



Using video remote intercultural mediation (VRIM) to provide equitable care to refugees and migrants

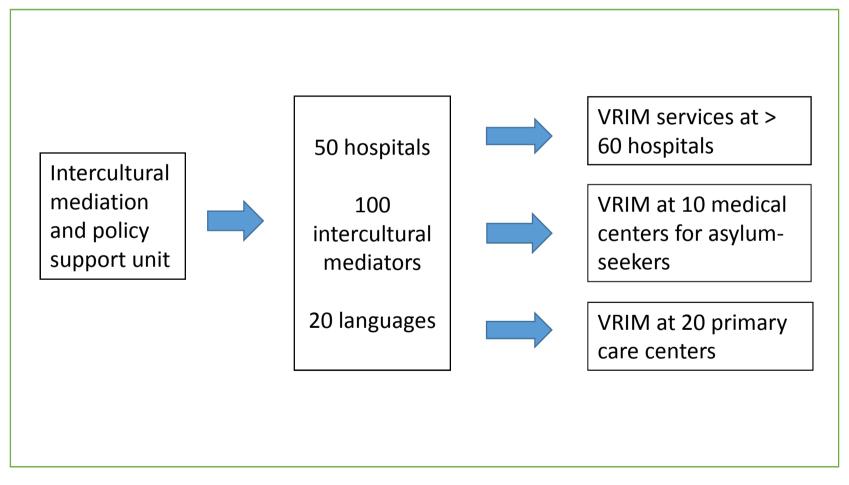
Hans Verrept

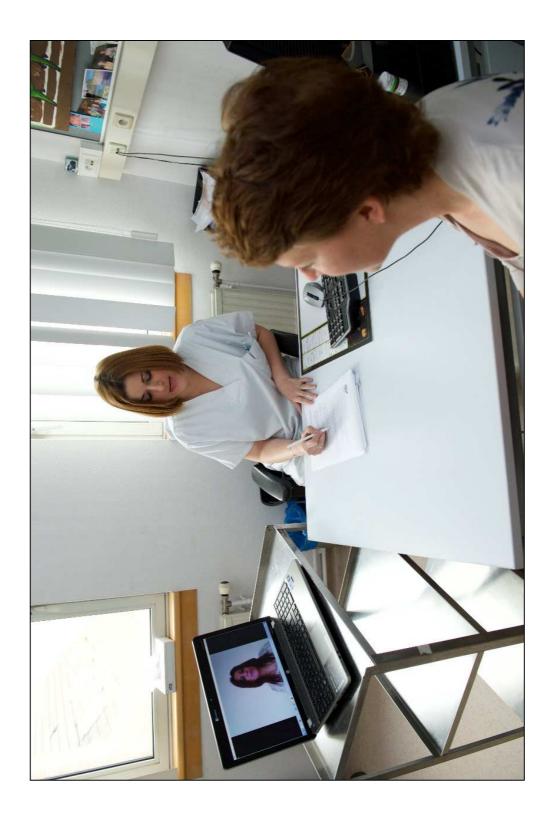
Intercultural Mediation and Policy Support Unit





The VRIM-program





Why VRIM?

- Link between unresolved linguistic/cultural barriers and accessibility + quality of care
- Ethical imperative to provide equitable care
- Growing diversity + budgetary constraints
- Distribution of migrants and ethnic minorities over the territory

• Absence of intercultural mediators in primary care

How?

Development of the intercult app

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Preliminary evaluation

- Evidence-base is very limited (literature review, consultation of experts)
- Privacy concerns, 'PIA' → use of professional accounts → increase cost

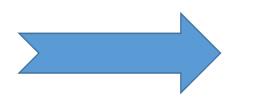
• Development of the app

• Technology is less reliable + dependence on ICTdepartment in health care organizations

 Initial reluctance in intercultural mediators → positive evaluation of the program

- Initial reluctance in health care providers → importance of positive experiences (slow uptake)
- Is used against our initial advice during psychiatric interventions and 'emotional' interventions
- Positively evaluated by patients

 Importance of the integration of the program in a comprehensive equity policy in the health care organization



Decision to further develop the work with the TF Migration, Equity & Diversity by the Minister of Health

More information?

www.intercult.be

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