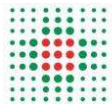


International Network of  
**Health**  
Promoting  
Hospitals & Health Services



**HPH Task Force**  
**Migration,**  
**Equity &**  
**Diversity**



SERVIZIO SANITARIO REGIONALE  
EMILIA-ROMAGNA  
Azienda Unità Sanitaria Locale di Reggio Emilia



## **Workshop of the Task Force Migration, Equity & Diversity**

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

Antonio Chiarenza, PhD  
Chair HPH Task Force Migrant, Equity & Diversity  
AUSL di Reggio Emilia, Italy

University of Vienna, 11<sup>th</sup> April 2017

# 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**, CESPYP, 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



# 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*

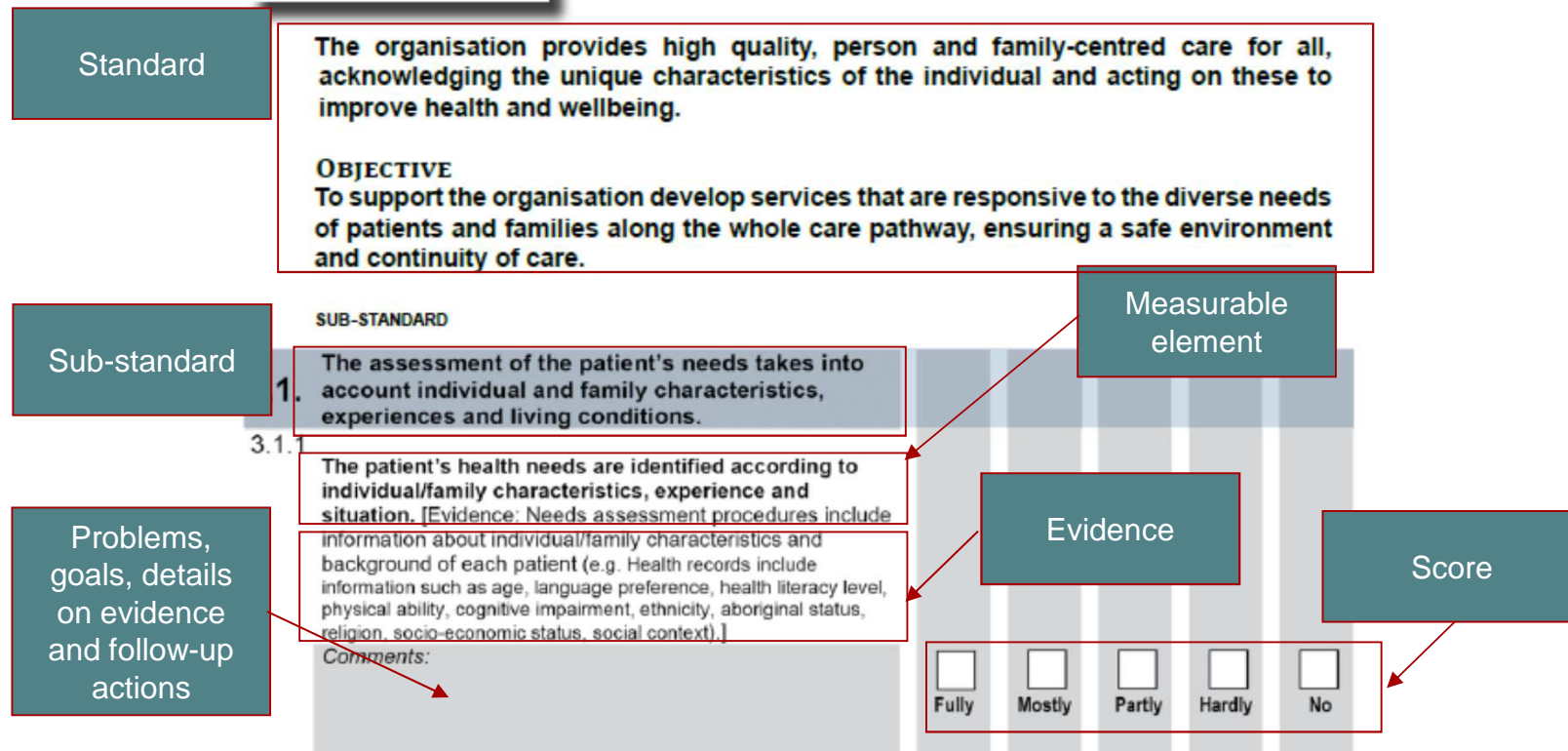
## 5. PROMOTING EQUITY

- *To support the organisation in promoting equity in its wider environment through cooperation, advocacy and capacity building*

