

## Final Report MFH Project at: Presidio Ospedaliero of the Province of Reggio Emilia, Italy

### Migrant-Friendly Hospital Project in the Presidio Ospedaliero of the Province of Reggio Emilia: Improving Hospital Services for Migrants and Ethnic Minorities in a System of Regional Health Alliances

Authors:

Mr. Antonio Chiarenza  
Mr. Andrea Gigliobianco  
Ms. Cristiana Ventura  
Ms. Alice Bertozzi

Address:

Azienda USL of Reggio Emilia  
Via Amendola, 2  
42100 Reggio Emilia, Italy  
Tel.: +39 0522 335087 – Fax : +39 0522 335380 –  
e-mail : [antonio.chiarenza@ausl.re.it](mailto:antonio.chiarenza@ausl.re.it)



Financially  
supported  
by the  
European  
Commission

bm:bwk

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

Pilot hospitals  
from 13  
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

# migrant-friendly hospitals

## The Presidio Ospedaliero of the Reggio Emilia Local Health Authority (AUSL)

The Presidio Ospedaliero of the province of Reggio Emilia is part of the Local Health Authority (Azienda Unità Sanitaria Locale - AUSL) of Reggio Emilia. The AUSL of Reggio Emilia is the statutory provider of health and social care in the province of Reggio Emilia for a population of approximately 456,000 people. The province of Reggio Emilia is in the central north of Italy and is one of Italy's most industrialised areas. In Italy the National Health System is run on a regional basis, therefore the AUSL of Reggio Emilia refers back to the regional authority for Emilia Romagna. The AUSL of Reggio Emilia has approximately 3,500 employees of which 469 are medical doctors, working in 6 health districts plus the "Presidio Ospedaliero", a five-hospital complex:

- The Civil Hospital in Guastalla
- The San Sebastiano Hospital in Correggio
- The Ercole Franchini Hospital in Montecchio
- The Cesare Magati Hospital in Scandiano
- The Sant'Anna Hospital in Castelnovo Monti

These five hospitals have a total of some 800 beds between them, including long-stay wards and day care hospitals. The philosophy underlying the organisation of hospital treatment offered by the AUSL envisages a network of structures with services covering acute and intensive care, operating theatres and emergency units. This network reflects the logic of strong integration between the hospital and community services. Thus, the hospital is dedicated to the treatment of diseases in acute stages whereas mainstream health care is moved out of the hospital and into the community, shifting the focus away from hospitalisation and onto primary care. This model of care aims principally at offering a diversified range of health services to the public, minimizing unnecessary utilization of hospital resources while ensuring that all patients receive the best possible diagnostic and therapeutic attention. Each hospital is structured with two departments: surgery and internal medicine, in order to allow efficient coordination of the various areas of action and to ensure that activities are suitably integrated and programmed.

### Characteristics of the "Presidio ospedaliero" of AUSL Reggio Emilia

Hospital	Guastalla	Montecchio	Correggio	Scandiano	Castelnovo Monti	Total Presidio
<b>Size</b>						
Nr. of beds	227	139	88	139	128	721
Nr. of day care beds	22	10	13	18	17	80
Total nr. of beds	247	149	101	157	145	801
Nr. of inpatients per year (2001)	7122	5648	1744	5310	4609	24433
Nr. of day care cases per year (2001)	3849	2004	2163	2967	1808	12791
Nr. of outpatients per year (2001)	22054	17659	12692	17418	13759	83582

# migrant-friendly hospitals

Hospital	Guastalla	Montecchio	Correggio	Scandiano	Castelnuovo Monti	Total Presidio
<b>Staff</b>						
Nr. of medical staff	90	48	29	51	43	261
Nr. of nursing staff	214	132	82	132	127	687
Doctors/bed	0,36	0,32	0,29	0,3	0,3	0,32
Nurses/bed	0,86	0,88	0,81	0,8	0,9	0,86

