Community participation in primary health care: engaging stakeholders and migrants

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Outline of this presentation

- Community participation: a definition
- A reference to WHO document on strategic framework on communications
- A reference to two EC projects, RESTORE and EUR-HUMAN
- Methods used in the two projects
- A reference to a new WONCA book
- A focus on motivational interviewing and compassion
- What we have learnt
- Suggestions and conclusions

Community participation: a definition

- ‘participation is a range of processes through which local communities are involved and play a role in issues which affect them. The extent to which power is shared in decision-making varies according to type of participation’.

Kelly (2001:15)

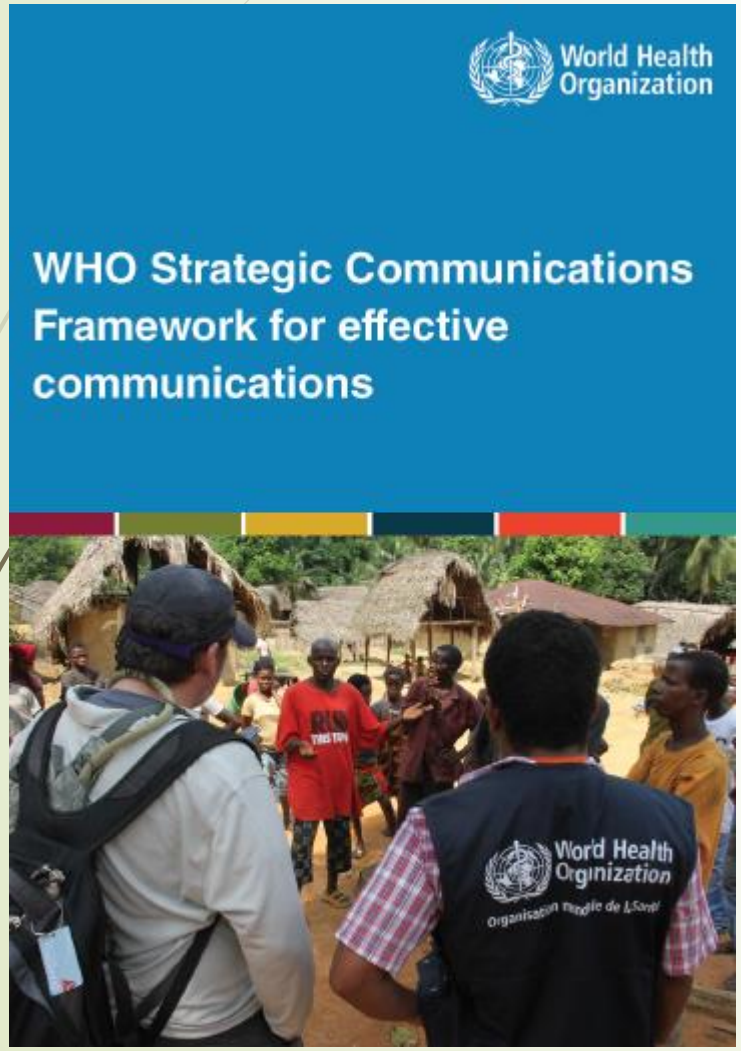
Migrants' community participation

Participation in social and community groups and activities

= develop friendships and a shared sense of community between migrants and local residents = social integration + social cohesion = strong communities

(Stone and Hughes 2002)

The WHO Strategic Communications Framework for effective communications



RESTORE

REsearch into implementation **ST**rategies to support patients of different **OR**igins and language background in a variety of **E**uropean primary care settings

The RESTORE Project has received funding from the European Union
Seventh Framework Programme [FP7/2007-2013] under
Grant Agreement No. 257258.

Introductions – the RESTORE CONSORTIUM

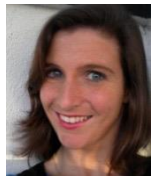
Scotland, England, Ireland, The Netherlands, Greece, Austria

RESTORE
HEALTH OF MIGRANTS

Scotland

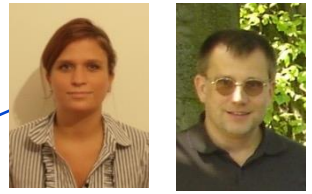
England

Ireland



The Netherlands

Austria



Greece/Crete

RESTORE...the big picture

- **Aims to identify interventions supporting cross-cultural communication and test their implementation in 5 European primary care settings**
- Communication problems with migrant service-users (patients) and GPs - do not share **language and/or culture.**
- Research shows that people often rely on **informal supports** to act as an interpreter.
- **Communication supports are not implemented in routine practice – RESTORE is interested in this evidence 'gap'.**

Methods (1)

Normalisation Process Theory (NPT)

- Contemporary social theory
- Provides insights into implementation processes
- Provides a framework for exploring implementation journeys
- Asks important questions and offers insights into ways of understanding the implementation journeys participants make in **RESTORE**

Participatory Learning and Action (PLA) Research

- Stakeholders are ‘local experts’
- All voices, all perspectives count – mutual respect and equal participation
- Culture-sensitive, and diversity is respected
- Stakeholders co-operate, identify problems and create workable solutions
- Stakeholders are involved as much as possible from start to finish

Methods (2)

- Qualitative case study - multiple primary care sites
  - Ireland, England, Austria, Netherlands and Greece
  - Scotland – health policy analysis
- Stakeholders
  - migrant service users, general practitioners, primary care nurses and administrators, interpreters and cultural mediators, service planners and policy makers.
- Sampling and recruitment
  - Purposive and maximum variation sampling to identify and recruit stakeholders in our five local settings
  - Sample size determined by theoretical saturation.

