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Assessment of Migrant Health and Health Disparities between Immigrants and Swiss Nationals Living in Switzerland

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SIT Study Abroad

Assessment of Migrant Health and Health Disparities between Immigrants and Swiss Nationals Living in Switzerland

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Statement of Academic Honesty

I, Gabriela Mujica-Martorell, certify that I worked on this Independent Study Project in all honesty, on my own, without the direct or indirect help of anyone.

Name: _____*Gabriela M. Mujica-Martorell*_____ Date: __28/11/2012_____

Abstract

Switzerland is one of the most diverse nations within the OECD and boasts one of the highest net migration rates; it also has one of the highest rated health care systems in the world. Nevertheless, it has been shown that health disparities exist between the Swiss migrant and Swiss national populations: migrants are especially more prone to overweight/obesity, dental health problems, various forms of physical pain, and psychological distress. The purpose of this investigation is to evaluate to what extent certain health conditions are a problem to the immigrant and Swiss national populations. The study also will explore some of the reasons as to why migrants are often at a disadvantage in regards to health and in regards to accessing health care in Switzerland.

Both primary and secondary research was conducted for this investigation. Primary research consisted of providing a brief questionnaire to various experts and stakeholders within Switzerland, whereas secondary research consisted mainly of a literature review of a number of websites, statistics, and especially, several peer-reviewed journal articles. Results from both research approaches were then combined to produce an overall health assessment of migrants living in Switzerland.

Introduction

Among the countries of the OECD, Switzerland is characterized by a remarkably diverse and heterogeneous population. In 2000, it was estimated that around 20.5% of the permanent population were foreigners (OFSP 2007); in the canton of Geneva alone, which includes a very international city and serves as a center for world diplomacy, about 39.4% of the population are foreigners; in the nearby canton of Vaud, 31.6% are foreigners (Swiss Federal Statistics Office 2012). Swiss immigrants originate from several regions around the world with the majority (85%) coming from other countries in Europe, especially the countries immediately surrounding Switzerland and the Balkans (OFSP 2007). The following table taken from an OECD report on migration displays data on the ten main immigrant nations of origin:

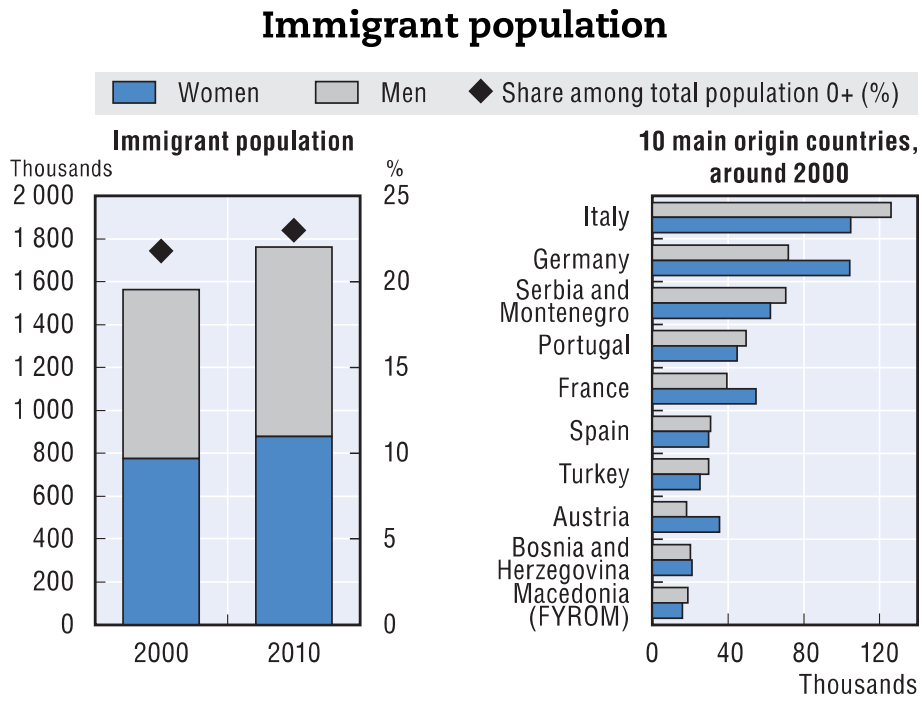


Figure 1: OECD 2012

In addition to diversity in nationality, age, ethnic origin, and language, Switzerland's migrant population is also characterized by various levels of socioeconomic statuses and residency status. One study predicts that out of the 1.6 million foreigners living in Switzerland, between 200,000 and 300,000 are illegal immigrants (Depallens 2012); a rough estimate since statistics becomes difficult to find for people with this status.

