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ADVANCING A HEALTH-CARE CROSS-REGIONAL MODEL TO CONFORM EU POLICIES AND MIGRATION FACTORS

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Abstract

Problem statement: Advancing a Health-Care Cross-Regional Model (HCRM) is aimed at revisiting the programmes and services facing migration and enriching the benefits of the European Union (EU) policies. The HCRM frames of the mixed public-private fixings are handled to recover the system's shortcuts in the field of health-care policies and the input factors of migration.

Research Questions: Does a Health-Care Cross-Regional Model (HCRM) provide a feasible and adaptable solution to EU programs surpassing the input factors of migration? What are the effective public health measures centring on the social assistance and offering most opportunities for the migrant population?

Purpose of the Study: The study ventures the lack of public acknowledgement and of cross-regional scrutiny from the health-care field enabling concurrent engagements to the European and national headsets.

Research Methods: Research methods were used as follows:

1) a CRQ (cross-regional questionnaire) assigned to 73 respondents;

2) an interpretative research for the social phenomena of migration;

3) a concept mapping for the HCRM's determinants.

Findings: 1) High level of engagement of the HCRM model maximizes the EU's sectorial earnings

2) Interconnecting "win-win" approach to the EU policy offering most opportunities for the migrants

3) CPQ is aimed at showing an overall success of the implemented migrant support measures in terms of the social services outcomes

Conclusions: It has been established that a Healthcare Cross-Regional Model (HCRM) will produce a feasible and approximate solution to the migration issues involving social and cultural conveniences and granting national policy-makers to enlist feasible opportunities.

Keywords: Migration, European Union, public opinion, health-care, social services.

1. Introduction

The input factors of migration and the European Union policies and programs are immanently challenging. The rebirth of the discussion over the reasons of the migrant population of choosing the European Union (EU) instead of another region/ continent delved great debates between the "centralized" European planning of social services and the competing traditional forces granting the "porting" of social services at the edge of social security (Taha, Siegmann & Messkoub, 2015).

Owing to the lack of a cross regional model of health-care, EU policies aspired to be both reasonable and adaptable, while mattering the input and output factors of migration (Mant, 2001). The growing demand for EU migrants' establishment created the framework for an overall health-care policy, new opportunities for the migrant population and member states shifting the "political" understandings of the migrant crisis (Sade, 2008). This paper is shielding the European public opinion around the main migrant support measures contributing to the improvement of the scale and determinants of the health-care and labour markets' outcomes (Zaiceva & Zimmermann, 2008).

1.1. The EU health policy drivers and the input factors of migration

Aspects related to the links between migration, EU policies and national outcomes were investigated as a "costly movement" from a developing country with basic income towards a developing country (Hatzipanayotou & Michael, 2012). According to Kofman (2007), the immigration policies within the European Union thus enhance the justification of migrants' skills and the devolution of the knowledge economy and stratified migration (Kofman, 2007), underlying the assumption that migration dynamics, unlike any other integration milestones, has no models to lift, but a cross-regional understanding of the social assistance and health-care measures (Boyle & Norman, 2009).

Migration is also a challenge for the EU institutions, member states authorities and health-care organizations mapping the EU governance of skilled migration and harmonising the establishment of "common admission standards for non-EU labour migrants" (Van Riemsdijk, 2012). Studying the factors of migration within the EU framework developed close to the migrant support measures and the social assistance support contributed to acknowledging the EU policy offering the most opportunities for the migrant population and the policy drivers of this social phenomena (Mitchell, Pain & Riley, 2011).

A better understanding of the reasons to live, to work or to study in the European Union instead of another region or continent as determinants of the interregional migration flows labels the expanding edges of the amount of social assistance and support the migrants receive in their home and/ or destination country (Bonasia & Napolitano, 2012) is associated in the EU live hood conditions and the member state's self-image (Stern, 2014).

Acknowledgement of the migration factors will also take into account the various values attributes of EU overall health-care policies (Sabates-Wheeler & Koettl, 2010) and the amount of social assistance or community engagement evolved into a EU cross-regional model puzzled by the institutional bureaucracy, the equitable access to social services and the lack of health service providers and experts (Brücker & Schröder, 2012).

How EU policies accompanied and guided the migrant population and how EU public opinion visions and perceptions were associated in the rebirth of the debate over the EU policy offering most

opportunities for the regular and/ or irregular migrants are questions whose puzzling answers engage the migration, social services, development, human rights relationship, professional knowledge and understanding within the field (Delgado Wise, Márquez Covarrubias & Puentes, 2013; Desmond, 2016).

