



The migrant-friendly strategy of the Local Health Authority of Reggio Emilia: an organisational approach to health equity

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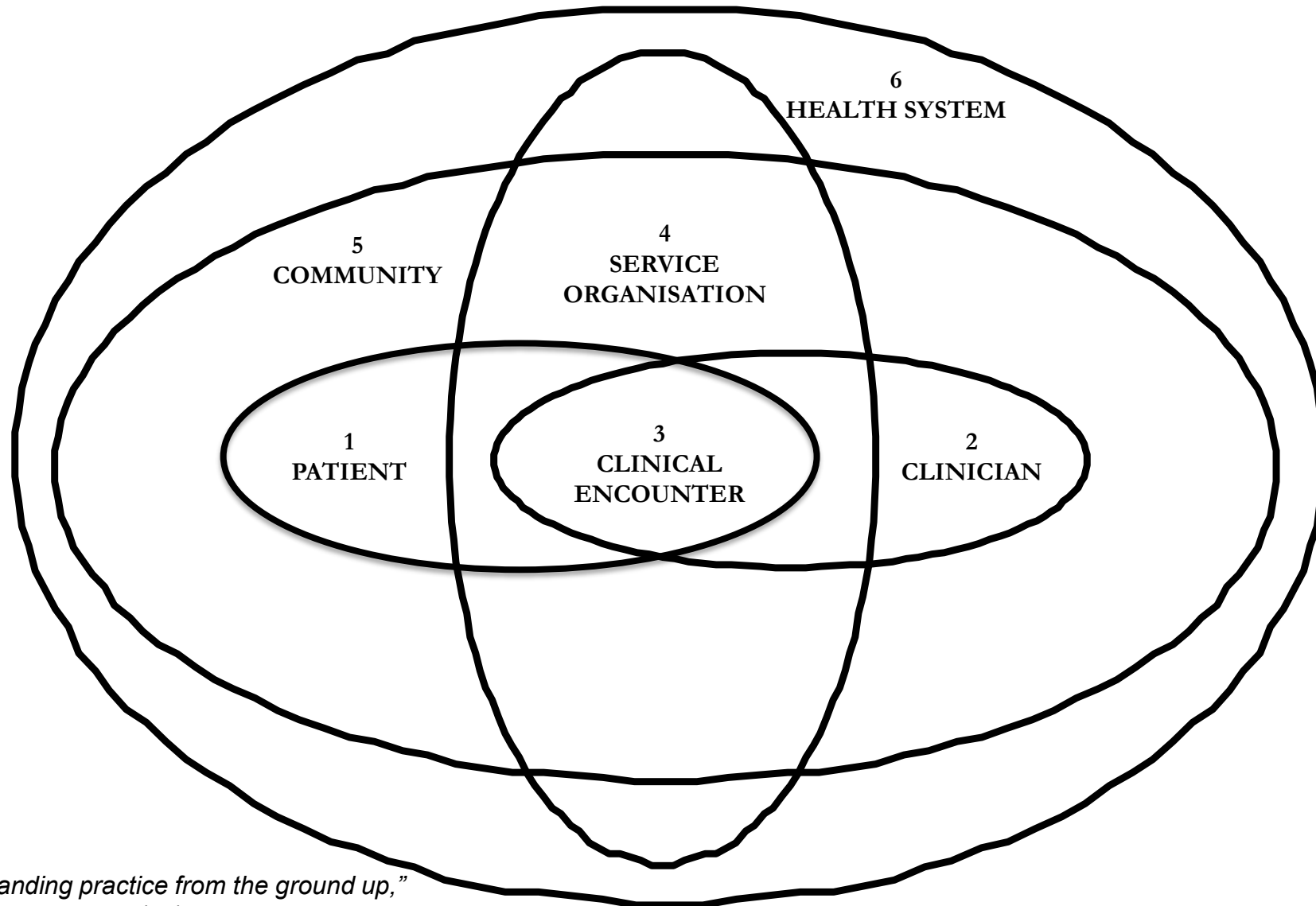
**TF MED workshop on the management of diversity in health care
November 13-14, 2019 Brussels, Belgium**

Challenges for health service providers

- Health services are faced with different needs, conditions and expectations concerning health and healthcare delivery.
- Vulnerable populations risk receiving poorer care due to barriers and inequities in health service provision.
- Health care services are often not sufficiently equipped to effectively recognise and respond to the multiple levels of diversity of the population served.

