

2017

RAPPORT

SYSTEMATISK LITTERATURSØK MED SORTERING

Tilpasset informasjon og
opplæring for pasienter
med innvandrer- eller
minoritetsbakgrunn

Utgitt av	Folkehelseinstituttet Avdeling for kunnskapsoppsummering
Tittel	Tilpasset informasjon og opplæring for pasienter med innvandrere- eller minoritetsbakgrunn: et systematisk litteratursøk
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Hovedbudskap

Studier internasjonalt har vist at pasienter med innvandrers- eller minoritetsbakgrunn ikke har lik tilgang til helsetjenester som befolkningen forøvrig. Manglende tilgang til tilpasset informasjon og pasientopplæring er én mulig viktig årsak. Formålet med dette notatet er å lage et systematisk litteratursøk med påfølgende sortering av mulig relevante publikasjoner som omtaler effekt av tilpasset informasjon og opplæring av pasienter med innvandrers- eller minoritetsbakgrunn. Vi utarbeidet søkestrategi for et systematisk litteratursøk. Det ble søkt i medisinske databaser etter forskningsstudier og systematiske oversikter. Søket ble utført i februar 2017. To medarbeidere gikk uavhengig av hverandre gjennom de identifiserte referansene og vurderte relevans i forhold til inklusjonskriteriene. Vi sorterte de inkluderte referansene etter design og type tiltak. Vi inkluderte 285 referanser som vi fordelte på de følgende kategorier:

Litteraturoversikter, hvorav

- 18 var om overordnede tema
- 40 om forebyggende informasjon- og opplæringstiltak (primærforebygging)
- 38 om informasjon og opplæringstiltak for pasienter i behandling (sekundærforebygging)

Primærstudier, hvorav

- 25 evaluerte komplekse samfunnsbaserte informasjon og opplæringstiltak
- 119 evaluerte forebyggende informasjon- og opplæringstiltak
- 45 studier som evaluerte informasjon- og opplæringstiltak av pasienter i primærhelsetjenesten

Tittel:

Tilpasset informasjon og opplæring for pasienter med innvandrers- eller minoritetsbakgrunn: et systematisk litteratursøk

Publikasjonstype:

Systematisk litteratursøk med sortering

Et systematisk litteratursøk med sortering er resultatet av å

- søke etter relevant litteratur ifølge en søkestrategi og
- eventuelt sortere denne litteraturen i grupper presentert med referanser og vanligvis sammendrag

Svarer ikke på alt:

- Kun innhenting av referanser, ingen kritisk vurdering av studienes kvalitet
- Ingen analyse eller sammenfatning av studier

Hvem står bak denne publikasjonen?

Folkehelseinstituttet har gjennomført oppdraget etter forespørsel fra Nasjonal kompetanseenhet for migrasjon- og minoritetshelse (NAKMI)

Når ble litteratursøket utført? Søk etter studier ble avsluttet Februar 2017.

Key messages

International studies have shown that patients with immigrant or minority background do not have equal access to health care compared to the general population. Lack of access to tailored information and patient education is one important factor in explaining this inequality. The purpose of this report is to conduct a systematic literature search and provide an overview of the literature evaluating effects of tailored information and patient education for patients with immigrant or minority backgrounds. We designed and carried out a systematic search in relevant databases. The search was finalized in February 2017. Two or more researchers independently reviewed all references for potential inclusion based on explicit criteria. We included 285 references and sorted these into the following categories:

Literature reviews, of which

- 18 were about general topics
- 40 evaluated information and educational interventions for prevention and health promotion (primary prevention)
- 38 evaluated information and educational interventions for patients in primary health care (secondary prevention)

primary studied, of which

- 25 evaluated complex community based information and educational interventions
- 119 evaluated information and educational interventions for prevention and health promotion
- 45 evaluated information and educational interventions for patients in primary health care

Title:
Tailored information and education for patients with immigrant or minority backgrounds: a systematic reference list

Type of publication:
Systematic reference list
A systematic reference list is the result of a search for relevant literature according to a specific search strategy. The references resulting from the search are then grouped and presented with their abstracts.

Doesn't answer everything:
- No critical evaluation of study quality
- No analysis or synthesis of the studies
- No recommendations

Publisher:
Norwegian Knowledge Centre for the Health Services

Updated:
Last search for studies:
February 2017.

