Task Forces Progress Report 2015-2016

Dear Task Force Leaders,

We hereby start the collection of the HPH Progress Reports for the period 2015-2016. We ask all of you to fill in the report and send it to us before Wednesday, February 15, 2017.

This year, the progress report format has been updated to allow you to save your work on the report and come back to it later, in several reporting sessions if needed. This should ease the process and accommodate your requested format changes.

The progress reports support the exchange of knowledge and experience, and they are important tools for HPH to assess the work in the HPH Task Forces and adjust and identify key priorities for actions and improvement.

The progress report is structured with three main parts;
1) Administrative information of the Task Force. This part will insure that the available information is up-to-date and correct.
2) Report on the work of the Task Force. This part is closely related to the HPH Global Strategy 2013-2015 and your TF's progress and work on the strategy's activities and goals. As the standards are a priority in the strategy, there will be a set of questions related to your Task Force's fulfillment of the standards.
3) Additional questions. This part will give an overview of other important projects and initiatives done in the Task Force.

The progress reports are mandatory and upon collection of all data, the reports are made publicly available online (both individually and in collated form).

We acknowledge that the Progress Reports require extra work from the Task Force Leaders, but as they are important tools for a continued improvement and assessment of the TF, we hope you appreciate the necessity of the task at hand.

Part 1: Administrative Information

1.Name of Task Force

Task Force Migrant Friendly and Culturally Competent Health Care

2. Which of these does the work of your TF focus upon? (Multiple answers are allowed)

Patients	x
Staff	x
Community	x
Environment	

3. TF Coordinator

Name	Antonio Chiarenza
Phone	+390522335087
E-mail	Antonio.chiarenza@ausl.re.it
Address	AUSL of Reggio Emilia - Via Amendola, 2 – 42124 Reggio Emilia
TF Website	http://www.ausl.re.it/node/284126

4. Coordinating Institution

Name	AUSL of Reggio Emilia
Phone	+390522335087
E-mail (If different from coordinator's)	
Address (If if different from coordinator's)	
Institution Website	http://www.ausl.re.it

5. Date of Establishment and Expiration

	MM/DD/YYYY
Date of Establishment	13th May 2013
Expiration of Network Agreement	13th May 2016

6. Number of members at the time of reporting

Number of Hospitals

Number of Health Services

Number of entities that are combined Hospital / Health Services

13 (core members)

Number of Affiliated members

41

Number of other entities*

* Which other entities?

7. Is your TF subsite on hphnet.org up to date?

Yes	x
No	

8. Has your TF sent, or is it planning to send, material to the International HPH Secretariat?

Yes*	x
No	

* Please provide titles and authors

Equity standards on health care for migrants and vulnerable groups

9. Has your TF described the relation to the HPH mission, purpose and objectives and the expected impact?

Yes*	x
No	

* Please describe

The TF-MFCCH project relates - through the terms of references - directly to the mission of the International HPH Network. Health promotion, seen as an enabling process for the achievement of individual health potential, reducing disparities and ensuring equal opportunities and resources, became the conceptual and operative framework for the new project of the TF MFCCH. According to this logic, redressing the disparity which prevents equal access to services and care and which impedes participation and integration, means developing policies and equity tools which render services more responsive to diversity, which improve communication and relations with patients, improving staff competence, encouraging patient empowerment and participation and tackling the determinants of health care inequalities.

10. When was the last time your TF submitted a detailed TF description to the International HPH Secretariat? (including action plan, member list, time schedule, deliverables list and plan for evaluation)

	MM/DD/YYYY
Date	13th May 2013

11. Has your TF recruited and supported TF members to become members of the International HPH Network?

Yes	x
No	

12. How many new members have been registered in the TF and how many members have withdrawn from the TF in the period 2015-2016?

Number of new members	1
Number of ceased members	0

13. Does the TF offer or organize any training activities related to HPH?

Yes	x
No	

14. Does your TF have partnerships or working relations with other organizations, institutions or similar? (such as political entities, scientific organizations, NGOs, public institutions, private companies etc.)

