Austria is primarily public, with the option to obtain private health insurance. Overseen by the Ministry of Social Affairs, Health, Care, and Consumer Protection, most people access public health insurance by paying a portion of their salary. However, for those with low or no income, healthcare is free. Overall, the healthcare provided is affordable, accessible, and of a very high standard.

Although migrants have some concerns about their general health, physical health, psychological well-being, migrants, or refugees have high satisfaction with the Austrian health system, as it is also shown on the figure below.

Table 4
Perception of health care provision in Austria, by gender
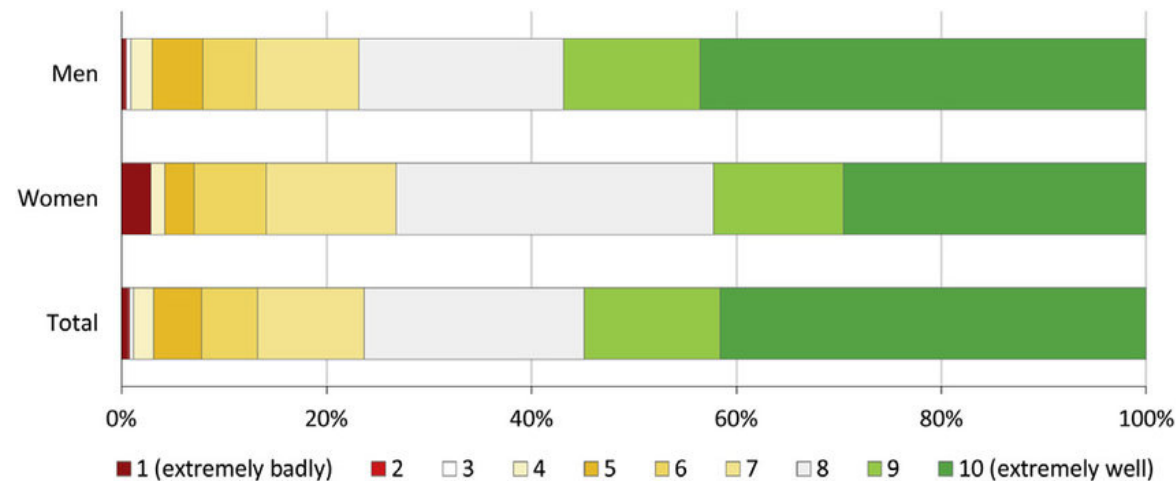
Source: Research Gate https://www.researchgate.net/figure/Perception-of-health-care-provision-in-Austria-by-gender-Source-ReHIS_fig3_331584748
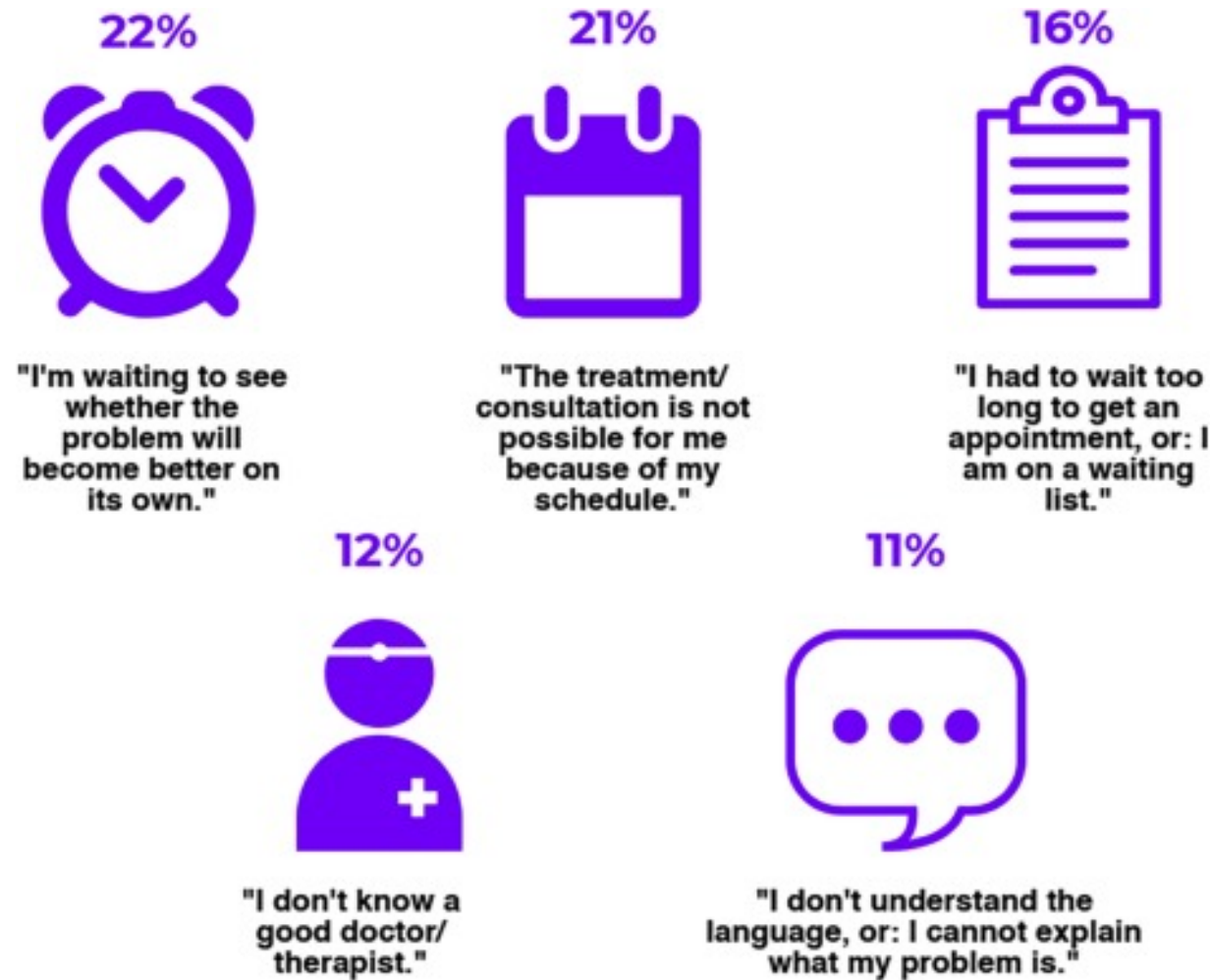
However, most frequently cited barriers include scheduling conflicts, long waiting lists, lack of knowledge about doctors, and language barriers and migrants do not make sufficient use of preventive services. Although treatment costs were not frequently considered as barriers, consultation of specialist medical

services frequently associated with co-payment by patients, in particular dental care, are significantly less often consulted by people having migrant background than by Austrians. Patients having migration background reported comparably high utilization of hospital services, with day-care treatment more common than inpatient stays.