Forord

Dette notatet er utarbeidet etter et forslag fra Nasjonalt kompetansesenter for migrasjon- og minoritets-helse (NAKMI) om et systematisk litteratursøk med påfølgende sortering av mulig relevante publikasjoner. Formålet var å finne forskning som har evaluert effekter av til-passet informasjon og opplæring av pasienter med innvandrere- eller minoritetsbakgrunn.

Prosjektgruppen har bestått av:

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Vi vil takke Annhild Mosdøl for innspill og kommentarer i utvikling av prosjektplanen.

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Innledning

Mandat

Dette notatet er utarbeidet etter forslag fra Nasjonalt kompetansesenter for migrasjon- og minoritetshelse (NAKMI) om å utføre et systematisk litteratursøk med påfølgende sortering av mulig relevante publikasjoner. Formålet var å finne forskning som har evaluert effekter av tilpasset informasjon og opplæring av pasienter med innvandrer- eller minoritetsbakgrunn. Funnene fra dette søket er ment å informere utarbeidelse av en full systematisk oversikt på effekter av tilpasning av informasjon og opplæring for pasienter med innvandrer- eller minoritetsbakgrunn på et valgt område.

Mål

Formålet med dette notatet er å lage en sortert liste over systematiske oversikter og primærstudier om effekter av tiltak som, på ulikt vis, tilpasser informasjon og opplæring til pasienter med innvandrer- eller minoritetsbakgrunn.

Bakgrunn

Å tilegne seg helseinformasjon er avgjørende for å kunne fatte informerte helsebeslutninger, og er blant annet avhengig av en persons helsekompetanse («health literacy») (1, 2). Det finnes mange definisjoner på hva slik kompetanse innebærer, men utgangspunktet for de fleste av disse definisjonene er at det forutsetter tilstrekkelige lese- og regneferdigheter, og i mange tilfeller også kjennskap til medisinsk terminologi og faguttrykk (3). Dette er ofte omtalt som funksjonell helsekompetanse («functional or fundamental health literacy») (1). Det er dessuten et mål i dagens helsetjeneste at pasienten skal aktivt involveres i beslutninger om egen helse (4). Dette forutsetter kjennskap til rettigheter til deltakelse samt evne til deltakelse (5). Relevant helsekompetanse omfatter kritisk tenkning og evne til å navigere i helseinformasjonen vi møter i hverdagen, det være seg fra familie og venner, gjennom media eller i helsetjenesten (6). Videre er kjennskap til hvordan helsetjenesten er organisert samt kunnskap om muligheter og

plikter også avgjørende for å dra nytte av tilgjengelige tilbud i helsetjenesten og for å yte god egenomsorg (5, 7).

Det finnes flere litteraturoversikter som har sett på sammenhengen mellom helsekompetanse og relevante utfall. Her konkluderes det med at det å ha lavere helsekompetanse er forbundet med dårligere helse, lavere bruk av forebyggende helsetjenester (som vaksinasjon), feil legemiddelbruk, og uhensiktsmessig bruk av helsetjenester (8, 9).

Pasienter med innvandrer- eller minoritetsbakgrunn og helsekompetanse

Slik det finnes mange definisjoner av helsekompetanse, og hvilke typer av kunnskap og ferdigheter som innlemmes i dette begrepet, finnes det også flere forskjellige verktøy for å måle denne typen ferdigheter i befolkningen (6, 10). De fleste av disse er avgrenset til å måle funksjonell helsekompetanse, selv om noen også måler kritisk tenkning (for eksempel evne til å kritisk vurdere helseinformasjon) og evne til deltakelse (6, 10). Fra internasjonale studier som har benyttet seg av objektive måleinstrument for å måle helsekompetansen i befolkningen som helhet, vet vi at mange har lav helsekompetanse (6, 9). En europeisk studie har også målt egenopplevelse av (altså selvrapportert) helsekompetanse. Her skårer pasienter med innvandrerbakgrunn lavere enn den generelle befolkningen (11). Det er imidlertid viktig å påpeke at ikke alle innvandrer- og minoritetsgrupper har lav helsekompetanse (12).