In the last twenty years, a deeper understanding of the input factors of migration interacted societal actors, policy-makers and higher education system, institutional planners and indigenous interests (Stewart, 2012; Cappelen & Midtbø, 2016; Bergmark, 2008). Such cross-sectorial studies enable socio-demographic components also assessing the social impact of the undocumented migrants and the "tailoring intervention" on the particular expectations of this population (D'Edigio *et al.*, 2016).

1.2. Public Health-Care Determinants

The question of the input factors of migration requires also the institutional perspective of the public health-care determinants, because the interaction with the European and national authorities are core for the nexus migration-integration-development (Bastia, 2013). Here European Union is considered as a socially "sensitive system" that has labelled a multi-ethnic approach shaping institutional habits and societal norms (Bhopal, 2012).

This mutually evolving retrospective of the public health-care measures and support meets the grounds between acceptance and rejection while the interplay of the public opinion and perceptions shares the frames of mixed public-private endeavours and risks (Lambert & Sowden, 2016).

Antagonically, some scholars argue that while the health-care reforms have demonstrated the influence of the improvements "tackling health inequalities", they have failed to advocate the mainstay of planning migrants' integration while approaching an "informed public health decision-making" (Jenkins *et al.*, 2016).

Having gathered the public-health determinants, the literature argues that the immanent discussions and patterned bias of various stakeholders regarding the costs to improve health-care framework for migrants encapsulated the debate on the lack of legislation and a sort of loss of confidence shaping the overall success of the social services in the European Union (Britz & Mckee, 2015).

Despite an expanding awareness of the social and political engagement of the public health-care planning, there is a moderately scholarly focus on the EU public opinion of how the support measures contribute to the improvement of the health policies, how the interaction with European authorities impacts the health-care programs and services outcomes or how cross-case public opinion emotions, norms and values match the promise of the community self-esteem (Birt *et al.*, 1997).

2. Problem Statement

Advancing a Health-Care Cross-Regional Model (HCRM) is shielding the EU public opinion by squaring the social bias of the migrant population and the interaction landscape surpassing the long-term impacts of the lack of legislation and social or economic inequality.

2.1. This present study reports on the "catching-up discourse" of the reasons of living, staying and studying within the EU upgrading the social inner-impacts of the reasons of the migrant population to take part in community life and to interact with the EU authorities.

2.2. The study also involves a delving phase closely fingering the aftereffects of the health care programs and services integrating migrant population, and also the ability of the EU authorities to positively meet the public expenditures and migrants' needs.

3. Research Questions

The research questions of this paper are querying the insights from the European public opinion quarrying for harmonizing social sensitive policies and programs:

Q_{i1}. Does a Health-Care Cross-Regional Model (HCRM) may provide a feasible and adaptable solution to the EU policies surpassing the input factors of migration?

Q_{i2}. What are the effective public health measures centring on the social assistance and offering most opportunities for the migrant population?

4. Purpose of the Study

The study ventures the lack of public acknowledgement and of a cross-regional scrutiny from the health-care field enabling coeval engagements to the European new policy headsets.

4.1. The purpose of the study is to advance a Health-Care Cross-Regional Model (HCRM) conforming EU framework and the input factors of migration by prioritizing a list of views of the European public opinion perceived in 2016.

4.2. The study is conducted depending on the EU public opinion perceptions and various accumulations by gentrifying the community standards and support variables of migration.

5. Research Methods

5.1. Study design

This was a cross sectional study approaching the quality and amount of social assistance received by the migrant population. The regional pilot questionnaire (RPQ) was advanced and pretested in paper form during April 2016 (~ 5 pretests in total). In pretesting, the paper form of the RPQ took ~ 20 min to be completed. The content and design of the RPQ was assigned for a prime research and exploration with foreign collaborators and experts.

5.2. Study settings

After pilot-testing, the definite cross-regional questionnaire (CRQ) was accessible for 5 months from May to September 2016. The CRQ achieved a response of 100% from 73 respondents (n_r=73) from ten European and non-European member states (n_c=10) living, studying, working and/ or staying in the European Union for at least one year (n_Y>1). CRQ's replies were completed with an overall standard on all its fourteen questions (Q1, Q2….Qn) including items of the input factors of migration, expected conditions of sharing and partaking EU health-care policies facing migration (Box 01). Participant respondents were asked and answered what are the European policies offering less/more/most

opportunities for migrants (multiple choice: a, b, c... n), the reasons to convivial and share common interests (multiple choice: a, b, c… n), the interactions/ responses of the EU/national authorities (multiple choice: a, b, c…n). The format and the sequence of the RPQ questions were easily understood. Support to improve response rates included an additional timing of ~ 5 min (total timing to respond: ~ 20 min).

