"Tackling Causes and Consequences of Inequalities in Health: Contributions of Health Services and the HPH Network"

TACKLING MIGRANTS’ HEALTH INEQUALITIES: FROM MONITORING TO EFFECTIVE INTERVENTIONS IN THE REGGIO EMILIA LOCAL HEALTH AUTHORITY

Mariella Martini, Silvia Candela, Antonio Chiarenza

Manchester, United Kingdom
14-16 Aprile 2010
Reggio Emilia Province

- 6 Districts
- Primary Care
- 5 Hospitals (800) beds
- 13 Departments
- Public Health Department
- Mental Health Department

520,000 inhabitants
IDENTIFY POPULATION’S NEEDS → MEET ITS HEALTH CARE DEMAND

HEALTH STATUS OF THE POPULATION → RESPONSIVENESS OF HEALTH CARE SERVICES

Demography
Birth rate
Newborn conditions
Mortality
Infectious diseases
Cancer incidence
Work-related injuries
Hospitalizations

Hospitalizations
Emergency Room access
Pregnancy health care

IN REGGIO EMILIA A MONITORING SYSTEM OF MIGRANTS HEALTH CONDITIONS AND MIGRANTS HEALTH CARE DEMAND HAS BEEN ACTIVATED THROUGH CURRENT DEMOGRAPHIC AND HEALTH DATA
Demography

**WHO ARE THEY?**

<table>
<thead>
<tr>
<th>country of origin</th>
<th>male</th>
<th>female</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Albania</td>
<td>3830</td>
<td>2929</td>
<td>6759</td>
</tr>
<tr>
<td>India</td>
<td>3023</td>
<td>2333</td>
<td>5356</td>
</tr>
<tr>
<td>China</td>
<td>2340</td>
<td>2132</td>
<td>4472</td>
</tr>
<tr>
<td>Romania</td>
<td>1830</td>
<td>2172</td>
<td>4002</td>
</tr>
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<td>Pakistan</td>
<td>2496</td>
<td>1378</td>
<td>3874</td>
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<td>Ukraina</td>
<td>561</td>
<td>2549</td>
<td>3110</td>
</tr>
<tr>
<td>Tunisia</td>
<td>1804</td>
<td>1093</td>
<td>2897</td>
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<tr>
<td>Ghana</td>
<td>1450</td>
<td>1119</td>
<td>2569</td>
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<td>Moldova</td>
<td>660</td>
<td>1292</td>
<td>1952</td>
</tr>
<tr>
<td>Egypt</td>
<td>976</td>
<td>433</td>
<td>1409</td>
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<tr>
<td>Poland</td>
<td>304</td>
<td>863</td>
<td>1167</td>
</tr>
<tr>
<td>Nigeria</td>
<td>516</td>
<td>639</td>
<td>1155</td>
</tr>
<tr>
<td>Sri Lanka</td>
<td>637</td>
<td>445</td>
<td>1082</td>
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</table>

**HOW MANY ARE THEY?**

<table>
<thead>
<tr>
<th>age</th>
<th>male</th>
<th>female</th>
<th>immigrants</th>
<th>% on total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;1</td>
<td>669</td>
<td>674</td>
<td>1343</td>
<td>23.25</td>
</tr>
<tr>
<td>1-4</td>
<td>2435</td>
<td>2198</td>
<td>4633</td>
<td>20.66</td>
</tr>
<tr>
<td>5-14</td>
<td>3933</td>
<td>3513</td>
<td>7446</td>
<td>15.15</td>
</tr>
<tr>
<td>15-24</td>
<td>4088</td>
<td>3758</td>
<td>7846</td>
<td>16.81</td>
</tr>
<tr>
<td>25-44</td>
<td>14693</td>
<td>13231</td>
<td>27924</td>
<td>17.14</td>
</tr>
<tr>
<td>45-64</td>
<td>4136</td>
<td>4956</td>
<td>9092</td>
<td>7.00</td>
</tr>
<tr>
<td>&gt;=65</td>
<td>431</td>
<td>717</td>
<td>1148</td>
<td>1.12</td>
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<tr>
<td>total</td>
<td>30385</td>
<td>29047</td>
<td>59432</td>
<td>11.44</td>
</tr>
</tbody>
</table>

Table 1
Migrant population in Reggio Emilia, by sex and age groups, 1° Jan. 2009, ISTAT

Table 2
Migrant population in Reggio Emilia, by sex and country of origin, 1 Jan 2009, ISTAT
In summary:
WHAT ARE MIGRANTS’ HEALTH NEEDS IN REGGIO EMILIA?

