WHO-HPH Task Force on Migrant-Friendly and Culturally Competent Health Care

“Levers for change: Strategies and challenges to integrate cultural competence for providers and organisations: the Catalan Case”

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Hospital del Mar, Barcelona
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Contents

1. The phenomenon of immigration in Catalonia

2. Strategic goals and actions 2005-2007

3. Action plan 2008-2010
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1. The phenomenon of immigration in Catalonia

FOREIGN POPULATION on 1st January 2008

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Population</th>
<th>Foreign Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Spain</td>
<td>4,519,554</td>
<td>45,200,737</td>
</tr>
<tr>
<td>Catalonia</td>
<td>1,138,427</td>
<td>7,390,083</td>
</tr>
</tbody>
</table>

9.1% of the population of Spain is foreign, while 15.4% of the population of Catalonia is foreign.
1. The phenomenon of immigration in Catalonia

MAIN IMMIGRANTS GROUPS (January 2008)

- **Rumania**: 63,242
- **Equador**: 84,253
- **Marroc**: 198,942
Contents

1. The phenomenon of immigration in Catalonia


3. Action Plan 2008-2010
MPIH STRATEGIC GOALS

1. Getting to know health situation and service utilization by immigration groups.

2. Improving access to health care services by adapting them to the new needs and demands.
MPIH STRATEGIC GOALS

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MPIH STRATEGIC GOALS

1. Getting to know health situation and service utilization by immigration groups.

Analyzing those health records that register “nationality”

Doing different research studies
ANALYSIS OF THE SITUATION: FOREIGN POPULATION
Evolution of foreign residents in Catalonia

Source: Own elaboration. Data from Spanish Ministry of Work, Institute for National Statistics (INE), Secretary for Immigration and CatSalut (RCA, TSI Bureau)
Utilization of emergency services is 15% lower than national population.

Utilization of obstetric emergency services is 100% equal to national population.

Lower cost of assistance for immigrants in emergency services (lower attendance, and low-complexity procedures).
PERCEPTIONS BY HEALTH PROFESSIONALS IN RELATION TO IMMIGRANT POPULATION (CHC Study, 2006)

- Linguistic and cultural communication problems.
- Work overload and more dedication required.
- Feelings of worry and frustration.
- Aggressive or demanding attitudes by immigrants.
- Inadequate utilization of emergency services.
- Unjustified demands (because of social problems).
- Lack of compliance with visits scheduled.
- Lack of cultural competence.
SUPPORT NEEDS OF HEALTH PROFESSIONALS IN RELATION WITH IMMIGRANT POPULATION (CHC Study, 2007)

- Translators (must be present in areas with high concentration of immigrants).
- Improve the ease of telephone access to translation services.
- Cultural mediators/interpreters.
- Translated materials.
- Accessible training in cultural and pragmatic competence.
Different migration experiences of each country: the focus of the field of action varies across countries.

Strategies addressed to enable access, analysis of needs, approach to specific health problems, and training for health professionals.

In Spain, only Catalonia has developed a specific plan for immigrant population’s health care.
MPIH STRATEGIC GOALS

1. Getting to know health situation and service utilization by immigration groups.

2. Improving access to health care services by adapting them to the new needs and demands.
WHAT HAS BEEN DONE?

- Reception Plan
- Intercultural Mediation Plan
- Training Plan
Reception Plan

- Identification of reception needs.
- Audio-visual and written materials for reception.
- Usability Plan.
- Interdepartmental work: collaboration in the process of preparation of the Law of Reception.
# Intercultural Mediation Plan

<table>
<thead>
<tr>
<th>PROFILE</th>
<th>COMPETENCES</th>
<th>WHERE ARE WE?</th>
</tr>
</thead>
<tbody>
<tr>
<td>TRANSLATOR/INTERPRETER</td>
<td>Translates accurately oral and written discourse</td>
<td>Sanitat Respon is a helpline 24 hours a day in 102 languages</td>
</tr>
<tr>
<td>INTERCULTURAL MEDIATOR</td>
<td>Assess and enable communication between health care professionals and users, and ease their access to services provided</td>
<td>About 90 intercultural mediators working for our HS</td>
</tr>
<tr>
<td>COMMUNITY HEALTH WORKER</td>
<td>Informant, community mobilizer, intercultural mediator, analyzer of needs, promoter of health activities</td>
<td>In process</td>
</tr>
<tr>
<td>FOREIGN HEALTH PROFESSIONAL</td>
<td>Allow communication between health care professionals and users, promote access to services and equality in health care provision</td>
<td>34% of doctors were enrolled in professional associations in 2006 (11% of medical professionals in Catalonia in 2007) were foreigners</td>
</tr>
</tbody>
</table>
Intercultural Mediation Plan