Yes*	x
No	

* Please provide names of partners and nature of partnership

From its inception the TF MFCCH, consisting mainly of health professionals and managers, struck up a strong alliance with the world of research dedicated to the study of health care for migrants (universities and research networks such as COST-Actions; EUPHA section on Migrant Health, NAKMI –Norway; …); partnerships with political entities, such as national/regional government agencies, e.g: Public Health Department in Belgium; and international organisations, such as WHO-Venice and Copenhagen; IOM (International Organisation of Migration), PICUM (Platform for International Cooperation on Undocumented Migrants), FRA (European Union Agency for Fundamental Rights), ICMPD (International Centre for Migration Policy Development).

Part 2: Report on the work of the Task Force

15. Organizational structure and way of working

Describe the organization of your TF e.g. coordinating institution, scientific committee, steering group, task forces etc. (Please provide organizational chart if available)

Coordinating institution: Azienda Unità Sanitaria Locale di Reggio Emilia

Scientific commettee:
- Antonio Chiarenza, Task Force leader, AUSL of Reggio Emilia, Italy (HPH member);
- Bernadette Nirmal Kumar, NAKMI, Norway, (HPH member)
- Ragnhild Spilker, NAKMI, Norway, (HPH member)
- Eeva Hakkinen, Mikkeli Central Hospital, Finland (HPH member);
- Laura McHugh, Galway University Hospital, Ireland (HPH member);
- Marie Serdynska, McGill University health Centre, Montreal Children's Hospital (HPH member)
- Karima karmali, The Hospital for Sick Children, Toronto, Canada (HPH member)
- Linda Horvat, Department of Health, Melbourne, Australia (HPH member)
- Manuel Fernandez Gonzalez, Uppsala University Hospital, Sweden (HPH member)

From other entities:
- Elizabeth Abraham, Critical Link International, Canada
- Hans Verrept, FPS Health, Food Chain Safety and Environment, Belgium
- Manuel Garcia Ramirez, University of Seville, Spain
- James Glover, NHS Scotland, Edinburgh

16. Outcomes and main achievements in your TF

Please describe the main outcomes and achievements in the period 2015-2016

During the last two years the TF MFCCH has worked on the continuation of a project aimed at developing a comprehensive framework for measuring and monitoring the capacity of healthcare organisations to improve accessibility and quality of care for migrants and other vulnerable groups. To this end a set of standards for equity in health

care were developed and pilot tested in several countries:
1. *Equity in Policy*, aiming to define how organisations should develop policies, governance and performance monitoring systems, which promote equity.
2. *Equitable Access and Utilisation*, aiming to encourage health organisations to address barriers which prevent or limit people accessing and benefiting from health care services;
3. *Equitable Quality of Care*, aiming to ensure that organisations develop services that are responsive to the diverse needs of patients and families along the whole care pathway, ensuring a safe environment and continuity of care;
4. *Equity in Participation*, aims to support organisations in developing equitable participatory processes that respond to the needs and preferences of all users;
5. *Promoting Equity*, aiming to encourage organisations in promoting equity in its wider environment through cooperation, advocacy, capacity building, disseminating research and effective practices.

In 2015 a pilot test implementation of the equity standards was undertaken in 55 health care organizations: 7 in Australia, 5 in Canada, 1 in Turkey and 42 in Europe. The findings of the pilot test showed that compliance with the standards was low in three main areas: policy, participation and promoting equity outside the organisation (STD 1; STD 4; STD 5). In particular, pilot institutions revealed difficulties in establishing specific equity policies and plans at governance level; in promoting the involvement and participation of service users; in developing forms of collaboration and partnership with relevant stakeholders in the community. On a more positive side, the pilot test results show that in general organisations do have policies in place to identify access barriers, to minimise architectural barriers, to overcome language and communication barriers; as well as policies to ensure that individual and family characteristics and experiences are taken into account throughout the care process. (STD 2; STD 3).