**How do we make health care systems accessible,
responsive and appropriate to all patients?**

Ecology of health care system



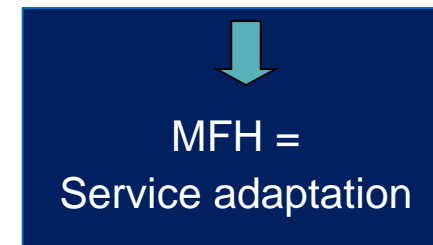
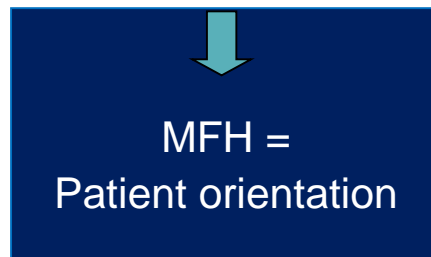
Whole organisation approach

- *In the past, efforts typically focused on enhancing the “**cultural competence**” of the **individual** caregiver, but experience has shown that this has little benefit if nothing is done to change the rest of the **organisation**”.*
WHO (2010). How health systems can address health inequities linked to migration and ethnicity.
- *The adoption of a “**whole organisation approach**” is the key to implement a comprehensive process of change aiming at developing culturally competent staff and health services.*
- *The **community cultural competence** approach (M. Garcia Ramirez) and the **MIPEX** (D. Ingleby) are two important (additional) strategies towards the development of CC health systems.*

Migrant-friendly hospitals and health services

What is a migrant-friendly hospital?

- Recognising “migrant friendliness” as an essential principle of the organisation’s quality policy
- Developing sensitivity and responsiveness to diversity
 - in the diverse needs of patients
 - in the diverse needs of staff
- Developing specific competencies among staff
 - to work with a diverse population (Cultural competency/Difference sensitivity)
 - for staff members with diverse backgrounds
- Developing specific policies and plans in the organisation
 - for service adaptation to sociocultural diversity (Culturally competent/Diversity sensitive care)



**Improving the quality of care for refugees and migrants –
quality for all patients will be improved (person-centred care)**

Adapted from MFH project

WHO compendium of good practices



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The provision of migrant-friendly health care in Reggio Emilia, Italy

Author information

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The Local Health Authority of Reggio Emilia (AUSL RE)



In the Emilia-Romagna Region there are

- 4.457.318 inhabitants

17 HEALTH AUTHORITIES:

- 11 Local Health Units
- 5 Hospital Trusts
- 1 Orthopaedic Institution

In the Province of Reggio Emilia there are:

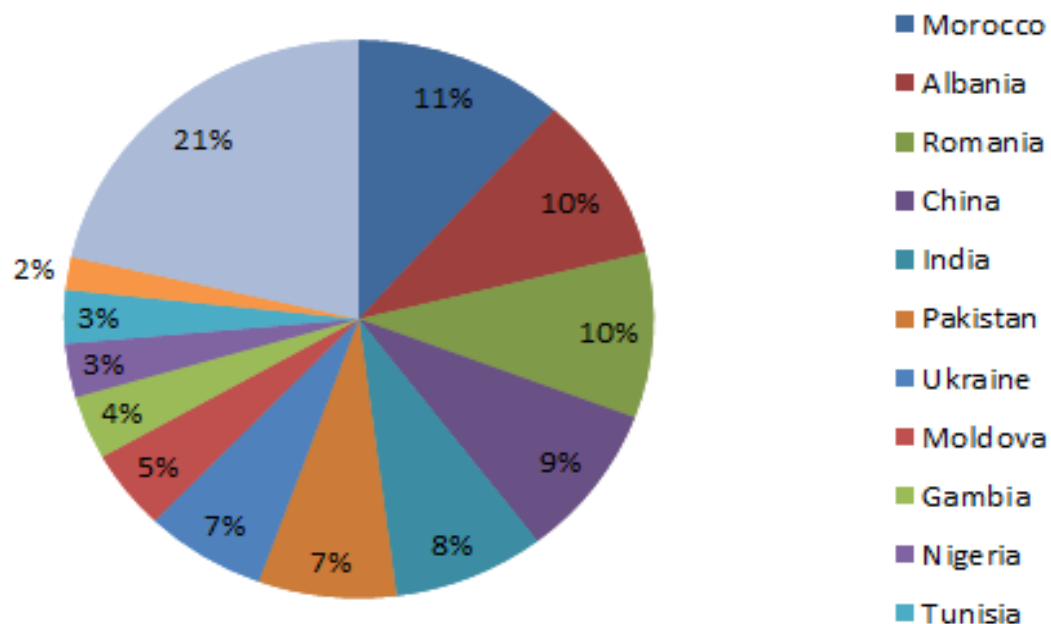
- 533.392 inhabitants
- 1 LOCAL HEALTH UNIT (AUSL of Reggio Emilia)
- 1 City hospital – Research institute (800 beds)
- 5 minor (district) hospitals (817 beds)
- 6 health districts (primary and secondary care)
- 6,737 employees (470 general practitioners)

Demographic aspects

12.3% of the population –non-national residents

Migrants in Reggio Emilia

- 65,450 legal migrants (with residence permit)
- 1,854 asylum seekers/refugees
- Irregular migrants



More than 140 nationalities

More than 200 languages

- Many smaller groups
- More transient
- More socially stratified
- Less organized
- More legally differentiated

Health policy context

- Legal migrants have the right to inclusion in the NHS (residence permit)
- UDMs have the right to access health services for urgent and essential medical care (L.D. 286/98 Consolidated Law on immigration);
- Regional Health and Social Policy (2017-2019) “ *All individuals must be guaranteed the same opportunities for access, quality and appropriateness of the Services*”
- Regional policy of Emilia-Romagna aimed at facilitating the social integration of migrant groups and combating discrimination (L.R. n.5 2004 “*Norms for the social integration of immigrant foreign citizens*”)

Development of a migrant-friendly strategy

Producing evidence

NEEDS ASSESSMENT

Stakeholder approach:

Assessing need from the perspective of

- Migrant patients
- Staff
- Community members

Mixed method approach:

- In-depth interviews, short discharge interviews, focus groups, surveys (patients)
- Expert interviews, group interviews at department level (Staff)

Results of needs assessment:

- List of 10 most frequent problems

ORGANISATION ASSESSMENT

Migrant-Friendly Quality Questionnaire

- Part A: MF characteristics of services
 - Measures to facilitate communication
 - Measures to facilitate information
 - Hospitality services
 - Medical and nursing treatment
 - Patient education and health promotion
- Part B: Quality support system
 - MF policy / budget / Training / monitoring / data collection / user involvement / partnerships

Results of organisation assessment:

- Base line; gaps; priorities for improvement

Results of needs assessment:

problems and/or suggested measures

PATIENTS

- Difficulties to communicate with staff and explain symptoms
- Difficulties to understand medical information and treatment proposed
- Inadequate attitude of staff
- Insufficient information on available services and their functioning
- Difficulties in understanding prevention and primary care
- Difficulties in understanding discharge instructions

HEALTH STAFF

- Difficulties in achieving effective collaboration (compliance)
- Language barriers
- Inappropriate access to hospital and emergency services by UDMs
- Difficulties in ensuring continuity of care
- Improve education and patient empowerment
- Improve services' integration / cooperation at community level

