



Project Summary

Migrant-Friendly Hospitals Project



Financially supported by the European Commission

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Co-funded by bm:bwk – Federal Ministry for Education, Science and Culture (Austria)

Pilot hospitals from 12 member states of the European Union

Supporting partners



Co-ordinated by LBISHM, WHO Collaborating Centre for Health Promotion in Hospitals and Health Care, Institute for Sociology, University of Vienna



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Background: Migration, Health and Hospitals

Migration, ethno-cultural diversity, health and health care are closely interlinked in many ways. Due to worldwide migration, globalisation and also European enlargement, communities in Europe are becoming more and more diverse on the local level as well. The health status of migrants and ethnic minority groups is often worse than that of the average population. These groups are more vulnerable, due to their lower socio-economic status, and sometimes because of traumatic migration experiences and lack of adequate social support. Minority groups are at risk of not receiving the same level of health care in diagnosis, treatment and preventive services that the average population receives. Health care services are not responsive enough to the specific needs of minorities.

Therefore, increasing diversity is an important issue for health systems and services. Many of the related problems are facing both service users and providers. Examples include not only language barriers and cultural diversity, but also scarcities in hospital resources and low levels of minority purchasing power and entitlements. All this poses new challenges for professionals, for management and for quality assurance and improvement in health services – especially for hospitals which play a particularly important role in serving this segment of the population.

The Project and its partners

To work on these challenges, a group of hospitals from 12 European countries came together as Pilot Hospitals to participate in the Migrant-Friendly Hospital project. The project idea was initially developed by the Health Authority of Reggio Emilia in the North of Italy, which then invited the Ludwig Boltzmann Institute for the Sociology of Health and Medicine (LBISHM) at the University of Vienna, an experienced scientific co-ordinator for European projects. LBISHM developed the project proposal that was accepted by the European Commission, DG Health and Consumer Protection (Sanco), Public Health Program. The 2½-year project formally began in October 2002. National and regional networks of the WHO Network of Health Promoting Hospitals (HPH) played an important role in bringing together the partner hospitals from Austria, Denmark, Finland, France, Germany, Greece, Ireland, Italy, The Netherlands, Spain, Sweden, and the UK. A hospital from Portugal, originally partner of the project, had to opt out, after

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changes in ownership and management. The participating hospitals represent a wide range of types, from large metropolitan university teaching hospitals to small-town community hospitals, with public and with private, non-profit ownership. Some of the partners already had a long-standing record in serving ethno-culturally diverse communities before they participated in the project, some of these communities being rather well-established and homogeneous, others being very diverse and comprised of a large number of undocumented migrants.

The project partners collaborated with a group of high-profile experts and a wide range of international and European organisations acting as Supporting Partners of the project. The project partners agreed to strive to put migrant-friendly, culturally competent health care and health promotion higher up on the European health policy agenda and to support other hospitals in their quality development towards migrant friendliness by compiling practical knowledge and instruments.

Based on the results of a systematic needs assessment and a review of effective interventions, provided by the Swiss Foundation for Migration, University of Neuchâtel, Switzerland, and supported by an "overall project" that assured the implementation of the issue into management and quality management structures and monitored the development process, the partners implemented solutions in the following intervention areas:

- Improving interpreting services
- Migrant-friendly information and training for mother –and child care
- Staff training towards cultural competence.

So a major strategy to test the feasibility of becoming a migrant-friendly and culturally competent organisation was the implementation and evaluation of evidence- and experience-based interventions in these three specific areas. The implementation was supported by expertise (tools, consultation) and the resources of mutual consultation in the European benchmarking process.

Experiences and results were presented at the Final Conference "Hospitals in a Culturally Diverse Europe" in Amsterdam, Dec 9-11, 2004. Intermediate results were disseminated at several European conferences for hospitals, public health, health promotion and the health sciences.

