Existing measures and solutions to address barriers in the access of health care

Results of the focus groups' analysis

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Good practices identified

measures	Services	NGOs	Partnerships
Staff training / Adaptation of administrative procedures / Health system navigation	3	0	2
Language and communication support services	2	3	1
Refugee information and education	0	2	0
Organisational development / change	2	3	1
Organisation and collaboration between services	3	5	2
Staff information and education	5	2	2
Total	15	15	8

Measures to address legislative, administrative and bureaucratic barriers

Staff training

- <u>Target</u>: health professionals and administrative staff.
- <u>Contents</u>: different type of migrants' legal status, their impact to access health care services, and bureaucratic procedures; interpersonal and sensitive skills.

Adaptation of administrative procedures

- Measures to address financial barriers (e.g. vouchers for one- free consultation)
- Simplification of bureaucratic procedures in the work contexts for health staff through different facilitating measures (access to interpreting services, outpatient transport facilities, refugee pharmacy depot, etc.)

System navigation

 Availability of intercultural mediation to facilitate access to administrative procedures/requirements for migrants

Measures to address language and cultural barriers

Intercultural mediation and interpreting services

- Models: Face-to-face, video-interpreting, telephoneinterpreting
- Settings: Hospitals, Primary health care centres, reception centres, etc.
- Supportive interventions: funding strategies, interpreting service coordination, training for mediators and health care providers, technical equipment, etc.

Measures to address the lack of information and continuity of care

Strategies:

• extensive medical data collection made by nurses and referral to appropriate health care providers.

Tools:

- Inter- centres information system (health and social data) connecting different levels of reception;
- Transmission of health care data from reception centres to primary health services (GPs).

Measures to address organisational barriers to health care (hospital + primary care)

Settings:

- Provision of health care in Refugee camps
- On-site health care (including pharmaceutical items) in transit zones.
- Consultations at the GPs' practice, outside of asylum seekers center.

Strategies/ measures:

- Psychiatric and psychological support: development of common approach and procedures to diagnosis of mental health.
- Definition of a shared protocol for psychological support targeting health care providers.
- Rapid response to arise awareness and collaboration among Universities and psychologists' associations.

Tools:

- Guide for psychological assistance to migrants.

Organization and collaboration between services

Strategies:

- Formal agreement and coordination between social and health care services.
- Multidisciplinary teams (e.g. psychologists, social workers, lawyers, labour counsellors, etc.).
- Public- private partnerships between Red cross and UNHCR, Filantropija and Doctors of the World, etc.

Tools

- Mapping and connecting health care providers available in a given territory.
- Research reports on migration flows to detect smuggling, borders' protection systems, and other organizational gaps.

Measures to address the lack of information for both staff and refugees

Training

- For refugees (to promote the empowerment and health literacy of migrants) about: health care system, sexual and reproductive health, maternal and child health, life-style, rights to health care;
- For health care providers about: cultural and historical aspects of refugees background; Communicable diseases; relational and psychological dynamics; self-reflexion and debate about a common view of work.
- For students: on-site training about first aid and emergency in refugee camps.

Tools

- experimental planning games for health care staff to emphasize with migrants.
- Map of local health care services for migrants