## Migrant Phenomenon in the Province of Reggio Emilia

The migration population in Reggio Emilia has grown at an incredible rate to become four times as large as it was less than a decade ago, making Reggio Emilia in particular one of the Italian provinces with the highest percentage of migrants in the population. At the end of 2003 the migrant population was 6.6 % of the entire population. The distribution of migrants and ethnic minorities varies in the 6 districts of the provincial territory: the City Area with 7.5 %; Guastalla with 7.9 %; Correggio with 7.2 %; Montecchio with 4.9 %; Scandiano with 4.3 % and Castelnuovo Monti with 4.9 %. Today the number of migrants in our province is estimated to be more than 32,000; this number might increase if second generations were to be included. One particular feature of migrant trends in Reggio Emilia is the variety of countries of origin, these being mainly North African countries (Morocco, Egypt, Tunisia), Asian countries (China, India, Pakistan), African countries (Ghana, Nigeria) and Eastern European countries (Albania, Ex-Yugoslavia, Ukraine, Russia, Romania, Moldavia, Turkey). Another distinguishing feature of the migration phenomenon in Reggio Emilia is that the Regional policy aimed at facilitating the social integration of migrant groups has clearly resulted in increasing numbers of migrant family units settling down in our province. This trend is evident in the growing distribution of women and children and in levels of occupation ???. At this stage we have both people who have targeted our province as a place of passage (among them many illegal immigrants) and people who have decided to settle down, creating a new multicultural society.

## Impact of Migration on Healthcare and Initial Actions

The growing number of migrants in Reggio Emilia had a certain immediate impact on the provision of health services, such as the tendency to resort only to Accident & Emergency services rather than to primary care, the inappropriate use of hospital services, and difficulties in communication and understanding. Faced with this new situation, the AUSL of Reggio Emilia reacted with a series of emergency measures, such as the creation of the Centre for the migrant families, the production of multilingual information and the use of *ad hoc* interpreters. These immediate responses at least ensured the provision of treatment and care for those migrants who came to the hospital, even those of illegal status. However the opportunity for a more structured response to migrant and ethnic minority groups needs arrived with ??? our participation in the MFH project.

## The MFH Project in Reggio Emilia

The AUSL of Reggio Emilia implemented and evaluated all three subprojects together with the MFH overall development project. However, the actual experimentation for the three subprojects was conducted at the hospital of the Guastalla district, where there is the highest percentage of migrants (7.9 %) in the local population. The benefits from the outcome of the pilot work in the subprojects have since been disseminated through internal benchmarking.

These are the main steps of the local project in Reggio Emilia:

1. The local project structure
2. Implementation of the Overall Project
3. Needs assessment
4. Implementation and evaluation of the three Subprojects
5. Subproject A: Improvement of language and cultural services supporting clinical communication
6. Subproject B: Culturally and linguistically adequate patient information and education for managing mother and child care after birth
7. Subproject C: Improving the cultural sensitivity and cultural competence of hospital staff through training and personnel development
8. Marketing activities within the MFH project

### ***1. The local project structure***

In December 2002, the project structure for the local project in Reggio Emilia was established at the centre of the Local Health Authority Organisation (AUSL of Reggio Emilia) as the Presidio ospedaliero delivers hospital services from five sites around the Province. Therefore the **project steering group** comprised the health authority management at the provincial level. The project steering group was responsible for consultation and decision-making concerning the implementation and management of the overall project and for coordinating the work of the three subprojects. The project steering group met twice: in February 2003 and in February 2004. In January 2004 the Focal Person appointed two people and created a local project team for the management of the three subprojects.

