

## **Workshop “Accessibility and Quality of Care”**

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## **Recommendations for improving accessibility and quality of care for migrants in the European Union**

### **Introduction**

The UN Universal Declaration of human rights states that “everyone has the right to a standard of living adequate for the health and well-being of himself and of his family, including food, clothing, housing and medical care....”. Thus, access to healthcare is a human right for everyone.

Many international studies have documented that migrants are often experiencing special problems regarding access to qualified health care. Migration is a process of social change whereby a person moves from one cultural context to another and settles down either for a lengthy period or permanently. Circumstances before, during and after arrival have a special effect not only on the health of the migrants, but also on their access to health care and on the quality of the care provided.

Further, health managers and health care providers are sometimes experiencing difficulties and frustrations in trying to ensure health care for migrants on an equal basis with other patient groups. Formal barriers related to legislation as well as to organisation and financing of health care play an important role, but also informal barriers such as language, psychological and socio-cultural factors have been documented as determinants influencing access to care as well as quality and outcome of care for migrants.

Special interventions for improving accessibility and quality of care for migrants are often needed and there is an increasing mass of experience and evidence on measures, which are likely to have a positive effect. These measures, however, will not only benefit the migrants, but in many cases also other vulnerable groups, thereby improving equity in the provision and utilisation of health care in general. The actions required relate to health policy, health care organisation, health staff, migrant communities and patients, as well as monitoring and research. There are unavoidable costs related to many of these actions, but in the long run quality development of health care involving migrants can be cost neutral;

Policy, legal regulations and guidelines are forming the platform for provision of care in every state, region and community. Interventions also relate to the financing and organisation of services, which are determining the institutional framework, and to the role and competencies of the different groups of health care providers.

Communities and patients are important actors in health care. Access and quality of care depends very much on their involvement and ability to interact with health care providers. Interventions involving migrant communities and migrant patients aimed at strengthening their participation in health promotion, prevention and care are therefore highly important.

The practical interventions should be continuously supported by the production of evidence and the distribution of information on health problems and successful solutions among all the key actors in health care. This must include evaluation of the outcomes of interventions and their dissemination through trusted routes to be seen as 'evidence-based' recommendations.

## **Recommendations:**

### **1. Health policy**

- Health policy documents: Incorporate migrants' health and access to care into health policy documents on regional, national and EU level; including guidelines on how to overcome financial, geographical, language and cultural barriers in relation to migrant populations' health care. Ensure adequate resources to support the implementation of the guidelines.
- Legal entitlements: Base migrants' access to care on need. State clearly in legislation that discrimination is unacceptable. Take special attention to ensure the entitlements of asylum seekers and undocumented migrants, who do not have any legal status in most EU countries. Base access to health care on need and ensure it is not substandard in comparison to citizens due to legal, administrative or other barriers. Protect professional confidentiality by law.
- Vulnerable groups: Draw special attention to ensure the health care rights of the most vulnerable groups including children, elderly, undocumented migrants, traumatised individuals, homelessness, sexual workers and detained. Ensure that individuals deported to another country will have access to appropriate health care in this country, otherwise ensure that the availability of health care is taken into account as a human right approach.
- Interventions: Guide interventions by need rather than a wish to make migrants' conform to existing health structures. Provide special services for migrants where relevant as well as integration into mainstream services. Incorporate evaluated interventions structurally in health care, rather than organise as insecurely funded projects.

### **2. Health care organisation**

- **Secure accessibility**
  - Geographical access: Secure a sufficient number of health care providers and services (community services, primary health care, mental health services, specialist services, pharmacies, prevention and health promotion) in local communities where migrants comprise a large part of the population.
  - Linguistic access: Secure adequate professional interpretation services, translated health education material and signage at key points of contacts. Develop and train a regional network of interpreters accessible personally, via telephone or webcam. Provide audio- or video taped material in which cultural issues are taking into account. Involve members of target groups in these health promotion initiatives. Encourage the development of communication technology targeted different groups of migrants.

Socio-cultural access: Secure cultural and social responsive care where cultural and social differences are taken into account (such as, family and gender roles, food habits and social features of many migrants, e.g. low educational status, low income, poor quality of housing).