the “healthy migrant” effect persists:
low rate of chronic diseases, low mortality rate among adults

the most relevant health issues are related to pregnancies, births, work-related injuries and, to a lesser degree, to infectious diseases
Example: migrant children experience a higher infant mortality rate than Italians

<table>
<thead>
<tr>
<th>Infant Mortality In Reggio Emilia</th>
<th>Total</th>
<th>Italians</th>
<th>Migrants</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N.</td>
<td>Rate (‰)</td>
<td>N.</td>
</tr>
<tr>
<td>1993-1996</td>
<td>75</td>
<td>5,47</td>
<td>71</td>
</tr>
<tr>
<td>1997-2000</td>
<td>83</td>
<td>5,00</td>
<td>69</td>
</tr>
<tr>
<td>2001-2004</td>
<td>93</td>
<td>4,74</td>
<td>69</td>
</tr>
<tr>
<td>2005-2008</td>
<td>93</td>
<td>4,22</td>
<td>66</td>
</tr>
<tr>
<td>1993-2008</td>
<td>344</td>
<td>4,82</td>
<td>275</td>
</tr>
</tbody>
</table>

Table 3  Infant mortality rate by parents citizenship, year 1993-2008
Example: infectious diseases are more frequent among immigrants.

**TUBERCULOSIS**

**Graph 1**  Crude rate of TB (x 100,000), years: 2000-2009

**CRUDE RATE (per 100,000) BY COUNTRY OF ORIGIN - YEARS 2000/2009**

- Italians
- Immigrants
- Total
In summary: HOW DO MIGRANTS USE HEALTH CARE SERVICES IN REGGIO EMILIA?

**HOSPITALIZATIONS**
- Less or equal demand compared to Italians. Predominantly low assistance intensity demand

**PREGNANCY HEALTH CARE**
- Not yet adequate, but improving

**EMERGENCY ROOM ACCESS**
- High Casualties demand, often inappropriate
The response of our Health Organization

**Some Dedicated Services**
Dedicated service for paperless migrants:
“Foreign Family Health Centre”
Language and cultural mediation service
Programs for vulnerable groups

**Specific Projects**
Comprehensive Migrant-Friendly project
GP surgery for immigrants prostitutes
Listening centre for immigrants home carers
Training courses for healthcare staff
Information/education measures for migrant communities and target groups
"Migrant-friendly interventions in Prison and Judicial Psychiatric Hospitals"
Dedicated service for irregular migrants: The Centre for the Health of Foreign Family

MISSION:

To guarantee to temporary refugees and paperless migrants who have no social-healthcare coverage:

- mental-physical health care
- prevention and control of infectious diseases
- provision of assistance on social problems
The Programme for vulnerable groups

AIMS:
- To promote the culture of prevention among migrant communities
- To promote access and use of prevention opportunities by migrants

ACTION:

Training and informative programs for migrants on topics such as safety in the workplace; personal and domestic hygiene; infectious diseases at the workplace, places of worship, schools, and meeting points.

All meetings are attended by cultural mediators
Mental health care: Training for health staff through clinical supervision meetings

AIMS:
- To improve the intercultural knowledge of healthcare staff on topics of migration
- To build-up healthcare staff competence to improve listening and care of migrant patients.
- To reduce burn-out among healthcare staff, due to a lack of intercultural awareness

ACTION:
Discussion meetings (including language-cultural mediators) of clinical cases, held by the psychologist
Language-Cultural Mediation Service

- Available throughout the health services: Hospitals, Primary Care, Mental Health Care
- The services for women and children include the permanent presence of Language-Cultural mediators

<table>
<thead>
<tr>
<th>YEAR</th>
<th>Number of hours of mediation carried out in the whole provincial territory</th>
<th>Total yearly expense for the mediation service</th>
</tr>
</thead>
<tbody>
<tr>
<td>2005-2006</td>
<td>7,232</td>
<td>240,000 Euro</td>
</tr>
<tr>
<td>2009</td>
<td>11,544</td>
<td>368,000 Euro</td>
</tr>
</tbody>
</table>
Systematic staff training for cultural competence in the annual action plan

- Training courses are organised concerning the issues of intercultural communication, cultural competence and empowerment of patients and migrant communities
Information and communication strategy

Information is provided in a simple and culturally accessible way in order to better respond to migrants’ health literacy.

**INFORMATION**
- Translated leaflets and information material in various languages
- Information meetings with the communities (on access and use of the healthcare services)

**COMMUNICATION through**
Healthcare education courses aimed at the population for target groups (i.e. pre and post natal courses)
GLOBAL APPROACH

Demographic and health profile

Empowerment and development of the community

Constant training of healthcare workers

Service networks and adequate policies

Access equity

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Thank you for your attention