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



WHO Strategic Communications
Framework for effective
communications









RESTORE

REsearch into implementation STrategies to support patients of different ORigins and language background in a variety of European 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...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



WIDE

(Phase 1)

- Welcome
- Introductions to RESTORE
- Descriptions about RESTORE
- Engagement (as confirmed stakeholders) in RESTORE.

SASI

(Phase 2)

- Sharing of a country-specific set of G/TIs
- Assessment of G/TIs
- Selection of a G/TI for
- Implementation in RESTORE.

CAPES

(Phase 3)

- Collaboration via PLA research to
- Assess
- · Participants' experiences and
- Exploration of implementation work and generation of
- Solutions 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 ASSESS a range of these guidelines/training initiatives (G/TIs)
- Stakeholders SELECTED a single guidance or training initiative they wished to IMPLEMENT 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.



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



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



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)



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 crosscultural 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)

BMJ Open Engaging migrants and other stakeholders to improve communication in cross-cultural consultation in primary care: a theoret participatory:

Christos Lionis, ¹ Maria Papa Catherine A O'Donnell, ⁴ Fra Nicola Burns, ^{4,7} Tomas de E

ISSN: 1381-4788 (Print) 1751-1402 (Online) Journal homepage: https://www.tandfonline.com/loi/igen20

To diffic Lionio C, Papadalasi M, Saridaki A, et al. Engaging nigraris and other dashedolars to improve communication in crosscultural consultation in primary care: a thronelizably informed participatory study. #MJ Open 2016; 80:0022. doi:10.1136/bmjopen-2015-01992-1

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faceived 18 December 201 Revised 17 April 2016 Accepted 11 May 2016

For numbered affiliations se end of article.

Correspondence to Professor Christos Lionis; ionio-ligalinos med uos gr ABSTRACT

Objectives: Guidelines and training in are available to support communicatio cultural consultations but are rarely im routine practice in primary care. As pa explore whether the available G/TIs ma could collectively choose G/TIs and er nplementation in primary care setting Setting: As part of a comparative an qualitative case studies, we used purp dakeholders in primary care settings England, Greece, Ireland and the Neth Participants: A total of 78 stakehold n the study (Austria 15, England 9, Ir migrants, general practitioners, nursi taff, interpreters, health service plann Participatory Learning and Action (Pt.) conduct a series of PLA style focus of tandardised protocul, stakeholders' a set of G/Tils were recorded on PLA of charts and their selection process was

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Conclusions: This theoretically information used across 5 countries will

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Lineis C. et al. 8MU Court 2016:

To cite this article: Maria Papadakaki, Christos Lionis, Aris Dowrick, Tomas de Brún, Mary O'Reilly-de Brún, Catherine Evelyn van Weel-Baumgarten, Maria van den Muijsenbergh MacFarlane (2017) Exploring barriers to primary care for mil Perspectives of service providers, European Journal of Gen 10.1080/13814788.2017.1307336

Exploring barriers to primary c

in Greece in times of austerity:

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service providers

Spiegel & Anne MacFarlane

To link to this article: https://doi.org/10.1080/13814788.

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RESEARC

Open Acces

Implementing guidelines and training initiatives to improve cross-cultural communication in primary care consultations: a qualitative participatory European study

E. Teunissen¹, K. Gravenhonst², C. Dowrick², E. Van Weel-Baumgarten¹, F. Van den Driessen Mareeuw¹, T. de Brûn¹, N. Burn¹, C. Loons², F. S. Mair², C. O'Donberg¹, M. O'Reidy-de Brûn¹, M. Papadskaki^{1,2}, A. Sandski², W. Spiegel², C. Van Weel⁽¹⁰⁾, M. Van den Muljenegh^{1,1,1,2,2} and A. Mud²arkun²,

Abstract

Background: Cross-cultural communication in primary care is other difficult, leading to unsatisfactory, substancial care. Supportive evidence-based guidelines and training initiatives (GVIII) exists to enhance cross cultural communication but their use in practice is sporadic. The objective of this paper is to elucidate how migrants and