Usually, people residing in a country without documents or afflicted by poverty are more prone to a generally lower quality of health as well as limited access to health care. Since migrant health is such an important aspect of a nation's public health system, this investigation's purpose is to identify the main health disparities that exist between Swiss nationals and Swiss immigrants living in Switzerland and to assess to what degree equity in health is achievable for both these two populations. The table below shows fifteen Swiss cantons, their immigrant populations and proportions, and the number of incidences per 100,000 population of tobacco use, alcohol use, physical activity, and physical difficulties, respectively:

Swiss canton	population résidante permanente	proportion foreign (%) [migrant]	tabac 2007	alcool 2007	activité physique 2007	troubles physiques 2007
Genève/Genf	460,534	39.4	23.0	6.6	36.3	27.2
Vaud/Waadt	725,944	31.6	21.1	7.8	33.2	26.6
Tessin/Ticino	336,943	26.2	23.4	7.3	30.8	26.0
Zurich/Zürich	1,392,396	24.6	22.7	4.4	41.9	25.0
Neuchâtel/Neuenburg	173,183	23.4	22.4	7.1	37.7	25.6
Argovie/Aargau	618,298	22.3	19.9	4.2	44.5	23.0
Valais/Wallis	317,022	21.2	22.9	7.0	38.7	26.4
Frigbourg/Fribourg/Freiburg	284,668	19.1	20.3	4.6	39.6	22.6
Schwytz/Schwyz	147,904	18.9	23.7	5.0	39.5	23.9
Lucerne/Luzern	381,966	16.8	19.1	5.3	43.9	22.7
Berne/Bern	985,046	13.7	20.2	4.3	44.4	23.1
Jura	70,542	12.7	24.9	4.4	36.4	28.4
Appenzell Rhodes-Extérieures/Ausserrhoden	15,743	10.1	18.5	2.6	50.3	22.8
Uri	35,382	9.8	18.5	4.2	43.7	20.6

Table 1: Swiss Federal Statistics Office 2012

For this investigation, it is hypothesized that due to the difficulties that arise from the process of migration as well as other factors including socioeconomic status, language barriers, and limited access to health care due to undocumented status (when applicable), it is probable that migrants in Switzerland generally suffer more frequently from chronic conditions and other health problems than do their Swiss counterparts.

Methodology

To investigate this specific topic, a double-approach research method was used to gather as much comprehensive data as possible. The first method consisted of secondary research in which several peer-reviewed publications relating to the topic of immigrant health in Switzerland were selected and analyzed in order to construct a literature review. Nine articles from the database PubMed were found, and these included clinical studies, cross-sectional studies, and previous literature reviews carried out by experts as well as international agencies. Two articles were actually found that were written by the same author and relating to the same subject, namely, cardiovascular risk factors (Marques-Vidal 2012, a) & (Marques-Vidal 2012, b). Additional resources for this investigation included one book found in the United Nations Library (Falge 2012), the IOM website (IOM 2012), the OECD Report of migrants in Switzerland (OECD 2012), and detailed vital statistics from the Swiss Federal Statistics Office that provided information for each canton.