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European Recommendations for migrant-friendly health policy on the hospital level as well as for other stakeholders were launched as the "Amsterdam Declaration Towards Migrant-Friendly Hospitals in an Ethno-culturally Diverse Europe". To assure sustainability of the MFH movement after the end of the project, a Task Force on Migrant-Friendly Hospitals has been established in the framework of the WHO Network on Health Promoting Hospitals.

The main costs of European co-operation were covered by EU funding. LBISHM as a co-ordinator also received co-financing from the Austrian Federal Ministry of Science and Education and invested own funds. The partner hospitals had to finance their local quality development projects out of their own budgets.

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Project steps – a schedule

Date	European Project	Overall Project	Subproject A	Subproject B	Subproject C
2002 10-12	Project Start: Start of review of effective models	Setting up of local project steering groups			
	Meeting 1: Kick-off Meeting (November, 29-30, Vienna)				
2003 01-03	Development: checklist; development: Needs Assessment Kit	Start of local needs assessment			
		Analysis of local needs assessment			
04-06	European cross-analysis of needs assessment; selection of 3 European subprojects, results of needs assessment, results of review of effective models	Deciding upon local priorities			
07-09	Development of pathways and instruments for subprojects	MFQQ 1 st assessment (May)	Setting up local subproject groups		
		Deciding on local implementation of European subprojects			
Meeting 2: Training workshop – Setting up 3 European Subprojects (September 18-20, Reggio Emilia)					
10-12	Development of evaluation designs and instruments Supporting the start of pilot operation and data collection	Deciding on local implementation of European subprojects (continued till November)	Planning and preparation of the measure	Assessment of clientele and client needs, Planning and preparation of the measure	Assessment of staff needs, Planning and preparation of the measure
2004 01-03	Meeting 3: Implementation workshop, Feb 13-14 Algeciras Mutual consultation on Subproject implementation				
	Start of conference preparations Support for local interventions		Implementation of the measures, data collection for evaluation		
04-06	Start of editing European Recommendations Presentations of the project and intermediate results at international conferences	MFQQ 2 nd assessment	continued until June	continued until May	continued until June
07-09	Start of data analysis of subprojects and overall project, report writing Meeting 4: Benchmarking Meeting Dublin (17-18 September)				
10-12	Data analysis, editing of European recommendations, conference preparation (cont.) Final conference: Presentation of project results, launch of European recommendations (9-11, December 2004)				
2005 01-03	Conference Proceedings Final Report (March 2005)				

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Experiences, Results and Tools

The overall project: Developing migrant-friendly hospitals

Sustainable improvements of complex organisations, like hospitals, can be achieved only within the framework of an overall organisational development process. To initiate and foster such a process, the MFH project set up an “overall project”, starting with establishing project teams in all partner hospitals. These teams took responsibility for all further project related activities within their hospitals, took the lead in marketing the idea and acted as focal points for the European project coordination.

In line with quality management procedures, the overall project started with (1) conducting a needs assessment within the partner hospitals which integrated perspectives of clients, staff and hospital management and (2) with a literature review on available knowledge concerning health and health care problems and possible solutions related to migrant status. This review grouped interventions in four areas – communication, responsiveness, empowerment and monitoring – and it highlighted the relevance, principle options and evidence for effectiveness of interventions in these areas.

Local overall projects oriented themselves at the basic principles forming the core of a migrant friendly hospital mission statement defined in the European project:

- valuing diversity by accepting people with diverse backgrounds as principally equal members of society;
- identifying the needs of people with diverse backgrounds and monitoring and developing services with regard to these needs;
- and finally, compensating for disadvantages arising from diverse backgrounds.

An assessment instrument was developed: the Migrant Friendly Quality Questionnaire (MFQQ) to assess the status quo of overall “migrant-friendliness” concerning services and (quality) management structures. Results were used to allow for benchmarking within the group of participating hospitals. The MFQQ proved useful in systematically assessing migrant-friendly structures such as interpreting services, information material for migrant patients, culturally sensitive services (religion, food), as well as components of a (quality) management system to enable and assure the migrant-friendliness of

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services, e.g. the integration of migrant-friendliness into mission statements, budgeting, and staff development programmes. The MFQQ was used for two assessments (2003 and 2004) within the 12 European Partner Hospitals and – additionally – for 5 observer hospitals in Germany and Ireland, all locally organised within the Health Promoting Hospitals network. It proved to be feasible and informative, but experiences also indicate areas for further improvement.