Begrepene «innvandrer» og «minoritet» defineres forskjellig i ulike land og kontekster. I dette notatet vil vi lene oss på Statistisk sentralbyrås definisjon for innvandrere som lyder slik: «Personer født i utlandet av to utenlandsfødte foreldre. Innvandrere har på et tidspunkt innvandret til Norge»(13). Denne definisjonen er bred og smal på samme tid. Den avgrenser ikke på nasjonalitet og omfatter personer som har oppholdt seg i landet kort og lang tid. Samtidig er den smal i den forstand at den ikke inkluderer barn av personer født i landet av to utenlandsfødte foreldre. Det er flere grunner til å tro at sistnevnte gruppe kan ha mange av de samme utfordringene som sine foreldre. Vi har derfor valgt å inkludere også denne gruppen i vårt notat. For problemstillingen i dette notatet kan også studier som har sett på tilpasning av informasjon og opplæring for nasjonale minoriteter (slik som urbefolkninger) være relevant.

I arbeidet med dette notatet var formålet å søke etter studier internasjonalt. Det vil derfor være naturlig å være åpen for andre definisjoner av begrepene innvandrer og

minoritet enn de som er beskrevet over. Med begrepet minoritet i denne rapporten vil vi forstå det som grupper av mennesker i et land der de selv eller foreldrene har utenlandsk opprinnelse, eller nasjonale minoriteter, som i de identifiserte referansene kjennetegnes av å kunne ha utfordringer knyttet til språk, kjennskap til helsevesenet, samt rettigheter og plikter knyttet til tjenester og medvirkning i det landet de bor i.

Informasjon og undervisning for pasienter med innvandrer- eller minoritetsbakgrunn

Med informasjon menes råd og veiledning formidlet av helsepersonell og andre fagpersoner for å fremme god helse, forebygge sykdom eller for å sikre riktig oppfølging av legemiddelbruk og egenomsorg. Opplæring forstås her som undervisning med intensjon om å framkalle læring hos en annen ved å fremme kunnskap, ferdigheter og holdninger. Slik opplæring kan omfatte informasjon om egen helsetilstand, rett legemiddelbruk og egenomsorg eller for eksempel informasjon om helsetjenester. Informasjonen eller opplæringen kan være individrettet eller gruppebasert (f.eks. gjennom kvinnegrupper eller familiegrupper). Vi vil imidlertid ekskludere folkehelseiltak slik som kampanjer eller systembaserte tiltak. De sistnevnte problemstillingene blir besvart i to systematiske oversikter som utgår fra avdeling for kunnskapsoppsummeringer ved Folkehelseinstituttet (14, 15).

Tilpasning av informasjon og opplæring kan ha mange former, og kan omfatte:

- Språk, slik at informasjonen møter målgruppen på rett funksjonelt nivå (eller bruker pasientens eget språk)
- Format på informasjons- og opplæringsmaterialet (f.eks. farger, grafikk og form)
- Type formidling (f.eks. tekst, lyd og bilde)
- Mengde og intensitet (hvor ofte og hvor mye informasjon/ opplæring blir gitt)
- Kultursensitivitet
- Valg av metode (f.eks. individuell eller gruppebasert undervisning eller f.eks. ulik grad av medvirkning)

Veiledning av helsetjenesten i tilpasning av informasjon og opplæring

Helse- og omsorgstjenestene har generelt liten kunnskap om hva ulike grupper i befolkningen vet og ikke vet om helse og sykdom, og ikke minst hvordan vi bør tilpasse og tilrettelegge helseinformasjon og pasientopplæring til innvandrergrupper (16). Forskning har vist at helsepersonell kan føle seg rådvile og nølende i møte med pasienter

med innvandrere- eller minoritetsbakgrunn (17-19). Dette er forklart med at helsepersonell kan ha stereotypiske oppfatninger om pasienten, en generell uvitenhet, men også frykt for å opptre upassende, for eksempel å bli oppfattet som rasistisk.

Studier internasjonalt har vist at pasienter med innvandrere- eller minoritetsbakgrunn ikke har lik tilgang til helsetjenester som den generelle befolkning, selv når man justerer for sosiodemografiske forskjeller som utdanning og inntekt (18). Statistikk fra Norge peker også på at innvandrere bruker mindre helsetjenester enn resten av befolkning (20, 21). Det er flere mulige forklaringer på dette, slik som helsepersonells kunnskap og andre faktorer i helsetjenesten, men manglende tilgang til tilpasset informasjon og opplæring av pasientene er én mulig årsak (22-25).