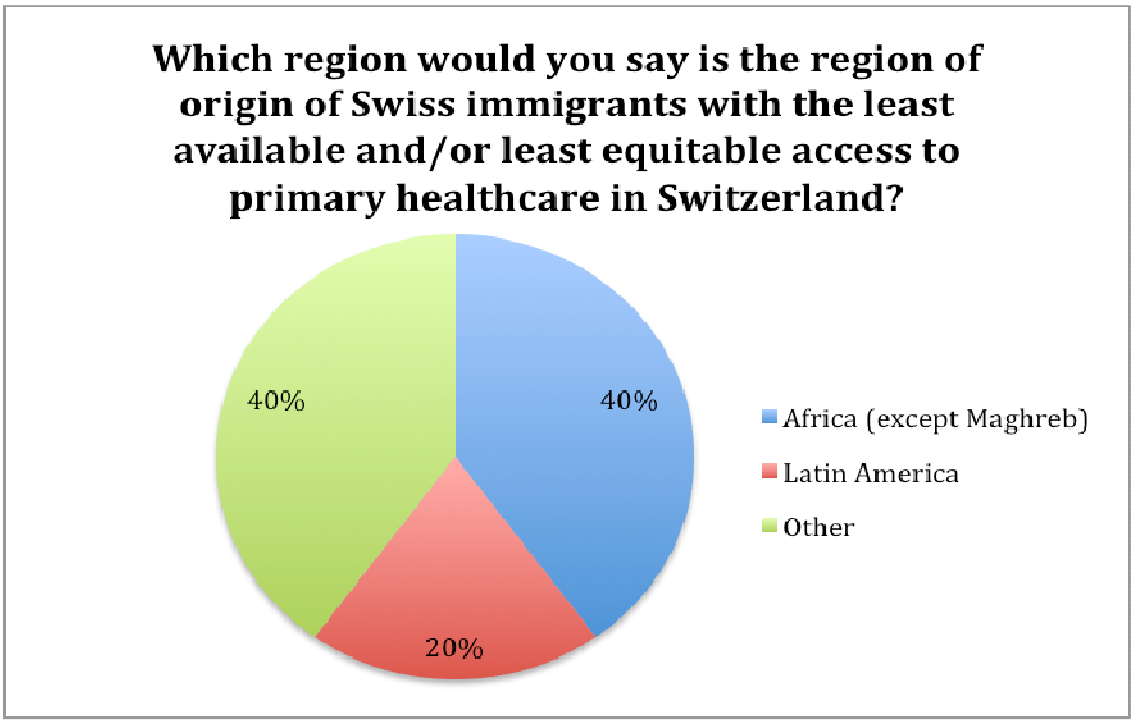
The second approach consisted of conducting primary research by means of a six-question survey made available through the free Internet survey program, Survey Monkey. The purpose behind this questionnaire was to support the quantitative data and literature with expertly opinions that ideally would represent six different kinds of perspectives who somehow have an interest in the topic: 1) governmental; 2) NGOs; 3) international agencies; 4) academic; 5) public health; and 6) the migrants themselves. A total of twenty-two e-mails were sent to the IOM, a WHO representative, the non-governmental Swiss organization Camarada, the Red Cross chapter in Geneva, the United Nations Research Institute for Social Development (UNRISD), and most of the authors whose journal articles were reviewed for the first part of the research, since several of them worked for international organizations or for academic institutions, most notably the University of Neuchâtel. Though the original idea was to directly interview three to five experts in the field, a survey method was used instead due to time constraints and also in order to obtain the highest possible number of positive response from people who otherwise have high demand on their time. The questions chosen for the survey consisted of four multiple-choice questions and two free-response questions where the participant could share his or her own knowledge as well as talk about actions taken by their representative organizations to address the issue of inequalities in

health. The survey was designed after much of the existing literature was read so as to ask the most relevant questions. An English and French version of the same questionnaire were provided for the convenience of the participants. To read the full questionnaire, see the Appendix below.

Results

Of the twenty-three e-mail requests that were sent to individuals and organizations, only five responded and answered the questionnaire, thus reflecting a participation rate of about 21%. These results were nevertheless analyzed to assess expertly opinions and judgments on some of the most relevant questions dealing with migration and health in Switzerland. To respect the anonymity of the survey respondents and prevent any association of their responses to their names, they will be only cited as "participant" in the following results, but the full citations may be found at the end of the References section. The following two pie charts demonstrate the nature of responses to Questions 1 and 4 of the survey, respectively.

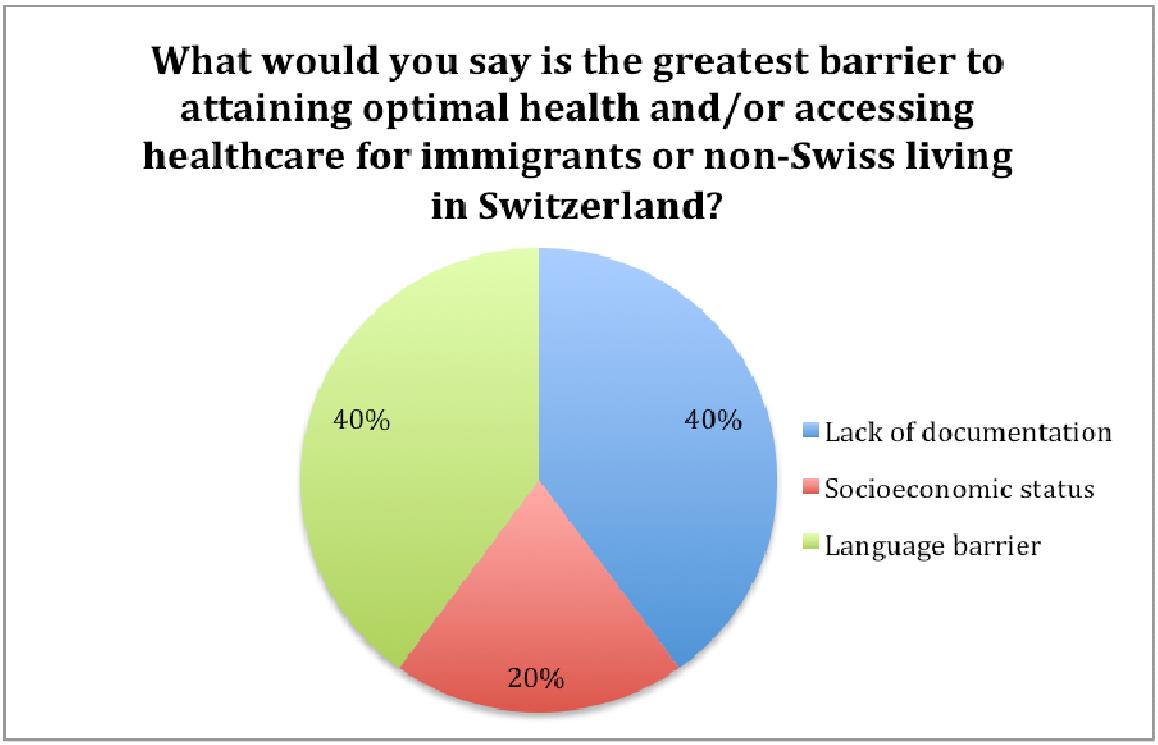
Figure 2 (Question 1):



