





The Linguistic & Cultural Mediation service



Local Health Authority of Reggio Emilia Research and Innovation Staff

SANITARIO REGIONALE

EMILIA-ROMAGNA

Locale di Reggio Emilia zienda Unità Sanitaria

Main goal of the health care organization

Become migrant-friendly and culturally competent health organisations, develop individualised, personal services from which all patients will benefit, ensure equality of access to all citizens

(Amsterdam Declaration, MFH-2005)

2

Overview of critical issues in clinical communication

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overcome barriers Measures to

Critical issues in

clinical

-Unable to identify preferred communication language

-Difficulty in eliciting patients' story and health information

-Delay on establishing the diagnosis

-Poor provider understanding of symptoms

-Poor patient understanding of diagnosis and condition

-Overuse of diagnostic testing

-Poor patient understanding of treatment

-Lack of trust towards provider

-Difficulty obtaining informed consent and adherence to treatment and follow-up

-Discharge instruction in local language

-Health selfmanagement

-Health behaviours and lifestyle

-Continuity of care and cooperation with other services

Admission

Diagnosis

Treatment

Discharge

Medical interpreting/linguistic cultural mediation

Patient information and education

Health staff intercultural competence

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Effective interventions to improve clinical communication and reduce inequities in health care

LINGUISTIC AND CULTURAL MEDIATION	PATIENT'S INFORMATION AND EDUCATION	STAFF INTERCULTURAL EDUCATION
Face-to-face interventions;	Patients' health literacy;	Staff awareness;
Telephone interpreting;	Appropriate health information;	Staff skills; •Staff knowledge;
Community Health Educators	Patients' decision- making process;	

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Aim of the linguistic and cultural mediation service is

To support relations between migrants, ethnic minorities and health system
To support the removal of cultural and linguistic barrieres
To support the access to health services for everyone
To include migrants in the ordinary circuits of health system
To help social system and health system to conform and empower
performances and services to migrants

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Three stages for the development of LCM Service

WELCOME AND SOLIDARITY

Aim → Responding to the urgent needs of undocumented migrants.

Action → Specific Health Care Center for migrant families (1998-2003)

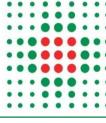
SOCIAL INTEGRATION

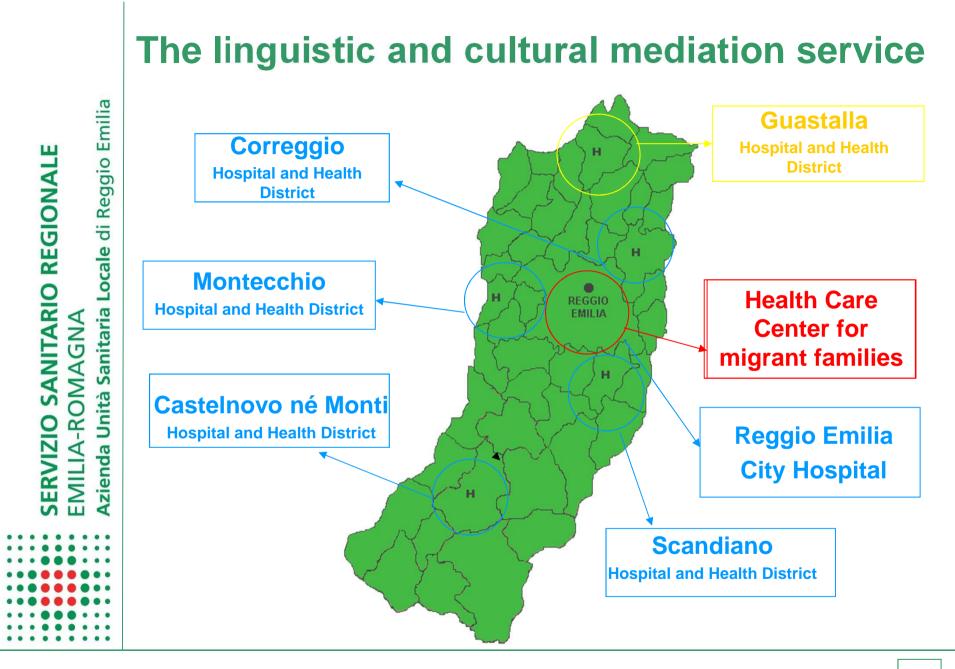
Aim → Responding to the needs of settled migrants

