



News from the International HPH Network

What is equity in health care?

This is the issue that was addressed at the summer school organised by the Finnish network of HPH and the HPH- Task Force on Migrant Friendly & Culturally Competent Health Care. The event took place in Tampere (Finland) on August 25th-26th 2016 under the auspices of STESO (Association of Health Promoting Hospitals and Organisation) chaired by Sinikka Bots and facilitated by Eeva Hakkinen.

About the The National HPH Task Force

The HPH Task Force on Migrant Friendly & Cultural Competent Health Care was established in 2005 and has had their term prolonged twice by the international HPH Network.

16 countries have been involved in the activities of the Task Force: Australia, Belgium, Canada; France, Finland, Ireland, Italy, Malta, Norway, Slovenia, Spain, Sweden, Switzerland, The Netherlands, Turkey and United Kingdom.

From HPH National/Regional Network: Antonio Chiarenza (IT); Bernadette Nirmal Kumar (NO); Ragnhild Spilker (NO); Eeva Hakkinen (FI); Laura McHugh (IE); James Glover (IE); Marie Serdynska (CA); Elizabeth Abraham (CA); Karima karmali (CA); Linda Horvat (AU); Manuel Fernandez Gonzalez (SE); Giuseppina Viola (IT); From other entities: Hans Verrept, FPS Health, Food Chain Safety and Environment (BE); Manuel Garcia Ramirez, University of Seville; (ES).

Dr. Antonio Chiarenza is the leader and contact person for the Task Force.

Contact:

Antonio Chiarenza
Antonio.chiarenza@ausl.re.it

The summer school gathered health professionals and managers from different Finnish institutions as well as other international members of the Task Force on Migrant Friendly & Culturally Competent Health Care (TF MFCCCH). Participants came from Finland, Belgium, Canada, Italy, Malta, Norway, Scotland, and Spain.

The event provided the opportunity to present and discuss the work of the TF MFCCCH on the development and pilot implementation of the “Standards for equity in health care”, which have been developed on the basis of an extensive critical literature review, several expert workshops and consultations (1). The Standards list five areas that should be addressed to ensure identification of the delivery of equitable services in healthcare:

- STD 1. Equity in policy, which aims to define how organizations should develop policies, governance and performance monitoring systems, in order to promote equity.
- STD 2. Equitable access and utilization, which aim to encourage health organizations to address barriers that prevent or limit people accessing and benefiting from health care services.
- STD 3. Equitable quality of care, which aims to ensure that organizations 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.
- STD 4. Equity in participation, which aims to support organizations in developing equitable participatory processes that respond to the needs and preferences of all service users.
- STD 5. Promoting equity, aiming to encourage organizations to do so in equity’s wider environment, through cooperation, advocacy, capacity-building, research dissemination and effective practices.

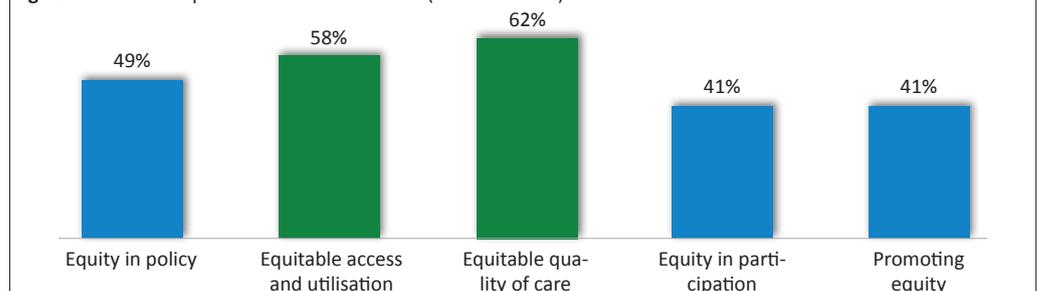
STD 3. Equitable quality of care, which aims to ensure that organizations develop services that are responsive to the diverse needs of patients and families along the whole care pathway, ensuring a safe environment and continuity of care.

STD 4. Equity in participation, which aims to support organizations in developing equitable participatory processes that respond to the needs and preferences of all service users.

STD 5. Promoting equity, aiming to encourage organizations to do so in equity’s wider environment, through cooperation, advocacy, capacity-building, research dissemination and effective practices.

The leader of the Task Force, Dr Antonio Chiarenza presented the background to the standards project and the results of the pilot test carried out in 55 health care organizations: 7 in Australia, 5 in Canada, 1 in Turkey and 42 in Europe. The findings of the pilot test, as illustrated in the graph below (Figure 1), show 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).

Figure 1 Overall compliance with the standards (55 institutions)





News from the International HPH Network



TF MFCCH in Tampere with Task Force Leader Antonio Chiarenza (Italy), Manuel Gracia Ramirez (Spain), Ragnhild Spilker (Norway), Eeva Hakkinen (Finland), James Glover (Ireland), Hans Verrept (Belgium), Marie Serdynska (Canada), Isabelle Coune (Belgium), Sinikka Bots (Finland) and Marika Podda-Connor (Malta) and members of the Finnish HPH network participating in the meeting.

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 more general organisations 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)

During the 2nd day of the summer school, the TF members held their annual meeting in order to discuss future actions. It was agreed that a new project proposal would be submitted to the international HPH network in order to obtain a further mandate. Despite the fact that many things have improved in health care organisation towards creating more responsive services for migrant users, there is still much to be done to effectively respond to the challenges of the refugee crisis and the increasing diversity in our societies. It was stressed that at present, the Standards are effective for organisations as a tool for self-assessing their performance against the parameters developed by the project working group. However, they do not help in identifying and sharing good practice or innovative ideas; they are not in a particularly user-friendly or flexible format, and are not easily translated or adapted.

Therefore the TF members decided to continue to work on the following issues:

1. The continued development of a flexible and proportionate self-assessment tool, for use by healthcare organisations of all types in a wide range of settings in order to measure and improve their ability to meet the needs of their diverse populations.
2. Promotion of the tool to as wide a range of audiences as possible, including healthcare providers, regional and national health authorities and interested groups of stakeholders (e.g. non-governmental organisations), in order to raise awareness of the tool and the wider project.
3. Development of a centralised system to gather, analyse and categorise the findings of self-assessments, to support the sharing of best practice and to enable continuous improvement and evolution of the tool.
4. Development of additional resources to support the work of healthcare organisations to improve the equity of their services, and help them to implement action plans arising from self-assessment.
5. Development and expansion of the existing network of healthcare agencies who have participated in the pilot, in order to support objectives of STD1, STD4 and STD5.

HPH members are invited to participate in the strategic implementation of the equity standards by joining the TF MFCCH. Interested institutions should contact the Task Force Leader, Antonio Chiarenza.

Reference

(1) Cattacin, S., Chiarenza, A. and Domenig, D. (2013). "Equity Standards for Health Care Organisations: a Theoretical Framework." *Diversity and Equality in Health and Care* 10: 249-258.