- **3 Phases of fieldwork complemented by health policy analysis**

Stages of Fieldwork

RESTORE
HEALTH OF MIGRANTS

WIDE
(Phase 1)

- **W**elcome
- **I**ntroductions to RESTORE
- **D**escriptions about RESTORE
- **E**ngagement (as confirmed stakeholders) in RESTORE.

SASI
(Phase 2)

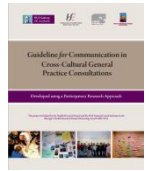
- **S**haring of a country-specific set of G/TIs
- **A**ssessment of G/TIs
- **S**election of a G/TI for
- **I**mplementation in RESTORE.

CAPES
(Phase 3)

- **C**ollaboration via PLA research to
- **A**ssess
- **P**articipants' experiences and
- **E**xploration of implementation work and generation of
- **S**olutions to challenges of implementation.

Fieldwork Pyramid for selecting a G/TI – big picture

- Implementation of G or TI
- Fine tuning co-design and culturally adapting the G/TI with the stakeholders
- Through PLA methods, 1 G /TI was selected democratically with stakeholders
- Presented limited set of G/TIs to stakeholders
- Creating a limited set of G/Tis for stakeholders using NPT
- Mapping Process – searching for guidelines or training initiatives



Goal of this phase of fieldwork

- Stakeholders worked together to **A**SSESS a range of these guidelines/training initiatives (G/TIs)

- Stakeholders **S**ELECTED a single guidance or training initiative they wished to **I**MPLEMENT in their local setting, in real time and space.

Interactive Focus Groups

- Stakeholders across settings met with RESTORE researchers to begin discussion of the limited set of G/TIs.
- Exchanged ideas, discussed and understood the G/TI in detail (sense-making work).
- All through lively and interactive PLA activities.

PLA Session discussing the Guideline with stakeholders, Greece

Commentary Charts

- PLA Technique
- Team-generated records of stakeholders' discussions of each G/TIs.
- Three categories:
  1- POSITIVE aspects (of G/TI)
  2 -NEGATIVE aspects (of G/TI)
  3 - Questions to be checked out.

Example: Commentary Chart completed by stakeholders during SASI #1 Session, Galway, Ireland Oct 17th 2012

Source: Deliverable 4.1 Intervention portfolio (portfolio of co-designed interventions for implementation by participants in their local settings.) Submitted March 2013.

Direct Ranking

- A PLA technique designed to *enable* a group of stakeholders to indicate priorities or preferences.
- **democratic decision-making process** to identify which of the G/TIs in their 'limited set' they considered most implementable for RESTORE.
- engages stakeholders in an analytical decision-making process that is transparent and democratic to vote for one Guideline or TI.

Example: Direct Ranking completed by Greek Stakeholders

Source: Deliverable 4.1 Intervention portfolio (portfolio of co-designed interventions for implementation by participants in their local settings.) Submitted March 2013.

Outcome of Selecting a G/TI in each setting

- All settings *selected one G or TI* in each setting through this process.
- Stakeholders discussed *the new way of working and made sense of the G/TI*, shared view and understanding of each G/TI and whether or not their was potential benefits arising from the implementation of it. **(Coherence)**
- Stakeholders discussed the *work involved to drive the implementation forward* and who else would they need to enrol to make it happen. **(Cognitive Participation)**

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HEALTH OF MIGRANTS

Key elements

- Systematisation
- Communal and Individual Appraisal
- Reconfiguration

Systematisation

- At each site: stakeholders planned ways to appraise impact early in implementation journey
- In most settings: planning spontaneously
- Wide range of strategies to *formally* evaluate intervention
- Most strategies succeeded: except formal data from migrant service users Greece
- PLA: useful to plan and examine formal data and to evaluate *informally* own personal perspectives

Communal and individual Appraisal

- Formal and informal data: Benefits G/TI
- TI: more tolerant attitude, more effective communication
    - Practice level:
        - Changes reception staff interactions
        - Adaptations practice to needs migrants
        - Involvement *all* practice members, including practice assistants and receptionists
- Interpreter services: Benefits
    - e.g. clearer picture (GPs), better confidence GPs' diagnosis (migrants)

Reconfiguration

- Reconfigurations proposed:

- Put topic on the agenda
- Larger role primary care professionals
- Involve a local ‘health advocate’
- State funding

Enhancing communications on health information with stakeholders-published experience

- Explore opportunities and methodologies in improving cross-cultural communication with stakeholders
- Exploring barriers in communication: a reference to the services delivery
- Implementing guidelines to improve cross-cultural communication in primary care
- The FRESH AIR Project (unpublished work)

Enhancing communications on health information with stakeholders-published experience (II)


Open Access Research

BMJ Open Engaging migrants and other stakeholders to improve communication in cross-cultural care: a theoretic participatory stu

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Nicola Burns,[4,7] Tomas de Brún
Evelyn van Weel-Baumgarten,[5]

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ABSTRACT

Objectives: Guidelines and training initiati
are available to support communication in c
cultural consultations but are rarely implem
routine practice in primary care. As part of t
European Union RESTORE project, our obje
explore whether the available G/TIs make se
migrants and other key stakeholders and wh
could collectively choose G/TIs and engage
implementation in primary care settings.

