

EUREGHA

European Regional and Local Health Authorities

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Francesco Ronfini
Daniela Negri
International Health and Social Affairs Office

Veneto Regio – EUREGHA Chair



REGIONE DEL VENETO

- | **A Brussels-based network of 150 regional and local representatives active in the public health field**

Geographical Scope



- | **Consultative group** composed by 15 members with different levels of expertise
 - | Coordination and management
 - | 1 rep per country
- | **Triple-shared Chair**: three successive presidents work together over a 3 year period to accomplish a common agenda
 - | Chair 2007: North West England
 - | Chair 2008: Veneto Region
 - | Chair 2009: Lower Austria

We aim at:



- | Sharing information and experiences
- | Creating a forum for EU institutions and local and regional (health) authorities
- | Promoting the local and regional dimension at EU level
- | Encouraging the involvement of local and regional authorities in EU health initiatives
- | Providing expertise and added value to EU institutions
- | Cooperating with other health networks and NGOs

Veneto Region: why did we become an EUREGHA member?

- | Provision of information
- | Lobbying
- | High level expertise
- | Effective means to research partners for European projects

We work by:

- | Convening conferences
- | Organising thematic working groups
- | Informing on EU initiatives via EUREGHA website (www.euregha.net)
- | Disseminating information
- | Networking

EUREGHA and the EU



- | Collaborates closely with the EC and CoR by providing knowledge and expertise
- | Monitors and participates in the implementation of the EU Health Strategy
- | Represents an expert panel representing the regional and local point of view at EU level

- | Joint actions to relevant EU consultations
- | Collaboration with other networks/institutions (ERRIN, APRE, HEAL, Smoke Free Environment)
- | Collaboration with HOPE HUB in “HOPE hubs” to produce comparative information on a wide range of issues

Achievements



- | Database of regional consultation responses
- | EU Mental Health Platform
- | EU Open Alcohol Forum
- | Collaboration with DG SANCO
- | High profile health conferences
- | Growing engagement with regions, NGOs, health networks & EU institutions
- | Partner with DG SANCO and COCIR in the INVESTORS' CAFÉ 2008

Upcoming Events



- | 24 June: Health and Climate Change Conference in collaboration with HEAL (Health and Environment Alliance)
- | July 2008: French EU Presidency Public Health Programme and Priorities
- | 7-8 October: Open Days 2008
- | January 2008: Annual General meeting

EUREGHA Best Practices

| **North West England, UK**

Contact Persons: **Brenda Fullard**, Brenda.Fullard@dh.gsi.gov.uk
Alison Ricketts, Alison.Ricketts@dh.gsi.gov.uk

| **Catalunya, Spain**

Contact Person: **Tona Lizana**

| **Veneto, Italy**

Contact Persons: **Luigi Bertinato**, **Giovanna Barzon**,
Maria Grazia D'Aquino

Health and Migration: Common Trends

- | **Increasing flow of migrants over the past 10 years though the nationality of migrants differ from region to region**

e.g. NWE: India, Pakistan, Poland

Catalunya: Morocco, Ecuador, Romania

Goals of the interventions

- | To understand the health status and service use by migrants (assess the impact of migration on health and service delivery)
- | To have a clear picture of the current service provision
- | To reduce the barriers to health services
- | To address health and well-being needs
- | To define a territorial implementation model

Regional solution: NWE case-study

Methods:

- | Literature search
- | Consultations
- | Identification of key issues
- | Initial focus



NWE Case-Study: Key Issues

- | Terminology
- | Data
- | Health – determinants, needs, provision and access
- | Dynamic situation
- | Border & Immigration & Asylum Systems
- | Equality
- | Public Perception

NWE Case Study: The People

Recent arrivals from overseas:

- | Students
- | People joining families
- | Migrant workers
- | Asylum seekers/refugees
- | Holidaymakers/visitors

Focus on:

