MIGRANT-FRIENDLY AND CULTURALLY COMPETENT COMMUNICATION.
THE DEVELOPMENT OF AN INTEGRATED LANGUAGE AND CULTURAL MEDIATION SERVICE FOR HOSPITAL AND PRIMARY CARE SERVICES

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Integrating health promotion, prevention, treatment and care for chronic diseases across the health system.

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The Azienda Unità Sanitaria Locale of Reggio Emilia [local health service]

- Guastalla Hospital
- Correggio Hospital
- Montecchio Hospital
- Castelnovo Monti Hospital
- Scandiano Hospital
- Reggio Emilia City Hospital

6 Districts (primary care)
470 medical doctors
349 GPs

Part of the Regional Health System
3,500 employees
3 STAGES FOR THE DEVELOPMENT OF LCM SERVICE

STAGE 1. RESPONDING TO THE URGENT NEEDS OF UNDOCUMENTED MIGRANTS.

STAGE 2. RESPONDING TO THE NEEDS OF SETTLED MIGRANTS

STAGE 3. ENSURING EQUALITY OF ACCESS TO ALL CITIZENS
STAGE 1: responding to the urgent needs of undocumented migrants.

Main concern: to face the impact of illegal migration on healthcare

• To provide access for urgent treatment for UNMs
• To ensure mother and child care for UNMs
• To bridge the gap for UNMs to access primary care
• To control infectious diseases
MULTILINGUAL INFORMATION AND APPOINTMENT OF INTERCULTURAL MEDIATORS

to overcome linguistic and cultural barriers in specific areas of undocumented migrant health care

FREE ACCESS TO HOSPITAL SERVICES (assignment of temporary status)
For urgent and essential treatment
SPECIFIC HEALTH CARE CENTRES FOR MIGRANT FAMILIES
For mother and child care
VOLUNTARY NETWORK OF GPs
To foster access to primary care
PUBLIC HEALTH INTERVENTIONS
To face TB and hepatitis
STAGE 2: responding to the needs of settled migrants

Main concern: to promote health and health literacy for migrants and minority groups

To improve clinical communication between staff and patients

To increase patients’ health literacy

To improve staff inter-cultural competence
DEVELOPING A MODEL OF GOOD PRACTICE FOR INTERPRETING & INTERCULTURAL MEDIATION

to overcome linguistic and cultural barriers in hospitals with the participation in the Migrant-friendly Hospital Project (2002-2005)

INTERPRETING SERVICES SHOULD BE MADE AVAILABLE WHENEVER NECESSARY
Optimizing existing services and/or developing new ones

PATIENTS SHOULD BE INFORMED ABOUT LANGUAGE SERVICES AND HOW TO OBTAIN THESE SERVICES.
Empowering patients and minority groups

CLINICAL STAFF NEED TO BE INSTRUCTED ON HOW TO WORK COMPETENTLY WITH INTERPRETERS.
Developing specific training

PATIENT EDUCATION MATERIALS SHOULD BE MADE AVAILABLE IN NON-LOCAL LANGUAGES
Developing culturally adequate written material
Implementation and evaluation of a new LCM model of service at Guastalla hospital

Implementation of the LCM service in 3 model hospital wards (obstetrics & gynaecology, paediatrics and A&E):

• In-house interpreting & intercultural mediation system;
• Established cooperation with the district (women clinics);

COORDINATION at hospital level

TRAINING and education for model department staff on working with intercultural mediators

TRANSLATION OF WRITTEN MATERIALS (hospital info, multilingual questionnaires, discharge/follow-up…)

WHO-HPH TASK FORCE ON MIGRANT FRIENDLY AND CULTURALLY COMPETENT HEALTHCARE
HEALTH PROMOTING HOSPITALS NETWORK OF EMILIA – ROMAGNA
AZIENDA USL DI REGGIO EMILIA – DIREZIONE GENERALE
STAGE 3: ensuring equality of access to all citizens

Main concern: to develop MF and CC health services and staff

- To respond to the needs of different communities
- To ensure equal access to quality care for all
- To improve minority groups ability to use all health services
- To foster participation and integration
Implementation and evaluation of the LCM service in all 6 hospitals and 6 health districts

SET UP OF A LCM service for the whole province of Reggio Emilia by:

• Community-based interpreting & intercultural mediation as a shared resource for all health care services.
• Using an external agency for intercultural mediators
• Connecting the needs of hospitals, primary care and social services
• Developing partnerships in the community with local authorities.

ESTABLISHED COORDINATION both at central and district level

DEVELOPED TRAINING and education

• For hospital staff
• For intercultural mediators

DEVELOPED GUIDELINES on cultural mediation and translation/interpreting

SYSTEMATIC DOCUMENTATION continuous assessment
Intercultural services provided

Languages: Arabic, Chinese, Hindi, Urdu, Albanian, Russian, Turkish, Romanian..

Type of interventions for clinical encounters and health promotion activities:

- On site presence of the intercultural mediator
- Weekly scheduled intervention
- Urgent intervention (within 2/3 hours)
- Intervention over the phone
- Interpreting and translations
- Patient information and education
- Community information and education
Number of LCM interventions (November 2005 – April 2006)

Total interventions = 2477

- Chinese: 61%
- Hindi + Urdu: 12%
- Albanian: 5%
- Arabic: 19%
- African: 1%
- East Europa: 2%

Total interventions = 2477
Type of LCM interventions

- On-site presence: 52%
- On the phone: 30%
- Weekly scheduled: 12%
- Urgent: 5%
- Brief translations: 1%
LCM interventions on hospital wards

LCM interventions by hospital ward

- Obstetrics & gynaecology: 60%
- Paediatrics: 10%
- Nursery: 9%
- Administrative service: 9%
- Delivery room: 7%
- Emergency: 5%

Distribution of LCM interventions by hospital ward.
Number of LCM interventions by type of encounter

- Service access: Hospitals 272, Districts 457
- Hotel service: Hospitals 68, Districts 486
- Medical and nurse care: Hospitals 834, Districts 412
- Service meeting: Hospitals 65, Districts 3
- Prevention and health promotion: Hospitals 22, Districts 23
- Mental health: Hospitals 15, Districts 4
- Social care: Hospitals 1844, Districts 1814
- Brief translations: Hospitals 2, Districts 160

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Staff survey: how often do you see migrant patients?

- 85% daily
- 10% 2-3 times per week
- 3% 5-6 times per month
- 0 less than 5 patients per month
- 2% never
Staff survey: resources used to facilitate communication

- 35% adult relative or friend
- 12% child under 18
- 5% colleagues
- 2% auxiliary staff
- 13% self
- 28% professional LCM
- 3% other
Conclusions and remarks

- Tendency to continue to use informal interpreters, such as family members (particularly in A&E departments);
- Risk that health staff delegate certain tasks to intercultural mediators;
- Tendency to consider the use of intercultural mediators as a panacea for the management of intercultural encounters;
- Need to create appropriate and recognised training programmes for intercultural mediators;
- Need to define quality standards for intercultural mediation, interpreting and translation;
- Need to develop a policy for culturally competent communication.
Information and documents at:

www.mfh-eu.net

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