Approximate preliminary estimate of intercultural mediators/translators needs, based on the resources of the Immigration Plan of Girona Health Region

<table>
<thead>
<tr>
<th>REGION</th>
<th>EXISTING MEDIATORS</th>
<th>MEDIATORS HOURS / WEEK</th>
<th>EXISTING MEDIATORS (30 h / week)</th>
<th>MEDIATORS NEEDED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lleida Health Region</td>
<td>19</td>
<td>156</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>Tarragona Health Region</td>
<td>15</td>
<td>30</td>
<td>1</td>
<td>11</td>
</tr>
<tr>
<td>Terres de l'Ebre Health Region</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>Girona Health Region</td>
<td>21</td>
<td>576</td>
<td>19</td>
<td>23</td>
</tr>
<tr>
<td>Catalunya Central Health Region</td>
<td>4</td>
<td>52</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Alt Pirineu and Aran Health Region</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Barcelona Health Region</td>
<td>40</td>
<td>415</td>
<td>14</td>
<td>32</td>
</tr>
<tr>
<td><strong>TOTAL CATALONIA</strong></td>
<td>99</td>
<td>1229</td>
<td>41</td>
<td>90</td>
</tr>
</tbody>
</table>
Training Plan for healthcare assistance provided to the immigrant population

The Training Plan began in 2001 in collaboration with the Immigration Master Plan and the Institute of Health Studies (IES)

Objectives:

• To increase knowledge based on cultural competence in order to relay information more adequately and to improve the welfare process.

• To study the health and social factors involved in healthcare for populations that are vulnerable and culturally diverse.

• To update knowledge on international medicine.

• To reinforce the search, through research, for ideas and solutions for difficult situations or complex cases.
Training Plan for healthcare assistance provided to the immigrant population

TRAINING CONTENTS:

- Cultural competence
- Health inequalities. Immigrants face to reception country’s pathologies.
- Migration and mental health
- International health
- Pediatrics
- Sexual and reproductive health
- Food and nutritional adaptation
Training Plan

Training conducted: 113 courses and 2,532 professionals

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<tr>
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</thead>
<tbody>
<tr>
<td>Number of courses</td>
<td>18</td>
<td>38</td>
<td>34</td>
<td>23</td>
</tr>
<tr>
<td>Number of professionals</td>
<td>437</td>
<td>836</td>
<td>733</td>
<td>526</td>
</tr>
</tbody>
</table>
ELABORATION OF PROTOCOLS, GUIDES AND SUPPORT MATERIALS

PROTOCOLS ON MATERNITY AND INFANT HEALTH
- Protocol of follow up of pregnancy in Catalonia, Protocol of assistance to childbirth, puerperium and newborn child health care. – Annexes on attention to diversity
- Attention to immigrant children – The Healthy Child Follow-up Programme
- Actions for female genital mutilation prevention

PROTOCOLS AND GUIDES ON INFECTIOUS DISEASES
- Tuberculosis: audio-visual material in 9 languages, culturally adapted.
- Protocol on action for TB control and prevention in immigrants and imported cases.
- Protocol of prevention of parasitic diseases.

GUIDES ON MENTAL HEALTH IN IMMIGRANTS, in coordination with the Master Plan on Mental Health

GUIDE TO IMPROVE DIETARY COUNSELLING IN IMMIGRANT POPULATION

TRANSLATION OF HEALTH EDUCATION MATERIALS IN DENTAL HEALTH AND MATERNITY AND INFANT HEALTH
ELABORATION OF PROTOCOLS, GUIDES AND SUPPORT MATERIALS
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ACTION PLAN 2008-2010

- Progressive closing of strategic stage
- Boost to operational stage
3- ACTION PLAN  2008- 2010: OBJECTIVES

1- To implement the project “Cultural Mediation 2008-2009”: training 50 cultural mediators already working for the system and certificate their training as well as to train and contract 50 new cultural mediators over 2 years

2- To collaborate in the definition and development of the Health Community Care Model

3- To evaluate the impact of action plans
FUTURE GOALS

Keep working to achieve a humanised health system without inequalities between population groups or territories, open to all communities, that facilitates coexistence, tolerance and respect.