- | Wider Determinants
- | Health Needs
- | Health Promotion
- | Social inclusion



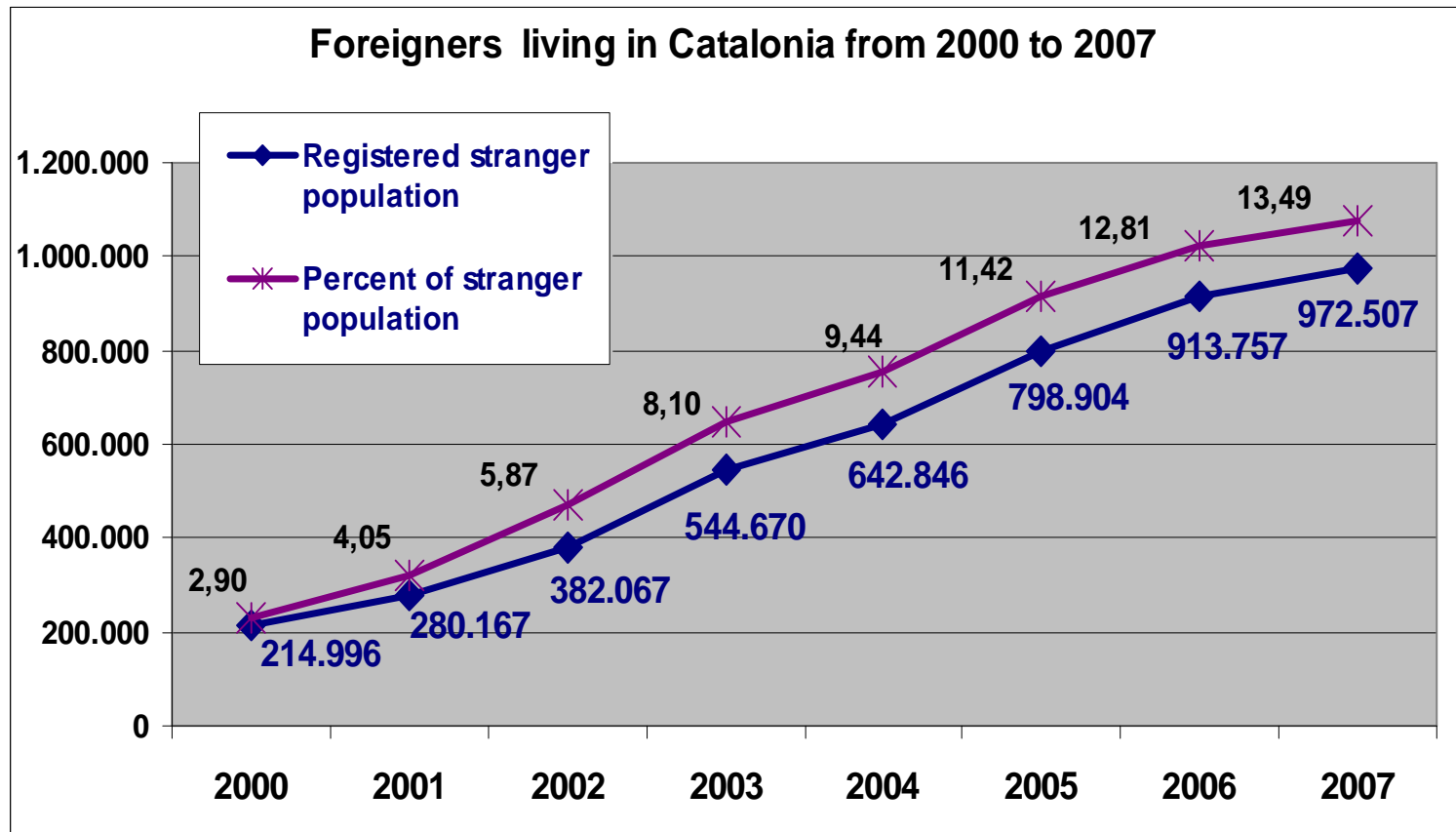
NWE Case Study: Issues

- | Health care provision is dependent on migrant workers
- | Neighbourhood / local differences
- | Interpretation / translation
- | Equality
- | Population movement here to stay !
- | Planning for future
 - | availing of opportunities
 - | preparing for challenges