What about the amount of social assistance and support you receive from your home country? (Q3)

What do you consider to be the EU policy offering the most opportunities for the migrant population? (Q4c, Q4e)

What do you consider to be the main difficulty of the European authorities while addressing the public health measures of the migrant populations? (Q6a, Q6d, Q6g, Q6h, Q6i, Q6k)

What do you consider to be the main migrant support measure contributing to the improvement of the health-care market outcomes of the migrant population? (Q7c, Q7d)

On a scale of 1 to 10, 1 being Unsuccessful, and 10 being Successful, how would you rank the overall success of the implemented migrant support measures in terms of social services outcomes in the European Union? (Q12)

What do you consider to be the impact of the migrant population on the European and national-health care programs and services? (Q13a-e)

Box 01. The CRQ questions on the amount of social assistance received (n_r=73)

5.3. Study sample

The CRQ's sampling involved young male and female aged 18-35 eagerly facing migration input or outputs. They were asked to identify the main difficulties when interacting with the EU authorities and the overall scaling success of the implemented support measure in terms of social services aftermaths. We favoured responses from: Afghanistan, Albania, Bulgaria, France, Iraq, Italy, Moldova, Romania, Serbia and Turkey. CRQ's participation was voluntary, all participants were assured that their identification would not be publically.

The CEQ questionnaire principally scrutinized for the HCRM: (i) the amount of the social assistance received, the EU policy offering most opportunities, (ii) the main difficulties when interacting with the EU and national authorities, (iii) main support measures contributing to the improvement of the health-care market and social services, (iv) evaluation of the EU efforts to integrate migrant population and the ranking of the impact of the European and national health-care programs and policies (Figure 01).
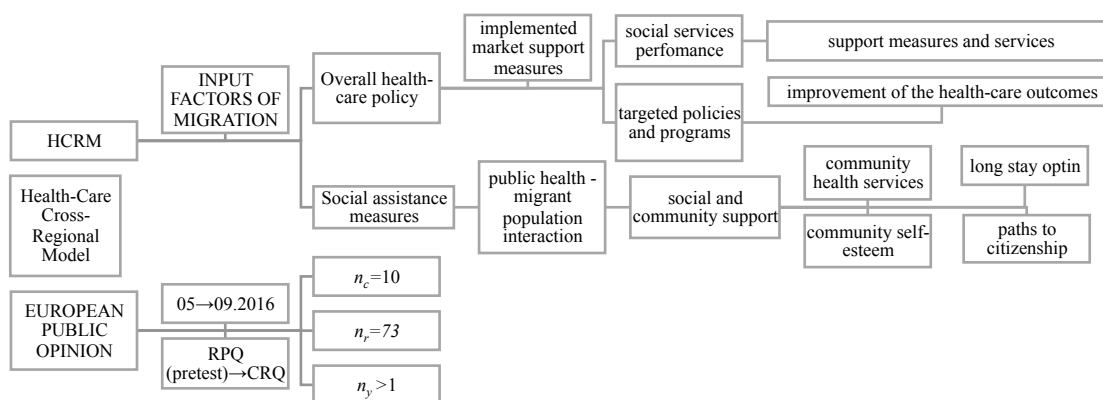
Figure 01. Concept mapping of the Health-Care Cross-Regional Model (HCRM)

6. Findings

This section looks at the CRQ questions about the amount of the social assistance received by the migrant population following the EU support measures implementation (Figure 01). The survey achieved a response from 73 (100%) of the total of respondents assigned from: Afghanistan (8%), Albania (5%), Bulgaria (3%), France (3%), Iraq (8%), Italy (3%), Moldova (11%) , Romania (49%), Serbia (5%), Turkey (5%) from across the age spectrum of 18-25 with a high length of the younger spectrum of 18-24 (82%). Comparatively few non-EU citizens appear comparatively over-represented in the age spectrum of 24-35 (range: < 4 years to 35 years). More respondents were females (66%) comparing to males (34%).