On the basis of the results of the needs assessment, of the first MFQQ assessment of structures and quality systems, and the review's identification of the most common problems and solutions, a first picture of MFH-related problems and ways to handle them could be drawn, followed by decisions concerning the implementation of three subprojects.

In addition to their activities within the three thematically focused subprojects, some hospitals engaged in further action within the overall project, e.g. by integrating migrant-friendliness criteria into their strategy development (regulation of basic values, EFQM self-assessment, strategic aims and Balanced Scorecard), by improving hotel and religious services for a migrant clientele, and by implementing migrant-friendly information material (translation of relevant information about the department, discharge and follow-up procedures, improving signposts using pictograms).

The first assessment in 2003 showed a heterogeneous European hospital group, with some hospitals listing many existing migrant-friendly services and having a well-established management structure in place, but with other hospitals showing considerable areas for further development. The results after one year of work within the European project showed that the majority of hospitals could use the project for considerable improvements both on the level of services as well as for developing their quality management systems. Detailed results are to be found in the presentations that were made on the occasion of the project group's final business meeting (included in this report).

Subproject A: Improving interpreting in clinical communication

Patients who are non-local language speakers or come from migrant populations or ethnic minority groups often are not able to communicate effectively with their clinicians to receive complete information about their care. At the same time, clinical staff is often

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not able to understand the patients' needs or to elicit other relevant information from the patient. Correspondingly MFH needs assessment results show that language and communication is regarded as the most important problem area in dealing with migrant populations and ethnic minorities in clinical routine.

Nine Pilot hospitals (DK, EL, ES, FI, IR, IT, NE, SW, UK) participated in this subproject to improve clinical communication with migrant and ethnic minority patients with the following four aims:

1. Professional interpreter services should be made available whenever necessary to ensure good communication between non-local language speakers and clinical staff.
2. Patients should be informed about the language services that are available and about how to obtain them.
3. Clinical staff needs to be empowered on how to work competently with interpreters to overcome language barriers and obtain better outcomes.
4. In addition, education materials for patients should be made available in non-local languages to assist with communication.

Measures were developed and implemented to improve clinical communication through telephone interpreting, face-to-face interpreting, intercultural mediation and written material as supporting communication. In a benchmarking evaluation design a pre- and a post-intervention staff survey and a patient survey were conducted. General evaluation results show that the implemented measures were effective:

- The rate of responses stating that interpreters were available in a timely manner (always or often) increased by 17%.
- Improvements were observed in all defined quality indicators for interpreting services such as introduction and role explanation by interpreter, accurate transmittance of information, clarification by interpreter, clarification of cultural beliefs and identification of patient's further needs by the interpreter.
- The overall rating of interpreting services improved, with the number of responses rating them as excellent or very good increasing from 26% to 47%.
- 55% of staff members identified an improvement in their work situation as consequence of the measures implemented in the context of the subproject.

But clinical communication for migrants can be improved consistently only if

- it is integrated into a hospital's general policy on diversity,
- it is sustained by becoming mainstream and not relying only on local champions, and

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- adequate political will and funding is assured.

Subproject B: Migrant-friendly information and training in mother and child care

Mother and child health for migrants and ethnic minorities has been highlighted as an area of particular concern for health policies and programmes, since birth rates in migrant populations are significantly higher and incidence of health problems for mothers and children is also above average.

Improvements in the health of mothers and children require a high level of awareness among the parents-to-be concerning which services are available, what is important in pre- and postnatal care, and which behaviour is relevant for the health of mother and infant. The importance of awareness and the ability to self-management makes the empowerment of clients - by raising their health literacy levels and increasing their ability to act - a key intervention.