Setting: As part of a comparative analysis
qualitative case studies, we used purposeful
snowball sampling to recruit migrants and
stakeholders in primary care settings in Aus
England, Greece, Ireland and the Netherland

Participants: A total of 78 stakeholders pa
in the study (Austria 15, England 9, Ireland
16, Netherlands 27), covering a range of gr
(migrants, general practitioners, nurses, ad
staff, interpreters, health service planners).

Primary and secondary outcome mea
combined Normalisation Process Theory (N
Participatory Learning and Action (PLA) res
conduct a series of PLA style focus groups.
standardised protocol, stakeholders' discuss
a set of G/TIs were recorded on PLA comm
charts and their selection process was reco
through a PLA direct-ranking technique. We
inductive and deductive thematic analysis to
sensemaking and engagement with the G/TI

Results: The need for new ways of workin
strongly endorsed by most stakeholders. Sh
considered that they were the right people t
work forward and were keen to enrol others
the implementation work. This was evidenc
democratic selection by stakeholders in eac
one G/TI as a local implementation project.

Conclusions: This theoretically informed p
approach used across 5 countries with dive
healthcare systems could be used in other s

BMJ

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Exploring barriers t
in Greece in times o
service providers

Maria Papadakaki, Christos Li
Tomas de Brún, Mary O'Reilly-
Evelyn van Weel-Baumgarten,
Spiegel & Anne MacFarlane

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Reporting mental health problems of undocumented migrants in Greece: A qualitative exploration

Erik Teunissen, Alexandra Tsaparas, Aristoula Saridaki, Maria Trigoni, Evelyn van Weel-Baumgarten, Chris van Weel, Maria van den Muijsenbergh & Christos Lionis

To cite this article: Erik Teunissen, Alexandra Tsaparas, Aristoula Saridaki, Maria Trigoni, Evelyn van Weel-Baumgarten, Chris van Weel, Maria van den Muijsenbergh & Christos Lionis (2016) Reporting mental health problems of undocumented migrants in Greece: A qualitative exploration, European Journal of General Practice, 22:2, 119-125, DOI: 10.3109/13814788.2015.1136283

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Strengths and limitations of this study

- The use of Participatory Learning and Action approaches promoted an atmosphere that gave equal power to all participants during fieldwork sessions and was particularly helpful in increasing migrants' engagement and participation with the process.
- Normalisation Process Theory (NPT) served as an appropriate theoretical framework to examine the emergent data and to identify possible gaps in the
- Beliefs socioc were e framew
- The vo from o vided a
- The ge a quali the use of NPT provides insight into transferrable

KEY MESSAGES

- Discriminatory attitudes and other provider and system-related barriers are evident in the provision of primary healthcare to migrants in Greece.
- Providers feel unable to fulfil their role efficiently under limited system support and contribution to decision making.
- Training and guidelines promoting cultural competence are necessary in the Greek primary healthcare.

KEY MESSAGES

- Greek GPs are engaged in providing good mental healthcare for undocumented migrants.
- They have to operate under difficult conditions that prevent them from the delivery of appropriate care.
- However, even under these conditions, Greek GPs keep looking for creative solutions to address and treat UMs' mental health problems.

Enhancing communications on health information with stakeholders-relevant methodologies and approaches

- NPT
- PAL
- Experiences gained from Motivational Interviewing
- Other approach (to be discussed)

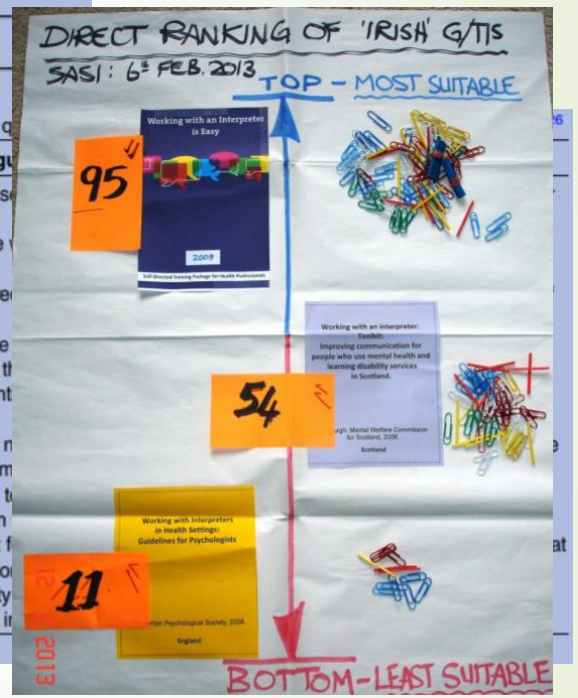
Table 1 Normalisation Process Theory constructs

Construct	What it addresses
Coherence	Can those involved in the
Cognitive participation	
Collective actic	
Reflexive monitoring	

Table 3 Normalisation Process Theory (NPT) sensitising q

Construct	NPT sensitising questions for gu
Coherence	How do stakeholders conceptualise role, content and applicability?
Differentiation	Can stakeholders differentiate the their current way of working?
Communal specification	Can stakeholders build up a share the guideline/training initiative?
Individual specification	Can individual stakeholders 'make initiative would create for them in t
Internalisation	Can stakeholders grasp the potent initiative?
Cognitive participation	Do stakeholders engage with the n on (or not) to promote their implem
Initiation	Are stakeholders able and willing t forward and get others involved in
Legitimation	Do stakeholders believe it is right f they can make a useful contributio
Enrolment	Do stakeholders have the capacity contribute to the work involved in i

NPT, Normalisation Process Theory.