Helse- og omsorgstjenestene, som andre offentlige tjenester, har gjennom sin aktivitetsplikt et ansvar for å legge til rette for god kommunikasjon og riktig tilpasset informasjon. I pasientrettighetslovens § 3-5 heter det at "Informasjonen skal være tilpasset mottakerens individuelle forutsetninger, som alder, modenhet, erfaring og kultur- og språkbakgrunn" (4). Dette er dermed en viktig utfordring for helsetjenesten, særlig med tanke på at enkelte innvandreregrupper kan ha særskilt behov for helsetjenester. For eksempel har Rådet for psykisk helse etterlyst et systematisk minoritetsperspektiv i alle ledd av tjenesteapparatet. Forskning har vist at flyktninger har langt høyere sannsynlighet for psykiske lidelser som følge av traume og en sårbar livssituasjon (26, 27). Med tanke på den siste tids økning av flyktninger i Europa og i Norge, har denne problemstillingen fornyet aktualitet (5, 7). Den potensielle nytten av å støtte helsetjenesten i utvikling av nye ressurser for å informere og gi opplæring til pasienter med innvandrere- eller minoritetsbakgrunn er derfor stor.

Metode

Fremgangsmåten i dette notatet var basert på Kunnskapssenterets metoder for publikasjoner betegnet som «søk og sorter» (19). For en detaljert beskrivelse av Kunnskapssenterets arbeidsform henviser vi til vår metodebok (19).

Dette notatet er første fase i et større prosjekt. Basert på funnene fra dette søket vil vi i samarbeid med NAKMI velge ut ett prioritert område der det mangler oppsummert kunnskap om effekter av tilpasning av informasjon og opplæring for pasienter med innvandrer- eller minoritetsbakgrunn. Basert på denne prioriteringen vil vi planlegge og gjennomføre en systematisk oversikt.

Søkestrategi

En bibliotekar (GSH) planla og utførte litteratursøket. En annen bibliotekar fagfellevurderte dette søket. Søket var utarbeidet med tanke på å identifisere alle relevante studier som oppfylte inklusjonskriteriene for populasjon, intervensjon og studiedesign. Vi søkte etter systematiske oversikter i

- Cochrane Library (CDSR, DARE, HTA)
- MEDLINE
- PsycINFO
- Embase

Vi søkte etter primærstudier i

- Cochrane Central Register of Controlled Trials (CENTRAL)
- MEDLINE
- PsycINFO
- Embase

I tillegg søkte vi etter planlagte systematiske oversikter i PROSPERO, pågående studier i clinicaltrials.gov og grå litteratur i OpenGrey og GreyLit.

Artikkelutvelgning og presentasjon av funn

To personer (AA, LF, GEV og YD) gikk uavhengig av hverandre gjennom alle relevante referanser ut fra tittel og sammendrag. Ved uenighet konfererte vi med en tredje person (AA, LF, GEV og YD). I vurderingen av inklusjon av referanser benyttet vi oss av eksplisitte kriterier (se tabell nedenfor).

<i>Inklusjonskriterier</i>	
Populasjon	Pasienter med innvandrere eller minoritetsbakgrunn i det landet de er bosatt i og som antas å ha lav helsekompetanse
Tiltak	Tilpasning av helseinformasjon eller opplæring
Sammenlikning	Ikke-tilpasset helseinformasjon eller opplæring, eller annen tilpasning
Utfall	Relevante utfall omfatter, men er ikke begrenset til: -Helse -Kunnskap og forståelse -Mestring (self-efficacy) -Etterlevelse av anbefalt behandling -Deltakelse i helsebeslutninger -Bruk av helsetjenester -Kostnader
Studiedesign	Systematiske oversikter, eksperimentelle og observasjonelle studier (kontrollerte før og etter studier eller avbrutte tids-serier).
Språk	Ingen begrensninger i søket.
Eksklusjonskriterier	Sammenlikninger der kontrollgruppen ikke får et informasjons- eller opplæringstiltak

Vi ekskluderte tiltak som mer omhandlet organisering av helsetjenesten enn informasjon og opplæring, for eksempel tiltak som lekmannsarbeid eller tjenestekoordinering (selv om disse også kunne innebære en opplæringskomponent). Vi ekskluderte også tiltak som utelukkende besto av opplæring av helsepersonell.

