Finnish migrant populations
National belonging and psychological strain among

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Welfare, Helsinki, Finland
risk of deterioration of mental health.

Achieving national belonging to the receiving society seems to
belonging to Finns (p<.001).

Those with sense of belonging to Finns, whereas almost 60% of those born
in Middle East and North Africa sensed belonging to Finns.

than 0.001. Only 27 percent of those born in East Asia reported
the variation in Finnish identification with a p-value of less
(18-29 = 53% and 45-64 = 58%, p<.001). Married persons
youngest and oldest age groups yielded highest prevalences
51% reported sense of belonging to Finns. 46% of those aged

Preliminary findings of 214 bibliographical references show the
importance and evidence of inclusive science education. When
it comes to specific groups of people who are in vulnerable
situations, only a few references could be identified. Most
results are related to children with disabilities in comparison to
children from ethnic minorities. However, ongoing discussions
about intersectionality and decolonial theories were identified
topics to answer our research questions.

Co-production in public health research grant writing:
engaging underserved migrant mothers in the UK
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Psychiatric and somatic health of homeless
and somatic illnesses than the general population. Compared
somatic illnesses among homeless people were high compared
to the general German population. There were no differences
between the prevalence of chronic diseases if
individuals of German origin and homeless non-EU migrants,
economic reasons for leaving their home country (51.0%)
Germany; 213/306 (69.6%) came from another EU country.

Results:
logistic regression analysis was performed to examine the
healthcare use and access, were determined. Multinominal
the prevalence of mental and somatic illnesses, as well as
A multicenter cross-sectional study design included homeless
health status remain scarce. The heterogenicity of the
Descriptions of homeless individuals' somatic and psychiatric
Background:
newborn health care should focus on!

Our data underline the need for specific care services for
stream health care should focus on homeless EU migrants.
Programs aiming to integrate homeless people into main-

Key messages:

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Background:
In the UK, one in three births is to a non-UK born woman, but there is a gap in co-produced research to explore their experiences. The National Institute for Health and Care Research (NIHR) defines co-production as 'an approach in which researchers, practitioners, and members of the public work together, sharing power and responsibility'. This project co-produced a grant proposal to improve maternity care for underserved migrant women in the UK. We reflect on transferrable learning for engaging those whose voices are less often heard in grant writing.

Methods:
An expert by experience, an underserved migrant woman who gave birth in the UK, joined the research team. Four online engagement workshops were conducted; two involved only migrant women, two were multi-disciplinary. 26 underserved migrant women attended. NIHR INVOLVE public involvement guidance was consulted.

Results:
Women said they were often asked about negative experiences which felt disempowering, and rarely asked about solutions. Thus, we shifted the focus of our work to co-designing solutions. Women said that having an expert by experience co-host workshops encouraged engagement, so we integrated this into our methods. Some women were uncomfortable in professional groups. Thus, our proposed steering and focus groups will have an expert by experience subgroup with elected members attending multi-disciplinary groups. We will engage mostly online as women preferred this to enable flexibility with childcare. The lead expert by experience helped form the proposal through brainstorming, co-drafting, and feedback; experts by experience commented on the draft via email and workshops. The lead expert by experience wished to gain further experience of research methods, for which we requested additional funding.

Conclusions:
This project highlights the immense potential for co-production in public health research, and the value of adapting research planning to maximise the voices of the less often heard.

Key messages:
- Engaging experts by experiences in public health research planning is key to ensuring our work addresses the needs of underserved communities.
- Co-production of research requires determination to involve those whose voices are less often heard from the beginning of the research process, and to commit to joined working throughout.