Results of organisation assessment:

degree of adaptation to diversity

- **Resource to facilitate communication:** interpreting services and translated patient information): *partially*
- **Accessibility / pre-entry into the system:** information on available services; outreach information; admission regulation, ...): *low*
- **Hotel services:** adequate food (culture, religion); religious and spiritual care: *low*
- **Medical and nursing treatment:** medical staff of the same gender; transcultural mental health; care access for UDMs...: *low*
- **Discharge procedures:** translated information; cooperation with social services; follow-up care: *partially*
- **Patient education and health promotion:** check health literacy; culturally sensitive education programmes, ...: *partially*
- **Policy and quality:** mission statement; written plans; Budget; Monitoring system of equity interventions: *low*

The Migrant-friendly strategy in the LHA of Reggio Emilia (AUSL RE)

CULTURAL MEDIATION SERVICE and SIGN INTERPRETING

- Management and coordination
- Written policy and procedures
- Budget allocation
- Monitoring and evaluation
- Service promotion & information
- Training for mediators and staff

DEDICATED SERVICE FOR UDMs

- Free access to primary care
- Official agreement with CARITAS for specialist care
- Procedures for Immigration Law implementation
- MF support services
- Psycho-social support
- Link to community services and resources

Management

Overall organizational development Steering group Health equity action plan (3 years)

MIGRANT-FRIENDLY/ DIVERSITY SENSITIVITY TRAINING

- Cultural competency and Equity training
- Offered to front line and managers (Transversal & Dept)
- Integration in the annual Organisation Training Plan
- CME credits

USER INFORMATION AND EDUCATION

- Guidelines for written information (informed consent)
- Health literacy assessment
- Procedures for involving users
- Navigation support (Apps)
- Community health educators
- Peer educators (Health promotion & prevention)

USER and COMMUNITY INVOLVEMENT

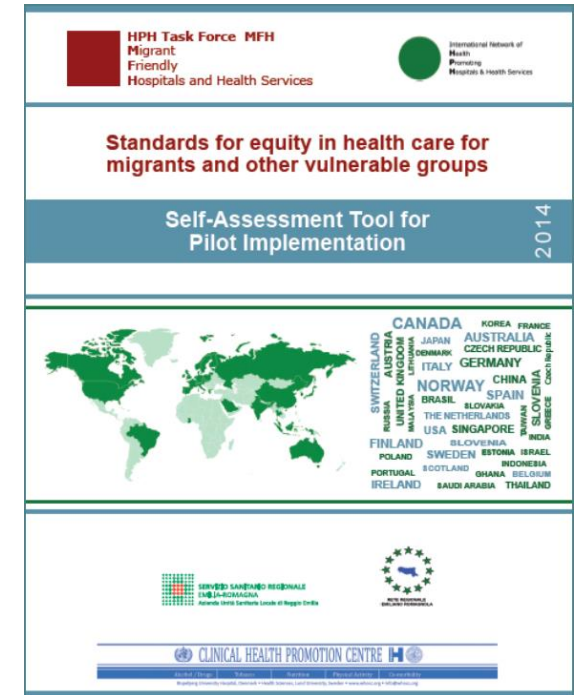
- Patient representatives committee
- Meetings migrant communities
- Community labs
- New Haven recommendations for engaging users/families at micro, meso, macro levels

Health equity action plan (2019-2021)

- Formalised by administrative act;
- Micro equity boards responsible for its implementation;
- Objectives agreed with both the AUSL RE management and the Regional Health Department;
- Focus 1: **gender equity** in health care provision (diabetes, cardiovascular services)
- Focus 2: clinical and social **equity in waiting lists for elective treatments**;
- Focus 3: evaluating the **impact on equity of some clinical pathways** and **procedure**: path of the diabetic patient and waiting list procedure for elective treatments;
- Actions: data collection; use of Health Equity Audit and Equity Impact Assessment tools; focus groups; organisation analysis; and staff training.

Concluding remarks

- Migrants' health is a concern of the whole health system;
- Migrant-friendly organisational structure and culture;
- Supportive leadership is fundamental to initiate change processes;
- Sensitivity and responsiveness to diversity as quality criteria;
- Systematic quality assessment of equity interventions.





HPH Task Force
Migration,
Equity &
Diversity



Information and documents

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