For the participants who indicated "Other," for Question 1, these were their responses (note that the second one is a translation from the French):

- "Least available, the answer is people without papers (except in Geneva, we have UMSCO)" (participant, survey, November 2012)
- "Migrants who are 'rejected' or NEM ('non entrée en matières'); that is to say, by virtue of their status and regardless of their origin" (participant, survey, November 2012)

Figure 3 (Question 4):



All of the respondents indicated one of these three choices as the answer to this question; no one selected the other choices on the list of seven.

Questions 2 and 3 inquired the participant to choose the top three health concerns for immigrants and Swiss nationals in Switzerland, respectively, out of a list of the most important modern public health concerns found in the literature. The following tables show the survey results for these questions:

Table 2: Top health concerns for immigrants in Switzerland (Question 2)

Condition	Frequency	Number
Infectious diseases	I	1
Heart disease	I	1
Respiratory disease	I	1
Diabetes	I	1
Cancer		0
Overweight/obesity	II	2
Dental health	I	1
Accidents and injuries	I	1
Psychological and mental health	IIII	4
Other	II	2

For the above question, two respondents listed three answers (which is what the question actually asked), two respondents listed only two, and one respondent listed four. The "other" responses are elaborated as follows:

- "Osteo-articular problems and function incapacities" (participant, survey, Nov 2012)
- "Digestive diseases (constipation, ulcers); gynecological problems in regards to mental health" (participant, survey, Nov 2012)

The second response above is translated from French and only applies for a clientele consisting of immigrant women.

Table 3: Top health concerns for Swiss nationals in Switzerland (Question 3)

Condition	Frequency	Number
Infectious diseases		0
Heart disease	III	3
Respiratory disease	I	1
Diabetes	I	1
Cancer	II	2
Overweight/obesity	I	1
Dental health		0
Accidents and injuries		0
Psychological and mental health	IIII	4
Other		0

For the above question, all respondents except for one listed three answers as indicated by the question. The one respondent who did not answer this question only works with migrants and not with the health of Swiss nationals.

Finally, it is important to mention the responses to the two open-ended questions of the survey. In general, people responded that marginalized groups include immigrants from South America, Spain, and Portugal, who generally arrive without a residency permit, political refugees, asylum seekers, widows, people with a shorter history of immigration in Switzerland and basically anyone who is undocumented or residing illegally in Switzerland (participants, survey, November 2012). One also mentioned that immigrants from Somalia, Nigeria, Syria, Tunisia, and the Balkans often do not possess a residency permit or get denied asylum, and often live in very precarious conditions with limited access to health care. As for the last question, respondents mentioned an outpatient clinic of a university hospital that specifically serves migrants and helps increase their awareness as well as a greater need to promote mental health care. One participant states that political reasons and immigration restriction often puts certain migrants at a very disadvantaged situation; the participant further shares that his or her hospital/organization offers free health care to children without health insurance but are not equipped with enough resources to alleviate migrant parents' psychological distress (participant, survey, November 2012).

Discussion

The survey results above suggest that in the case of migration to Switzerland, the lack of legal documentation is a major factor contributing to the disadvantaged status of immigrants – as a couple of participants have stated, it is really the status more than the nationality that marginalizes certain groups of migrants. Nevertheless, certain nationalities tend to be more often correlated with undocumented status, including Africans and Europeans coming from the states that made up the former Republic of Yugoslavia (OFSP 2007). This finding regarding migration status is supported by a study conducted by the Swedish researcher Carin Björngren Cuadra, in which he administered e-mail questionnaires to 27 "identified experts" representative of the European Union's Member States to ask them about undocumented migrants'

access to health care (Cuadra 2011). To analyze the investigation, Cuadra then categorized “rights to health care” into three groups: less than minimum rights, minimum rights, and more than minimum rights. “Minimum rights” was defined as access to emergency or urgent care. Essentially, he found that 10 EU countries belonged to the first group, 12 to the second, and only 5 to the third category; he thus concluded that “there are 22 Member States whose policies do not conform the right to health specified by the United Nations” (Cuadra 2011).