Vi sorterte de inkluderte referansene etter studiedesign (litteraturoversikter og primærstudier). Disse ble videre brutt ned i tre underkategorier hver etter målgruppe og tiltak. Resultatene av denne sorteringen er rapportert nedenfor. Litteraturoversiktene er sortert etter dato for publisering (nyest først) og primærstudiene etter forfatter (alfabetisk).

Resultater

Resultat av søk

Søket resulterte i 11 838 referanser. Vi vurderte 286 av disse til å være mulig relevante i henhold til inklusjonskriteriene. Hovedårsaken til eksklusjon var at studiene omhandlet organisering av helsetjenesten, eller at de ikke møtte inklusjonskriteriene for studiedesign (kvalitative studier eller studier som ikke benyttet seg av kontrollgruppe).

Resultat av sorteringen

Vi sorterte referansene i to hovedkategorier: litteraturoversikter og primærstudier. Vi fant 96 litteraturoversikter, hvorav 18 var oversikter på overordnede tema, 40 var informasjon og opplæringstiltak (primærforebyggende), og 38 var informasjon og opplæringstiltak for pasienter i behandling.

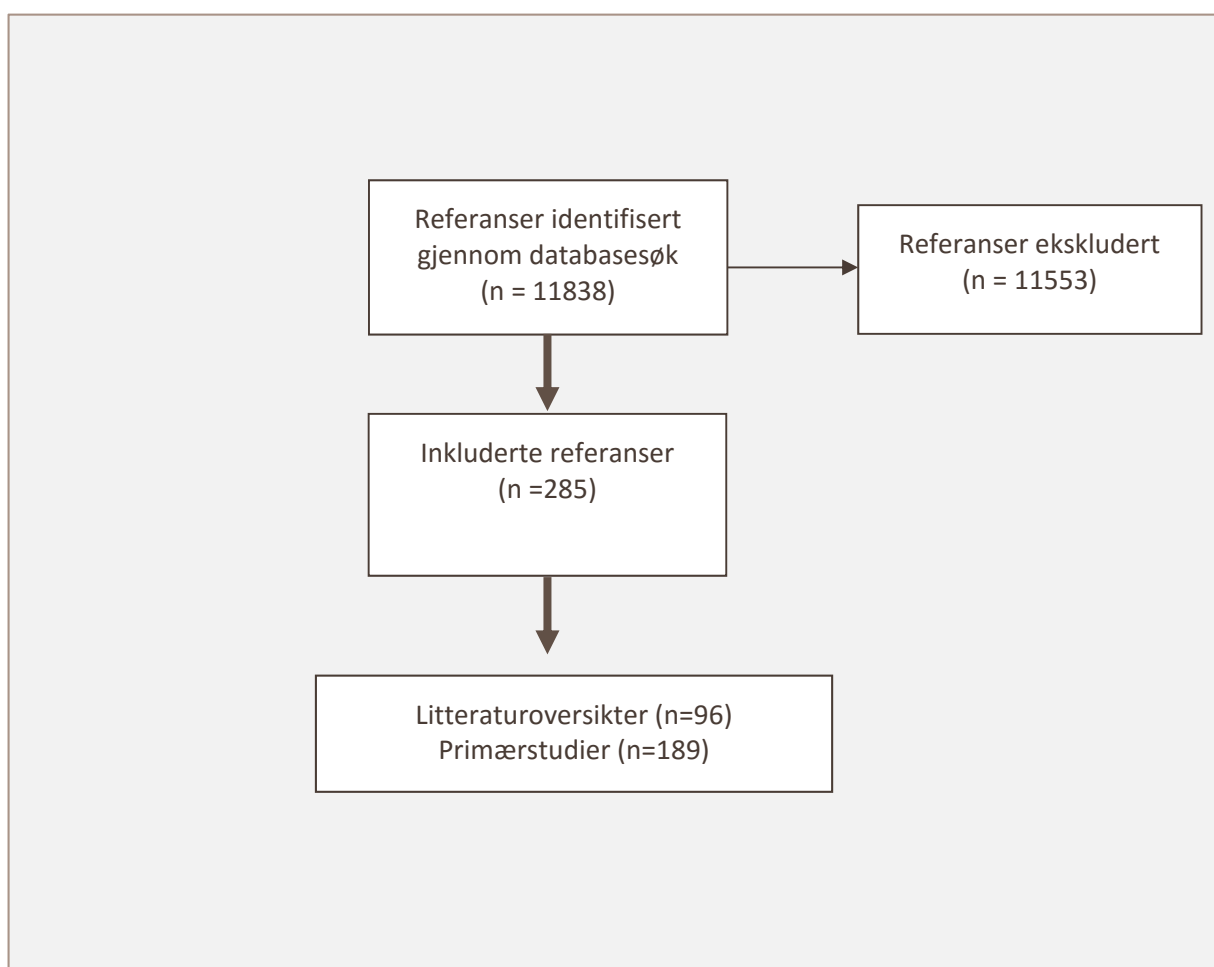
Vi fant 189 primærstudier, hvorav 25 var komplekse samfunnsbaserte informasjon og opplæringstiltak, 119 var informasjon og opplæringstiltak (primærforebyggende) og 45 var informasjon og opplæringstiltak for pasienter i behandling.

