

*"Tackling Causes and Consequences of Inequalities in
Health:
Contributions of Health Services and the HPH Network"*

**TACKLING MIGRANTS' HEALTH
INEQUALITIES IN THE LOCAL HEALTH
AUTHORITY OF REGGIO EMILIA: FROM
MONITORING TO EFFECTIVE INTERVENTIONS**

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**IDENTIFY
POPULATION'S
NEEDS**



**IN ORDER TO MEET ITS
DEMAND**

*HEALTH STATUS
OF THE
POPULATION*



*RESPONSIVENESS
OF HEALTH CARE
SERVICES*

Demography

Birth rate

Newborn conditions

Mortality

Infectious diseases

Cancer incidence

Work-related injuries

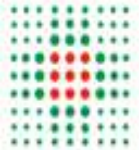
Hospitalizations

Hospitalizations

Emergency Room
access

Pregnancy health care

**IN REGGIO EMILIA A MONITORING SYSTEM OF MIGRANTS
HEALTH CONDITIONS AND MIGRANTS HEALTH CARE DEMAND
HAS BEEN ACTIVATED THROUGH CURRENT DEMOGRAPHIC AND
HEALTH DATA**



Demography

WHO ARE THEY?

country of origin	male	female	total
Albania	3830	2929	6759
India	3023	2333	5356
China	2340	2132	4472
Romania	1830	2172	4002
Pakistan	2496	1378	3874
Ukraina	561	2549	3110
Tunisia	1804	1093	2897
Ghana	1450	1119	2569
Moldova	660	1292	1952
Egypt	976	433	1409
Poland	304	863	1167
Nigeria	516	639	1155
Sri Lanka	637	445	1082

HOW MANY ARE THEY?

age	male	female	immigrants	% on total population
<1	669	674	1343	23.25
1-4	2435	2198	4633	20.66
5-14	3933	3513	7446	15.15
15-24	4088	3758	7846	16.81
25-44	14693	13231	27924	17.14
45-64	4136	4956	9092	7.00
>=65	431	717	1148	1.12
total	30385	29047	59432	11.44

Table1

Migrant population in Reggio Emilia, by sex and class of age 1 Jan. 2009, ISTAT

Table2

Migrant population in Reggio Emilia, by sex and country of origin, 1Jan 2009, ISTAT