The opening question about the reasons of the migrant population to live/ to study/ to work/ to stay in the European Union instead of another region/ continent showed that more respondents (27%, Q1d, n_r=73, Figure 02) appreciated the opportunities of the scholarships system within the EU education programs and policies (Q1d) comparing to the cost of the living conditions (Q1c, n_r=73, 22%), the social services (Q1a, n_r=73, 19%), the health-care policies (Q1b, n_r=73, 8%), the social and community support (Q1e, n_r=73, 11%). Across the reasons to stay in the European Union, a small proportion (10%) of the respondents confided the regional (social) security (Q1f, n_r=73).
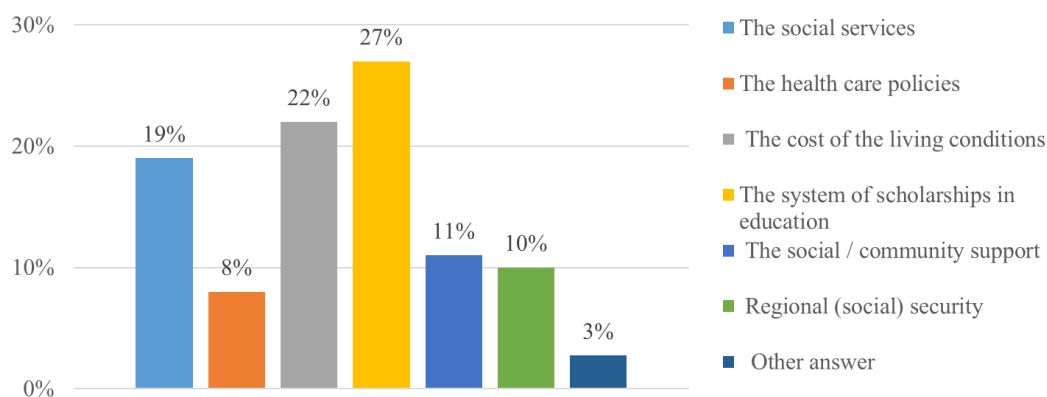

Figure 02. Figure 02. Reasons of the migrant population to live/ to study/ to work/ to stay in the European Union instead of another region/ continent (100% CRQ replies to Q1)

For convenience, we compacted the responses for two questions: Q2a-d and Q3a-d into a single table of the overall health-care policy and the amount of social assistance and support received from the home country. Specifically, we favoured the evaluation of the overall health-care policy (n_r=73, Column 2, Table 01) and the amount of social assistance and support received from the home country (n_r=73, Column 3, Table 01). We graded from "high", "good", "bellow" to "I cannot appreciate" the responses of both questions. The scale of "good degree" was given highest priority to the amount of social assistance received from the home country (Q3b, 51% of the respondents, n_r=73). Half (50% of the respondents, Q2c and Q2d, n_r=73) evaluated "below degree" or "I cannot appreciate" and just a small proportion favoured the "high degree" option (7% of the respondents, Q3a, n_r=73). Answers to these two questions provide further reflections on the overall health-care policy regarding the social support and assistance focusing on the impact of the overall bias of the two indicators suggesting a strong association between the social disposition and the economic well-being.

Table 01. Evaluation of the overall health-care policy and the amount of social assistance and support received from the home country

Scales	Home country's overall health-care policy*	Amount of social assistance and support received from the home country*
High degree	16	7
Good degree	34	51
Bellow degree	39	34
I cannot appreciate	11	8

% of 73 CRQ questionnaire replies to Q2 (*) and Q3 (**)