As it has been shown on the figure, the main barriers to health access for people having migration background in Austria

Table 5

Barriers to health access for people having migration background in Austria.

22% — "I'm waiting to see whether the problem will become better on its own."

21% — "The treatment/consultation is not possible for me because of my schedule."

16% — "I had to wait too long to get an appointment, or: I am on a waiting list."

12% — "I don't know a good doctor/therapist."

11% — "I don't understand the language, or: I cannot explain what my problem is."

The main problem is language barrier' between practitioners and patients having migrants background. They can be inability to communicate their problems due to language difficulties, with the risk of being misunderstood and that lead to misdiagnosed situations. Administrative procedures can be also prolonged and complicated through poor communication. Although involving translator or interpreter into the process can be a solution to overcome language barriers. Involving an interpreter can be a solution to facilitate communication between the patients and health workers during the treatment. however, may also come with problems. As involving a third party can impact on the patient-practitioner relationship. Third party involvement also causes some participants to be concerned over confidentiality issues. Language barriers can be addressed by providing trained interpreters, also via web-based appliances.

The lack of or inappropriate health insurance, often coupled to insufficient financial resources, may negatively impact migrants' ability to take preventive measures against COVID-19 and to receive medical care if contaminated. While many support and care services provided by civil society organizations had to be closed with countries' lockdown, irregular migrants can find it more difficult to access care, as outside activity needs to be registered with authorities or they may be reluctant to enter medical facilities for fear of being reported if no appropriate firewalls exist (IOM, Migration Factsheet No. 6 – The impact of COVID-19 on migrants).

https://www.iom.int/sites/g/files/tmzbdl486/files/our_work/ICP/MPR/migration_factsheet_6_COVID-19_and_migrants.pdf 26.01.2022

Moreover, live-in care workers in Austria commonly alternate working rotas of two or four weeks, with many migrant women returning to their countries of origin for their rest periods. Therefore, COVID-19 restrictions on international travel during the pandemic had a particularly negative impact on these live-in care workers, many of whom had to extend their working rotas in Austria. With COVID-19 measures also limiting visits from family and friends of the people in need of care, many women migrant carers have had to work very long hours often for weeks on end and being on-call 24 hours a day. Most live-in care workers are not protected against excessively long working hours as they are self-employed. These

excessive hours have led to many workers experiencing stress and burn-out. [2]

It is suggested to improve migrants' access to health care in Austria by,

    a.   improving the information flow about available treatment, in particular specialists,

    b.   fostering dental health care for refugees,

    c.   addressing language barriers by providing (web-based) interpretation services.

    d.   implementing policies for fostering the inclusion of refugees into the health care sector at all levels to address both language and socio-cultural barriers.

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[2]   https://www.amnesty.org/en/latest/news/2021/07/austria-women-migrant-care-workers-demand-rights/

COVID-19 Treatment

On the page The Federal Ministry Republic of Austria, Social Affairs, Health, Care and Consumer Protection, https://www.sozialministerium.at/en/Coronavirus/Coronavirus-hotlines.html people can find a detailed information on COVID-19 in Austria, when they need to receive updated information on COVID-19 process.

Moreover, information on the webpage is available in many migrants' mother languages, such as Turkish, Serbian, Romanian so migrants can reach the information on their own languages on this website.

The following hotlines offer information in relation to 24-hour care and looking after family members when the carer(s) are unavailable or there are other problems due to the coronavirus measures.

Burgenland

- Care advice: 05/7600-1000

Carinthia

- Care hotline: 05/0536-22134

Lower Austria

- Care hotline: 02742/9005-9095

Upper Austria

- Hotline (Caritas): 05/1775-775

Salzburg

- Salzburg care advice: 0662/8042-3533

Styria

- Care hotline: 0800/500 176

Tyrol

- Coronavirus hotline: 0800/808030

Vorarlberg

- Care hotline: 05574/511-24105

Vienna

- Vienna Social Fund advice service: 01/24524

Telephone advice hotline of the Crisis Intervention Team of the province of Styria on 0800/500 154
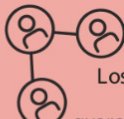
This service is for people who are in quarantine because they have contracted the coronavirus, or belong

to a vulnerable group (such as older people with previous or long-term illnesses). The staff of the crisis intervention team are available to talk to on 0800/500 154 daily from 9:00 – 21:00.

Moreover, if they want to receive information about coronavirus, the symptoms of the COVID-19 disease, they can research this site to receive information. https://coronavirus.wien.gv.at/faq-english/

Table 6
Compounding risks for migrants in the context of COVID-19

COMPOUNDING RISKS FOR MIGRANTS
in the context of COVID-19

UNDOCUMENTED OR IRREGULAR STATUS
Lack of legal status may create formal barriers or lead to a reluctance to access assistance due to fear of arrest, detention or deportation.

EXCLUSION
Migrants may be de-prioritised or excluded in healthcare and prevention and response efforts.

LIMITED OR NO ACCESS TO ESSENTIAL SERVICES
Informal and formal barriers to accessing essential services like food, shelter, healthcare, psychosocial support, legal assistance and water, sanitation and hygiene services

COMMUNICATION BARRIERS
Barriers in understanding or accessing key information on healthcare and challenges in reporting on health conditions.

STIGMA & DISCRIMINATION
Increasing discrimination and stigma as well as blame for spreading the virus which can prevent people from seeking assistance and support

LOSS OF SOCIAL SUPPORTS
Loss of contact with family and community networks due to quarantine and/or border closures which prevent return home and lead to anxiety due to isolation.

GENDER DIMENSIONS
Female domestic workers are often employed in isolated workplaces and increased risk of gender-based violence due to lock-down and movement restrictions.

FINANCIAL BARRIERS
Financial barriers to accessing health systems and support, including lack of insurance and high costs of care or cost of transport to healthcare centres.