Subproject B aimed at empowering women and families in parental care by providing culturally adequate information and training programs. Six hospitals (AT, IT, FI, NL, SP, UK) developed information materials such as brochures and videos as well as training courses that were tailored on the basis of a needs assessment among migrant women about what kind of information they felt they needed concerning pregnancy and early motherhood and about how courses should be designed.

The courses and information materials were developed with regard to four quality dimensions: (1) appropriate access to services, (2) relevant information, (3) culturally sensitive design and format of information, and (4) an empowering and culturally sensitive relationship between providers and clients.

Evaluation showed that women who attended the courses and used the information material were very satisfied in all quality dimensions and felt a remarkable improvement of knowledge. An issue to be worked on further is access: even though courses were free of charge and women were supported by various measures including child care, participation rates were low. One hypothesis was that the influence of the husbands and/or family , who often decide whether such courses are taken or not, might have

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been the reason for the low participation rates. Further development should take into account the important role of men within mother and child care.

Within the project framework, working tools for the planning, implementation and evaluation of measures were developed. Supporting tools were provided to further guide the design of courses and information material. They are available in the report. Further insights into the issue are given in the evaluation report, fact sheet and pathway, as well as in the presentations related to this subproject.

Subproject C: Staff training towards cultural competence: Enabling hospital staff to better handle cross-cultural encounters

Within the framework of the MFH project, a lack of cultural competence among hospital staff – identifiable as cultural unawareness, misunderstandings, and prejudices that are inhibiting factors in communication – was identified as a significant problem by the needs assessments in the participating European hospitals. On the basis of a systematic review of international literature, the solution chosen to help solve this problem focused on an intervention in which a staff training course was held to improve cultural competence. This intervention is widely acknowledged by experts as a quality improvement measure for health care services. Training courses are widely practised, especially in classical immigration countries like the USA, Canada and Australia. As direct aims of this intervention, improving hospital staff's awareness, knowledge, skills and comfort level relating to the care of a diverse patient community have been targeted.

Nine pilot hospitals participated in the staff training project (AT, DE, ES, FR, IR, IT, NL, SV, UK). Several tools – a factsheet, a pathway and modules for implementation and instruments for evaluation – were developed by LBISHM in collaboration with experts to support the hospitals (all tools are available in this report).

Results and experiences are summarised according to 5 criteria (for details see the evaluation report and the presentations of focal persons at the final conference):

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- Feasibility could be demonstrated; acceptability among staff varied in the hospitals but altogether a total of 149 staff members participated.
- Quality was operationalised in terms of the following dimensions: content, structure, amount of training units, qualification of trainers, composition of participating staff, management support, systematic needs assessment on the department level, integration in ongoing quality assurance etc. Quality was measured as “conformity with the recommendations of the pathway” and, so defined, varied extensively, mainly due to a very narrow project timeframe that forced hospitals to rely on resources easily available.
- Effectiveness could be confirmed by improvement of staff’s self-rated awareness, knowledge, skills and comfort level concerning cultural diversity issues, as well as by increases in interest levels regarding cultural competence and in staff’s self-rated ability to cope with work demands.
- Cost-effectiveness: external training costs were low, but developmental costs rather high, despite personal costs being mainly covered through voluntary work.
- Sustainability: training was recognised as an effective way to equip staff with important competencies and will be continued but modified in all participating hospitals.

The experiences of the European hospitals strengthen the case for investing in training towards cultural competency as a solution for tackling tensions and difficulties experienced in encounters between staff and a diverse patient population. Experiences indicate that it is advisable to distinguish two aspects of this issue: on the one hand cultural competence training as a short, generic, basic workshop, and on the other hand the systematic inclusion of cultural competence aspects into the regular quality management routines on the level of hospital departments (see the conclusions of the Evaluation Report)

Final Conference “Hospitals in a Culturally Diverse Europe”

The final conference of the project, “Hospitals in a Culturally Diverse Europe”, took place in Amsterdam from December 9 – 11, 2004, and brought together 160 participants from diverse backgrounds: not only representatives of health professions, health care management, health policy, experts, scientists, but also patient and minority

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representatives and human rights advocates from over 20 European countries as well as from North America and Africa.