Several paths to the views of the EU authorities interaction with the migrant population profiles reflects the ranking of the overall success of the European migrant support measure in terms of the social services Respondents reported various evaluations of the overall success of the European migrant support measures (Q12, n_r=73, Figure 03) categorizing also the EU efforts to integrate this population (Q10, n_r=73, Figure 04). A combined score of the answers to Q10 and Q12 enabled twenty-one per cent for scale of 8 from 10 (successful) and sixteen per cent for the scale 5 from 10 (successful) for the long-term advances of the European migrant support measures (Q12e, n_r=73). The weakest statistical scores (0%) was correlated to the scale of 10 (successful) (Q12j, n_r=73, Figure 03). Similarly, where respondents felt that the EU efforts were "considerable" (27% of the respondents, Q10b, n_r=73) compared to "appreciable" (14% of the respondents, Q10a, n_r=73), there is also a statistically compelling affiliation to the identification of "very good" (7% of the respondents, Q10c, n_r=73) and good (36% of the respondents, Q10d, n_r=73, Figure 04). In addition, sixteen per cent of the respondents were "disappointed" by the EU achievements in the migrant integration policy identifying eloquent negative aftereffects of this area (Q10e, n_r=73, Figure 04).
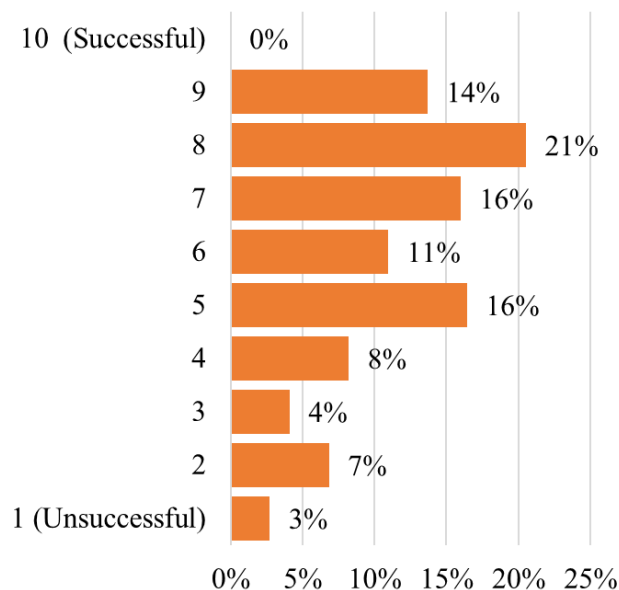
Figure 03. Ranking of the overall success of the European migrant support measures in terms of the social services (100% CRQ replies to Q12)
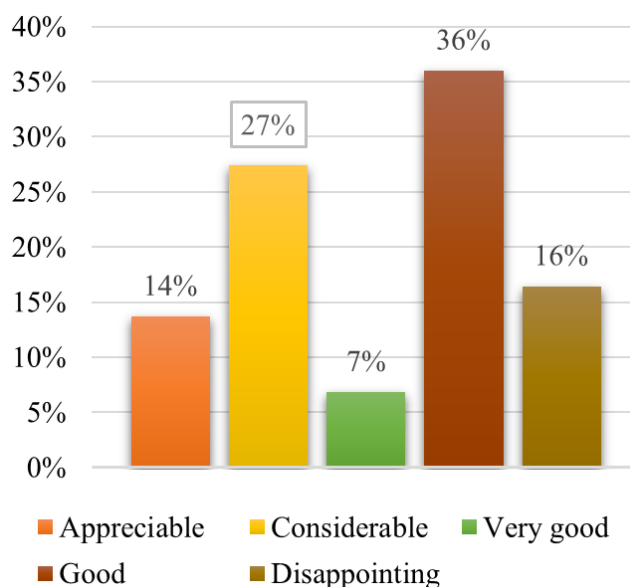

Figure 04. Ranking EU efforts to integrate migrant population (100% CRQ replies to Q10)

There were analytically major approaches between the responses to some of the CRQ questions about the European policies offering the most opportunities for the migrant population (Q4, nr=73, Figure 05) and the domain that the European Union desired to offer more information for the migrants (Q9, nr=73, Figure 06). Related to the EU policy favouring the most openings for the migrants, thirty-nine per cent of respondents acknowledged education, research and culture (39% of the respondents, Q4a, nr=73), economy and society (23% of the respondents, Q4d, nr=73), employment and social affairs (19% of the respondents, Q4b, nr=73), social development and cooperation (11% of the respondents, Q4e, nr=73) and just a limited distribution advanced the health-care and social services perspective (8% of the respondents, Q4e, nr=73).
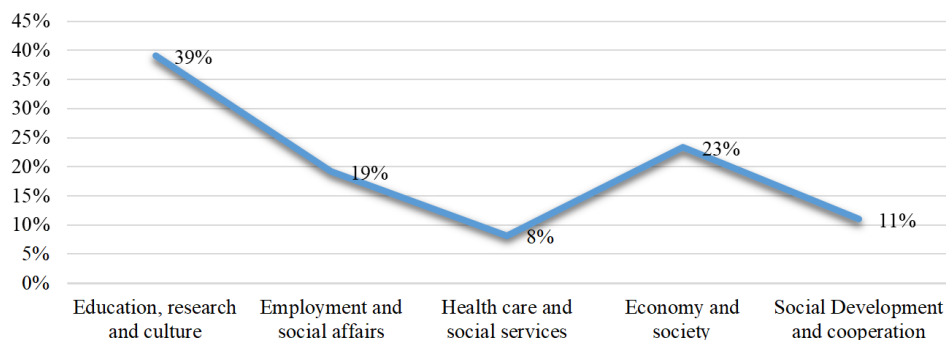
Figure 05. Policies offering most opportunities for the migrant population (100% CRQ replies to Q4)