Other important findings obtained from this investigation’s survey has to do with the health conditions the survey participants judged to be of greatest concern to the Swiss migrant population and Swiss national population. The frequency tally from Table 1 shows that the three health conditions judged to be the most relevant to the Swiss migrant population by all the survey participants are psychological and mental health (four votes), overweight / obesity (two votes), and “other” (two votes). The “other” responses dealt with more specific, physical problems with the joints and digestive system. For the population of Swiss nationals, Table 2 indicates the top three conditions to be psychological and mental health (four votes), heart disease (three votes), and cancer (two votes). It was interesting to see that psychological and mental health was the only condition that overlapped for both study populations as well as the condition that received the most “votes” in both tables.

Some interesting studies within the literature have been found which support the idea that overweight and obesity is prominent in the Swiss migrant population compared to Swiss nationals. Jaeger, for instance, conducted an investigation primarily in the form of a literature review in which she and her colleagues searched articles from three databases – namely, Medline, Embase, and Global Health – that were published after 2000 and that dealt with the subject of migrant health of children ages 18 and under (Jaeger 2012). In the study, Jaeger searched for data on various health categories including infectious disease, obesity, psychological health, dental health, adolescent abortions, neonatology, hospitalization rates, and overall health of migrant children (Jaeger 2012). Her main findings report higher obesity and overweight rates, more prevalent psychological stress and anxiety, and higher hospitalization rates among migrant children (Jaeger 2012). More specifically, she reported that migrants in

Switzerland had twice the odds of being obese compared to their Swiss counterparts (Jaeger 2012).

Another study was conducted by Depallens Villanueva and focused on assessing the overall health of children ages 16 and under without resident permits who consulted the Children's Hospital of Lausanne (HEL) for the first time in the period between August 2003 and March 2006 (Depallens 2010). The study population was based in Lausanne and predominantly Hispanic, with 87% of the children who met the research criteria originating from Latin America. Additionally, 89% of the study population lived under "precarious conditions" with a family income of less than 3100 Swiss francs (CHF) a month. After the children underwent a first medical consultation and then a follow-up consultation approximately a year later, Depallens reported that "most of them were in good health and the others were affected illnesses similar to those found in other children of the same age" (Depallens 2010). Her one shocking finding, however, was the fact that at least 13% of the children aged 2 to 16 years were obese, and 27% overweight (Depallens 2010). This statistic stood out in her study as the one negative health condition affecting this population, and she furthermore reports that "[other] studies in Switzerland have shown a higher percentage of overweight in immigrant children" (Depallens 2010).

Other health conditions that particularly affect immigrants living in Switzerland are more miscellaneous in nature and rather different from the main categories as listed in Question 4 of the survey (see Appendix). For instance, both the survey and literature reveal that the dental health of migrant populations is quite concerning. One participant reported it as an immigrant health concern on the survey, whereas in the literature, Jaeger found that "about 38.5-65.5% of Albanian and [former] Yugoslavian children have been reported to be affected by caries," a dental problem involving decaying and crumbling of teeth that only affects about 7.5-15.0% of these children's Swiss counterparts (Jaeger 2012). A report by the OFSP confirms this finding, adding that dental and skin problems are more prevalent among the children of asylum seekers (OFSP 2007). Immigrants are also more prone to suffer age-related diseases such as rheumatisms as well as chronic back pain since such conditions usually arise from strenuous physical exertion: in Switzerland, foreign workers are overrepresented in the

secondary professional sector, which consists of factory and industry-related jobs that require such labor (OFSP 2007). These problems are often accompanied by emotional and psychological distress (OFSP 2007).

Regarding more chronic conditions, Pedro Marques-Vidal and several of his colleagues have conducted two investigations focusing on cardiovascular risk factors (CVRFs): the first study compares CVRF prevalence and management across seven distinct regions of Switzerland (Marques-Vidal 2012, a), whereas the second study compares CVRF prevalence between Swiss immigrants and Swiss nationals (Marques-Vidal 2012, b). His main results from the first study include finding "no significant differences between regions regarding prevalence of obesity or current smoking," no differences in hypertension screening and prevalence, more screening for high cholesterol in the French and Italian-speaking regions, and higher screening for diabetes in Ticino, the Italian-speaking region (Marques-Vidal 2012, a). His second study provides more information relevant to migrant health. In this investigation, which made use of the Swiss Health Survey and Cohorte Lausannoise database, he found higher prevalence of smoking among Italian, Spanish, Portuguese, and Europeans from the ex-Yugoslavian states; less hypertension among immigrants, and similar prevalence of dyslipidemia between immigrants and Swiss nationals (Marques-Vidal 2012, b). However, many of these differences disappeared after multivariate adjusting for various factors (Marques-Vidal 2012, b). Although both of Marques-Vidal studies were very meticulously carried out and employed various statistical methods and tests, the frequent need to adjust for variables implies that differences in CVRF prevalence among these groups are predominantly due to "disparities in age, leisure-time physical activity, being overweight/obese, and education" (Marques-Vidal 2012, b), which were precisely the main variables the researchers needed to account for.