### **Project steering group**

Focal Person: Dr Antonio Chiarenza, Head of Research & Innovation

Deputy Focal Person: Dott. Andrea Gigliobianco, Deputy Medical Director, Guastalla Hospital

Chief Executive: Dott.ssa Mariella Martini

Medical Director: Daniela Riccò

Financial Director: Dott. Franco Prandi

Director Presidio Ospedaliero: Dott. Fausto Nicolini

Hospital Area Manager Guastalla: Dott.ssa Antonella Messori

Head of Primary Care Programme: Dott.ssa Rosanna Carbognani

Head of Social Services of the Province of Reggio Emilia: Dott.ssa Angela Ficarelli

Head of Guastalla Health District: Dott. Sergio Cecchella,

Head of Women's Health, Reggio Emilia health district: Dott.ssa Mara Manghi

Head of Communication: Dott.ssa Federica Gazzotti

Chinese Community: Sig.ra Sun Shuyan

Arab Community: Sig.ra Faiza Mahri

# migrant-friendly hospitals

Indian Community: Sig.ra Mandip Rhani  
Albanian Community: Sig.ra Silvana Shabani

## Local project team

Focal Person: Dr Antonio Chiarenza  
Deputy Focal Person: Dott. Andrea Gigliobianco  
Dott.ssa Alice Bertozzi (Sub-projet C)  
Dott.ssa Cristiana Ventura (Subproject B)

## 2. The implementation of the overall project

During the first stage of setting up the project, parallel to the projects that were being conducted by the other EU partners, an organisational assessment of the model Hospital chosen for the experimentation (Hospital of Guastalla) was undertaken, in order to evaluate its "migrant friendliness", that is its responsiveness to cultural diversity using the MFQQ. Two evaluation sessions were carried out (February 2003 and July 2004) involving the hospital management and health professionals from departments particularly in contact with migrant patients. Thanks to the picture which emerged therefrom a series of areas could be identified for intervention. The primary objective was to incorporate the Migrant-Friendly philosophy in the **mission statement** and general **policy** of the Authority and then to move on to the creation of a **specific organisational structure** (an interdisciplinary steering group) to manage the issue. The aim was to improve the quality of service provision and fundamental processes in the hospital, such as:

- Interpreting in clinical communication (setting up structured and coordinated intercultural mediation services)
- Admission & discharge procedures (facilitating access to hospitals by the use of specific written material and multilingual signs; providing information on treatment and appropriate lifestyles to guarantee continuity of care through territorial services)
- Comfort & hotel services (providing culturally adequate food, multilingual information on ward routines, and support for religious requirements)
- Staff cultural competence and awareness (providing a specific training programme)

This represented a true step forward at an overall organisational level. Thanks to this analysis, sporadic responses could be integrated under the aegis of a structured approach. ??

## 3. Needs assessment

In February 2003 a needs assessment survey addressed to migrant patients and health staff was conducted using individual interviews for patients and group interviews for staff. 30 patients were interviewed at the moment of their discharge from hospital; their countries of origin were: Pakistan, India, Sri Lanka, Morocco, Albania, China, Senegal, Ghana, Cuba, Nigeria, Poland, Bulgaria. Health staff was interviewed in groups during routine ward meetings; the following wards were involved: Obstetrics and Gynaecology, Paediatrics, Cardiology, Emergency, Diabetics, Mother and Child Clinics (Primary care services). Staff members interviewed were ?? :Heads of ward, doctors, senior nurses, nurses, head of community health and social services, primary care staff and NGO representatives.

# migrant-friendly hospitals

The results of the needs assessment conducted in Reggio Emilia are summarised below:

- Need to improve communication and information through intercultural mediation services and activities which support current procedures. This is due to difficulties in achieving *effective communication* between *medical professional and patients* due to problems of language and cultural mediation.
- Need to develop staff training programmes on cultural competence and awareness, health promotion activities and empowerment measures directed at staff, patients and their families. This is due to difficulties in achieving *effective collaboration (compliance)* between *medical professionals and patients* in the management of illness; bringing about the necessary changes in patients' life styles and in conducting prevention activities.
- Need to improve the integration between hospital, primary care and community social services and thus ensure continuity of care. Improve migrant information and awareness in order to facilitate access and an appropriate utilization of hospital service. Need for greater coordination of the actions carried out in the community to cope with the phenomenon of immigration. This is due to: the absence of home care for illegal migrants which increases the number of admissions and in the case of mothers and small children means increased admissions of relatives, too; difficulties in continuing treatment at home; the fact that migrant patients often turn to hospital services even for minor problems, thus obliging certain wards to provide basic surgery activities; absence of GP.
- Need to improve *information and external education* to facilitate access and an appropriate utilization of hospital services. This is due to the access to hospital services (in particular urgent and emergency services), inappropriate utilization of services, and lack of continuity of care after discharge. Excessive attendance in hospital at certain times during the day and at the weekend as women patients wait to be accompanied by their husbands who are available only after working hours.

