

The Amsterdam Declaration

Towards Migrant-Friendly Hospitals in an ethno-culturally diverse Europe

Migration, diversity, 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, European communities 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 position, and sometimes because of traumatic migration experiences and lack of adequate social support. Thus, it seems only rational that human rights activists argue that access to health care services must be seen as a basic right for everyone and that they are supported therein by international conventions (e.g., the International Convention on the Elimination of All Forms of Racial Discrimination and the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families). Even beyond this human rights aspect, increasing diversity is an important quality assurance and development issue for health systems and services.¹ 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. There are many challenges facing both service users and providers. Examples include not only language barriers² and cultural diversity, but also scarcities in hospital resources and low levels of minority purchasing power and entitlements. All this poses new challenges for quality assurance and improvement in health services - especially for hospitals which play a particularly important role in serving this segment of the population.³

Lower levels of health literacy among migrants is also relevant, especially as concerns the appropriate use of health care systems. Migrants in Europe often lack information about available hospital and ambulatory care services or about general health matters in the specific context of European socie-

ties. This is one of the reasons migrants often give for not using health services effectively and for not taking action themselves to prevent illness.⁴

The current situation is thus one which poses challenges to hospitals and their staff, a staff which is itself at the same time becoming more diverse, thereby presenting an opportunity, a resource and an additional challenge for hospital organisations.

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 (for details see below). National and regional networks of the WHO Network of Health Promoting Hospitals (HPH) played an important role in bringing the partners from Austria, Denmark, Finland, France, Germany, Greece, Ireland, Italy, the Netherlands, Spain, Sweden, and the UK together. They represent a wide range of hospital types, from large metropolitan University teaching hospitals to small-town community hospitals, with public and with private, non-profit ownership. Some of the partners had already had a long-standing record in serving diverse communities before 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. Some partners serve their communities in the context of a rather well-integrated health care system, others have had to cope with rather fragmented structures.

The project received financial support from the European Commission and the Austrian government. European and international organisations joined the initiative as supporting partners (see list at the end of this document). Project partners agreed on basic principles to be at the core of a Migrant-Friendly Hospital mission statement: 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.

Based on a needs assessment, the project was able - despite the diversity of health care systems and local situations in European hospitals - to identify many common problems for migrants/ethnic minorities and staff.

For selected issues, knowledge-based solutions were successfully implemented and evaluated in the areas of interpreting, cultural competence training for hospital staff, and empowerment in mother and child care.

The Pilot Hospitals also aimed at generally improving their diversity management by developing their organisational structures and cultures to become

migrant-friendly and culturally competent organisations. For the partners, becoming a (more) "migrant-friendly" organisation proved feasible but not trivial: many stakeholders must contribute to these change processes. Project results and tools are available at www.mfh-eu.net.

In order to guarantee the sustainability of the initiative a "Task Force on Migrant-Friendly Hospitals" was set up in the framework of the Health Promoting Hospital Network of WHO Europe. This task force will serve as one focus for further initiatives, organise workshops, maintain the MFH website and conduct other activities.

Recommendations

Based on the experiences of the MFH project partners, international discussions and the scientific literature, the following crucial points for the successful development of services and organisational cultures can be identified:

- 1 Developing a migrant-friendly hospital is an investment in more individualised and more person-oriented services for all patients and clients as well as their families.
- 2 Increased awareness will be needed of migrant population experiences and existing health disparities and inequities, including those that are gender-related, leading to changes in communication, organisational routines and resource allocations.
- 3 Focusing on ethno-cultural diversity implies the risk of stereotyping - but migrant status, ethnic descent, cultural background and religious affiliation are just a few of the many dimensions of the complexity of human beings.
- 4 Developing partnerships with local community organisations and advocacy groups who are knowledgeable about migrant and minority ethnic group issues is an important step that can facilitate the development of a more culturally and linguistically appropriate service delivery system.

Like any other form of organisational development, the success of becoming a "migrant-friendly" hospital willing and able to serve its diverse communities in an equitable way will depend on the complementary contributions of a number of different stakeholders.

Hospital owners/ Management/ Quality Management

Hospital owners, management and quality management should put the quality of services for migrants and ethnic minorities on the agenda of hospital organisations:

- 5 It will be important to define aims and objectives (mission, vision and value statement, policies and procedures)
- 6 Adequate resources (working time, financial resources, qualification) must be provided if changes are to be realised.
- 7 An organisational development process should be initiated, supported and monitored by leadership, management and quality management.
- 8 As an important step, the needs and assets of stakeholders - users (patients, relatives, community) and providers (staff) - should be monitored.
- 9 Outcomes as well as the structures and processes that influence outcomes should be monitored.
- 10 Concerns, complaints and grievances related to service delivery should be tracked and appropriately addressed.
- 11 Investment in capacity building with regard to staff's cultural and linguistic competence is needed (selection, training, evaluation).