NEW Case-Study: Possible Recommendations

- | Research on health needs of migrant workers
- | Needs & contributions of recent arrivals considered in Joint Strategic Needs Assessments
- | Co-ordinated, multi-agency fora at local level (?LSPs)
- | NHS Trusts consolidation of existing strategies

Catalonia Case Study



Catalonia Case Study: Strategic Goals and Actions 2005-2007

To improve access to public health services by adapting them to the new needs and demands

- | WHAT HAS BEEN DONE?**
 - a) Welcome Plan**
 - b) Intercultural Mediation and Translation Plan**
 - c) Personnel Training Plan**



Catalonia Case Study

a) Welcome Plan

§ Identified the welcome needs

§ Produced videos and written material on how to use the health services (9 languages)

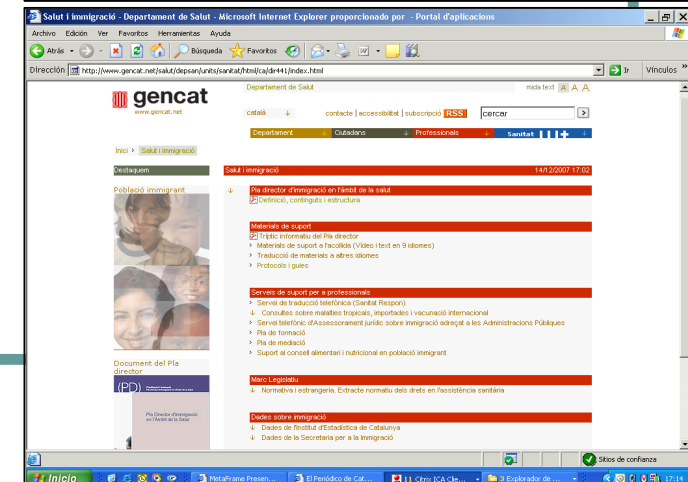
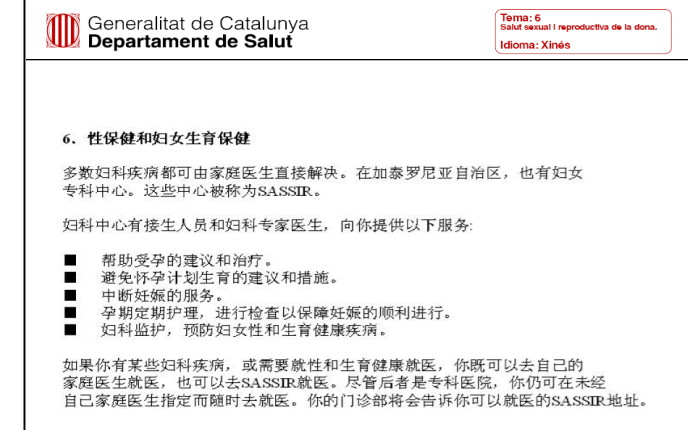
§ Produced 2 web pages on immigration and health

www.gencat.cat/salut/immigracio.htm
www.gencat.cat/salut/immigrants.htm

§ Evaluated the use of materials by professionals and tried to readdress mistakes.

