AB019. MyWrightNeeds: delivering accessible and culturally-sensitive healthcare to migrant workers in Singapore

Vichayada Kanchana, Lauren A. Lee, Elizabeth Nguyen, Britney Zhou

Keck School of Medicine and Dornsife School of College of Letters, Arts and Sciences, University of Southern California, Los Angeles, CA, USA

Correspondence to: Lauren A. Lee, BS. Health Promotion and Disease Prevention, Keck School of Medicine, University of Southern California, 3551 Trousdale Pkwy., Los Angeles, CA 90089, USA. Email: lalee@usc.edu.

Background: Singapore's total population stood at approximately 5.64 million individuals with one million being migrant workers. Migrant workers made significant contributions to Singapore's construction industry, yet they faced multiple health barriers. Coronavirus disease 2019 (COVID-19) unveiled the structural inequities that hindered healthcare access due to inaccessibility, exploitation, and exclusion. The objective of the literature review aims to improve the well-being of migrant workers by adopting a free healthcare intervention following the 3 A's: availability, accessibility, and acceptability.

Methods: Resources related to current established organizations and policies regarding migrant worker health were searched on PubMed and Singapore's Ministry of Health within the past 3 years. We adapted the World Health Organization (WHO) social ecological model of health to develop a comprehensive intervention to address healthcare coverage, cultural and language barriers, and migrant health education.

Results: We propose an intervention that focuses on improving health and legal literacy by bridging migrant workers, non-governmental organizations (NGOs), and healthcare providers. The intervention consists of a mobile phone app called MyWrightNeeds that will offer free legal aid services and updated information on healthcare facilities and services for migrant workers, large-group workshops and legal aid teams in collaboration with HealthServe, and an online medical education curriculum for currently trained healthcare workers. Initial implementation of the programs will be conducted in Geylang, a red-light district populated with migrant workers. We aim to observe improvements in health literacy and positive health-seeking behaviors among migrant workers and progression in cultural sensitivity for healthcare workers.

Conclusions: Future research efforts aim to incorporate a migrant-health centered curriculum into formal medical education and involve public support of our program's legal aid services for migrant workers. As MyWrightNeeds gains migrant worker popularity, health partner integration, and federal support, we can refine and strive for national expansion for incoming migrants through local leaders.

Keywords: Migrant health; global health; health inequity; health systems

Footnote