Outside of the health conditions discussed in the survey, it also serves to look at some of the core public health indicators when assessing inequalities between two study populations. One study conducted by Bollini assessed the trends in maternal mortality in Switzerland during the period 1969-2006 between Swiss women and immigrant women (Bollini 2011). For this study, however, she mainly focused on Italian, Spanish, and Turkish women. In the thirty-seven-year long time span, a total of 279

maternal deaths were registered, 204 of Swiss women and 75 of migrant women. She furthermore found that “Italian, Spanish, and Turkish nationality accounted for more than 60% of the deaths of foreign mothers (30,11, and 6, respectively) throughout the whole period” (Bollini 2011). For the current time period, 2000-2006, she found the maternal mortality rate (MMR) of Swiss women to be as low as 2.9 per 100,000 live births, whereas for Italian, Spanish, and Turkish women, the MMR was four times higher at 12.7 deaths per 100,000 live births (Bollini 2011). Bollini concluded by concurring with previous studies on the fact that “maternal mortality is higher for foreign nationals than for Swiss women” (Bollini 2011); she attributed this partly to the fact that language barriers and lack of knowledge of the Swiss health system bar women from accessing prenatal care in a timely manner.

Conclusion

After reviewing the survey results and the extensive literature that has been written on the subject of migrant health in Switzerland, it becomes quite clear that despite Switzerland’s characteristic high quality of care and highly rated health care system, inequalities do exist between Swiss migrants and Swiss nationals, with the migrants usually being at a disadvantage. This therefore supports the hypothesis made at the beginning of this investigation. However, keeping in mind the heterogeneous, multivariable nature of Switzerland’s foreigners, it is much more accurate to say that certain groups within the overall migrant population in Switzerland usually suffer from specific health conditions as well as have very limited access to healthcare. Asylum seekers and undocumented migrants are almost universally claimed to be the most marginalized group within the non-Swiss population. Because this topic is so broad and incredibly diverse, it becomes difficult to make absolute conclusions using the data from all studies combined; specifying on a certain age group, ethnicity/nationality, or category of migrants (such as documented vs. undocumented) would probably have made the research more definite. Nevertheless, various sources have found obesity, dental problems, chronic physical pain, and, especially, mental and psychological distress to be noticeably more prevalent among migrants than nationals living in Switzerland.

Although changing immigration policies and/or loosening immigration restriction would take time and may be difficult to apply, other strategies can still be implemented to reduce some of these inequalities and ameliorate the health condition of migrants. First of all, more emphasis should be placed on educating migrants on how to use the Swiss health system, since it is usually their lack of knowledge that leads to delays in seeking medical attention as well as frequent visits to emergency care as opposed to preventive services (Falge 2012). Bollini's study on trends in maternal mortality is a good example of why it is sometimes crucial to have early access to care. Despite the fact that Switzerland's 1996 health care law – popularly known as LaMAL – requires universal health insurance coverage, undocumented migrants are often excluded. This leads into a second strategy, which would consist of installing certain hospitals or health care clinics targeted specifically towards disadvantaged migrant populations and offering free care (participant, survey, November 2012). An example of this is mentioned in Depallens' article, for the Children's Hospital of Lausanne not only provided medical assessments for the children and arrange a follow-up consultation with them, but they also assisted the children's parents in filing an application for social security (Depallens 2012). As a result, "45% of the children had a health insurance in the year following their first consultation at the HEL" (Depallens 2012). Finally, one essential strategy that must not be overlooked when dealing with this topic is the importance of training medical professionals and institutions to use more than one language as well as increase intercultural knowledge (OFSP 2007). Although Switzerland has four official languages – German, French, Italian, and Romansch - language barrier has frequently been reported by survey respondents and by literature as a major obstacle to obtaining optimal health care. Institutions such as the Red Cross's Centre d'intégration culturelle and NGOs do exist to assist immigrants with language, but nevertheless, there is a great need to provide medical information in the client's language as well as improve the quality and quantity of interpreter consultation services in healthcare facilities throughout Switzerland.

Appendix

A) Work Study Journal:

• Saturday, 25 August 2012:

This is the first weekend in the SIT Study Abroad program. We have just had our first lecture on the Independent Study Project and have been introduced to the "funneling method" to come up with a feasible research question. Today, I reread the ISP Proposal I have written back in February for my Study Abroad application and still feel intent on investigating Migrant Health in Switzerland. I also mention in my application proposal that I hope to take advantage of the various international organizations situated in Geneva and hopefully, obtain an internship at the Red Cross or the World Health Organization. Though this might be difficult since I am only staying for three months, I still want to explore the possibilities.