The conference was organised by one of the Pilot Hospitals – the Academic Medical Centre Amsterdam as local host – and the LBISHM. The European and international supporting partners of the project acted as co-organisers and supported the launch of the European Recommendations developed in the project framework: the Amsterdam Declaration (see below).

The conference not only underlined the importance of migration and ethno-cultural diversity for the European health agenda, but also provided conceptual and scientific knowledge about problems and options for solutions. Keynote lectures by high-profile experts Sandro Cattacin, Ilona Kickbusch, Peter Koehn, Diane Levin-Zamir and Johan Mackenbach, and a large number of high-quality paper and poster presentations, workshops and round tables provided ample opportunities to learn and exchange experiences. For more information on the content, see the conference proceedings included in this report.

The Pilot Hospitals presented their experiences and results in paper sessions, workshops and a facilitated poster session, and there were also many highly interesting contributions from beyond the project on matters of related scientific knowledge, models of good practice and practical experiences from everyday work.

According to direct feedback and an analysis of evaluation forms, the conference participants judged the conference a very good opportunity to gain information, exchange experiences and network. They expressed great interest in further conferences and other opportunities to continue the discussion.

European Recommendations: “The Amsterdam Declaration Towards Migrant-Friendly Hospitals in an ethno-culturally diverse Europe”

The main event of the conference was the launch of the Amsterdam Declaration, jointly developed by the partners of the MFH project.

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The document starts with a summary analysis of the current situation of hospital services for migrants and ethnic minorities in Europe, highlighting quality-related problems for patients and staff. It assumes that improving quality for migrants and ethnic minorities as specific vulnerable groups would also serve the general interest of all patients in more personalised services. This is an issue high on the agenda of the Health Promoting Hospital network. So improvements could be achieved for all by making hospitals more responsive to ethnic, cultural and other social differences of patients and staff. In the second part of the Amsterdam Declaration, recommendations are made for specific contributions to quality improvement by hospital management and staff, by health policy, by patient organisations and the health sciences.

The declaration has been endorsed by a large number of European and international organisations, representatives of which presented their perspectives on the Amsterdam Declaration at the conference: the European Commission, DG Health and Consumer Protection, WHO Centre for Integrated Care (WHO), International Labour Organisation (ILO), International Organisation for Migration – IOM, International Alliance of Patients' Organizations (IAPO), Standing Committee of the Hospitals of the EU (HOPE), International Union of Health Promotion and Education (IUHPE), Migrants Rights International, United for Intercultural Action, PaceMaker in Global Health. Partners expressed their expectation that the Amsterdam Declaration will serve as a European platform for improving hospital and health care services for migrants and ethnic minorities.

The final text is available in this report in eleven European languages (German, Greek, Danish, Spanish, Finnish, French, English, Italian, Dutch, Swedish, Portuguese).

The way ahead: Task Force on Migrant Friendly Hospitals within the Framework of Health Promoting Hospitals

To sustain the European momentum created by the MFH project a Task Force on Migrant-Friendly Hospitals has been established within the WHO Network of Health Promoting Hospitals. The Task Force will be coordinated by the Emilia-Romagna Network of HPH, represented by the Health Authority of Reggio Emilia, Contact: Dr Antonio Chiarenza, Co-ordinator of the Task Force, Coordinating Centre of HPH Regional

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The Task Force brings together practitioners, managers, scientists and community representatives with specific expertise and competence in policy-relevant knowledge in the field. It will act as an “epistemic community” aimed at sustaining the development and implementation of policies, services, research activities and practices addressing migrant-friendliness issues at the local, national and European levels. The Task Force will use the annual international conferences, the newsletter and the website of HPH as media of communication.

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