Healthcare system information at language schools for newly arrived immigrants: A pertinent setting in times of austerity

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Abstract
Objective: In most European countries, immigrants do not systematically learn about the host countries’ healthcare system when arriving. This study investigated how newly arrived immigrants perceived the information they received about the Danish healthcare system.
Method: Immigrants attending a language school in Copenhagen in 2012 received either a course or written information on the Danish healthcare system and subsequently evaluated this quantitatively.
Results: The evaluation revealed a positive appraisal of the course/information provided.
Conclusion: In times of austerity, incorporating healthcare information into an already existing language programme may be pertinent for providing immigrants with knowledge on the healthcare system.

Keywords
Denmark, equity, healthcare, immigrants, information

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Introduction

In Denmark and other European countries, newly arrived immigrants are often offered introductory courses to learn about the particular society and language. Danish municipalities provide a free programme for newly arrived immigrants, funded by taxes and aiming to support them in acquiring linguistic, cultural and professional skills to participate in society on equal terms with other Danish citizens (Integrationsloven, 2014). As a result of political decisions, knowledge on culture and social conditions in Denmark – including an introduction to the Danish labour market, educational system and democracy – is central in the programme. However, the introductory programme does not include information on the Danish healthcare system. This may be problematic since newly arrived immigrants rarely know about the healthcare system in the host country and how to navigate it; thus, they may use more of costly emergency care services (Babar et al., 2012; Flores, 2006; Nielsen et al., 2012; Norredam et al., 2004). The situation may furthermore be problematic since non-Western immigrants often have a higher need for healthcare services due to higher morbidity rates, including higher incidences of chronic diseases, infectious diseases and mental health disorders compared with ethnic Danes (Cantor-Graae and Pedersen, 2013; Kristensen et al., 2007; Singhammer, 2008).

In Europe, immigrants make up a growing share of the population, and in 2013, approximately 72 million people were immigrants (United Nations [UN] Department of Economic and Social Affairs, 2013). The right to health for all citizens is a political concern in the European Union (EU) (Illingworth and Parmet, 2015), and in 2007, the EU Council Ministers called for action to improve immigrants’ health, including access to healthcare (Mladowsky et al., 2012). Equity in access to healthcare and easy access to information on the healthcare system are furthermore some of the fundamental values in the Danish healthcare system (Danish Ministry for Health and Prevention, 2005). Scholars such as Rechel et al. (2013) recommend that to make healthcare services more accessible and inclusive for immigrants and other vulnerable groups, it is important to provide them with information about the healthcare system and routes into it (Rechel et al., 2013). In a time of austerity, it is important to identify settings in which it is possible to provide information about equality of access to healthcare at a relatively low cost. Interventions that use existing structures may be more successful and sustainable in this context (Talbot and Verrinder, 2010).

We conducted an intervention study providing newly arrived immigrants with knowledge on the healthcare system as part of their language school programme. The underlying assumption of the study was that knowledge on the healthcare system will lead to more appropriate healthcare-seeking behaviour, higher satisfaction with the Danish healthcare system and, thus, better health outcomes. The objective of the present study was to investigate how newly arrived immigrants perceived the information they received about the Danish healthcare system at a language school and whether they found it useful. The information provided will contribute to a better understanding of a forthcoming study’s results regarding the effects of the intervention on immigrants’ healthcare-seeking behaviour, satisfaction and health outcomes.

Methods

The study design employed a quantitative process evaluation of an intervention providing newly arrived adult (aged 18–64) immigrants information on the Danish healthcare system. The intervention was implemented as part of a programme at a language school in the Copenhagen area in 2012. To fulfil the criterion of being ‘newly arrived’, only immigrants holding a Danish residence permit for a maximum of five years were included. The most represented countries of origin among the students at the language school where the intervention took place were Pakistan (13.8%), Turkey (10.7%) and Poland (8.4%). Reasons for immigration among the participants

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were family reunification (approximately 52%), work or study (approximately 35%), asylum (approximately 20%) and other reasons (approximately 13%). Prior to the intervention, the language school management and the language school teachers reviewed and approved the project, including the materials and questionnaire used.