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www.euregha.net



Catalonia Case Study

b) Intercultural Mediation & Translation Plan

PROFILES	COMPETENCES	WHAT HAS BEEN DONE
TRANSLATOR	To translate literally oral and written expressions	Telephone helpline 24 hours a day
CULTURAL MEDIATOR	To facilitate the communication between professionals and foreign patients to eliminate cultural barriers	About 90 intercultural mediators working for our HS
HEALTH COMMUNITY AGENT	To promote health interventions and prevent diseases at community level. Can work as a cultural mediator	In process
FOREIGN MEDICAL PROFESSIONALS	To facilitate communication between professionals and patients promoting access to services and to guarantee an equal healthcare for all.	11% of medical doctors in Catalonia are from abroad (2007)

Catalonia Case Study

c) Personnel Training Plan: Guidelines

Ø 113 courses offered to health professionals on targeted topics such as cultural competence, migration and mental health and sexual and reproductive.

Ø Mother and child healthcare protocol:

§ *Pregnancy care protocol focused on cultural diversity*

§ *Child healthcare protocol: chapter focused on healthcare for immigrants*

§ *Protocol to prevent the Genital Female Mutilation*

Ø Protocols and guidelines on infection diseases and parasite diseases

Ø Mental health guideline for immigrants

Ø Guideline to improve nutritional advice for immigrants

Ø Educational material on oral health and mother and child healthcare

Catalonia Case Study

Action Plan 2008-2010: Objectives

- 1- To complete the creation of the immigration and health committees at the regional and territorial level**
- 2- To implement the project “Cultural Mediation 2008-2009”:
training 50 cultural mediators already working for the system
and certificate their training as well as to train and contract 50
new cultural mediators over 2 years**
- 3- To collaborate in the definition and development of the Health
Community Care Model**
- 4- To evaluate the impact of action plans**

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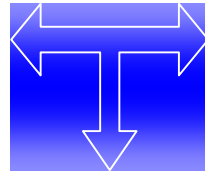
The Experience of Padua - LHU 16

- | In 2007: 350.215, 10% of Italy's total immigrant population
- | In Padua the resident immigrants are 58.498, with an increase of 10,9% compared with 2006.

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The Context

**Social-Health
integration**



**Increase in
immigrant
population**

Organization of a structured system of services



**High Professional
Immigration Body**
Local Health Unit 16

**Monitoring
needs**

Information

Training

Networking

careg.