The need of migrant population for more information in the area of social services was also greatly endorsed (Q9, n_r=73, Figure 06). Thirty-four per cent of the respondents rated the job offers sector (Q9a, n_r=73), followed by the education opportunities (31% of the respondents, Q9b, n_r=73), skills recognition and validation (15% of the respondents, Q9c, n_r=73), skills utilization and enhancement (10% of the respondents, Q9d, n_r=73), labour market (7% of the respondents, Q9e, n_r=73) and with a small-scale, other answer (just 3% of the respondents Q9f, n_r=73) here including: leisure and business and training opportunities.
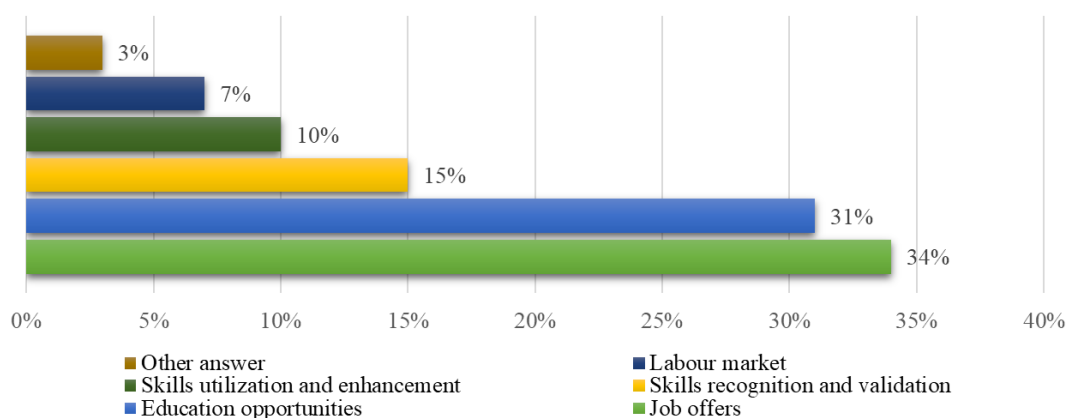

Figure 06. Ranking the domains vital to offer more information for the migrant population (100% CRQ replies to Q9)

All respondents expressed strong reflections on the type of migrant population that the European Union has to target most (Figure 07). Many claimed that the legal migrant workers already in the destination countries represent an evidence for the new policy for programs (40% of the respondents, Q5c, n_r=73). Approximately nineteen per cent of the respondents listed the migrant workers in origin countries before migration (19% of the respondents, Q5b, n_r=73) and potential migrants workers in origin countries (36% of the respondents, Q5a, n_r=73). Three per cent of the respondents noted the "returning migrant workers" in a small proportion of three per cent and two per cent listed "other answers" invoking: seasonal workers.
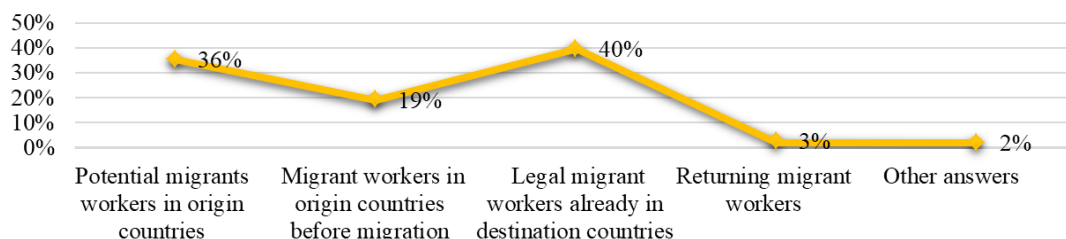
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Figure 07. Types of the migrant population EU to target most (100% CRQ replies to Q5)

Table 02 shows the incidence of the interaction of the migrant population with the European authorities. The first column displays the categories of scales from "very good" to "I cannot appreciate" (Q11, n_r=73, Table 02). Then looking to the column two, it can be consigned that fifty-five per cent of the respondents favoured the "good" score and twenty-seven per cent assigned the "bellow degree" score. Only twelve per cent of the respondents displayed the "very good" option. A third notable observation is that there is a superior level of "good" and "very good" support for the overall incidence of the interaction of the migrant population with the European authorities. The question was assigned separately for the people coming from the EU member states and non-EU member states, enabling a cross-tabulation for the two sets of responses.

Table 02. Appraisal of the interaction of the migrant population with the European authorities

Scales	Incidence of the interaction of the migrant population with the European authorities*
Very good	12
Good	55
Bellow degree	27
I cannot appreciate	6

% of 73 CRQ questionnaire replies to Q11 (*)