The needs assessment results made it possible to identify three priority areas for intervention through specific measures:

- To ensure responsive and effective communication in care and clinical encounters
- To improve migrant patients' empowerment and community involvement
- To provide culturally competent staff in health care

## **4. Implementation and evaluation of subprojects**

On the basis of the results of the local needs assessment and the indications provided at the European level, the project steering group decided to work on all three subprojects, involving only one of the five hospitals in the experiment, the hospital in Guastalla with the highest proportion of migrant patients (8 % of hospital admissions, 25 % in certain wards in the maternal-infancy area). It was hoped that the results of the experimentation would provide useful indications for the definition of policies and strategies for development for the entire network of hospital services, as well as for other services in the health trust. Furthermore, in order to promote the cultural and organisational development within the hospital, it was decided that the three subprojects concerning cultural mediation, patient education-information and staff training would be developed in parallel in the same wards and hospital services (Accident & Emergency, Paediatrics, Obstetrics and Gynaecology).

- Subproject A: Improving language and cultural services for clinical communication.
- Subproject B: Culturally and linguistically adequate patient education for managing a specific condition: mother and child issues before and after birth.
- Subproject C: Improving the cultural sensitivity and cultural competence of hospital staff through training and personnel development.

# migrant-friendly hospitals

## **5. Subproject A: Implementation and evaluation (April – July 2004)- Improvement of language and cultural services supporting clinical communication**

Unlike in other countries where a simple interpretation service has been set up, in Italy the importance of implementing a service of intercultural mediation has been stressed. The difference between interpretation and intercultural mediation lies in the role of the person, who not only translates the words of the patients but also contributes with his/her profound knowledge of the culture (for he/she is from the same ethnic group as the patients).

Description	Skills
An intercultural mediator: <ul style="list-style-type: none"><li>- Is able to accompany relations between migrants and the specific social context, fostering the removal of linguistic and cultural barriers, the understanding and the enhancement of one's own culture, and access to services.</li><li>- Assists organisations in the process of making the services offered to migrant users appropriate.</li></ul>	<ul style="list-style-type: none"><li>- Understanding of different migrant needs and resources</li><li>- Linguistic mediation: interpreting &amp; translation</li><li>- Intercultural mediation: culturally competent communication</li><li>- Orientation of relations between migrant users/services</li></ul>

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

The implementation of Subproject A has been characterised by two different phases:

1. A three-month period of implementation of measures only at the Hospital and District of Guastalla, by employing an Indian intercultural-linguistic mediator for the Urdu, Hindi and Punjabi languages.
2. Creation and implementation of an intercultural-linguistic mediation service for the whole province of Reggio Emilia, including both hospitals and district services. The organisation decided to involve external social associations in order to foster community participation.

The project pathway was the following:

### **SET-UP OF SUBPROJECT GROUP**

- Antonio Chiarenza (Subproject Manager)
- Cristiana Ventura (Project Team)
- Alice Bertozzi (Project Team)
- Andrea Gigliobianco (Deputy Medical Hospital Director, Guastalla)
- Antonella Messori (Hospital Area Manager, Guastalla)
- Pietro Benaglia (Head of Paediatrics Ward, Guastalla Hospital)
- Alessandro Ventura (Head of Obstetrics and Gynaecology Ward, Guastalla Hospital)
- Luca Rovina (Head of Emergency Ward, Guastalla Hospital)
- Mara Manghi (Head of Women's Health, Reggio Emilia Health District)
- Rossano Fornaciari (Coordinator of "The Centre for the Health of Foreign Families")