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The Intervention

Illegal immigrants  **Outpatient care for emergencies**

Legal immigrants  **Same rights as Italian citizens**

They can benefit from services provided by district health care facilities

But... Access inequalities

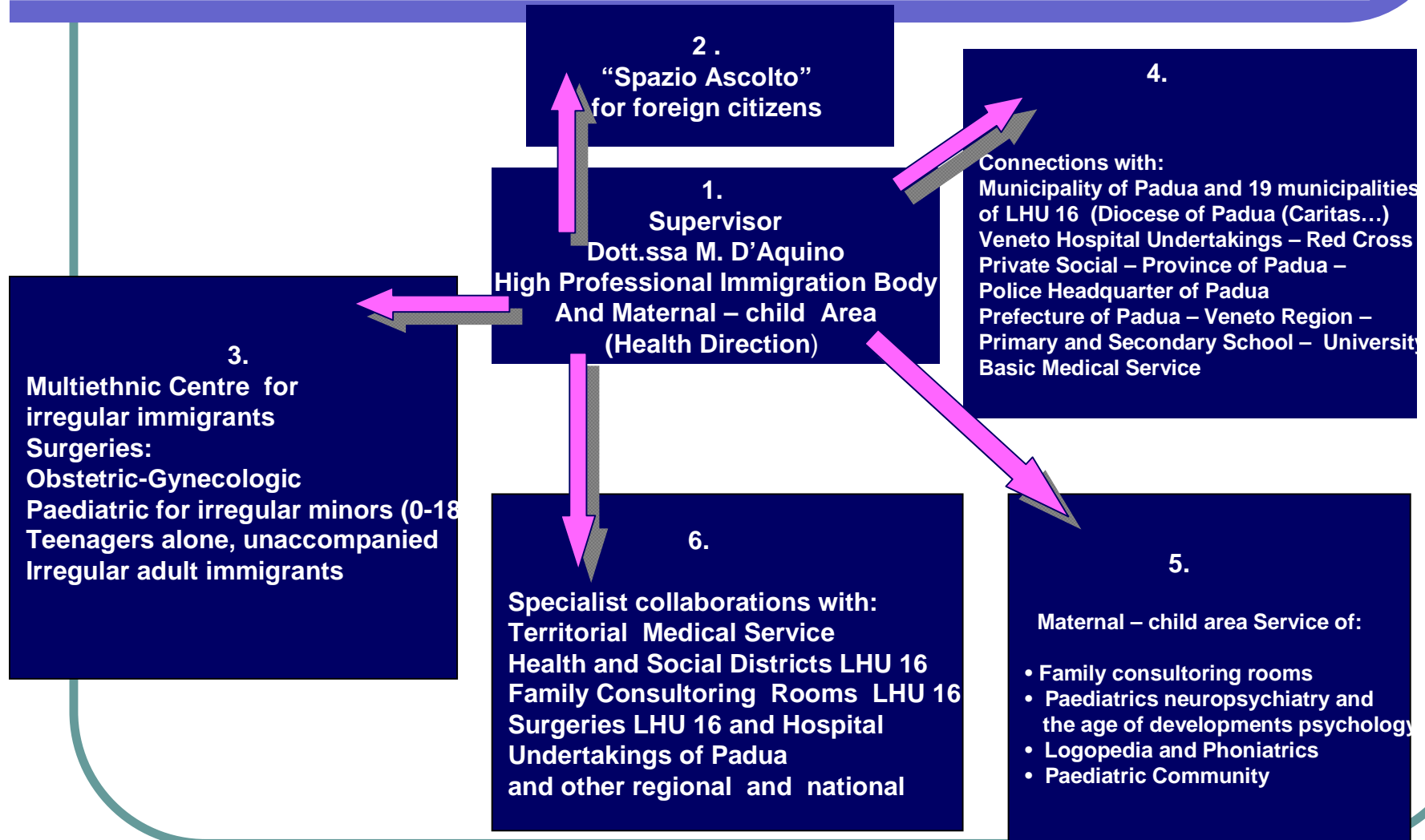


Solutions in Padova:

Special services for immigrants:
*Spazio Ascolto (Drop-in Centre),
Multiethnic Advisory Centre,
Outpatients clinic for
unaccompanied minors*

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The High Professional Immigration Body



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Social Inclusion of foreign Pupils

- | Increased number of foreign pupils over the last 10 years
- | Origins of foreign pupils in Padua: East Europe, South America, Asia and Africa
- | Law 6 March 1998 introduces the “school duty” as compulsory for all minors’ migrants

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A new professional in support of foreign students

- | The new professional is inserted in the context of the primary, secondary school and in the first two years of the High School
- | Is a qualified psychologist and psychopedagogue, trained on specific topics such as intercultural education and competent in social and health services
- | Is the cultural mediator among school, family and social Health services.

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The competences of the new professional

- | To understand the specific needs of the foreign pupils and their families
- | To facilitate social inclusion in class
- | To address foreign pupils and family members to Social Health Services in order to monitor the Health conditions (Paediatric Community of Social Health Districts of LHD 16 of Padua for minors 0-18)
- | To follow foreign pupils in extracurricular activities
- | Mediator between teachers, family and social health professionals of the district area

FUTURE SHARED GOALS

Keep working to achieve a humanised health system without inequalities between population groups or territories, open to all communities, that facilitates coexistence, tolerance and respect

Contacts

Francesco Ronfini

Senior Legal and European Affairs
Advisor

Veneto Region

International Health and Social
Affairs Department

Tel. +32 2 743 70 25

E-mail:

francesco.ronfini@regione.veneto.it

Daniela Negri

European Affairs Advisor

Veneto Region

International Health and Social
Affairs Department

Tel. +32 2 743 70 22

E-mail:

daniela.negri@regione.veneto.it