Oversikter som vi vurderte til å være på «overordnede tema» hadde problemstillinger som omfattet mange typer tilpasninger i en og samme oversikt.

For både litteraturoversikter og primærstudier var tiltak som vi vurderte som «informasjon og opplæringstiltak» primærforebyggende tiltak. Disse besto av en mengde forskjellige tilpasninger av informasjon og opplæring, eksempelvis bruk av tekst versus bilde, morsmålstilpasning eller nettbaserte ressurser. Studier som vi vurderte som «informasjon og opplæringstiltak for pasienter i behandling», var tilpasning av tiltak for pasienter som allerede var under behandling eller annen oppfølging i helsetjenesten (herunder sekundærforebyggende tiltak).

Primærstudier som vi vurderte som «komplekse samfunnsbaserte informasjon og opplæringstiltak» inkluderte tiltak med mange komponenter, ofte i hjemlig miljø som skolebaserte tiltak eller kirkebaserte tiltak. Vi valgte å skille disse ut i en egen kategori siden disse tiltakene bærer preg av å være mer rettet mot livsstilsendring. Tiltakene fokuserer gjerne på flere levevaner og tar i bruk et bredere spekter av virkemidler utover det som helsetjenesten vanligvis tilbyr.

Det er viktig å merke seg at det ikke er skarpe skiller mellom disse kategoriene. Videre var det dessverre ikke mulig å sortere referansene etter hvilken type tilpasning som er gjort, da dette ofte ikke er beskrevet i sammendragene. Disse inndelingene gir likevel et overblikk over hvilke tiltak som er evaluert og målgruppene for disse tiltakene.



Figur 1. Flytskjema over identifisert litteratur

Litteraturoversikter

Oversikter over overordnede tema

- Chesser, A., A. Burke, J. Reyes, and T. Rohrberg. 2016. 'Navigating the digital divide: A systematic review of eHealth literacy in underserved populations in the United States', *Informatics for health & social care*, 41: 1-19.
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Vedlegg 1. Søkestrategier

Embase 1974 to 2017 March 02

Dato for søk: 03.03.2017

1. minority health/
2. exp "ethnic and racial groups"/
3. exp "ethnic or racial aspects"/
4. exp migration/
5. refugee/
6. (refugee* or immigrant* or (asyl* adj1 seek*) or foreign* or ethnic* or minorit* or racial* or (multi adj cultural*) or multicultural* or (newly adj arrived) or ((family or families) adj2 reuni*) or resettl*).ti,ab.
7. 1 or 2 or 3 or 4 or 5 or 6
8. health education/
9. consumer health information/
10. dental health education/
11. patient education/
12. health education/
13. breast feeding education/
14. childbirth education/
15. diabetes education/
16. hiv education/
17. nutrition education/
18. patient education/
19. medical information/
20. health literacy/
21. ((language* or cultural*) adj5 (adapt* or accomodat* or approp* or target* or tailor*) adj5 (educat* or teach* or train* or inform* or communicat*)).ti,ab.
22. (health adj (inform* or communicat* or literacy or literate)).ti,ab,kw.
23. ((health or medic* or patient*) adj3 (educat* or teach* or train*)).ti,ab,kw.
24. or/8-23
25. 7 and 24
26. meta analysis/
27. meta-analy*.ti,ab.
28. "systematic review"/
29. systematic review.ti,ab,kw.
30. (medline or pubmed or embase).ab.
31. or/26-30
32. 25 and 31
33. random:.tw.
34. clinical trial:.mp.
35. exp health care quality/
36. Randomized controlled trial/
37. Quasi Experimental Study/
38. Pretest Posttest Control Group Design/
39. Time Series Analysis/