The sampling method involved all students at the language school except for those who were preparing for their final Danish language exam and students without any basic Danish language competency, since they would not be able to answer the questionnaire. At a class level, the participants were randomly divided into one of the two intervention groups. Intervention group 1 received a course comprised of information on the organisation of the Danish healthcare system, the type of providers, how and when to access the providers, access to interpreters and the culture in the healthcare system, including doctor–patient relationships. The course consisted of 12 hours of Danish language sessions, based on dialogue and interactive participation, and was taught by professional language teachers, who received training and supervision to standardise the sessions. The course also included a visit from a general practitioner to discuss expectations and roles of patients and doctors, as well as the dispensing of medication. Intervention group 1 also received written material, which was composed of a 15-page booklet (approximately eight pages of written text) directed at immigrants. The booklet was published by the National Board of Health but rewritten by language school teachers to make it easier for newly arrived immigrants to understand. It was further translated into the eight most common languages spoken at the language school. The booklet was provided to participants in their mother tongue or in Danish upon their request. As part of completing the overall Danish language course at the language school, participants gained credits from the course on the Danish healthcare system (intervention group 1). Intervention group 2 received written information only. The written information was, to a greater extent, based on facts, whereas the course was more context-dependent and also contained exercises and empirical examples that encouraged discussion.

Two weeks after receiving the written information or after the end of the course, participants were asked to evaluate the healthcare system information by answering a questionnaire containing 10 and 9 items respectively. The questionnaire was distributed by the teacher during a class session and took approximately 5 minutes to answer. Participants were asked whether they found the information they were given important and whether it was useful to them. The questionnaire consisted of simple three point regular scales as well as yes/no/don’t know answer categories. To obtain a high response rate, the participants responded anonymously and were not asked to provide personal background information. Data were analysed using SPSS vs. 22.

Results

Intervention group 1 consisted of 324 participants, and 183 completed the evaluation. Of these, 92% of the participants described finding it important to learn about the Danish healthcare system and 85% found that the course was useful (Table 1). The majority (73%) spoke to their friends and/or family about what they had learned, 85% found that they learned something new, and 47% stated that they would like to learn more. Even though the course was by and large perceived as useful, 22% of the participants found that they had learned too much about the Danish healthcare system.

Intervention group 2 consisted of 254 participants out of whom 132 completed the evaluation. The material was reported to have been read completely or almost completely by 43% of the participants and 47% stated that they had only read part of the information material. The remaining 10% did not read the material. The evaluation showed that 80% felt that it was important to learn about the Danish healthcare system. The material was regarded as useful by 61% of the participants.

A larger proportion of those receiving the course (85%) (Intervention group 1) rated it as useful compared with those receiving the written information only (61%) (Intervention group 2)
Furthermore, 54% talked to their family and/or friends about it, and 63% stated that they had learned something new. The information material was provided to 45% of the participants in Danish, 31% in their mother tongue and 22% in a different language than Danish or their mother tongue. Participants felt that they understood more of the information when receiving the material in Danish or in their mother tongue (p-value < .002).

Discussion

In general, participants found the course and the written material on the Danish healthcare system to be important and useful; the greatest proportion reporting this was among immigrants receiving the course. This overall positive evaluation is augmented by the fact that participants disseminated the information to their family and friends. The positive attitude towards the written information and the course indicates that the participants perceived a need and interest in learning about the healthcare system.

Strengths of the study include the fact that the newly arrived immigrants themselves evaluated the intervention. Due to methodological problems and low response rate, immigrants are often excluded in evaluations. Furthermore, the short and simple questionnaire was handed out by the language teachers in the class and, based on teachers’ reports, this ensured that almost all participants that were present on the day of the evaluation had the opportunity to answer the questionnaire.

Limitations of the study include the fact that the evaluation could have been executed more systematically. Information on attendance rates throughout the study is limited and it is unknown how many participants were present on the day of the evaluation. Furthermore, the questionnaires lacked background information about the participants, which could have been useful for determining the most suitable target groups. Since the study did not include a comparison setting, it is not known how information on the Danish healthcare system provided in other settings (e.g. by the general practitioner, in the workplace or through a non-governmental organisation) might have been perceived by the participants. It is furthermore important to take into consideration the fact that quantitative evaluations may fall short in offering a comprehensive understanding of value and effects.