Action→ Developing a model of interpreting & intercultural mediation service in the Emergency division and in the mother and child care unit of the Guastalla Hospital (2004-2005)

CULTURAL PLURALISM

Aim→ Ensuring equality of access to all citizens
Action → Implementation and evaluation of the LCM service in all 6 hospitals and 6 health districts (2006-onward)

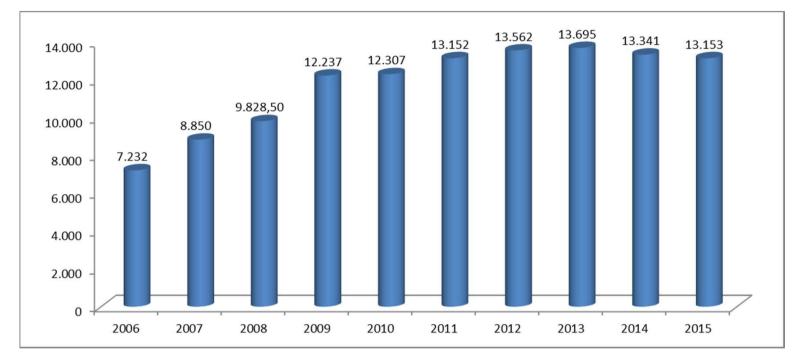




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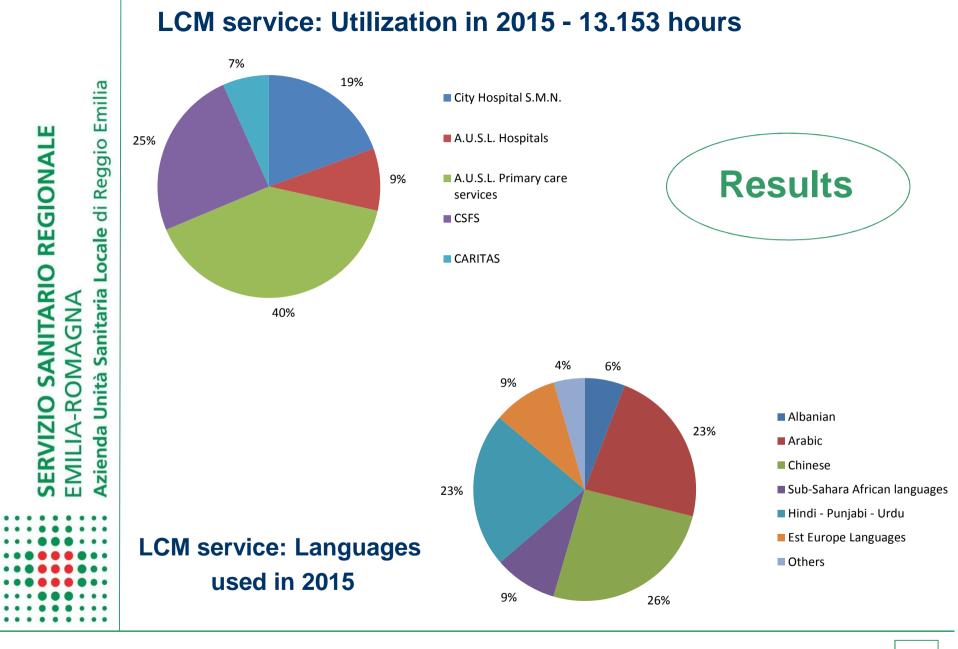
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The development of LCM service from 2006 to 2015



Annual economic investment





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LCM Service organization

General coordination (administration, economic management, decisional center)

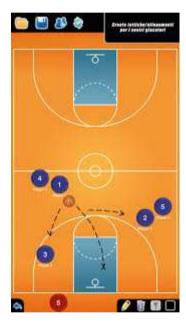
Research and Innovation Staff A.U.S.L. di R.E.