I completed my first assignment for SIT today in which we are supposed to name at least three ISP general topics and come up with at least two specific research questions. The questions I came up with were: 1) What is the nature and magnitude of health disparities in chronic conditions between Swiss citizens and foreigners in Switzerland? and 2) How does food sustainability affect childhood nutrition in Switzerland and the US? Considering that this was only the initial phase of the program, I wanted to brainstorm health topics that I knew I would enjoy investigating; food security, nutrition, and obesity are public health topics I am also interested in.

• Thursday, 30 August 2012:

Today we had a lecture from Mrs. Karima Brakna, a psychologist, on refugee mental health. The lecture included an interactive demonstration in which one person play-acted a social worker while Mrs. Brakna pretended to be a frustrated Libyan refugee. This left an impression on me and increased my interest in migrant health since I began to realize how complex integration could truly be.

Later on, I also had my first session of office hours with the program Academic Director, Dr. Christian Viladent. I shared my assignment with him and explained that I am mostly

interested in exploring the vast, diverse migrant population in Switzerland and assess health disparities that might exist between them and Swiss nationals, preferably disparities that deal with chronic conditions. Dr. Viladent presented me with three potential resources: 1) UMSCO (Unité mobile de soins communitaires); located in Geneva 2) Fleur de Pavé, located in Lausanne; and 3) Jardin de Cocagne, located in the outskirts of Geneva. The first two could help me with the migrant health topic, whereas the latter deals with food sustainability, which was the topic of the second potential research question I wrote for my assignment.
Dr. Viladent gave me a brief overview of each of the organizations and offered to provide their contact information and websites. UMSCO appeared to be the most relevant by far, since it specifically helps migrants, sex workers, and other people living in precarious conditions. At the end of the session, Dr. Viladent told me that I could find literature and resources in the United Nations Library, SIT office, electronic databases, and the Library of l'Hôpital Universitaire de Genève (HUG). I was informed that the due date for the ISP Justification assignment is September 15th.

• Wednesday, 5 September 2012:
This afternoon we visited the United Nations Library and United Nations Palace in Geneva. It appears that I can find countless resources on my topic here and plan to return to conduct research.

• Monday, 10 September 2012:
The due date for the ISP Justification has been rescheduled for next Saturday.

• Monday, 17 September 2012:
Today the students went to various locations to conduct the second Field Study project. I visited the Croix-rouge genevoise (Red Cross) and was intrigued by the services this organization provides for migrants in Geneva. I especially enjoyed visiting the Centre d'intégration culturelle, a vast multilingual library where one may find books written in over 200 languages and where migrants may take French classes and other cultural

classes to help them integrate into Swiss society. Being fluent in English, Spanish, and French, I considered volunteering here.

• Friday, 21 September 2012:
I wrote and submitted my ISP Subject and Justification assignment. In this document, I confirm that I want to focus on migrant health and health disparities for my ISP and justify this choice by mentioning that Switzerland has a very prominent immigrant population. I additionally feel that the topic of migrant health may be easily overlooked despite the fact that is a crucial component of a developed nation's public health system. I state that I plan to conduct my research by working with UMSCO and the HUG and by obtaining vital public health statistics for the Swiss cantons. Afterwards, I planned to randomly select adults representative of "Swiss citizens" and "Swiss immigrants" and interview them on the quality of their health and their primary care. I resolve that focusing on only two cantons – Geneva and Vaud in this case since they are the nearest – would render the project more feasible.

• Sunday, 30 September 2012:
I received e-mail feedback from Dr. Viladent on my ISP Justification. He asked me to consider whether I want to focus on documented and/or undocumented immigrants and mentions that though selecting one or two chronic pathologies to investigate specifically is an interesting approach, data may be limited in this respect. He also advises me that it will probably be difficult to interview many migrants and that instead, interviewing a few experts, such as healthcare providers, might be a better alternative. I therefore reconsider the approach I plan to take to conduct my research and decide that I want to base my project on mostly secondary data and statistics that will be supported by three to five interviews with experts in the field.

• Wednesday, 10 October 2012:
I find some journal articles by searching PubMed that could be potentially useful for writing my Literature Review due on November 4th. One article by F.N. Jaeger discusses health in migrant children in Switzerland; another is a health assessment of

mostly Latino children consulting the Children's Hospital of Lausanne; and another deals with the prevalence of cardiovascular risk factors across seven regions of Switzerland. I begin to read these and take notes.

• Wednesday, 31 October 2012:

I find five additional journal articles relevant to my topic, including a comprehensive literature review written by Alberto Holly and Mohamed Benkassmi. I begin to read these as well and continue building my SIT Literature Review.