40. Experimental Design/
41. Multicenter Study/
42. (effect or impact or trial or intervention).ti.
43. (pre-post or "pre test*" or pretest* or posttest* or "post test*" or (pre adj5 post)).ti,ab.
44. ("quasi-experiment*" or quasiexperiment* or "quasi random*" or quasirandom* or "quasi control*" or quasicontrol* or ((quasi* or experimental) adj3 (method* or study or trial or design* or controlled))).ti,ab,hw.
45. ("time series" or "time points").ti,ab,hw.
46. repeated measure*.ti,ab.
47. ((before adj5 after) or control group*).ti,ab.
48. (pretest-posttest study or pretesting or pre-post tests or quasi experimental design or quasi experimental study or quasi experimental study design or repeated measurement or repeated measurements or repeated measures or time series).kw.
49. or/33-48
50. 25 and 49
51. 32 or 50
52. limit 51 to embase
53. remove duplicates from 52

Database: Ovid MEDLINE(R) Epub Ahead of Print, In-Process & Other Non-Indexed Citations, Ovid MEDLINE(R) Daily and Ovid MEDLINE(R) 1946 to Present
Dato for søk: 03.03.2017

1. Minority Groups/
2. Minority Health/
3. "Emigrants and Immigrants"/
4. Refugees/
5. cultural diversity/
6. exp Human Migration/
7. (refugee* or immigrant* or (asyl* adj1 seek*) or foreign* or ethnic* or minorit* or racial* or (multi adj cultural*) or multicultural* or (newly adj arrived) or ((family or families) adj2 reuni*) or resettl*).ti,ab.
8. or/1-7
9. health education/
10. consumer health information/
11. health education, dental/
12. health fairs/
13. patient education as topic/
14. sex education/
15. teach-back communication/
16. "Early Intervention (Education)"/
17. Health Communication/
18. Health Literacy/
19. ((language* or cultural*) adj5 (adapt* or accomodat* or approp* or target* or tailor*) adj5 (educat* or teach* or train* or inform* or communicat*)).ti,ab.
20. (health adj (inform* or communicat* or literacy or literate)).ti,ab,kf.
21. ((health or medic* or patient*) adj3 (educat* or teach* or train*)).ti,ab,kf.
22. or/9-21
23. 8 and 22
24. meta analysis.pt.
25. meta-analy*.ti,ab.
26. systematic review.ti,ab,kw.
27. (medline or pubmed or embase).ab.
28. or/24-27
29. 23 and 28

30. (pretest-posttest study or pretesting or pre-post tests or quasi experimental design or quasi experimental study or quasi experimental study design or repeated measurement or repeated measurements or repeated measures or time series).kw. or non-randomized controlled trials as topic/ or interrupted time series analysis/ or controlled before-after studies/ or randomized controlled trial.pt. or controlled clinical trial.pt. or multicenter study.pt. or pragmatic clinical trial.pt. or (randomis* or randomiz* or randomly).ti,ab. or groups.ab. or (trial or multicenter or multi center or multicentre or multi centre).ti. or (intervention? or effect? or impact? or controlled or control group? or (before adj5 after) or (pre adj5 post) or ((pretest or pre test) and (posttest or post test)) or quasiexperiment* or quasi experiment* or pseudo experiment* or pseudoexperiment* or evaluat* or time series or time point? or repeated measur*).ti,ab.

31. 23 and 30

32. 29 or 31

33. remove duplicates from 32

PsycINFO 1806 to March Week 1 2017

Dato for søk: 03.03.2017

1. minority groups/

2. exp "racial and ethnic groups"/

3. immigration/

4. exp human migration/

5. (refugee* or immigrant* or (asyl* adj1 seek*) or foreign* or ethnic* or minorit* or racial* or (multi adj cultural*) or multicultural* or (newly adj arrived) or ((family or families) adj2 reuni*) or resettl*).ti,ab.

6. or/1-5

7. exp health education/

8. client education/

9. health literacy/

10. ((language* or cultural*) adj5 (adapt* or accomodat* or approp* or target* or tailor*) adj5 (educat* or teach* or train* or inform* or communicat*)).ti,ab.