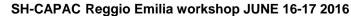
Operative and organizing coordination Social Cooperative

Monitoring and evaluation

Qualitative: Interdisciplinary group in every health district for local coordination activities;

Quantitative: Monitoring service utilization every month to re-organize hours and/or planning new activities





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Integrating linguistic and cultural mediation in the organisation

Service access and utilisation	Cultural mediators help migrants accessing and navigating the health system. Cultural mediators accompany migrant patients across services and departments
Health care delivery	Cultural mediators participate in clinical meetings and discussion of clinical cases. Cultural mediators help patients to understand inform consent.
Patient's information and education	Cultural mediators have a role in patients' education programmes Cultural mediators ensure cultural adaptation of written information.
Staff education and training	Cultural mediators are involved in staff training
User and community involvement	Cultural mediators provides information in the community, collect migrants needs and facilitate migrants' participation

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The role of LC mediator in the health care system

(Regional decree of Emilia-Romagna, N.152, 10th November 2004)

Description	Tasks
An LC mediator is able : 1. to accompany relations between migrants and the specific health and social context, fostering	Understanding migrants' needs and resources
 the removal of linguistic and cultural barriers 	Linguistic mediation: interpreting & translation
 the understanding and the enhancement of one's own culture and the access to services. to assist organisations in the process of making 	Intercultural mediation: culturally competent communication
the services offered to migrant users appropriate.	Orientation of relations between migrant users and services

Do you find if difficult communicating with healthcare staff?

Vous avez vous du mal à communiquer avec le personnel sanitaire
意思不是使得难以有服务人 用进行有效的问题:

Bam трудно общаться с медицинским персоналом?

**Committee of the state o

20 permanent mediators of the usual languages and 10 extra mediators for the unusual languages

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LCM services provided

On-site presence in hospitals: mediators are present in the hospital in certain time-tables and days according to the annual program. They work in all wards which need mediation and every operator could rich them by cordless.

On-site presence in primary care services: mediators are present in surgeries organized to receive in certain days only migrants (ex: pediatric surgery, gynaecological surgery).

Weekly Scheduled presence: presence scheduled week by week in some health district's surgery like public health or mental health in which isn't possible to programm the work in a long period. It is used also for the patients education and staff training.

Urgent presence: wich cover every languages 24h a day for seven days in the week. All the staff have mediators' list with name, languages, telephone number and availability of them.

Telephone intervention: Every operator could telephone to free call center that cover 100 languages, 24h a day for 7 days in the week.

Translation service: Operators could contact Research and Innovation Staff to ask document translation. After a semplification of the document (HL), it will be translate in more than 11 languages and delivered in every service or ward which is interested.

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And... what about refugees? Refugees management system in Italy

Refugees arrive in Italy → At the arrival:

First health screening

National authorities organize national allocation of refugees

For the management of refugees Regions work independently

Refugees arrive in

Emilia Romagna Region → HUB center in

Bologna: Second health screening

Local authorities organize regional

allocation of refugees

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LCM service for refugees emergency

Refugees management system in Reggio Emilia:

At the arrival → First meeting at the CSFS concerning:

- General medical examination
- Delivery of health service map of RE
- Release of Health card
- Monitoring the health check list from HUB Bologna

If necessary → Specialistic medical examinations are scheduled

In every meeting and during all the path there is a LC MEDIATOR

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Specific actions:

In 2014 → Health education courses for refugees (3 modules: access to health services, public health, infectious diseases) and contemporary medical exmination and vaccinations;

In 2015 → Health education for Nigerian women and for the educators which work with them (women health and sexual health);

In 2014/15/16 → Specific trainings about migrants health and needs for the social cooperative educators;

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Facilitating factors in implementation

Obtain the management support for the organisation of a systematic and long-lasting service;
Ensure economic support from the management organisation;
Establish a centralized coordination of the service;
Market the service to increase awareness and visibility throught communities and health staff;

Hindering factors in implementation

Lack of recognition of the professional role of LC mediators;

Tendency to consider the use of LC mediators as a panacea for the management of intercultural encounters;

Need to create appropriate and recognized training programmes for LC mediators;

Difficulty to integrate LCM interventions in the daily health staff work;



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