Staff/Health professions

Hospital staff and the professions and professional organisations of which they are part should acknowledge that the issues are relevant and they should be prepared to invest in achieving competency.

- 12 An important step will be to find consensus on criteria for migrant-friendliness/cultural competence/diversity competence adapted to their specific situation and to integrate them into professional standards and enforce that they are realised in everyday practice. The principles applied in the MFH project can serve as starting point for this development.

- 13** Professionals and other staff will have to build capacities concerning cross-cultural and communicative and diversity-related competencies.
- 14** Clinical practice, preventive services and health promotion action should be appropriately tailored for use with diverse populations. Preventive services and health promotion that rely strongly on communicative interventions are especially dependent on the cultural and linguistic competencies of professionals if they are to be effective.
- 15** Taking the literacy and health literacy of users systematically into account at all levels of services will be an important prerequisite. This implies monitoring, the development of adequate orientation systems/information material as well as patient education programmes.
- 16** Potentially traumatic migration experiences mean that heightened awareness of mental health issues is important in hospital care for migrants.

Users (actual and potential patients, relatives)/ Representatives of community groups

Patient organisations and community groups can make most important contributions to the process by putting diversity and health and health care on their respective agendas.

- 17** Patient organisations should incorporate the diversity of their clientele into their strategies and policies and should act as advocates for these diverse patient populations.
- 18** Migrant/minority community representatives can contribute not only by advocating but also by mediating. They should act as advocates for adequate access to and quality of services, and they should also become agents for the development of greater health literacy within their communities.
- 19** By investing in improvements in their health literacy, all members of migrant/minority communities can contribute to their own better health and better use of health services.

Health policy and administration

Health policymakers and administration are responsible for quality standards in health care and have the final responsibility for the health of the population in their geographical areas of authority. In most countries, they are also responsible for financing health care services and are thus also interested in the effectiveness and efficiency of these services.

- 20** Health policy should provide a framework to make migrant-friendly quality development relevant and feasible for each hospital (legal, financial, and organisational regulations).
- 21** A framework for health-oriented community development for migrants and ethnic minorities has the potential to be most helpful in developing these groups' health literacy.
- 22** Policy and administration have an important role to play in facilitating knowledge development - for example in initiating and funding research, reviews, standards development and dissemination (networking, education, exchange of experience).

Health sciences

Scientific knowledge and expertise can be very helpful in the process. By moving diversity issues in health and health care higher up on their agendas, by including them in their theory-building and the development of systematic evidence, health science disciplines can make important contributions.

- 23** Ethnic and migrant background information should be included as a relevant category in epidemiological, socio-behavioural, clinical, health service and health system research.
- 24** Scientific experts should be prepared to assist other stakeholders in planning, monitoring and evaluating their efforts by providing reviews, assessment tools, designs and tools for evaluation.
- 25** Scientifically based efforts can contribute to combating racism, prejudice, discrimination and exclusion by providing information on the negative consequences of these processes.
- 26** Participatory, multi-method research and evaluation efforts should be carried out in partnership and consultation with communities.

All European hospitals are invited to implement the Amsterdam Declaration, become migrant-friendly and culturally competent organisations and develop individualised, personal services from which all patients will benefit. Investments in increased responsiveness to the needs of populations at risk will be an important step towards overall quality assurance and development.

Further contact/ Opportunities to communicate and collaborate

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Who developed the Amsterdam Declaration?

The MFH Project Group in the framework of the European Commission project "MFH - Migrant Friendly Hospitals, a European initiative to promote health and health literacy for migrants and ethnic minorities".

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¹ World Health Organization (WHO): Report International Migration, Health and Human Rights, Iss.No.4, 2003

² Bischoff, A.: Caring for migrant and minority patients in European hospitals A review of effective interventions, 2003, Swiss Forum for Migration and Population Studies A study commissioned by the Ludwig Boltzmann Institute for the Sociology of Health and Medicine, Vienna, 'MFH - Migrant Friendly Hospitals'; WHO 2003

³ Bischoff, 2003

⁴ WHO 2003, p28

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