11. (health adj (inform* or communicat* or literacy or literate)).tw.

12. ((health or medic* or patient*) adj3 (educat* or teach* or train*)).tw.

13. or/7-12

14. 6 and 13

15. meta analysis/

16. (systematic review or meta analysis).md.

17. systematic review.tw.

18. (medline or pubmed or embase).ti,ab.

19. or/15-18

20. 14 and 19

21. random:.tw.

22. clinical trial:.mp.

23. exp health care quality/

24. Randomized controlled trial/

25. Quasi Experimental Study/

26. Pretest Posttest Control Group Design/

27. Time Series Analysis/

28. Experimental Design/

29. Multicenter Study/

30. (effect or impact or trial or intervention).ti.

31. (pre-post or "pre test*" or pretest* or posttest* or "post test*" or (pre adj5 post)).ti,ab.

32. ("quasi-experiment*" or quasiexperiment* or "quasi random*" or quasirandom* or "quasi control*" or quasicontrol* or ((quasi* or experimental) adj3 (method* or study or trial or design* or controlled))).ti,ab,hw.

33. ("time series" or "time points").ti,ab,hw.
34. repeated measure*.ti,ab.
35. ((before adj5 after) or control group*).ti,ab.
36. (pretest-posttest study or pretesting or pre-post tests or quasi experimental design or quasi experimental study or quasi experimental study design or repeated measurement or repeated measurements or repeated measures or time series).kw.
37. or/21-36
38. 14 and 37
39. 20 or 38

Database: Cochrane Library (CDSR, DARE, HTA, CENTRAL)

Dato for søk: 03.03.2017

- #1 MeSH descriptor: [Minority Groups] explode all trees
- #2 MeSH descriptor: [Minority Health] explode all trees
- #3 MeSH descriptor: [Minority Health] explode all trees
- #4 MeSH descriptor: [Emigrants and Immigrants] explode all trees
- #5 MeSH descriptor: [Refugees] explode all trees
- #6 MeSH descriptor: [Cultural Diversity] explode all trees
- #7 MeSH descriptor: [Human Migration] explode all trees
- #8 (refugee* or immigrant* or (asyl* near/1 seek*) or foreign* or ethnic* or minorit* or racial* or (multi next cultural*) or multicultural* or (newly next arrived) or ((family or families) near/2 reuni*) or resettl*) in Other Reviews, Trials and Technology Assessments
- #9 (refugee* or immigrant* or (asyl* near/1 seek*) or foreign* or ethnic* or minorit* or racial* or (multi next cultural*) or multicultural* or (newly next arrived) or ((family or families) near/2 reuni*) or resettl*):ti,ab,kw in Cochrane Reviews
- #10 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #8 in Other Reviews, Trials and Technology Assessments
- #11 #1 or #2 or #3 or #4 or #5 or #6 or #7 or #9 in Cochrane Reviews
- #12 MeSH descriptor: [Health Education] explode all trees
- #13 MeSH descriptor: [Early Intervention (Education)] explode all trees
- #14 MeSH descriptor: [Health Communication] explode all trees
- #15 MeSH descriptor: [Health Literacy] explode all trees
- #16 ((language* or cultural*) near/5 (adapt* or accomodat* or approp* or target* or tailor*) adj5 (educat* or teach* or train* or inform* or communicat*))
- #17 (health next (inform* or communicat* or literacy or literate))
- #18 ((health or medic* or patient*) near/3 (educat* or teach* or train*))
- #19 ((language* or cultural*) near/5 (adapt* or accomodat* or approp* or target* or tailor*) adj5 (educat* or teach* or train* or inform* or communicat*))):ti,ab,kw
- #20 (health next (inform* or communicat* or literacy or literate)):ti,ab,kw
- #21 ((health or medic* or patient*) near/3 (educat* or teach* or train*))):ti,ab,kw
- #22 #12 or #13 or #14 or #15 or #16 or #17 or #18 in Other Reviews, Trials and Technology Assessments
- #23 #12 or #13 or #14 or #15 or #19 or #20 or #21 in Cochrane Reviews
- #24 #10 and #22 in Other Reviews, Trials and Technology Assessments
- #25 #11 and #23 in Cochrane Reviews : 15
- #26 #24 or #25 in Other Reviews, Trials and Technology Assessment : 1533

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