Twelve key variables that distinguish the main difficulties of the European authorities while addressing the public health measures of the migrant health are focusing on: lack of use of the health structures, policies, providers and experts difficulties for migrants in communication and finding information, the cultural differences affecting personal perceptions and attitudes, institutional bureaucracy and the equitable access to services (Q6a-l, n_r=73, Figure 08). To group the difficulties across structural, institutional and emotional groups, we class seven differences illustrating a clear evidence of the structural and organizational cleavages associated in a wide range of attitudes including: (i) sensitive health policies (14% of the respondents), (ii) institutional bureaucracy (14% of the respondents), (iii) difficulties in accessing health-care information (11% of the respondents), (iv) lack of health service providers and experts (1% of the respondents), (v) lack of system information (3% of the respondents), (vi) equitable access to services (8% of the respondents) and (vi) lack of system information on migrant health (3% of the respondents). The social and cultural cleavages are also interesting suggesting that the lack of communication and information are divides associated with perceptions and emotions. The destination countries' overall public health measures of migrant health suggest also a wide variation in attitudes toward integration and or rejection of the migrant population. This is a fact that is noted in Figure 08 relating four displays: (i) cultural differences affecting personal perceptions and attitudes (11%

of the respondents); (ii) language and communication (16% of the respondents); (iii) difficulties communicating their needs and worries (15% of the respondents), (iv) difficulties in finding information (4% of the respondents).
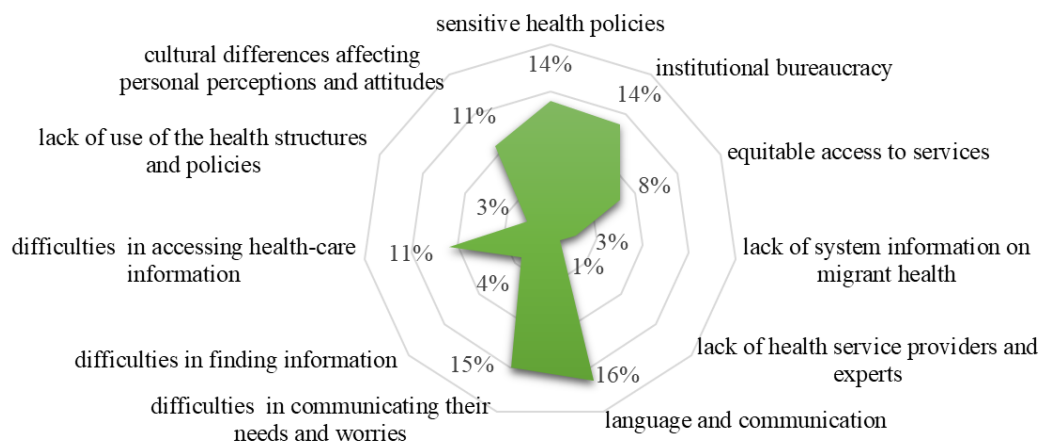

Figure 08. Main difficulties of the European authorities while addressing the public health measures of the migrant health (100% CRQ replies to Q6)

Figure 09 and Figure 10 explore a complementary exercise on respondents' evaluations of the main migrant support measure contributing to the improvement of the health-care market outcomes (Q7a-d, n_r=73) and the reasons for the migrant population to take a job (Q8a-e, n_r=73). There is very strong link between the responses on the support in finding an adequate job, the social security coverage and the paths to citizenship, the long stay option or community self-esteem, suggesting that the social, cultural and moral routes are highly interlinked in the overall evaluation of the migration support measures.