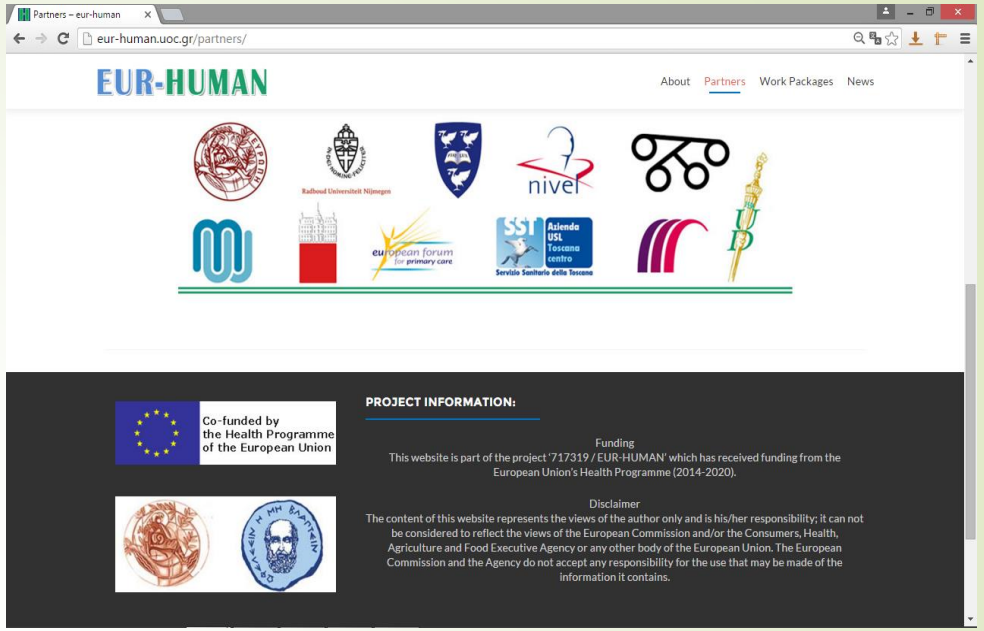


RESTORE
HEALTH OF MIGRANTS
Implementing migrant care initiatives, beyond language and cultural barriers

http://www.fp7restore.eu/index.php/en/about-restore

EUR-HUMAN

Website: www.eur-human.uoc.gr
YouTube channel:
https://www.youtube.com/channel/UCvl3kOrEidGv2XA4zAUs01Q
Twitter: https://twitter.com/eur_human