- **Promote an intersectional and interdisciplinary integrated approach** to health problems and health care delivery among migrants involving close collaboration between social, educational, cultural and health related agencies (for instance policy makers, local health authorities, social welfare workers, health professionals, representatives of migrant groups and patient organisations, researchers and non-governmental organisations) in order to tackle both individual and structural factors impeding on the health status of migrants recognizing the importance of both individual-level and socio-economic factors.
- **Secure and develop quality and safety**: Secure the quality of diagnosis and treatment, and reduce medical errors by development of specific quality standards and indicators regarding health care for migrants, regular monitoring based on the indicators and feed back of results to managers and health professionals.

### 3. Health staff

- Cultural competence: develop cultural competence among health professionals through including a diversity focus in the curriculum of health education on various levels and in all relevant disciplines. In these efforts a broad definition of culture should be used, in which cultural competence is the ability to provide effective and responsive health care for diverse populations taking into consideration the individual's gender, age, sexual orientation, disability status, religious, spiritual and cultural beliefs thereby benefiting not only ethnic minorities but also the public at large.
- Multicultural staff: increase the number of staff with ethnic minority background in the various sectors of health care, but make sure that recruitment of staff is done without harmful effects for other vulnerable groups; secure that ethnic minorities get access to health care education and professions, and intensify approval and/or up-qualification of migrants with health training from their home countries. Intercultural mediators should be integrated in the health care teams and an occupational profile should be developed in order to legitimise their professional domain.
- Communication skills: remove barriers to communication, as this is often the most profound barrier facing migrants. Train interpreters as well as health professionals (including the skills and ethics of interpreting) in order to ensure good cooperation and effective translation services. Generally, family and friends should not be used to provide interpreting services. In society at large efforts should be made to increase the number of ethnic minority citizens who speak the local language.
- Awareness of migrants' rights: Provide adequate information about migrants' rights to health care.

### 4. Migrant communities and patients

- Empowerment: empower migrant groups by helping them to develop skills and self-awareness in goal setting and problem solving related to health issues. This is particularly

important for migrants, who are often socially disadvantaged and marginalized and facing an imbalance of power in their encounters with the health care system.

- Community involvement: encourage communities with a large number of migrants to participate actively in the planning, implementation and evaluation of health care services affecting their everyday lives. This will help ensure the development of relevant, comprehensive and efficient health care services accepted by the target group, and will support and improve the resources among the group. Through involvement of the community the risk perceptions, barriers and needs experienced by the target group can be taken into account, while possible harmful effects of isolated ghettos of immigrants can be avoided.
- Knowledge-related access: develop and implement special adjusted training programmes to increase migrants' understanding of the health care system and to increase their knowledge of how to navigate in and use the health care system in an effective way. Employ Community Health Educators (CHE) to provide outreach to underserved groups.
- Patient participation: encourage patients to engage in the decision-making process regarding their treatment and rehabilitation; efforts should be made to enable patients to take this active role, i.e. by informing them of patient rights, the range of choices open to them etc.
- Group education: implement culturally appropriate health promotion and disease prevention programmes in order to improve health literacy among groups of migrants. These efforts should be implemented in the context of the target groups' everyday life e.g. in a local community, thereby working with health education as well as improving the social capital among the migrants.

## 5. Monitoring and research

- Data: define useful and internationally standardised categories regarding migrants (such as asylum seekers, migrant workers, undocumented immigrants), and use these in monitoring and researching health need, health care utilisation and interventions on the national, community and patient level.
- Studies: include migrants in studies on health and health care utilisation, improve survey methods and reduce language and other barriers affecting participation of migrants; avoid stigmatisation and prejudices i.e. by including relevant socio-economic background characteristics and other variables (such as ethnic self-identification, country of birth, country of birth of both parents, citizenship, duration of residence in the country, mother tongue, self-assessed command of the official language of the host country etc) in data-collection, analyses and publications in order to avoid false causal explanations regarding the effect of ethnicity and migration. Encourage studies on health interventions and health care innovations targeting migrants, in order to maximize their impact on the accessibility and the quality of care.
- Evidence: ensure dissemination of information about existing good practices in the development of health interventions towards migrants. Evaluate interventions and ensure publication of reports and that these are made accessible to members of migrant communities to ensure action and public confidence as well as responsible research practice.