### **LANGUAGE NEEDS ASSESSMENT**

A specific needs assessment was not carried out, as data was already available:

1. Initial needs assessment carried out within the MFH project
2. An internal needs assessment performed a couple of years earlier

# migrant-friendly hospitals

3. Analysis of statistical data regarding:
  - Presence of migrant population by district
  - Number of admissions of migrant patients to hospital by district

## IMPLEMENTATION OF MEASURES

### A new intercultural mediation service

**1° Phase:** Implementation of the service in three model hospital wards and the mother and child service (primary care) of the District in Guastalla by:

- Appointing a trained intercultural mediator to cover Indian and Pakistani languages
- Cooperating with the district (mother and child service)
- Seeking integration with the local community health plan (Piani Per la Salute)

**2° Phase:** Extending the service to the five hospitals of the Presidio Ospedaliero and mother and child services of the six Districts of the province of Reggio Emilia by:

- Engaging social associations
- Appointing (trained) Intercultural mediators to cover the following languages: Arabic, Chinese, Hindi, Urdu, Albanian, Russian, Turkish, (Romanian)
- Connecting hospital, primary care and social services' needs
- Developing partnerships in the community

### Type of intervention for clinical encounters and health promotion activities:

- On-site presence of the intercultural mediator
- Weekly scheduled intervention
- Urgent intervention (within 2/3 hours)
- Over-the-phone intervention
- Interpreting and translation
- Patient information and education
- Community information and education

### Service coordination

- Centralising coordination at provincial level
- Appointing local coordinators at the hospital as well as the district level

### Training and education

- For hospital staff on how to work with intercultural mediators
- For intercultural mediators on working in clinical communication

### Translation of written materials

- Hospital information, patient charter, multilingual questionnaires, discharge/follow-up

## PROJECT MEASURES EVALUATION

**Patient survey** (21): carried out during implementation of the measure. A questionnaire regarding the quality of the service provided was administered by hospital staff to the patients who used the service (sent to LBI at the end of June 2004).

### Staff survey

- 50 pre-questionnaires administered in February 2004 to 20 people in the Emergency Ward, 20 people of the Obstetrics and Gynaecology Ward and ten people in the Paediatric Ward.

# migrant-friendly hospitals

- 44 post-questionnaire administered approximately 2 ½ months after the activation of the service by staff of the three wards (sent to LBI at the beginning of July 2004).

## Service monitoring

- Every intervention of intercultural mediation was monitored through documentation, using a specific form containing the following information:
- Health service, staff and patient/s involved
- Duration of the encounter
- Language used
- Type of encounter: Legal issues (e.g. informed consent); Clinical and nurse care; Hotel service; Patient/community empowerment; Staff training

## LESSONS LEARNED

- Tendency to continue to use informal interpreters, like family members (particularly in Accident & Emergency departments)
- Risk that health staff delegate certain tasks to the intercultural mediators
- Difficulty in finding (trained) intercultural mediators, especially among Chinese
- Need to create appropriate and recognised training programmes for intercultural mediators
- Need to define quality standards for intercultural mediation, interpreting and translation
- Tendency to consider the use of intercultural mediators as the panacea for the management of intercultural health care
- Need to develop a policy for culturally competent communication

## ***6. Subproject B: Implementation and evaluation (April - July 2004) - Culturally and linguistically adequate patient information and education for managing mother and child care after birth***

It has been proved that migrant women have to face particular problems during pregnancy and while bringing up their children, because of feeling isolated and the scant knowledge of the language and of the services. Therefore, the project consisted in organising and implementing a training course for migrant women regarding the most important topics linked to their own and their children's health. This took place at the Hospital of Guastalla. One peculiarity of this experience was the strong cooperation between hospital services and community services from the planning till the implementation phase. This collaboration made it possible to reach as many women as possible, as hospital care and the community services are extremely linked, especially as far as mother and child health care is concerned. In fact, the support and help received from the community paediatricians was very important. Not only did they directly inform many families, but they also provided the opportunity to make appointments with the families at their clinics.