# Structure of the Standards for Equity

# 3

## Standard Equitable quality of care





# Pilot testing

## Standards for Equity in Health Care

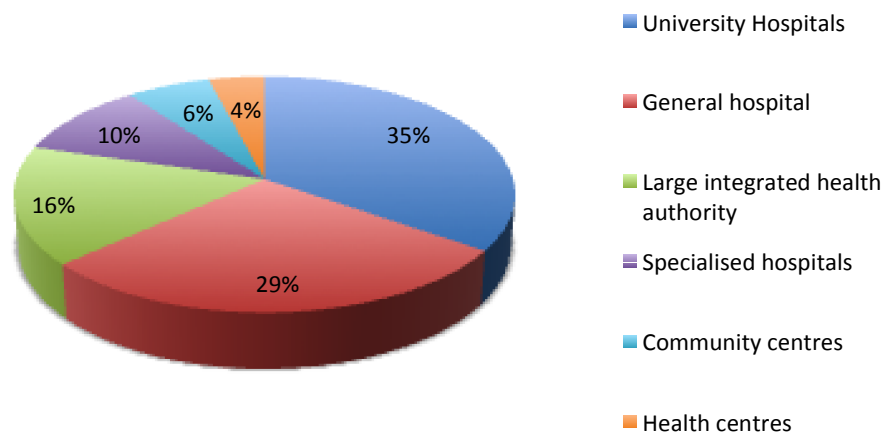
April 2014– March 2015

### Aim:

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

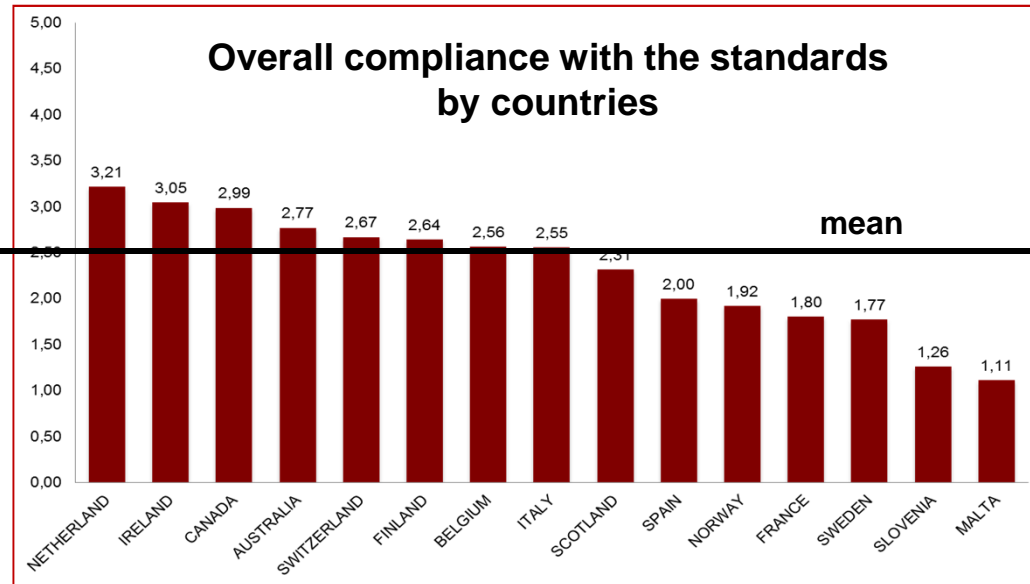
- 16 countries
- 55 health care organisations

### Type of health organisations

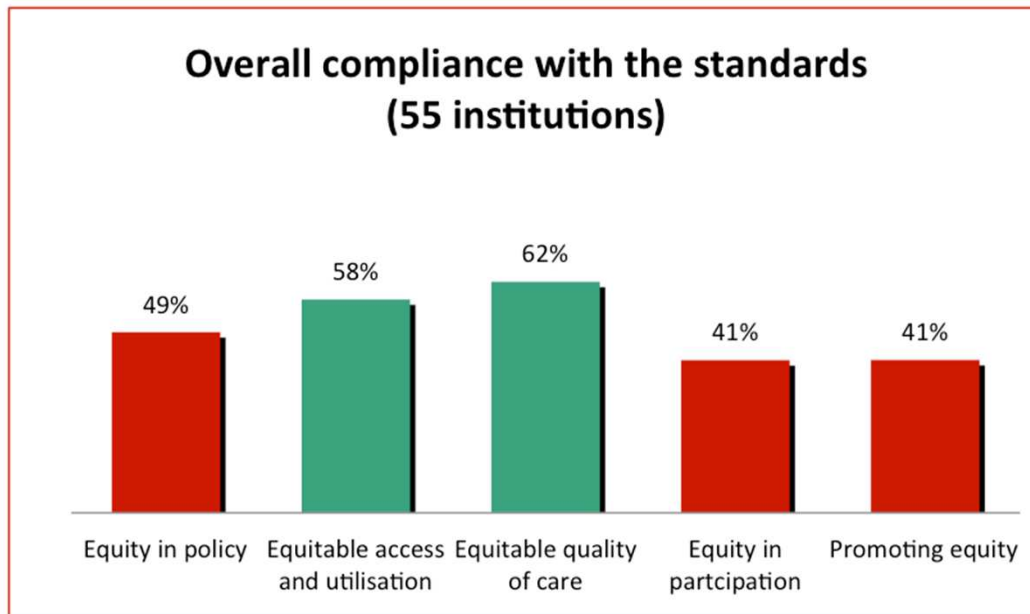


AUSTRALIA	7
BELGIUM	6
CANADA	5
FRANCE	1
FINLAND	2
IRELAND	2
ITALY	11
MALTA	1
NORWAY	6
SLOVENIA	1
SPAIN	6
SWEDEN	1
SWITZERLAND	1
THE NETHERLAND	1
TURKEY	1
UK	3
<b>TOTAL</b>	<b>55</b>

# 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



TF MFCCCH in Tampere with Task Force Leader Antonio Chiarenza (Italy), Manuel Gracis Ramirez (Spain), Ragnhild Spilker (Norway), Eeva Hakkinen (Finland), James Glover (Ireland), Hans Verrept (Belgium), Marie Serdynska (Canada), Isabelle Coune (Belgium), Sinikka Bots (Finland) and Marika Podda-Connor (Malta) and members of the Finnish HPH network participating in the meeting.



*Interested organisations should contact: [antonio.chiarenza@ausl.re.it](mailto:antonio.chiarenza@ausl.re.it)*