You are welcome to share both challenging and enriching experiences with the other members of the International HPH Network

Self-assessment using the equity standards proved to be useful in:
- Linking service performance assessment with equity strategy;
- Identifying gaps and formulating recommendations for improvement;
- Integrating equity action plans into the organisation's quality system;
- Involving professionals and users;
- Improving coordination with other service providers;
- Benchmarking with other health care organisations.

The pilot test implementation of the equity standards showed that institutions have difficulties in the effective uptake/integration of the standards with existing policies and practices (e.g.: accreditation system; quality management system).

17. Evaluation and monitoring

Has any evaluation and monitoring been carried out of the work in the TF?

Yes	
No	x

You are welcome to share your experience from this work with the other members of the International HPH Network

We asked the health care organisations involved in the pilot implementation of the standards to evaluate the self-assessment process through a specific questionnaire.

Which of the WHO Standards and Sub-Standards relate to the work of your Task Force?

18. Standard 1: Management Policy

Standard description: The organization has a written policy for health promotion. The policy is implemented as part of the overall organization quality improvement system, aiming at improving health outcomes. This policy is aimed at patients, relatives and staff.

Standard objective: To describe the framework for the organization's activities concerning health promotion as an integral part of the organization's quality management system.

Do the work of your TF relate to Standard 1: Management Policy?

Yes	x
No	

19. Standard 2: Patient Assessment

Standard description: The organization ensures that health professionals, in partnership with patients, systematically assess needs for health promotion activities.

Standard objective: To support patient treatment, improve prognosis and to promote the health and well-being of patients.

Do the work of your TF relate to Standard 2: Patient Assessment?

Yes	x
No	

20. Standard 3: Patient Information and Intervention

Standard description: The organization provides patients with information on significant factors concerning their disease or health condition and health promotion interventions are established in all patient pathways.

Standard objective: To ensure that the patient is informed about planned activities, to empower the patient in an active partnership in planned activities and to facilitate integration of health promotion activities in all patient pathways.

Do the work of your TF relate to Standard 3: Patient Information and Intervention?

Yes	x
No	

21. Standard 4: Promoting a Healthy Workplace

Standard description: The management establishes conditions for the development of the hospital as a healthy workplace.

Standard objective: To support the development of a healthy and safe workplace, and to support health promotion activities of staff.

Do the work of your TF relate to Standard 4: Promoting a Healthy Workplace?

Yes	x
No	

22. Standard 5: Continuity and cooperation

Description: The organization has a planned approach to collaboration with other health service providers and other institutions and sectors on an ongoing basis.

Objective: To ensure collaboration with relevant providers and to initiate partnerships to optimize the integration of health promotion activities in patient pathways.

Do the work of your TF relate to Standard 5: Continuity and cooperation?

Yes	x
No	

Teaching and Training

23. Has your TF supported and participated in teaching and training?

Yes*	x
No	

* Please provide details

We have provided support to HPH memebers with training activities on the issues of equity and migrant health. Particularly in Italy, Norway, Belgium, Australia and Canada.

Communication and Advocacy

24. Has your TF advocated HPH nationally, regionally or internationally?

Yes, at 2 or more events*	x
Yes, at 1 event*	
No	

* Please provide titles of events/sessions and information on which audience

The HPH network and programme are promoted each time the TF presents its activities, regionally, nationally and internationally