The pathway of the subproject B was the following :

## SET UP OF SUBPROJECT GROUP

- Andrea Gigliobianco (Subproject Manager, Deputy Medical Director, Guastalla Hospital)
- Cristiana Ventura (Project Team)
- Antonio Chiarenza (Focal Person)
- Antonella Messori (Hospital Area Manager, Guastalla)
- Giorgio Benaglia (Head of Paediatrics Ward, Guastalla Hospital)
- Alessandro Ventura (Head of Obstetrics and Gynaecology Ward, Guastalla Hospital)

# migrant-friendly hospitals

- Dea Pini (Community Paediatrician, Guastalla District)
- Piera Bevolo (Psychologist, Department of mental Health, Reggio Emilia)
- Rita Nizzoli (Psychologist, Head of Women's Health, Guastalla Health District)
- Nadia Zanichelli (Head of Nurses and Midwives in Paediatrics, Guastalla Hospital)

## NEEDS ASSESSMENT

The clients' needs assessment questionnaires were filled in either on the spot or by phone. These questionnaires were used internally for the preparation of the training course.

## IMPLEMENTATION OF MEASURES

### Identification of participant mothers

Criterion: List of mothers of children born between 30 July 2003 and 28 February 2004.

Recruitment method: Drawing up of information letter and its translation. Distribution of letter through:

- Home posting
- Handing out at routine checks of babies and discharge from hospital
- Ad hoc meetings at paediatricians' clinics
- Phone calls by intercultural mediator to all the women in the list

### Implementation of training course

Main features: Training course of about ten hours, divided into four modules of 2 ½ hours each and held on Saturdays from 9:30 to 12:00 at the hospital.

### Main topics and trainers

- Information on health services present in the territory (Deputy Hospital Director, Paediatrician, Person in charge of admission office)
- Post-natal mother and child hygiene (midwife and paediatric nurse)
- Breast-feeding, weaning and nutrition (midwife and psychologist)
- Sanitary training on management of most frequent mother and child diseases (paediatrician and gynaecologist)

### Information material provided

- General Practitioners for Foreign Citizens
- The Health of Your Child
- Vaccinations
- Contraception
- Women's Clinics in Reggio Emilia Province

### Support services

- Babysitting, transportation and catering

## MEASURES EVALUATION AND RESULTS

**Patient survey** on the last day of the training course through face-to-face questionnaires carried out by cultural mediator and project coordinator, regarding

- Training course (12)
- Information material (11)

**Staff questionnaire** (self administered), regarding evaluation of measures and their impact; filled in by (five) professionals involved in the training course 1 ½ months after the end of the course.

## LESSONS LEARNED

- Participants showed a high degree of satisfaction and a strong interest in the topics; they would be interested in attending other such courses
- The staff acknowledged the importance of this initiative, but could not see any practical improvements in the use of services by migrants yet
- Due to the success of this experience, the organisation was then willing to extend this kind of initiative to a wider area of the territory

## ***7. Subproject C: Implementation and evaluation (April - July 2004) - Improving the cultural sensitivity and cultural competence of hospital staff through training and personnel development***

The training proposed by the Health Trust of Reggio Emilia aimed at providing a strategic tool to enable implementation of the third priority area identified on the basis of the analysis comparing the needs expressed by the migrant patients themselves and those expressed by health care staff in the twelve European hospitals involved in the project: the development of appropriate cultural competence, improving the awareness, knowledge and sensitivity of health care staff by identifying and promoting specific training pathways.