POOR LIVING / WORKING CONDITIONS
Overcrowding, such as in camp or detention settings, inadequate sanitation and hygiene and inability to isolate or physically distance.

LABOUR EXPLOITATION & HUMAN TRAFFICKING
Epidemics and pandemics can exacerbate existing vulnerabilities and put people at a greater risk of exploitation and trafficking.

SOCIAL, RELIGIOUS & CULTURAL OBSTACLES
Lack of familiarity and awareness of health procedures and available support and a lack of culturally appropriate services may prevent healthcare access.

PROTECTION & SAFETY
Migrants, including people seeking asylum and refugees, may be unable to seek safety due to border closures and travel or movement restrictions.

Source: https://reliefweb.int/sites/reliefweb.int/files/resources/IFRC-report-COVID19-migrants-least-protected-most-affected.pdf

As it is shown on the graphics, there are 12 risks for migrants in the context of COVID-19, four entries are related to the health issues. This graphic highlights main risks for migrants in the context of Covid 19. This risks mentioned on the graphic are based on legal status, social and economical factors and communication issue, . Moreover, it addresses health issues that are listed as below.

- Migrants can be excluded in health care and prevention and response efforts.

- They can face communication barriers in understanding or accessing key information on health care and challenges in reporting on health care and challenges in reporting on health conditions

- They have limited or no access to essential service like food, shelter, health care, psychosocial support, legal assistance.

They have poor living working conditions leading inadequate sanitation and hygiene.

Methodology

The report provides a background of the impact of Covid 19 on the migrants' health (living in Austria) and describes challenges migrants face while taking advantage of health care and opportunities aimed at a better access to health care for Covid 19 good practices in the health system aimed at the migrants.

To collect information on the needs of migrants and health workers in Austria, Compass has implemented activities, literature review, focus group working and survey.

Focus group work questions are based on

- Current situation of health care for COVID-19 disease

We have implemented a detailed literature review from web searches, online platforms, reports that have been implemented by institutions at local, regional, and national levels such as Federal Ministry Republic of Austria, Social Affairs, Health, Care and Consumer Protection. We have implemented a focus group work with 5 migrants and 5 health care workers to receive their feedback on the health care given for COVID-19 treatment. They were asked some questions to collect comprehensive data on the current situation of health services aimed at migrants in Austria and needs on this field.

Moreover, this research enabled us to reach the stakeholders to get to know their experience based on good practice and needs. It was necessary to be aware of the practices that are already implemented by the organisations working on the health sector. We compiled accurate and useful data which can be applied on the following stage of the YoungMig project. We could recognize to identify stakeholders that we can benefit from during implementation of the project.

Moreover, we have implemented the survey with 30 migrants and 22 health care workers, whose results are explained in detailed on the ''Findings and Results''.

The main purpose of this survey is to identify how the migrants living in Austria are affected during the pandemic, so it presents the results of the survey that was implemented to analyse the opinions of the distinguished participants (migrants and young professionals working towards migrants) about the impact of the COVID-19 pandemic on the health care service. The report addresses the key challenges

faced during the COVID-19 pandemic and is aimed at creating a contact between young migrants and professionals working with migrant populations. These 2 surveys were prepared by Compass, their first versions were shared with the lead partner to receive its feedback.

We tried to be selective as much as possible while choosing the questions on the survey. The survey has been translated into German and created online version of the survey. Participants filled the survey to enable us to monitor and map out how migrants are affected by the Covid 19 pandemic that one of them is for migrants receiving health services on COVID-19 and other one is for health service providers 30 migrants and 22 professional providing health care service to the migrants.

The survey has been prepared and implemented to receive information on the impact COVID-19 in the context of health services in Tyrol region to identify the gaps on this field and hear the challenges migrants experience when they receive health services and the obstacles health service experts experience when they provide health services to the migrants. The results provide a preliminary overview of the impact of COVID-19 on migrants. The results will enable the project consortium to develop actions and intervention tools to respond the needs of migrants while responding to the COVID-19 pandemic.

As the survey has been implemented in Innsbruck and its neighbourhood, the results of the survey about provide information on these cities, mainly Tyrol region. The survey has transferred into the Google form to make them online for the participants. We used our stakeholders' (working with migrants and working on the health) contacts to reach the number of migrants and professionals working with migrant populations. The link was shared by e-mail list with the participants and the participants were asked to finalise within the time specified. Participants have been finalized the survey on the time that had been identified by the project team. When all participants filled the survey, the team in Compass collected all surveys to analyse and reflect the results in the report.

The results of the survey are presented in this report as detailed as possible, however as mainly the survey consists of close ended and multiple questions, that prevented us from making interpretation about the questions or providing information on intention of the answers. Moreover, we recognised that sometimes participants left some questions blank and didn't answer them, some questions reflect only participants' point of views who already gave answer to these questions.

Findings and Results

As the results of literature and focus groups, the reasons of the gaps on COVID-19 treatment.

Documentation for treatment

According to latest legislation on testing and treatment of COVID-19, it is important in addressing the barriers for accessing health care, yet several challenges remain. Firstly, registration processes of undocumented patients in health centres face significant delays. There is an optional "stateless" category in the registration system that can be used for undocumented migrants.

However, this option has not been implemented in every health centre, as it is largely dependent on the health care providers' decision to accept an undocumented patient or not. As preventive measures for COVID-19 implemented by the Austrian government use of face mask has been enforced in public spaces.

Fear of exile and labelling

Undocumented migrants have restricted access to health care and if or when they seek health care, they risk being reported to the police or authorised people. There is widespread fear among many refugees, and particularly undocumented migrants, of deportation or losing their residency if they test positive for COVID-19. Also, the fear of stigmatization if they test positive for COVID-19 prevents individuals from seeking health care. Therefore, acquiring information about the accurate number and names of contacts from these migrant groups becomes highly sensitive and difficult.

Language

Although translators have been employed in some public hospitals to help eliminating the language barriers, the availability of translators is generally quite limited. We found that perceived discrimination against to the migrants occurring in the field of health care is more relevant to their cultural background. While health care workers are offering health care to the migrants, they can show behaviours that can be perceived as discrimination by the migrants. Migrants are thinking that the roots of these attitudes are based on stereotypical attitudes against to the migrants and they are exposed to these behaviours because of their cultural background.

Results of the Surveys

This survey consists of two main parts, part A that the participants provide information about their background.