• Thursday, 1 November 2012:

The ISP period has officially begun on October 29th. Today, I had my office hours with Dr. Viladent at 10:30 am; during our discussion, I share with him the various resources I have already found and seek his advice regarding my updated research method. Once again, he brings up UMSCO as a good organization to contact while advising me at the same time that it is only French-speaking and may be difficult to approach. He mentions another organization, Camarada, which is located in Geneva and focuses exclusively in helping migrant women by engaging them in activities such as craftwork and cooking. We mutually agreed that it would be more prudent to conduct interviews with a few experts rather than with many immigrants directly; Dr. Viladent also encouraged me to try to e-mail the authors of the articles I have read.

• Sunday, 4 November 2012:

I submitted my Literature Review, in which I mainly discuss the findings of Drs. Depallens Villanueva, Cuadra, Marques-Vidal, Jaeger, and Holly and Benkassmi.

• Wednesday, 7 November 2012:

To my surprise, I find another very recent paper published by Dr. Pedro Marques-Vidal that serves as a follow-up study to the previous one I read for the Literature Review; in the second one, he assesses the prevalence of cardiovascular risk factors between Swiss immigrants and Swiss nationals. I come across another very interesting paper on maternal mortality between Swiss immigrants and nationals.

• November 15 & 16 and Week of Nov. 19-23:
I visit the UN Library every weekday to conduct research; I also find a book, *Migrants and Health,* which will prove to be very useful regarding the barriers that prevent migrants from accessing healthcare.

• Monday, 19 November 2012:
I decide to slightly alter my project design once more by choosing to obtain expert opinions by means of a questionnaire accessible through Survey Monkey rather than a face-to-face interview. This would save time spent on making arrangements to see each other in person and would also be more likely to acquire a higher response rate. The questions may be seen below: an English version and a French written were provided for the respondents' convenience. Eleven e-mails were sent to the authors of several articles as well as the UNRISD.

• Tuesday, 20 November 2012:
Twelve more e-mails were sent to contacts, including Camarada, the WHO, and the Red Cross. I also received two survey responses, one of them from Dr. Depallens Villanueva.

• Friday, 23 November 2012:
I received two more survey responses, including from a Camarada representative.

• Sunday, 25 November 2012:
I received a survey response from Dr. Peter Vollenweider, a journal author.

B) Survey Monkey Questionnaire:

The following questionnaire was administered to various experts and organizations on the topic of migrant health in Switzerland:

1. From the following, which one would you say is the region of origin of Swiss immigrants with the least available and/or least equitable access to primary healthcare in Switzerland?

a. Countries immediately surrounding Switzerland (France, Germany, and Italy)
b. Other European countries
c. Latin America (includes South America, Central America, and the Caribbean)
d. The Middle East & North Africa
e. Other African countries (not including Maghreb/North Africa)
f. Asia
g. Other: _____

2. Which of the following conditions would you say are the three most prevalent health problems among the population of immigrants/foreigners in Switzerland?

a. Infectious diseases
b. Heart disease
c. Respiratory diseases
d. Diabetes
e. Cancer
f. Overweight/obesity
g. Dental health
h. Accidents and injuries
i. Psychological and mental health
j. Other: _____

3. Which of the following conditions would you say are the three most prevalent health problems among the population of Swiss nationals in Switzerland?

a. Infectious diseases
b. Heart disease
c. Respiratory diseases
d. Diabetes
e. Cancer
f. Overweight/obesity
g. Dental health
h. Accidents and injuries
i. Psychological and mental health
j. Other: _____

4. What would you say is the greatest barrier to attaining optimal health and /or accessing healthcare for immigrants/non-Swiss living in Switzerland?

a. Socioeconomic status (e.g. inability to afford healthcare)
b. Lack of documentation or a residency permit
c. Poor housing, living conditions, and/or sanitation
d. Distance from hospital, clinics, or other healthcare facilities
e. Harmful practices or unhealthy lifestyle
f. Language barrier
g. Other: _____

5. Categorizing regions of the world as in Question #1, do you believe there are certain groups of immigrants in Switzerland who are more marginalized than others, in regards to health? Briefly explain.

6. What are some ways in which health inequalities between Swiss nationals and immigrants may be reduced? In particular (and if applicable), what does your organization do to assist immigrants and address this issue of inequality?

The English survey is accessible through http://www.surveymonkey.com/s/VP3W382. The French version may be accessed via http://www.surveymonkey.com/s/73HSD6R.

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Survey participants:

A. Stuckelberger, survey, 23 November 2012.

Camarada representative, survey, 23 November 2012.

P. Vollenweider, survey, 25 November 2012.

S. Depallens Villanueva, survey, 19 November 2012.

Unidentified participant, survey, 19 November 2012.