To this purpose, the courses aimed at providing participants with the needed knowledge, skills and awareness through a training pathway leading to the development of an intercultural approach and dialogue. Thus, the specific training objectives set were the following:

- Provide cognitive tools for adequate understanding of the problems posed by ethnic and cultural differences in health care (intercultural knowledge)
- Provide communicative and relational tools for an approach focused on the migrant patient (intercultural sensitivity)
- Provide a series of operative indications relating to possible organizational transformations and professional practise needed for intercultural care (intercultural skills)

The training course was carried out at the hospital of Guastalla, where the rate of foreign residents is the highest in the area (about 8 %) and addressed the staff of the three wards with the highest rate of migrant patients: Emergency, Paediatrics, Obstetrics and Gynaecology. On the basis of the needs assessment, referring both to the general survey carried out at the start of the MFH project and to a meeting with the heads of the wards involved, it was decided to focus the course on intercultural health care aspects, with a short part on stereotypes and prejudices. The appointed trainer was a professor of Social and Cultural Anthropology and Anthropology of Comparative Health Systems and Policies at Bologna University.

The course was divided into two days, for a total of 14 hours. In all 17 staff with different professional roles attended: five physicians, three certified nurses, three nurses, two midwives, two social workers, one technical care operator, one person in charge of the Admissions Office.

The pathway of the subproject C was the following:

### **1. SETTING UP OF SUBPROJECT GROUP**

- Corrado Ruozi (Subproject Manager, Head of Training)
- Alice Bertozzi (Project Team)
- Andrea Gigliobianco (Deputy Medical Director of Guastalla Hospital)

# migrant-friendly hospitals

- Alessandro Ventura (Head of Obstetrics and Gynaecology Ward, Guastalla Hospital).
- Giorgio Benaglia (Head of paediatrics Ward, Guastalla Hospital).
- Andrea Rovina (Head of Accident and Emergency Ward, Guastalla Hospital).

## NEEDS ASSESSMENT

A specific needs assessment was not carried out, for data was already available:

- Initial needs assessment carried out within the MFH project
- An internal needs assessment performed a couple of years earlier

## IMPLEMENTATION OF MEASURE

- Identification of departments involved: Obstetrics/Gynaecology, Paediatrics and Emergency wards
- Identification of topics and trainer
- Selection of participants
- Organisation of course: it was divided into two days, seven hours each and took place at the Hospital of Guastalla
- Implementation of course: it was divided in five modules. A series of active methodologies were used during the course, in order to stimulate the participants' involvement and direct participation in the training process: *participated introductive lesson, interventions of "key persons", group work and plenary discussions*

## PROJECT MEASURES EVALUATION

**Staff questionnaire regarding the course:**

- Pre-questionnaire (17): administered ? on 7 May 2004 to the staff of the Emergency Ward, the Obstetrics and Gynaecology Ward and the Paediatric Ward
- Post-questionnaire (15): administered on 21 May 2004 to staff of the same wards

## LESSONS LEARNED

The aim of the course was to foster a culturally sensitive approach to healthcare among health operators by gradually developing their understanding of cultural problems related to migrant people accessing healthcare services. From this point of view, it appears that the time allowed was probably too short in order to fully achieve the above aim. However, if we consider the course as a basic introduction to the topics involved, we can in general assume that it represented a good start for developing more specific practical skills afterwards.

## 9. Marketing Activities

**The local pilot project has been presented in a number of national and international conferences**

Italian HPH Task force on "Ospedali interculturali" - Presentation of the MFH project to the Italian HPH network, 28 January 2003, Bologna

11th International HPH (Health Promoting Hospitals) Conference, 18-20 May 2003, Florence

A. Chiarenza. "Breaking down barriers in the hospital services of Reggio Emilia"

7th Conferenza nazionale della Rete HPH italiana, 21-22 November 2003, Turin –

A. Chiarenza. "L'ospedale aperto e competente alle culture diverse: MFH come modello per gli ospedali della rete HPH italiana"

