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

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MED Task Force
The VRIM-program

Intercultural mediation and policy support unit

- 50 hospitals
- 100 intercultural mediators
- 20 languages

VRIM services at > 60 hospitals
VRIM at 10 medical centers for asylum-seekers
VRIM at 20 primary care centers
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
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 ICT-department 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?

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