Health policies are needed to improve or secure access to healthcare for immigrants in Europe (Mladowsky et al., 2012; Rechel et al., 2013). Nevertheless, the ongoing economic crisis has

| Table 1. Evaluation of the information on the Danish healthcare system by an intervention group. |
|---------------------------------------------------------------|---------------------------------------------------------------|
| Intervention Group 1*                                        | Intervention Group 2**                                       |
| N = 183                                                       | N = 132                                                       |
| Found the information on the Danish doctors and hospitals to be important | 92%                                                          | 80%                                                          |
| Found the information useful                                 | 85%                                                          | 61%                                                          |
| Talked to family and/or friends about the information         | 73%                                                          | 54%                                                          |
| Learnt something new                                          | 85%                                                          | 63%                                                          |
| Would like to learn more about the Danish healthcare system    | 47%                                                          | Not applicable                                                |

*Intervention group 1 participated in a 12-hour course and received written material about the Danish healthcare system.

**Intervention group 2 received written material about the Danish healthcare system.
resulted in many European social policy/welfare systems struggling to finance themselves. Accordingly, the political context towards immigrants in Europe has been impacted upon and, in many European countries, growing tensions have been observed in regard to human rights versus negative perceptions of immigrants and the costs imposed by immigrants on public finances. This has, in many cases, made it difficult to sustain or strengthen access to healthcare for immigrants (Rechel et al., 2013). This has been seen in, for example, Greece and Spain, where conditions for immigrants have worsened (Kotsioni, 2013) and austerity measures have been introduced, such as the abolition of the universal right to healthcare (Royo-Bordonada et al., 2013). As a result, there is a need for a new class of low cost initiatives with the purpose of pursuing equity in access to healthcare services.

This initial study in Denmark sheds light on one type of such initiative, namely, by providing newly arrived immigrants with information on healthcare services in the host country through existing language programmes. The information can be provided at a relatively low cost and presumably with a positive impact on equity of access to healthcare. The results of the study are context-dependent, however, and their applicability to other countries’ introductory programmes needs further investigation. An ongoing study in Sweden is expanding an already existing introductory course on the Swedish society that has provided newly arrived immigrants with information on the healthcare system. When ready, it will be interesting to relate results from the Swedish study with the present study.

A qualitative study from Norway examining possible challenges faced by immigrants when accessing the primary healthcare system identified various obstacles for adaptation, such as how the immigrants understood the information they received about the healthcare system. This was especially challenging for non-Western immigrants (Goth and Berg, 2011). Accordingly, it is important to implement a culturally sensitive approach when providing information on the healthcare system to newly arrived immigrants, as taken into consideration here in intervention group 1 through a focus on dialogue and discussion in order to make information useful in immigrants’ everyday lives. Further studies are needed however to determine whether providing newly arrived immigrants with information on the Danish healthcare system enhances equal access to healthcare services.

**Conclusion**

Information on the Danish healthcare system as part of the language school programme was to a high extent perceived as important and relevant by newly arrived immigrants. The knowledge obtained by study participants was furthermore shared with family and friends and thereby throughout a larger part of the target population. The positive attitude towards the information provided indicates that participants were motivated to learn about the Danish healthcare system.

Resource constraints in current times of austerity result in a need for creative interventions to support the overall goal of equal access to healthcare for all. Established language schools are likely to act as a pertinent setting for incorporating information on the healthcare system for newly arrived immigrants and, thereby, supporting immigrants’ health and their access to healthcare, which are fundamental elements both of integration and human rights.

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Notes
1. The language school programme is mandatory for immigrants from outside the European Union (EU)
who are granted residence in Denmark because of family reunification or asylum. Other immigrants
have a right to attend the language programme if they work, are receiving education or have residence in
Denmark.
2. See the booklets at the SULIM Research Project webpage: http://sulim.ku.dk/research/wp6/

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