25. Has your TF disseminated the Global HPH Strategy 2013-2015 to all TF members?

Yes	x
No	

26. Has your TF informed internationally/locally of the TF work?

Yes, on 2 or more occasions*	x
Yes, on 1 occasion*	
No	

* Please provide titles of events/sessions and information on which audience

- Regional event: "*La cultura dell'equità in un contesto di "vulnerabilità sociale" in ambito sanitario"* Torino, 20 Novembre 2015 Organised by the HPH Network of Piemonte.
- National event: *"Equity Standards in Healthcare: actions for change"* 26-27 November 2015, Brussels. Organised by Federal Service of Health, Food Chain Safety and Environment
- National event: "What is equity in health care?" 25th-26th August, Tampere. Organised by the association of Health Promoting Hospitals and Organisations in Finland in collaboration with The Task Force Migrant-friendly and Culturally Competent Healthcare.
- National event: *"Norsk nettverk for migrantvennlige sykehus (NONEMI) 10 år Et likeverdig helsetilbud?"* Jubileumskonferanse 22 November 2016, Oslo. Organised by the Norwegian network of MFH
- International event: 8th European public health conference 2015. Preconference on "Public health and human rights: ensuring access to health care for refugees crossing the Mediterranean Sea" 15th October 2015, Milan. Organised by the EUPHA section on Migrant Health in partnership with HPH-TF-MFCCH
- International event: 6th EUPHA Migrant and Ethnic Minority Health Conference – Oslo, 23-25th June 2016. Organised by NAKMI, Oslo.

27. How many of the TF's own members have been recruited as new HPH members in the period?

| 2015 | 0 |
| 2016 | 0 |

Advancement of Clinical Health Promotion Research

28. Has your TF informed the TF members on ongoing HPH research projects?

| Yes | x |
| No | |

29. Has your TF contributed to the official HPH journal: Clinical Health Promotion (by submitting news, papers or otherwise) within the period 2015-2016?

| Yes* | x |
| No | |

* Please provide titles and author names

- Antonio Chiarenza "Equity in health care for migrants and other vulnerable groups: a project of the Task Force (TF) on Migrant-friendly and Culturally Competent Health Care (MFCCH)" WHO-PHAME, issue 7, December 2015
- Antonio Chiarenza "Migrant-Friendly and Culturally Competent Health Care – flash – backs and foresights" HPH Newsletter, special issue, No 82 – October 2016
- Antonio Chiarenza "What is equity in health care?" Clinical Health Promotion, Vol. 6 Issue 2, November 2016

30. Has your TF disseminated newest results from HPH among your members?

Yes*	
No	x

* Please describe what research and how

31. Has your TF developed a TF Action Plan?

Yes*	x
No	

* Please provide plan

ACTION PLAN 2013-2016

- Analysis of the findings of the first phase of the pilot-test aimed at assessing the TF equity standards in 45 institutions from 12 different countries (conducted between April and October 2012,) and write an article (for Clinical Health Promotion Journal)
- Strengthen the evidence base of the standards for equity, as requested by ISQA criteria.
- Development and evaluation of the second pilot-test of the equity standards on implementation to explore effective uptake and connection with existing policies and practices (legislation, equity plans, quality improvement, accreditation) (2014-2015)
- Identify equity-based indicators for evaluate the impact of equity improvement initiatives. (2015)
- Develop a SAT (Self-Assessment-Tool) for implementation containing the equity standards, equity-based indicators and guidance for improvement plans. (2015)
- Analysis of results of the second pilot test in 55 health care organizations in 16 countries. (2016-2017)

Part 3: Additional Questions

32. Does your TF have additional strategy, priorities and focus areas

Yes*	
No	

* Please provide information

33. Have you received recognition/acknowledgement from public authorities, health systems etc.?

Yes*	X
No	

* Please describe the recognition/acknowledgment

Informal recognitions in some countries where the equity standards have been implemented and embedded in the local service quality management system or policy.

34. Are key TF documents available in local languages?

Yes*	x
No	

Please provide titles of those TF materials that should be made available in local languages

Equity standards in health care for migrants and other vulnerable groups. This document is already available in English, Italian, Spanish, Norwegian, French, Duch, and Finnish.

35. Does your TF collaborate with WHO?

Yes*	x
No	

* Please describe the collaboration

The TF MFCCH has established informal forms of collabotration with WHO-Venice on the issue of migrant health.

36. How do you think that the International HPH Network, the HPH Governance Board and the HPH Governance Assembly could meet the needs of the Task Forces better?

Through the establishment of a liaison person between the GB and the TF-MFCCH

37. How do you think your TF could contribute better to the International HPH Network's fulfilment of its objectives?

Through the establishment of a liaison person between the GB and the TF-MFCCH

Final comments you wish to provide