The correlation between the support for decent life conditions and the long-stay option are higher. Forty-four per cent of the respondents favoured the support for the decent life conditions (Q7d, n_r=73, Figure 09) and thirty-seven of the respondents acknowledged the long-stay option (Q8c, n_r=73, Figure 10). With regards to job matching adequate to skill level, eighteen per cent of the respondents balanced the claim to the right to labour market (Q7b, n_r=73, Figure 09) with the correspondent claim to community self-esteem (12% of the respondents, Q8b, n_r=73, Figure 10). The evaluation of the social security coverage (11% of the respondents, Q7d, n_r=73, Figure 09) can serve as the basis for the paths to citizenship (10% of the respondents, Q8d, n_r=73, Figure 09). Therefore, the support in finding an adequate job would also be correlated with the outputs of the community health services (21% of the respondents, Q8a, n_r=73, Figure 09). In an attempt to balance the long stay option reporting, CRQ displayed 20% of the respondents' answers favouring the temporary worker program (20% of the respondents, Q8e, n_r=73, Figure 09).
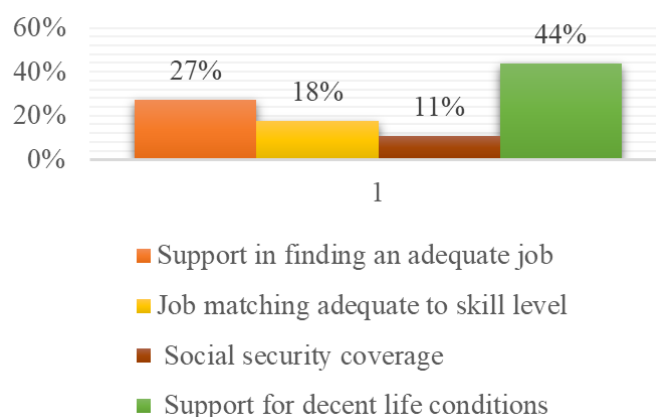
Figure 09. Main migrant support measure contributing to the improvement of the health -care market outcomes (100% CRQ replies to Q7
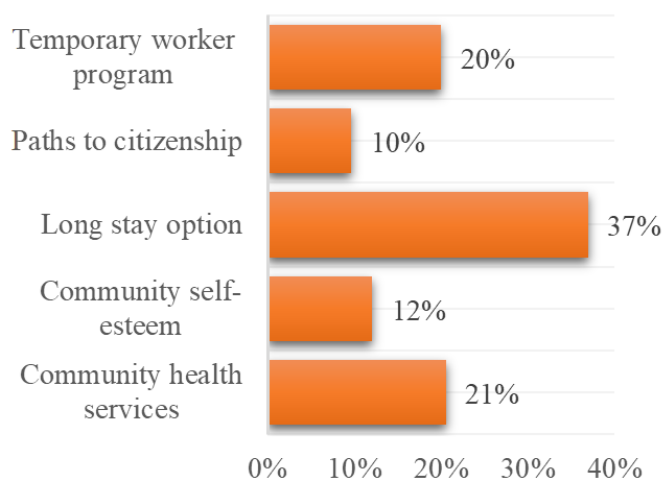

Figure 10. Reasons for the migrant population to take a job (100% CRQ replies to Q8)

The entries of each row in the Table 03 refer to the percentage of the evaluation impact of the migrant population on the European and national health-care programs and services that require a more demand for social services (30% of the respondents, Q13a, n_r=73, Table 03) and increases the use of public health system and services (12% of the respondents, Q13d, n_r=73, Table 03) or the increased costs of some health services (37% of the respondents, Q13c, n_r=73, Table 03). The table also explores the evaluation of additional use of the special health services and the varieties of attitudes towards the public health system and services (18% of the respondents, Q13b, n_r=73, Table 03). A small, but significant role seems to be played by the "other answer" in a small proportion of three per cent of the respondents that favoured the attitudes of the different overall aftermath of the relationship quality of life-ethnic groups (Q13e, n_r=73, Table 03).

Table 03. Assessment of the impact of the migrant population for the health-care programs and services

Categories	Evaluation of the impact of the migrant population on the European and national health-care programs and services*
More demand for social services	30
Additional use of the special health services	18
Increased costs of the some health services	37
Increased use of the public health system and services	12
Other answer	3

% of 73 CRQ questionnaire replies to Q13 (*)

7. Conclusion

The CRQ questionnaire was set out to advance a Health-Care Cross-Regional Model (HCRM) and to evaluate and test the social inner-impacts of the reasons of the migrant population to take part in European community life. In conclusion, the overall aftereffect of the HCRM enhances a social security coverage leading to new reflections on the amount of social assistance received in the home and/ or destination country and EU policies and programs offering most opportunities. CRQ's research findings are good reasons for the HCRM to provide a feasible and adaptable solution to the EU policies surpassing the input factors of migration in the light of effective public health measures centring on the social assistance and offering most conveniences. Analysis of the CRQ's responses suggests the following three conclusions defining the HCRM framework. The first finding of the HCRM, the accustomed reasons to stay, live, work or study and the input variables are sampling a complex interconnection involving both European policies and member states' programs. In conclusion, this is a major finding because an understanding of the input factors of migration is absolutely necessary to define the mechanisms and policies most feasible and adaptable of the HCRM (education, research and culture). The second finding of the HCRM, the main migrant support measures contributing to the improvement of the health-care market outcomes focuses on the support for decent life conditions as the pivotal role in the relationship long-stay option-support measures. Thus, this interlink of the HCRM contributes to the advancement of favourable programs and policies balancing the impact of the health-care device and requiring more social services for the migrant population. Third finding of the HCRM, the evaluation of the difficulties of the European and national authorities while addressing the public health measures increases the account for the language and communication skills demonstrating that the social and linguistic encounters are the most challenged aspects of the HCRM. In conclusion, the mapping of the HCRM is particularly favourable to harmonize public opinion's perceptions, societal factors with the European policies' outcomes. The findings of HCRM place the European public debate in-between the "catching-up discourse" of the input factors of migration and the complexity of the conventional policies governing the health-care market.

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