Workshop of the Task Force Migration, Equity & Diversity

Ensuring equal access to and quality of health services for refugees and migrants

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The HPH-Task Force on Migration, Equity & Diversity

• The HPH Task force was established in December 2016

• It involves health organisations from 16 countries

• It continues the work carried out by the Task Force on Migrant Friendly & Culturally Competent Healthcare (TF MFCCH 2005-2016); and the Migrant Friendly Hospitals project (2002-2004)

• It aims to support member organisations in developing policies, systems and competences for the provision and delivery of health care services accessible, responsive and appropriate to all patients
Scientific Committee

- Antonio Chiarenza, Task Force Chair, AUSL of Reggio Emilia, Italy
- Bernadette Nirmal Kumar and Ragnhild Spilker, The Norwegian Centre for Migration and Minority Health, NAKMI, Norway
- David Ingleby, University of Amsterdam, The Netherlands
- Eeva Hakkinen, Mikkeli Central Hospital, Finland
- Laura McHugh, Galway University Hospital, Ireland
- James Glover, Community Health, Dublin, Ireland
- Marie Serdynska, Montreal Children’s Hospital, McGill University Health Centre, Canada
- Karima Karmali, The Hospital for Sick Children, Toronto, Canada
- Lidia Horvat, Department of Health and Human Services, Melbourne, Australia
- Manuel Fernandez Gonzalez, Uppsala University Hospital, Sweden
- Elizabeth Abraham, Critical Link International, Canada
- Hans Verrept, FPS Health, Food Chain Safety and Environment, Belgium
- Manuel Garcia-Ramirez, CESPYD, University of Seville, Spain
Three Key Achievements

• Participation in several EU funded projects: COST-HOME, NOWHERELAND, COST-ADAPT, MEM-TP, SH-CAPAC

• Development of the Standards for Equity in health care for migrants and other vulnerable groups

• Pilot testing of the standards in 55 health care organisations in 16 countries
Contribution of the HPH-Task Force to the development of EU projects

- **COST-HOME** 2007-2011 - Improving Health and social care for migrants and ethnic minorities in Europe
- **NOWHERELAND** 2008-2011 - Improving health care for undocumented migrants
- **COST-ADAPT** 2011-2015 - Adapting European Health Systems to Diversity
- **MEM-TP** 2013-2015 - Developing training packages for health professionals
- **SH-CAPAC** 2016 - to support EU countries under particular pressure from increased migration in their response to health related challenges
Project to develop Standards for Equity in Health care for Migrants and other Vulnerable Groups

Aim

The project aimed at developing a framework for measuring and monitoring the capacity of healthcare organisations to improve accessibility and quality of care for migrants and other vulnerable groups.
Five main Standards for Equity implementation in health care service and delivery

1. EQUITY IN POLICY
   • To define how the organisation should develop policies, governance and performance monitoring systems, which promote equity

2. EQUITABLE ACCESS AND UTILISATION
   • To encourage the health organisation to address barriers which prevent or limit people accessing and benefiting from health care services

3. EQUITABLE QUALITY OF CARE
   • To support the organisation in developing services that are responsive to the diverse needs of patients and families along the whole care pathway

4. EQUITY IN PARTICIPATION
   • To support the organisation in developing equitable participatory processes that respond to the needs and preferences of all users

5. PROMOTING EQUITY
   • To support the organisation in promoting equity in its wider environment through cooperation, advocacy and capacity building
Structure of the Standards for Equity

Standard

Equitable quality of care

The organisation provides high quality, person and family-centred care for all, acknowledging the unique characteristics of the individual and acting on these to improve health and wellbeing.

Objective
To support the organisation develop services that are responsive to the diverse needs of patients and families along the whole care pathway, ensuring a safe environment and continuity of care.

Sub-standard

The assessment of the patient’s needs takes into account individual and family characteristics, experiences and living conditions.

Evidence

Score

Problems, goals, details on evidence and follow-up actions

Measurable element
Pilot testing
Standards for Equity in Health Care
April 2014– March 2015

Aim:
• To assess compliance with standards
• To select performance indicators
• To identify areas of improvements
• To develop an action plan

Type of health organisations

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<thead>
<tr>
<th>Type of Health Organisation</th>
<th>Frequency</th>
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<tr>
<td>University Hospitals</td>
<td>35%</td>
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<tr>
<td>General hospital</td>
<td>29%</td>
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<tr>
<td>Large integrated health authority</td>
<td>16%</td>
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<tr>
<td>Specialised hospitals</td>
<td>10%</td>
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<tr>
<td>Community centres</td>
<td>6%</td>
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<tr>
<td>Health centres</td>
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<table>
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TOTAL 55
Results of the pilot testing

**STRENGTHS:**
- In general organisations have policies in place to identify access barriers, to minimise architectural barriers, to overcome language and communication barriers.
- In general organisations have policies in place to ensure that individual and family characteristics and experiences are taken into account throughout the care process.

**WEAKNESSES:**
- Difficulties in establishing specific policies and plans that promote equity in the organisation.
- Difficulties in developing involvement and participation of users in the planning, delivery and evaluation of services.
- Difficulties in promoting equity through cooperation with other organisations and across sectors.
Three Major Challenges for the new TF MED

• The Standards for Equity require an online platform that allows health care organisations to easily collect, monitor and use information about their performance

• The Standards for Equity should be available in a range of languages

• Lack of supportive legislation, adaption to local circumstances and resource constraints
Our Vision for the Future

• To link assessment through the Standards for Equity to continuous equity improvement
• To develop a centralised system to gather, analyse and categorise the findings of self assessments, to support the sharing of best practice
• To secure additional resources to support the work of health care organisations to improve the equity of their services
• To support health care organisation to implement action plans arising from equity assessment
• To promote the Standards for Equity among as many stakeholders as possible, including health care providers, regional and national health authorities, and interested groups
How to join the Task Force Migration, Equity & Diversity

HPH member organisations are invited to participate in the new project by joining the TF MED

Interested organisations should contact: antonio.chiarenza@ausl.re.it