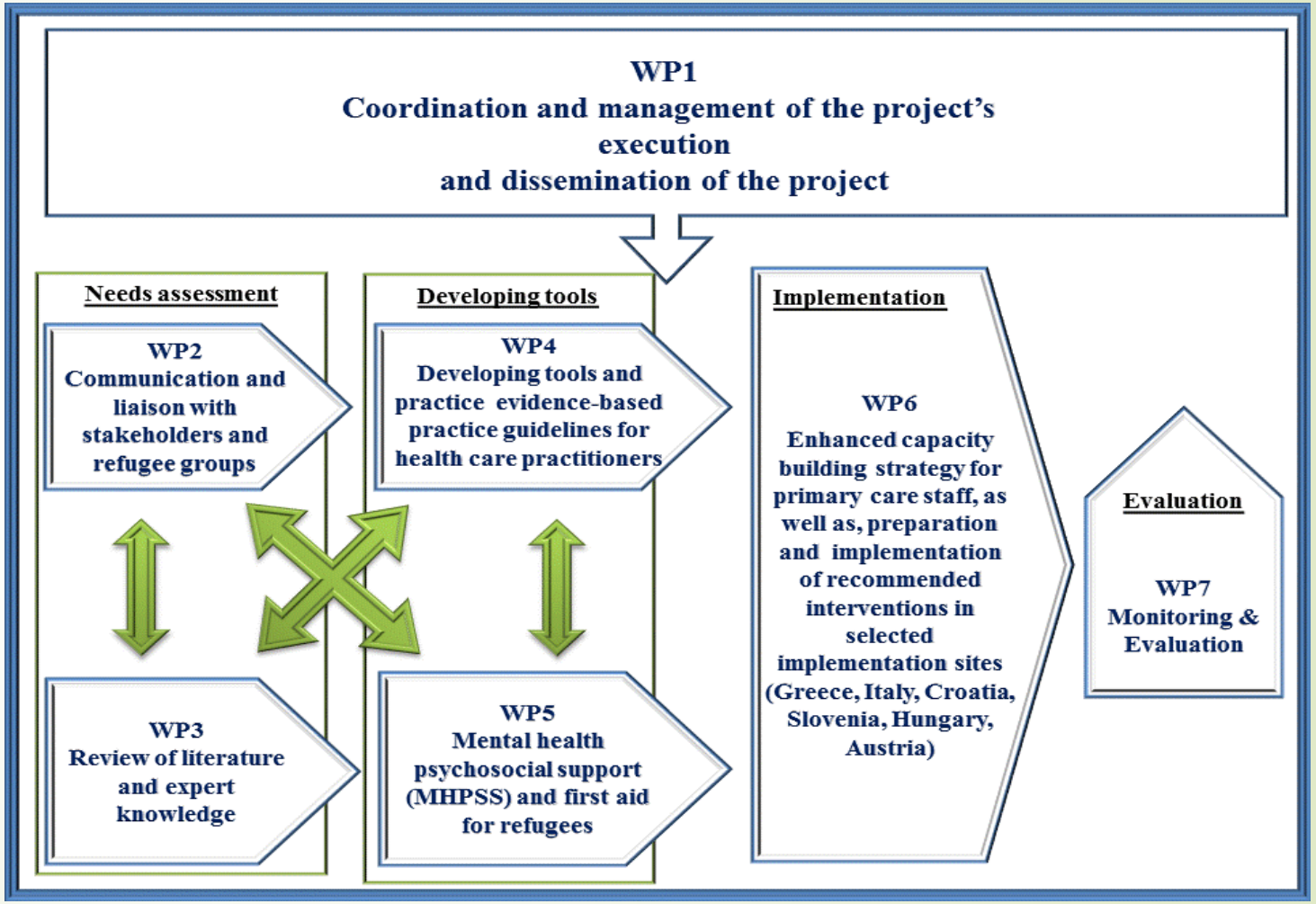


Co-funded by the Health Programme of the European Union

Methodology and WPs

Methodology embedded in appropriate theoretical inputs such as the **Chronic Care Model** and the **Normalization Process Theory** with selection of appropriate tools and approaches.

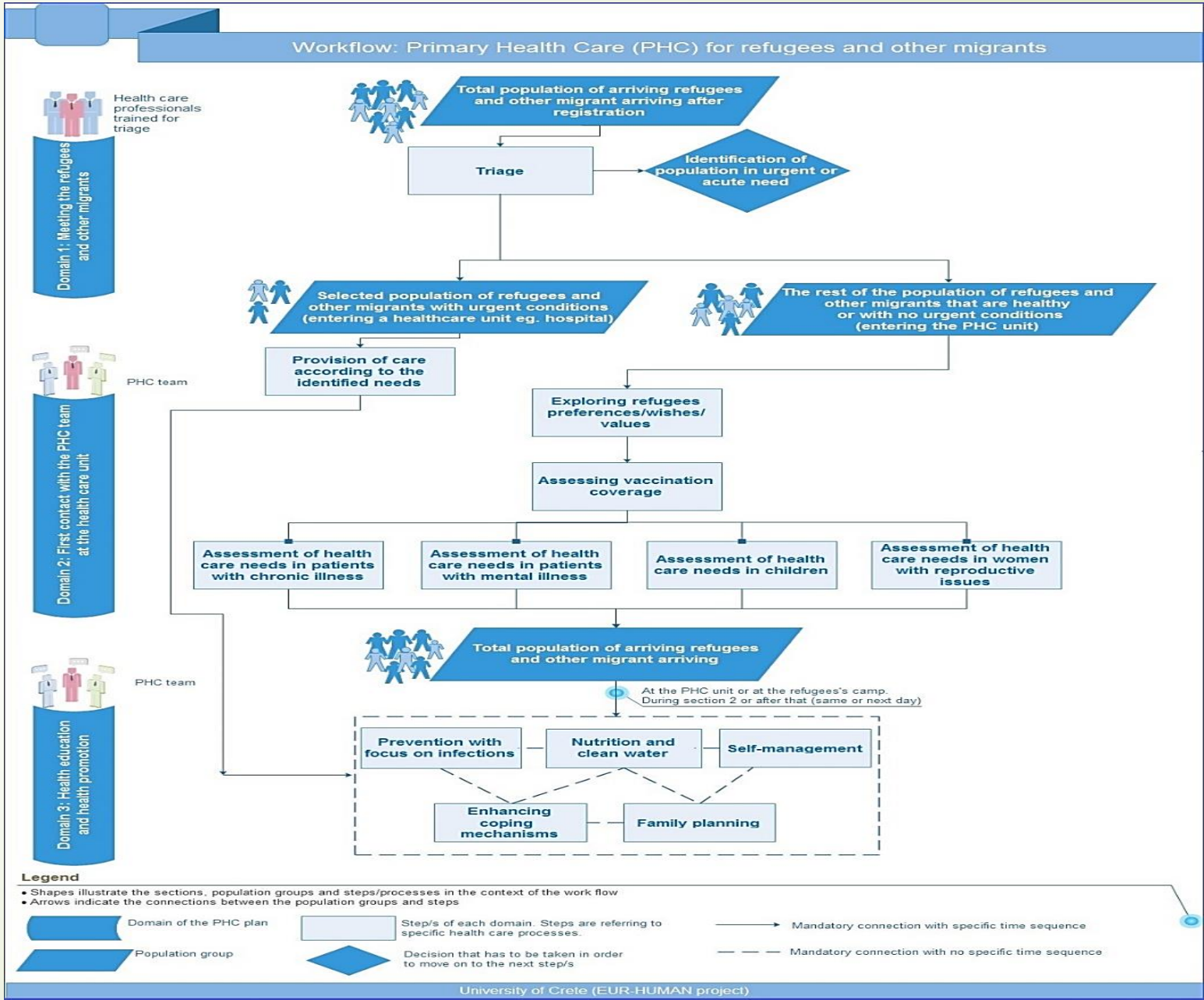
Different approaches included interviews and systematic literature reviews, **Expert Consensus Panel, Participatory** and **Learning Action (PLA)** and making use of the output of previous EU-funded research projects such as **NoMAD .**



PLA data collection – Moria hotspot in Lesvos by the Greek team

Impact – II: Transferability of EUR-HUMAN results in EU countries

- Training material for PHC providers;
- Tools for rapid intervention and assessment;
- Protocol for rapid assessment of mental health;
- ATOMiC checklist to guide implementation decision-making;
- PHC unit structure and organization (Guidance on content, resources, methods and tools).