On this part, participants answer questions about

- Their age,

- Level of education,

- Place of living, occupation,

- Current legal status,

- The main reason for leaving their country,

- Level in the language of the host country

- The survey was implemented with totally 30 migrants, **8 of them are male and 22 of them are women**. Although we tried to keep the number equal between men and women, women showed more interest to the survey according to men, so most of the participants are women as it has been shown on the diagram below. (Graphic:1 Gender)

Graphic 1
Gender

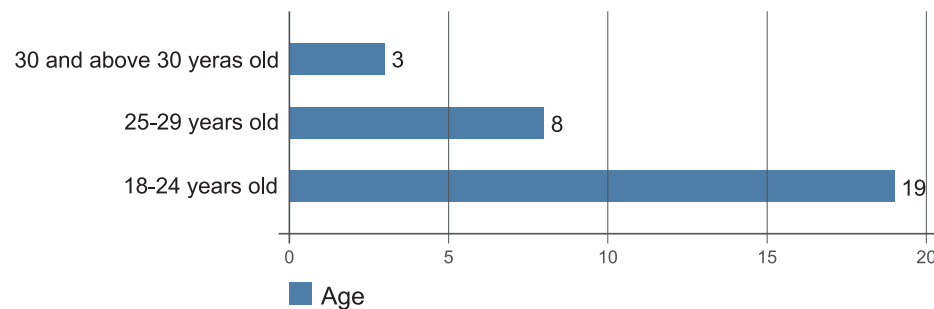

Male — 8
Female — 22

0 5 10 15 20 25

Gender
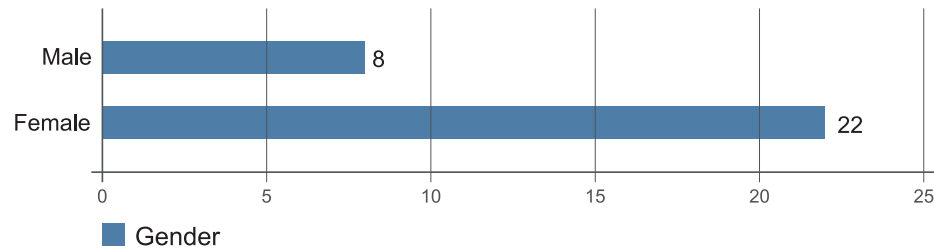
- **19 of the participants** are between **18-24 years old**, **8 participants** are **25-29 years old**, only **3 of them** are **30 and above 30 years old**. (Graphic1: Age)

Graphic 2
Age

30 and above 30 yeras old — 3
25-29 years old — 8
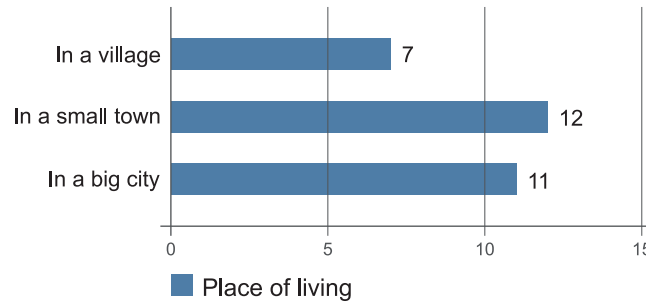18-24 years old — 19

0 5 10 15 20

Age

- **7 of them** are living **in a village**, **12 of them** are living **in a small town** and **11 of them** are living **in a big city**, as it can be shown on the diagram below. (Graphic:3 Place of living)
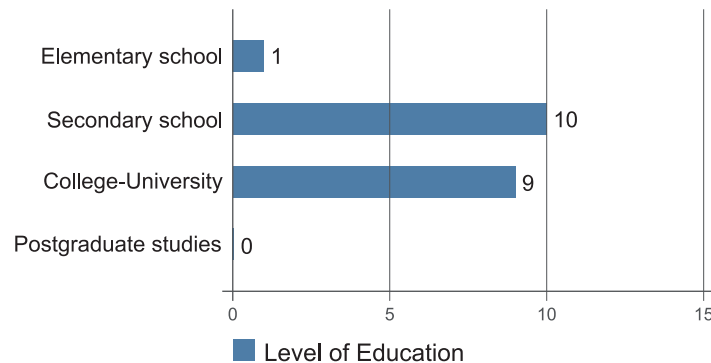
Graphic 3
Place of living

In a village	7
In a small town	12
In a big city	11

◼ Place of living

- Their educational level consists of only **1 of them** graduated from **elementary school, 10 of them** graduated from **secondary school**, **19 of them** graduated from **college or university.** (Graphic:4 Level of Education)

Graphic 4
Level of Education

|	
Elementary school	1
Secondary school	10
College-University	9
Postgraduate studies	0

◼ Level of Education

- **7** of the participants has Austria Citizenship, **12** of them has temporary / permanent residence permit, only **2 of them** have work permit, **5 of them** refugee status and **1 of them** has European citizenship. (Graphic:5 Current Legal Status)
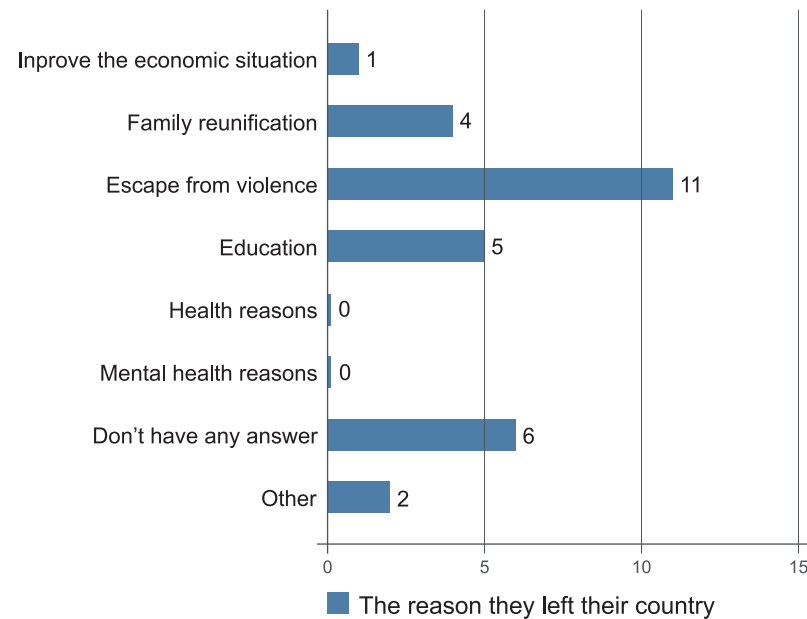
Graphic 5
Current Legal Status