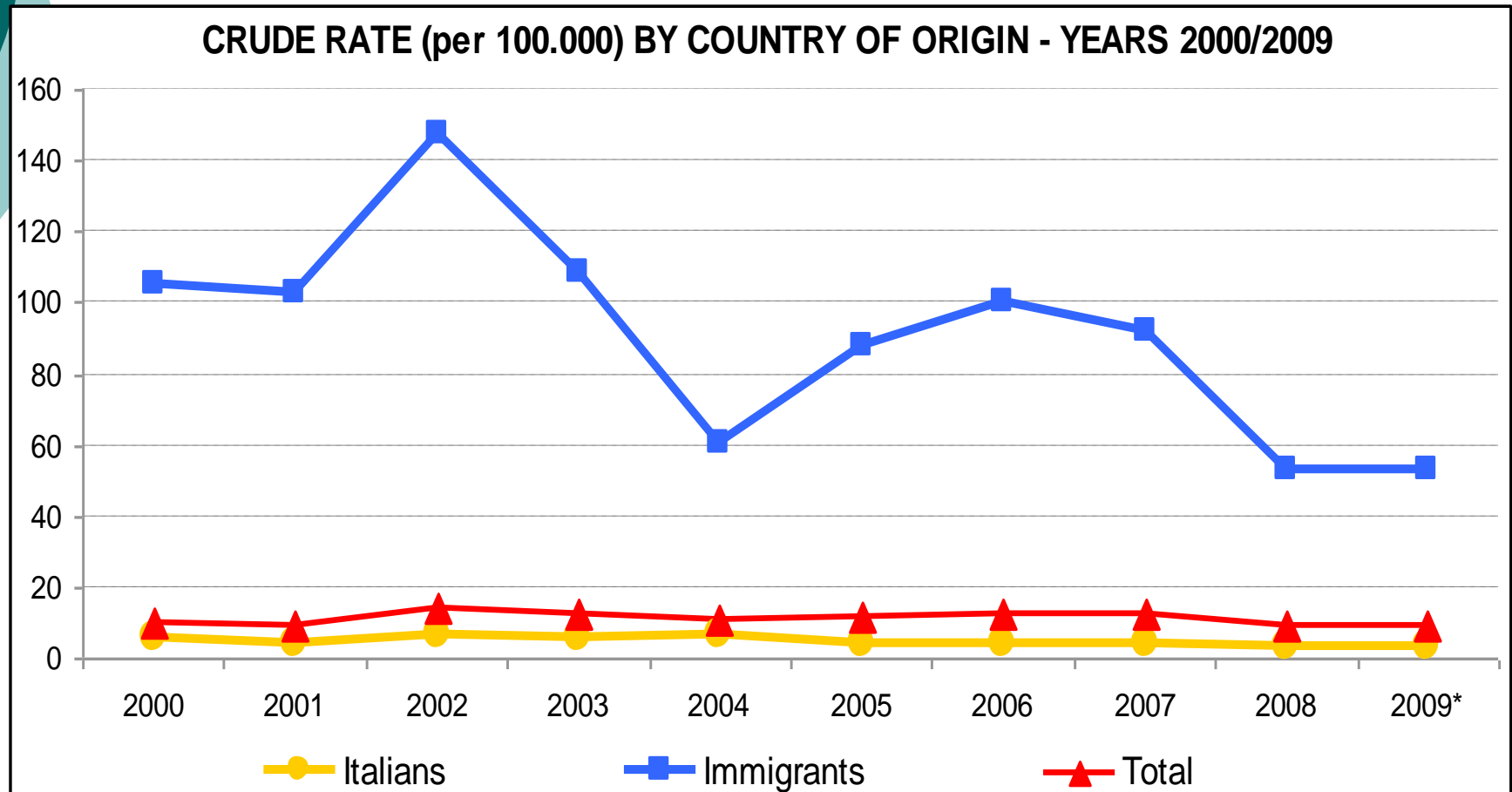
Example: migrant children experience a higher infant mortality rate than Italians

Infant mortality	Reggio Emilia		Italians		Migrants	
	N.	Rate (‰)	N.	Rate (‰)	N.	Rate (‰)
1993-1996	75	5,47	71	5,49	4	5,24
1997-2000	83	5,00	69	4,67	14	8,81
2001-2004	93	4,74	69	4,21	24	8,33
2005-2008	93	4,22	66	3,79	27	5,84
1993-2008	344	4,82	275	4,47	69	7,04

Table3 Infant mortality rate by parents citizenship, year 1993-2008

Example: infectious diseases are more frequent among immigrants

TUBERCULOSIS



Graph1 Crude rate of tb (x 100.000), by country of origin, year 2000-2009



In summary:

WHICH ARE MIGRANTS' HEALTH NEEDS IN REGGIO EMILIA?

the “healthy migrant” effect persists:
low rate of chronic diseases, low mortality
rate among adults

the most relevant health issues are related to
pregnancies, births, work-related injuries and,
more lightly, to infectious diseases



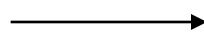
In summary: WHICH IS THE MIGRANTS' **HEALTH CARE DEMAND** IN REGGIO EMILIA?