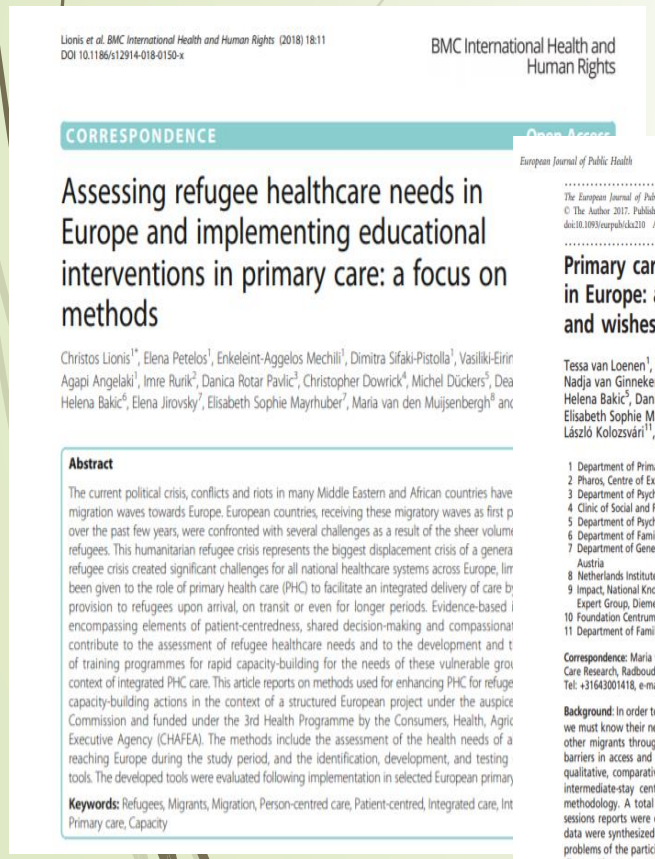
Additional training material for PHC providers – WP6

- The **University of Crete team** prepared **additional training lecture videos** on a YouTube channel; topics cover the following areas:

- **Assessing immediate healthcare needs; Triage upon their arrival;**
- **Communicable diseases;**
- **Mental health;**
- **Provider-patient interaction;**
- **Non-communicable diseases;**
- **Vaccination coverage;**
- **Maternal and reproductive health;**

https://www.youtube.com/channel/UCvl3kOrEidGv2XA4zAUs01Q

Serving the needs of refugees and migrants- reporting the outcomes



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BMC International Health and Human Rights

CORRESPONDENCE

Assessing refugee healthcare needs in Europe and implementing educational interventions in primary care: a focus on methods

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Agapi Angelaki[1], Imre Rurik[2], Danica Rotar Pavlic[3], Christopher Dowrick[4], Michel Dückers[5], Dea
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Abstract

The current political crisis, conflicts and riots in many Middle Eastern and African countries have
migration waves towards Europe. European countries, receiving these migratory waves as first p
over the past few years, were confronted with several challenges as a result of the sheer volum
refugees. This humanitarian refugee crisis represents the biggest displacement crisis of a genera
refugee crisis created significant challenges for all national healthcare systems across Europe, lir
been given to the role of primary health care (PHC) to facilitate an integrated delivery of care b
provision to refugees upon arrival, on transit or even for longer periods. Evidence-based i
encompassing elements of patient-centredness, shared decision-making and compassionat
contribute to the assessment of refugee healthcare needs and to the development and t
of training programmes for rapid capacity-building for the needs of these vulnerable gro
context of integrated PHC care. This article reports on methods used for enhancing PHC for refuge
capacity-building actions in the context of a structured European project under the auspice
Commission and funded under the 3rd Health Programme by the Consumers, Health, Agric
Executive Agency (CHAFEA). The methods include the assessment of the health needs of a
reaching Europe during the study period, and the identification, development, and testing
tools. The developed tools were evaluated following implementation in selected European primar

Keywords: Refugees, Migrants, Migration, Person-centred care, Patient-centred, Integrated care, Int
Primary care, Capacity

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Primary care for refugees and newly arrived migrants in Europe: a qualitative study on health needs, barriers and wishes

Tessa van Loenen[1], Maria van den Muijsenbergh[1,2], Marrigje Hofmeester[1], Christopher Dowrick[3], Nadja van Ginneken[3], Enkeleint Aggelos Mechili[4], Agapi Angelaki[4], Dean Ajdukovic[5], Helena Bakic[5], Danica Rotar Pavlic[6], Erika Zelko[6], Kathryn Hoffmann[7], Elena Jirovsky[7], Elisabeth Sophie Mayrhuber[7], Michel Dückers[8,9], Trudy Mooren[10], Juul Gouweloos-Trines[9], László Kolozsvári[11], Imre Rurik[11], Christos Lionis[4]