Austrian Citizen — 7
Temporary / permanent residence permit — 12
Have Work Permit — 2
Refugee Status — 5
Asylum Seeker — 1
Other — 1

■ Current Legal Status
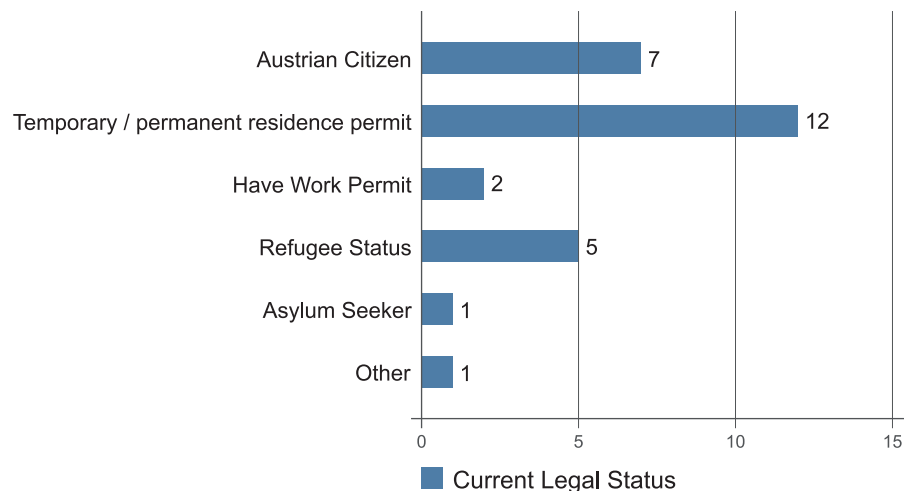
- <u>We have received different answers on their occupation, working as warehouse employee, hairdresser, dentist assistant, assistant in kindergarten, carpenter and project worker, the rest of them are students. So, it possible to say that there is diversity on professional background of the participants.</u>

- They left their mother country because of different reasons,1 of them wanted to improve their economic situation**, 4 of them** left their country because of family reunification, **11 of them** escaped from their country because of the violence they have been exposed to, **5 of them** migrated to the host country because of better educational opportunities, **two of them** left their countries because of other reasons such as volunteering.

Graphic 6
Reasons they left their country

Graphic 6 — Reasons they left their country

| Reason	The reason they left their country
Inprove the economic situation	1
Family reunification	4
Escape from violence	11
Education	5
Health reasons	0
Mental health reasons	0
Don't have any answer	6
Other	2

- **6 of the participants** have elementary proficiency, **4 of them** have limited working proficiency**, only one of them** is professional working proficiency and 17 of them are native. **Graphic 7:** Host country language proficiency

Graphic 7
Host country language proficiency

Host country language proficiency

Category	Value
No proficiency	0
Elementary proficiency	6
Limited working proficiency	4
Professional working proficiency	1
Native / Bilingual proficiency	17
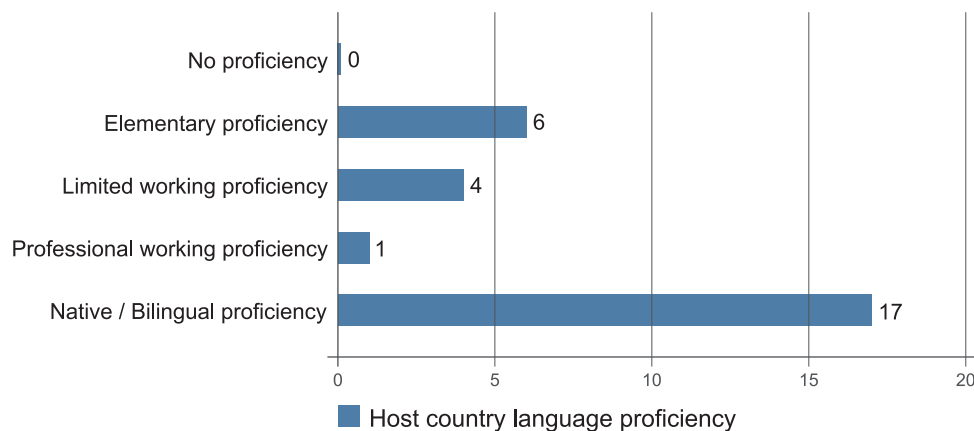
On the part B, the participants answer these questions that are directly related to the health service and treatment related to COVID-19

- Did you know how the health care system in your host country worked when you first arrived?

- If you know now how the health care system in your host country works, who gave you this information?

- Nowadays, do you have access to public health system/do you have a health card?

- When you do have a health problem, where do you go to access to health care service?

- Have you had some difficulty/problem in accessing to health service (Health Centre/Hospital) in your host country? If yes, what kind of a problem/difficulty have you had?

- In the clinic (hospital/health centre) where you access to health care service, is there a translator/interpreter/mediator/health agent service?

- How much you trust the health professionals in your host country?

- What could hospitals or health professionals do to improve the health of immigrants?

- Where do you think is the best place to explain the health care system? (Mark 3 maximum)

- Did you face any discrimination in accessing to health services for the care of COVID-19?

- Were you informed on how to access to health services for the care of COVID-19 patients when the COVID-19 broke out in Austria?

- How to access to health services for the care of COVID-19 patients, who/which institution did provide you this information?

- When you had a health problem arising from COVID-19 (If yes, answer Question 26 and 24) where did you?

- What has been the impact of COVID-19 on migrants' health?

- Did you face any challenges in access to health services as being an employee/worker/student from migrant backgrounds during the COVID-19 pandemic in Austria?

- Which are the greatest challenges that migrants face in health care service during the COVID-19 pandemic in Austria?

- What could health care providers do to improve the treatment for migrants?

- Do you have any information on national COVID-19 and/or emergency preparedness and response plans, national and local capacity for providing health services to refugees and migrants?

- Rate how you agree with your response following statement about health system in Austria. ''There is a necessity of accurate and timely evidence-based information to consider the impact of COVID-19 outbreak in migrant communities.''

- Do you have any information on consistency the framework provided by the World Health Organization (WHO) /other health committees and national actions in Austria?