HOSPITALIZATION
S



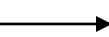
Less or equal demand
compare to Italians.
Predominantly low

PREGNANCY HEALTH
CARE



~~assistance intensity demand~~
It's not still adequate but
it's improving

EMERGENCY ROOM ACCESS



Excessive demand and
often inappropriate



RELEVANT ISSUE

**Pregnancies and births require
low technology intensity assistance
but high relational
intensity assistance**

The response of our Health Organization



Services

Dedicated service for irregular migrants:
“Foreign Family Health Centre”
Language and cultural mediation
service
Programme for vulnerable groups

Specific Projects

Comprehensive Migrant-Friendly project
GP surgery for prostitutes “Eva Luna”
Listening centre “Madre Perla”
Training courses for healthcare staff
Information/education measures for
migrant communities and target groups
”Migrant-friendly interventions in
Jails and Judicial Psychiatric Hospitals

Dedicated service for irregular migrants: The Centre for the Health of Foreign Family

MISSION:

To guarantee the following for temporary refugees and irregular migrants in the provincial territory who have no social-healthcare coverage:

- To safeguard mental-physical health
 - To prevent and control infectious diseases
 - To provide assistance on social problems
- GP and healthcare for women for irregular Migrants



-Specific projects:

Eva Luna GP surgery providing healthcare for prostitutes;

GP surgery for monitoring and controlling TB infection

Madre Perla listening centre to provide psychological assistance and healthcare for carers

The Programme for vulnerable groups

AIMS:

- To promote the culture of prevention among migrant communities
- To promote access and possibility of use of the prevention service for migrant communities

ACTION:

Training and informative programs for migrants on topics such as safety workplace; personal and infectious diseases at the worship, schools,

hygiene;
, places of
meeting points.

-All meetings are attended by cultural mediators

Встречи с лицами ухаживающими за больными

31 марта в 15,30:
Индивидуальные мероприятия по профилактике инфекционных заболеваний
Что такое менингит
Доктор П. Монакк, Доктор Ф. Бонджанни, Доктор Д. Карфани, со-авт. К. Севери (Служба Социальной Гигиены), К. Дженнин (Ассоциация Парализованных Младенцев)

14 апреля в 15,30:
Уход за пожилыми людьми: предупреждение несчастных случаев
Доктор Л. Генири, со-авт. Н. Меньяни, профессор С. Мадзинелли (Служба профилактики и Гигиены Туризм)

28 апреля в 15,30:
Питание: сравнение различных диет
Доктор А. Палавизи, Доктор А. Фабри (Служба питания населения)

С участием культурного медиатора

Участникам трех встреч выдается аттестат

Встреча состоится в Centro Culturale Madreperla
Via G. Verdi n° 24
Reggio Emilia

Department of mental health: Training for health staff through clinical supervision meetings

AIMS:

- To amplify and consolidate the cultural skills of healthcare staff on topics of migration, starting with the procedures and meetings with migrant patients and families.

-To build-up a method of comparison between healthcare staff (including language-cultural mediators) to improve listening and care of patients.

-To reduce the onset of burn-out between healthcare staff

ACTION:

Discussion meetings of clinical cases held by the

Language and Cultural Mediation Service

- Available in all districts of the department, both in the territorial services and in hospital services
- The services for women and children comprise permanent Language-Cultural mediation counters

	Number of hours of mediation carried out in the whole provincial territory	Total yearly expense for the mediation service
2005-2006 (first 12 months)	7,232	240,000 Euro
2009 (last 12 months)	11,544	368,000 Euro

Systematic staff training for cultural competence in the annual action plan

- Training courses are organised concerning the issues of intercultural communication, cultural competence and empowerment of patients and migrant communities
- Courses are organised with an introductory seminar followed by 4 days in-depth training sessions tackling the needs identified by healthcare professionals
- Training courses are also organised at Health District level to respond better to migrants and staff needs in a specific context.

Information and communication strategy

Information is provided in a simple and culturally adequate way in order to better respond to migrants' health literacy.



INFORMATION

- Translated leaflets and information material in various languages
- Information events with the communities (i.e. access and use of the healthcare services)

COMMUNICATION

- Healthcare education courses aimed at the population for target groups (i.e. pre and post natal courses)



Stronghold: GLOBAL APPROACH