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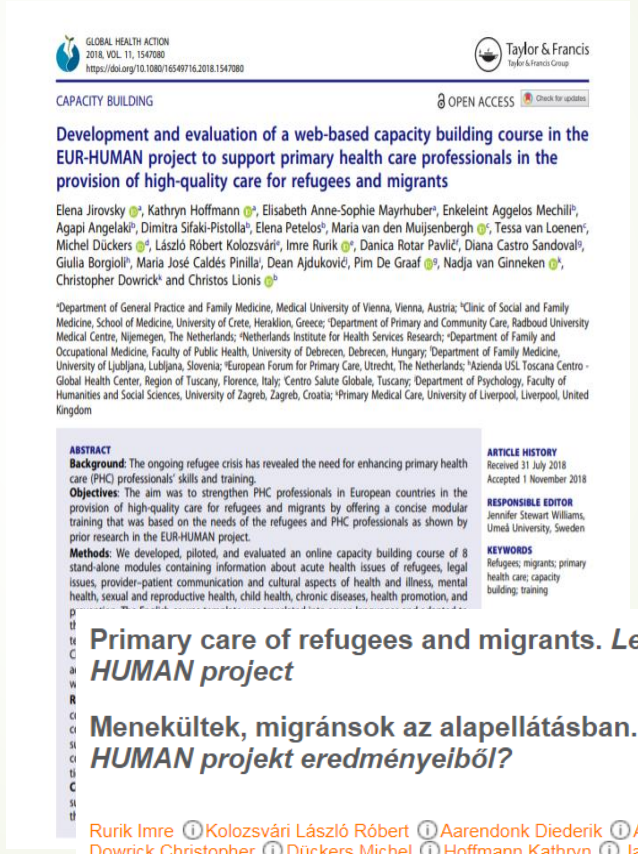
Background: In order to provide effective primary care for refugees and to develop interventions tailored to them, we must know their needs. Little is known of the health needs and experiences of recently arrived refugees and other migrants throughout their journey through Europe. We aimed to gain insight into their health needs, barriers in access and wishes regarding primary health care. **Methods:** In the spring of 2016, we conducted a qualitative, comparative case study in seven EU countries in a centre of first arrival, two transit centres, two intermediate-stay centres and two longer-stay centres using a Participatory Learning and Action research methodology. A total of 98 refugees and 25 healthcare workers participated in 43 sessions. Transcripts and sessions reports were coded and thematically analyzed by local researchers using the same format at all sites; data were synthesized and further analyzed by two other researchers independently. **Results:** The main health problems of the participants related to war and to their harsh journey like common infections and psychological distress. They encountered important barriers in accessing healthcare: time pressure, linguistic and cultural differences and lack of continuity of care. They wish for compassionate, culturally sensitive healthcare workers and for more information on procedures and health promotion. **Conclusion:** Health of refugees on the move in Europe is jeopardized by their bad living circumstances and barriers in access to healthcare. To address their needs, healthcare workers have to be trained in providing integrated, compassionate and cultural competent healthcare.



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Taylor & Francis

CAPACITY BUILDING

OPEN ACCESS

Development and evaluation of a web-based capacity building course in the EUR-HUMAN project to support primary health care professionals in the provision of high-quality care for refugees and migrants

Elena Jirovsky[a], Kathryn Hoffmann[a], Elisabeth Anne-Sophie Mayrhuber[a], Enkeleint Aggelos Mechili[b], Agapi Angelaki[b], Dimitra Sifaki-Pistolla[b], Elena Petelos[b], Maria van den Muijsenbergh[c], Tessa van Loenen[c], Michel Dückers[d], László Róbert Kolozsvári[e], Imre Rurik[e], Danica Rotar Pavlič[f], Diana Castro Sandoval[g], Giulia Borgioli[h], Maria José Caldés Pinilla[i], Dean Ajduković[j], Pim De Graaf[g], Nadja van Ginneken[k], Christopher Dowrick[k] and Christos Lionis[b]

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ABSTRACT

Background: The ongoing refugee crisis has revealed the need for enhancing primary health care (PHC) professionals' skills and training.
Objectives: The aim was to strengthen PHC professionals in European countries in the provision of high-quality care for refugees and migrants by offering a concise modular training that was based on the needs of the refugees and PHC professionals as shown by prior research in the EUR-HUMAN project.
Methods: We developed, piloted, and evaluated an online capacity building course of 8 stand-alone modules containing information about acute health issues of refugees, legal issues, provider–patient communication and cultural aspects of health and illness, mental health, sexual and reproductive health, child health, chronic diseases, health promotion, and

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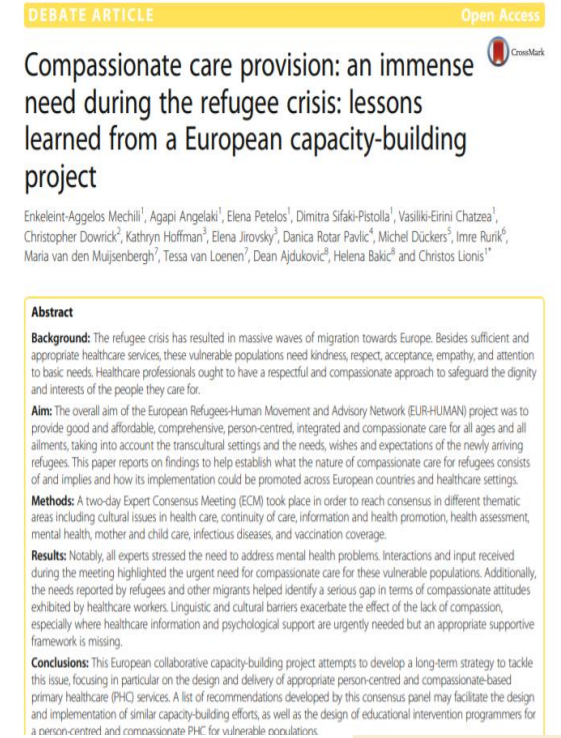