- Please mark a number between 1 to 10 considering effectiveness of response plans and framework legal framework and regulatory requirements for providing health services on COVID-19 to refugees and migrants.

- How to ensure occupational health and safety measures for COVID-19 in Austria. Please share at least 3.

All these questions that have been addressed to the migrants served as a proxy for unmet health needs and an indicator for the existence of barriers to health care access in Austria.

- As it has been shown on the diagram below, 17 of them were informed by their family members or their friends, 8 of them received from public system Professional, 2 of them still don't have knowledge about the health system work. (Graphic 8: Information on the health care in the host country)

Graphic 8
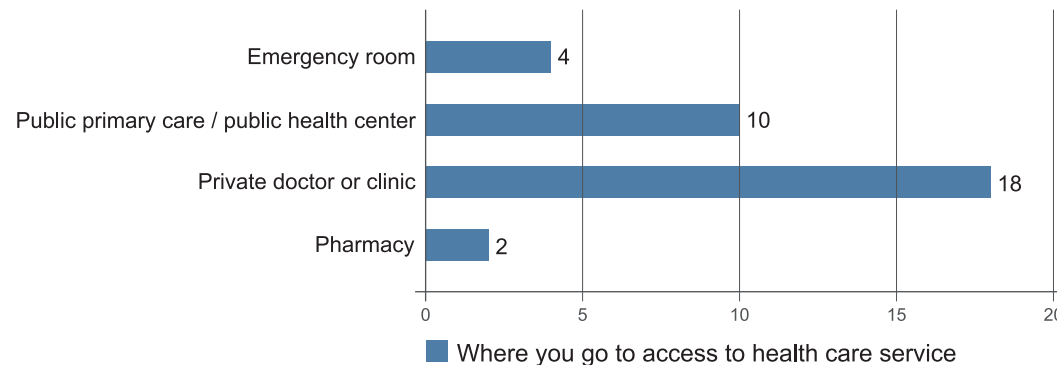### Information on the health care in the host country
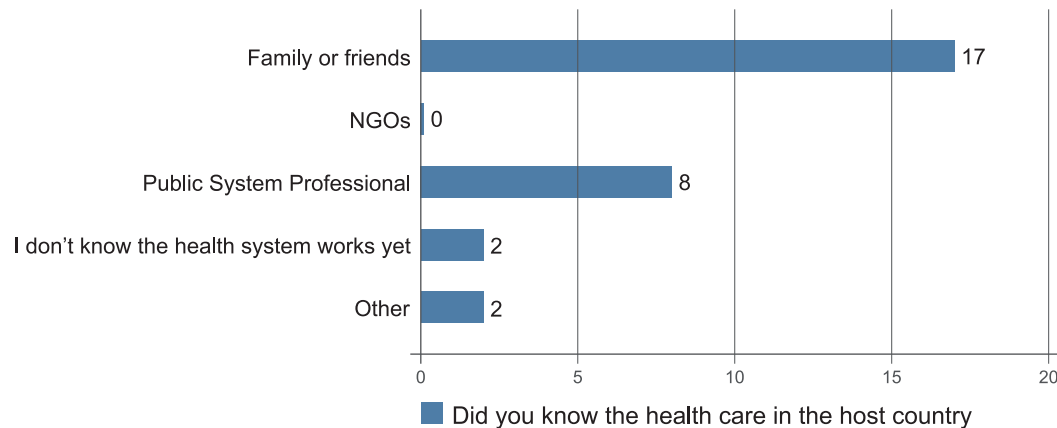
- As it has identified below, the responders stated that 4 of them are going emergency room to access to health care service, 10 of them go to public primary care/public health centre, 18 of them go to private doctor or clinic and 2 of them go to pharmacy. (Graphic 9: The place they benefit from

health care service)

Graphic 9
The place they benefit from health care service

Bar chart with horizontal bars showing:
- Emergency room: 4
- Public primary care / public health center: 10
- Private doctor or clinic: 18
- Pharmacy: 2

Legend: Where you go to access to health care service

- Moreover, most of the participants stated that primary health centres explain the health care system effectively, other responders marked pharmacy, applications and NGOs that provide information on health care system effectively.

- Most of the participants didn't have any difficulty or problem in accessing to health service in the host country, only 6 of them stated that they had difficulty in access to health service. Those who had difficulty in access to health service are thinking that they encounter this difficulty because of cultural, language, geographical reasons, or some prejudices against to them. Participant 3 stated that these problems are arising from language barriers, long working hours, number of patients per doctor.

- Most of the responders stated that they trust health professionals in their host country, and they haven't faced any discrimination in access to health services for the care of COVID-19, only three of them stated that they have encountered discrimination while they were benefitting health services for the care of COVID-19. Most of them identified that they were informed on how to access to

health services for the care of Covid 19 patients when the COVID-19 broke out in Austria. They learnt that from social media and other channels on the internet.

- When they had a health problem arising from COVID-19, most of them stated that they went to public health centre and private doctor or clinic. Most of responders stated that they became satisfied about the treatment they have received from the health service providers. The ones who didn't become satisfied about the treatment on COVID-19, they stated that because of language and cultural issues they encountered some problems. Their answers about the impact of COVID-19 on their life, social impacts, decreased connection with others, less trust in medicine sectors and medicine the rest of them didn't have any idea on this issue.

Graphic 10
Information on the framework provided by the World Health Organisation

Do you have information on the framework provided by the World Health Organisation
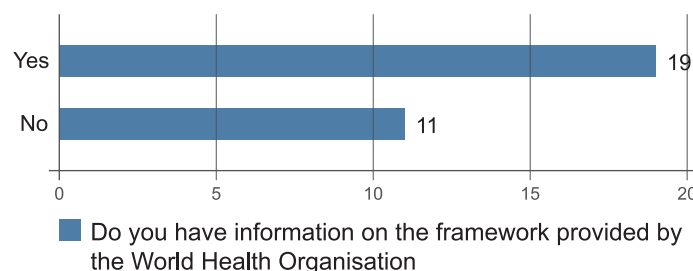
- As it has identified above, 19 of participants stated that they have information on the framework provided by the World Health Organisation and 11 of participants don't have information on that. Graphic 10: Information on the framework provided by the World Health Organisation

- Most of the responders strongly agree that ''Community-based networks, leaders from local community, religious leaders, networks/groups, and nongovernmental organizations (NGOs) should encourage migrant communities to take an active role in national COVID-19 prevention and response effort'' and ''COVID-19 prevention and control should measure are consistent and include different

actors such as media, public health and refugee and migrant networks, local government, trade unions and NGOs. In addition, some of them they have information on the framework provided by the World Health Organization, national plan, and response plan on COVID-19 in Austria.