Conferenza nazionale "I colori della salute", 2-3 December 2003, Reggio Emilia –

A. Chiarenza. "Il progetto MFH: sfide e opportunità per i servizi"

# migrant-friendly hospitals

Conferenza Regionale della rete HPH Veneta, 31 January 2004, Castelfranco Veneto –  
A. Chiarenza “Servizi sanitari nella società multietnica: l’esperienza dei MFH”  
The 18th IUHPE World Conference, 26-30 April 2004, Melbourne, Australia –  
A. Chiarenza. The MFH in a system of health alliances: the Italian experience  
12th International HPH (Health Promoting Hospitals) Conference, 26-28 Moscow 2004, -  
A. Chiarenza. “The Migrant-friendly hospitals in the Local Health Authority of Reggio Emilia”  
8th Conferenza nazionale della Rete HPH italiana, 24-25 Settembre 2004, Turin –  
A. Chiarenza. “Gli ospedali per la promozione della salute nel contesto multiculturale:  
l’esperienza dei MFH ed altre iniziative della rete HPH italiana”  
Final conference of the MFH project, 9-11 December, Amsterdam –  
A. Gigliobianco. “Setting up a training course for migrant women in Guastalla Hospital  
A. Chiarenza, “The intercultural mediation service in the AUSL of Reggio Emilia”  
Conferenza “L’albero della salute”, 4 -5 February 2005, Prato  
Messori. “Il progetto MFH nel presidio ospedaliero di Reggio Emilia”  
A. Chiarenza. “Il progetto europeo MFH e la Dichiarazione di Amsterdam”

## **The project has also been presented for national award competition**

Forum P.A. SANITÀ 10-14 May 2004 5<sup>a</sup> edizione del premio per le eccellenze nei servizi sanitari  
patrocinato dal Ministero della Salute, Rome - Special award from the jury  
National Conference “Star bene in ospedale” 14-15 May 2004, Bologna 4<sup>a</sup> edizione del “Premio 5  
Stelle” First prize with the poster “Il progetto MFH nell’AUSL di Reggio Emilia”

## **Publications**

A. Chiarenza. “Il progetto Migrant-friendly Hospital. Un’iniziativa di promozione della salute degli  
immigrati edelle minoranze etniche” in “Manuale di sociologia della salute” Vol. 3, February-2005,  
F. Angeli, Milano.

## **Mass-media**

The project was also presented through a Tv programme shown on the local TV channel of  
Reggio Emilia, in June 2004.

## **First General Outcomes of the Italian Pilot Project**

At the local level: the province of Reggio Emilia

- The setting up of an intercultural mediation service in conjunction with the community as a shared resource for social services and primary care
- The co-operation with the Local Health Plans for Migration (*Piani Per la Salute* of the Province of Reggio Emilia) involving relevant stakeholders and aiming at fostering social integration
- The creation of job opportunities for the migrant population of the community by developing a system for recruitment and access to the profession of intercultural mediators.

At the regional level: The region of Emilia-Romagna

- A proposal for the acceptance of the Amsterdam Recommendations in the regional health plan has been put forward
- A working group is going to be established with the aim of developing standards to define a “Migrant-friendly hospital”

At the national level:

- A MFH task force has been established within the HPH (Health Promoting Hospitals) Italian network with the aim of developing national recommendations



# migrant-friendly hospitals

## Recommendations for other Hospitals

We would like to conclude by providing some advice, which we hope will be useful for those colleagues and organisations now beginning to deal with ethno-cultural diversity in health services. Those who are about to approach the task of improving hospital services for a multi-ethnic patient population should adopt from the very outset a global and structured approach to the problem and not be satisfied with contingent solutions limited to responding to emergencies. In this sense, the model put forward by the MFH project could be of assistance. In any case, it would be advisable to adopt a method which would make it possible to monitor and evaluate a process of global development (i.e. overall organisational development) on the one hand, and to identify priority areas for specific and effective action on the other hand. Where should we start? We agree with the author of the review of models of good practice in literature (A. Bischoff, 2003) when he affirms that the area of communication is without doubt the area of highest priority, not only because the availability of linguistic mediation and interpreting services produces immediate effects, but also because it is an essential "*condicio sine qua non*" for effective measures of empowerment, for the development of cultural competence and for patient education.