DEBATE ARTICLE Open Access

Compassionate care provision: an immense need during the refugee crisis: lessons learned from a European capacity-building project

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Abstract

Background: The refugee crisis has resulted in massive waves of migration towards Europe. Besides sufficient and appropriate healthcare services, these vulnerable populations need kindness, respect, acceptance, empathy, and attention to basic needs. Healthcare professionals ought to have a respectful and compassionate approach to safeguard the dignity and interests of the people they care for.
Aim: The overall aim of the European Refugees-Human Movement and Advisory Network (EUR-HUMAN) project was to provide good and affordable, comprehensive, person-centred, integrated and compassionate care for all ages and all ailments, taking into account the transcultural settings and the needs, wishes and expectations of the newly arriving refugees. This paper reports on findings to help establish what the nature of compassionate care for refugees consists of and implies and how its implementation could be promoted across European countries and healthcare settings.
Methods: A two-day Expert Consensus Meeting (ECM) took place in order to reach consensus in different thematic areas including cultural issues in health care, continuity of care, information and health promotion, health assessment, mental health, mother and child care, infectious diseases, and vaccination coverage.
Results: Notably, all experts stressed the need to address mental health problems. Interactions and input received during the meeting highlighted the urgent need for compassionate care for these vulnerable populations. Additionally, the needs reported by refugees and other migrants helped identify a serious gap in terms of compassionate attitudes exhibited by healthcare workers. Linguistic and cultural barriers exacerbate the effect of the lack of compassion, especially where healthcare information and psychological support are urgently needed but an appropriate supportive framework is missing.
Conclusions: This European collaborative capacity-building project attempts to develop a long-term strategy to tackle this issue, focusing in particular on the design and delivery of appropriate person-centred and compassionate-based primary healthcare (PHC) services. A list of recommendations developed by this consensus panel may facilitate the design and implementation of similar capacity-building efforts, as well as the design of educational intervention programmers for a person-centred and compassionate PHC for vulnerable populations.

Primary care of refugees and migrants. ***Lesson learnt from the EUR-HUMAN project***

Menekültek, migránsok az alapellátásban. ***Mit tanulhattunk az EUR-HUMAN projekt eredményeiből?***

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A change in our language and communication style – A focus on motivating & empowering

A Definition:

"Motivational interviewing is a collaborative conversation style for strengthening a person's own motivation and commitment to change."

Miller and Rollnick, 2013

The Founders of MI
(από το 1989)

William Miller

Stephen Rollnick

The Spirit of MI:

Partnership: Work collaboratively

Acceptance: Respect for Autonomy, Empathy, Client Perspective

Compassion: Caring for them

Evocation: Draw out ideas and solutions from patients.

Motivational Interviewing (resources for clinicians, researchers, and trainers)
http://www.motivationalinterview.org/

OARS
4 CORE SKILLS FOR MOTIVATIONAL INTERVIEWING

O

OPEN-ENDDED QUESTIONS

Ask question that engage the client to share their thoughts and not simple yes/no questions.

A

AFFIRMATION

Respond with positive commentary on what they are saying or proposing.

R

REFLECTION

Make statement that confirm the emotion/information they are expressing to help engage with it.

S

SUMMARIZING

Help organize what has been said. Gather positive aspects of what they are saying and guide client.

Motivational Interviewing (resources for clinicians, researchers, and trainers)
http://www.motivationalinterview.org/

PRINCIPLES OF MOTIVATIONAL INTERVIEWING: RULE

R

RESIST THE RIGHTING REFLEX

Avoid telling, directing, or convincing your patient about what to do.

U

UNDERSTANDING THEIR MOTIVATION

Seek to understand their values, needs, abilities, motivations, potential barriers to changing behaviours. Help patient find their motivation.

L

LISTEN

Do more listening than talking.

E

EMPOWER

Support their belief in their capabilities and ability to be successful (self-efficacy).

Motivational Interviewing (resources for clinicians, researchers, and trainers)
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A Focus on the voice of the communicator-the issue of compassion

Compassion involves demonstrating characteristics such as empathy, sensitivity, kindness and warmth.

"The words compassion and empathy are used equally with the words love and courtesy, and yet we, as a collective society, have no consensus as to what those words mean" *Hoisington, 2007*

'Sensitivity to the pain or suffering of another, coupled with a deep desire to alleviate that suffering' *Goetz, Keltner & Simon-Thomas, 2010*

Key issues to be discussed

- Compassion as motivation
- Dispositional compassion
- How is Compassion Related to Empathy
- Distinguishing Compassion from Altruism

See further to The Landscape of Compassion: Definitions and Scientific Approaches by J. Goetz and E. Simon-Thomas. In the book: The Oxford Handbook of Compassion Science, 2017

Behavioral Change & Motivational Interviewing to Improve Health Literacy:
How do we contribute to healthy decision making by the community?

Enhancing communications on health information with stakeholders-what we need

- A theory-based approach (we need a consensus based on theoretical reasoning and available evidence) for effective communications and evaluation of the applied activities.
- A pilot, feasibility testing in several European settings
- A position and guidance paper in the lines of the WHO strategic Communications Framework

Many thanks for your attention