- Some recommendations about Covid 19 how to ensure occupational health and safety measures for COVID-19 in Austria,

    o face mask,

    o vaccine,

    o social distance,

    o sterilization,

    o regular test,

   o events to raise awareness about this issue.

The results of Group B

This survey has been implemented with 22 health service providers who have experience in working for migrants.

- As it has identified below, 6 of them are between 20-30 years old, 7 of them are 31-40 years old, 6 of them are between 41-50 years old, and two of them are over 50 years old. One of them didn't respond this question. (Graphic:11 Age)
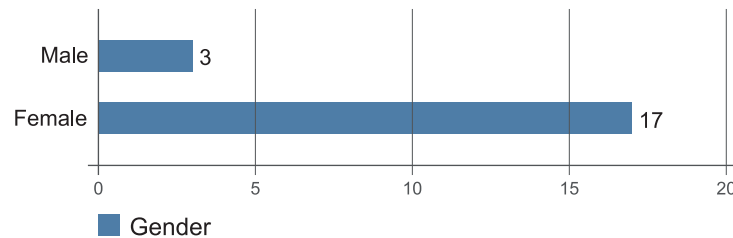
Graphic 11
Age
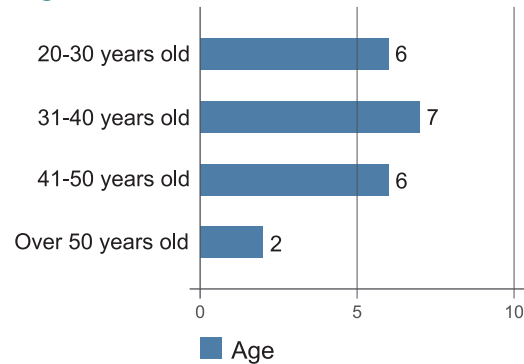
- As it can be shown on the diagram below, 3 of them were male and 17 of them were female, 2 responders didn't answer to this question (Graphic 12: Gender)
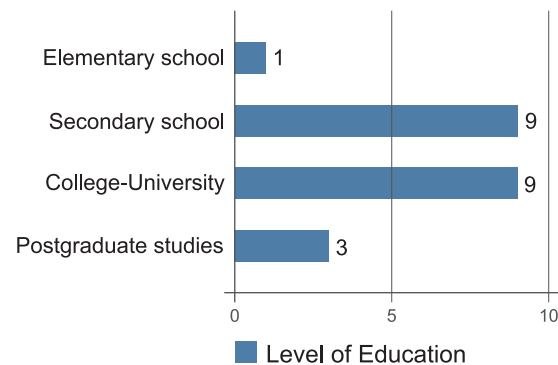
Graphic 12
Gender

As it has identified below, one of them is primary school graduate, nine of them are secondary school graduate, 9 of them are college and university graduate and 3 of them are post graduate studies (Graphic 13: Level of Education)
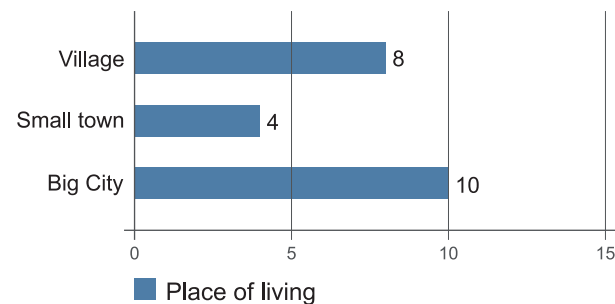
Graphic 13
Level of Education

Level of Education

- As it has identified below, 8 of the responders are living in the village, 4 of them are living in a small town and the rest are living in a big city. (Graphic 14: Place of living)
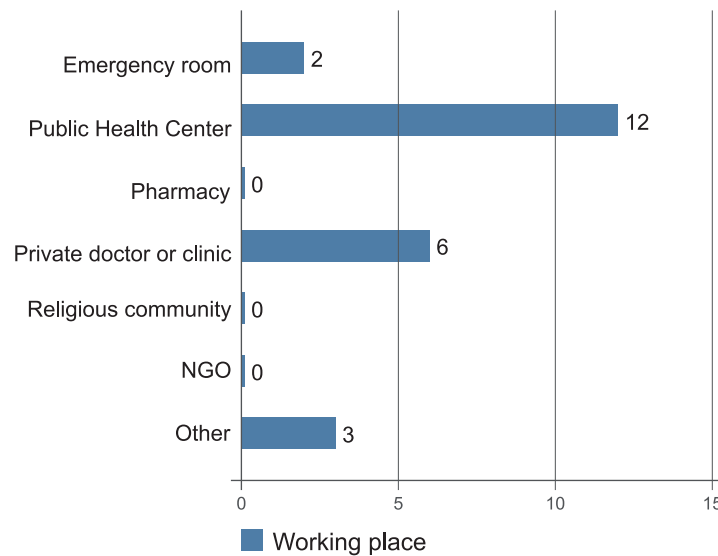
Graphic 14
Place of living

Place of living

- As it has been identified in the diagram, 2 of the responders are working in the emergency room, 12 of them are working in a public health centre, 6 of them are working as private doctor or working in private clinic, 3 of them are working in other health provider institutions. (Graphic 15: Working Place)
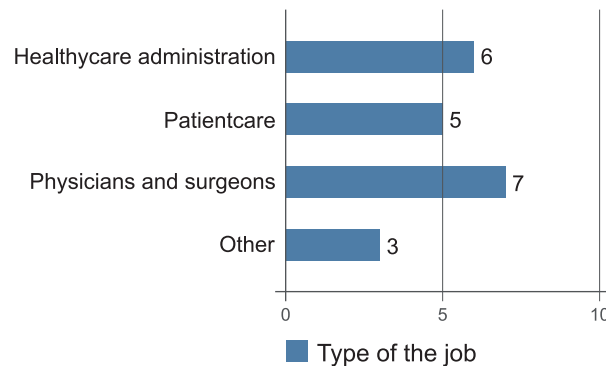
Graphic 15
Working place

- 6 of them are working as healthcare administration, 5 of them are working as patientcare, 7 of them are workings as physicians and surgeons and the rest of the responders are working on different position on this field. (Graphic 16: Type of Job)

Graphic 16
Type of Job

- 12 of them stated that they have encountered some challenges when they provide essential health services to the migrants, the rest of them didn't encounter any difficulty.   8 of them stated that these difficulties are very similar to the ones that are encountered during COVID-19 pandemic, the rest of the responders stated that these difficulties aren't the same with the difficulties that are encountered during the pandemic.

