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

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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

Crabtree BF et al. “Understanding practice from the ground up,”
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)
WHO compendium of good practices

COMPENDIUM
of health system responses
to large-scale migration in
the WHO European Region

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

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The Local Health Authority of Reggio Emilia (AUSL RE)

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)

In the Emilia-Romagna Region there are:
- 4,457,318 inhabitants
- 17 HEALTH AUTHORITIES:
  - 11 Local Health Units
  - 5 Hospital Trusts
  - 1 Orthopaedic Institution
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

**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

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

**Management**

**Overall organizational development**

**Steering group**

**Health equity action plan (3 years)**
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.
Information and documents

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