- Most of them state that these actions are essential for a better health service in the host country, recruitment of translators in the health service centres, information on the cultural and social aspe-

cts of migrants to health service providers. (Graphic 17: Information on the framework provided by the World Health Organisation)

Graphic 17
Information on the framework provided by the World Health Organisation

Do you have information on the framework provided by the World Health Organisation
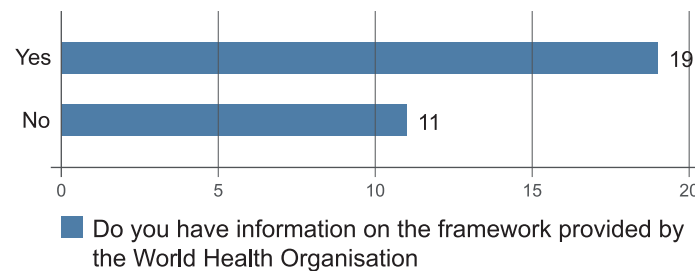
- As it is shown on above, 19 of them have information on the framework provided by the World Health Organisation and 11 of them they don't have information on that.

- Most of them marked high score to evaluate effectiveness of COVID-19 health services in the host country and effectiveness of case investigation and management, and infection control of COVID-19 health services in Austria.

- Most of the responders stated that they pay attention to migrant patient satisfaction and experience in their workplaces and although they have patient feedback mechanism, they don't have negative feedback about effectiveness of the treatment in the workplace.

- 11 of them are thinking that the health system in Austria have been challenged by the overwhelming demands of migrants during the COVID-19 pandemic.

- The responders summarised specific health measures aimed at immigrants during the COVID-19 pandemic in their institutions are for detailed information for migrants and using the visual tools for creating a better understanding.

- Most of them are aware of the national response plan for COVID-19 pandemic.

- Their suggestions for effective health care for COVID-19 patients, especially the ones having migrant background can be collected consist of hygiene measures, mask, distance, and vaccination.

Graphic 18
Obstacle they face on case investigation and management and infection control of migrants during the COVID-19 pandemic

Do you encounter any obstacle on case investigation and management, and infection control of migrant during the Covid-19 pandemic in Austri
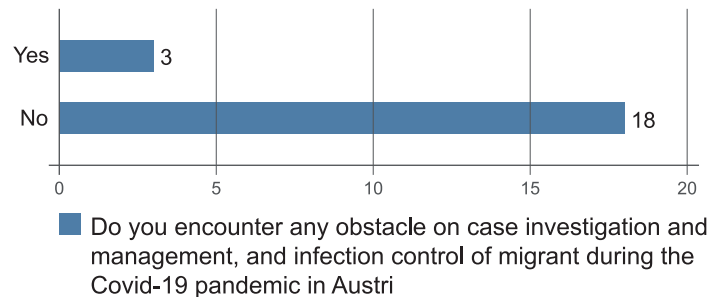
- As it has been shown above on the graphic, 18 of the participants said that they don't have encounter obstacle on case investigation and management, but 3 of them encounter obstacle. (Graphic 18: Obstacle they face on case investigation and management and infection control of migrants during the COVID-19 pandemic)

Conclusion and Recommendations

Although the most important principle of Austrian health policy is to ensure access to high quality health care which is provided equally in a way which is suited to the target group, migrants face some difficulties when they try to access to health care in Austria.

To eliminate challenges that migrants face in health care service during the COVID-19 pandemic in Austria, it requires a set of recommendations.

Firstly, the focus needs to be on creating a health care model providing equal treatment to everyone regardless of their educational, professional, and cultural background, as it happens some discrimination against to the migrants (even it happens uncommonly in Austria) while they are getting treatment on the health care centres.

However, in some cases migrants could count some behaviours against to them when they benefit healthcare delivery, as they can feel triggered easily and be sensitive as they have been exposed to some negative behaviours before. To overcome that staff and workers providing health care to the migrants should be trained on communication issue, which points they need to be careful while they communicate with the migrants during their treatment. In general, knowledge of and access to primary health care providers should be improved to unburden hospitals' emergency units, which also contributes to cost savings.

To support health literacy and self-responsibility of vulnerable groups, especially migrants, it is important to support the transcultural competences of health professionals. This includes understanding the diverse living environments and contexts of patients and adapting professional approaches accordingly.

Moreover, it requires to hear negative experience of migrants and health care providers that occur during the treatment for COVID-19 pandemic and to pay attention to fix them (at least eliminate them as much as possible).

Moreover, national plan on health care should be reviewed to recognize the professional needs of health care providers to equip them with new skills to be able to provide a better treatment to the migrants.

Finally, organisations should adopt some methods that can make contributions to more equitable service for all people in Austria. Mutual understanding and communication on both the demand and the supply side of health care provision should be considered as crucial.

Several policy options could be considered to eliminate all obstacles that occur during treatment [1]

1. NGOs and other instituions working for health of migrants, actors from govermental organisations and decision makers need to be informed on main findings in this study to increase their awareness on the obstacles occuring health services aimed at migrants and stimulate them for more coherensive measures to solve problems on the health sector.

2. Professionals working on the health sector should be trained to equip them with new competences and skills.

3. A digital platform can be created to bring different actors from health sector together to enable them to share the problems they encounter during providing health services aimed at migrants and share good practices coming from implementation of the project in an effective way.

4. Monitor the situation of immigrants and their children regarding health, employment, and education to better identify the issues and the appropriate policy responses.

5. Ensure access of immigrants to testing and treatment for COVID19, to alleviate the disproportionate impact on migrants' health. While many countries have taken efforts to remove such barriers, notably regarding testing, in others reach out needs to be stepped up and remaining financial or legal access barriers removed, especially in countries where testing is still limited.

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[1] https://www.oecd.org/coronavirus/policy-responses/what-is-the-impact-of-the-COVID-19-pandemic-on-immigrants-and-their-children-e7cbb7de/

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