Methods: We undersook inked qualitative care suules to implement C/Its boused on rehanding cross cultural communication private year, in the European custries We contribered Numeralisation Process Theory (#P1) as an analytical Intervenció, with Participatiny Learning and Anton (PLA) as the research method to engage enigrans, primary healthcare prochaine and other state-feloris. Accous all the rese, 66 state-felorise participated in CEPA-Angel Excus groups one a 19 month period, and took part in activities to adapt, introduce, and evaluate the CFIS. Data, including transcripts of our comments and researcher felorische secons, were coded and the meticalist, analytical by each town value of the process of

Results: In all settings, engagings inspann and other stateholders was challenging but feasible Stateholders made significant adaptions to the GFI for the trick calc crinchs, for example, changing the Social of GFI from publisher can to mental health; or altering the target audience from General Plactisiones (GFI) to the wider multidisciplinary team. They also progressed plants to deliver them in sourize postulos, for example figuring with GFP pactices regarding siming and location of training sension and to evaluate their impact. All stateholders reported benefits of the replemented GFI in indial practice. Training primary care teams (filticional and deliverishtonic resulted in a more electrical state) and the state focus on migrantif rends, implementation of interprete reviews was difficult manifely because of filtinación and control and other resource contratistics. However, when useful regional were more likely to trust the GFI diagnoses and GFI reported a dearer understanding of migrants' improves.

Consequendence: Maria unicher Mujambunghijtradhoudums; ni Department of Private and Commission for Realized University Medical serbe, Nijmageri, the Realizedo. Pharos, Carbor of Esperijas for Houldt Chipartias, Ursechs, de Nertwelands.

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

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Christos Lionis 1 Maria Panadak Catherine A O'Donnell,4 Frances Nicola Burns, 4,7 Tomas de Brún Evelyn van Weel-Baumgarten.⁵

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ARSTRACT Objectives: Goldelines and training initial

are available to support communication in o cultural consultations but are rarely implem routine practice in primary care. As part of European Union RESTORE project, our obie explore whether the available G/TIs make so could collectively choose G/TIs and engage inclementation in primary care settings.

Setting: As part of a comparative analysis

qualitative case studies, we used purposely

standardised protocul, stakeholders' discu 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 t

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Results: The need for new ways of working strongly endorsed by most stalleholders. St

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work forward and were keen to enrol others the implementation work. This was evidence

one G/TI as a local implementation project. Conclusions: This theoretically informed a

approach used across 5 countries with divi

proviball sampling to recruit migrants and stakeholders in primary care settings in Au-England, Greece, Ireland and the Netherland Participants: A total of 78 stakeholders po in the study (Austria 15, England 9, Ireland 16. Netherlands 27), covering a range of g (migrants, general practitioners, nurses, adstaff, interpreters, health service planners). Primary and secondary outcome mean Spiegel & Anne MacFarlane Participatory Learning and Action (PLA) see conduct a series of PLA style focus groups

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Exploring barriers to in Greece in times o service providers

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European Journal of General Practice

Taylor & Francis

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

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

To cite this article: Erik Teunissen, Alexandra Tsaparas, Aristoula Saridaki, Maria Trigoni, Evelyn van Weel-Baumgarten, Chris van Weel, Maria van den Muljsenbergh & 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

To link to this article: https://doi.org/10.3109/13814788.2015.1136283



Citing articles: 2 View citing articles 3

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

the use of NPT provides insight into transferrable

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.

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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 ad	dresses	1
Coherence	Can those involved in the Table 3 Normalisation Process Theory (NPT) sensitising q		
Cognitive	Construct	NPT sensitising questions for gu	
participation Collective actio	Coherence	How do stakeholders conceptualise role, content and applicability?	
	Differentiation	Can stakeholders differentiate the their current way of working?	
	Communal	Can stakeholders build up a share	
		the guideline/training initiative?	
	Individual	Can individual stakeholders 'make	
	specification	initiative would create for them in the	
Reflexive	Internalisation	Can stakeholders grasp the potent initiative?	
	Cognitive participation	Do stakeholders engage with the n	
monitoring		on (or not) to promote their implem	
	Initiation	Are stakeholders able and willing to	
		forward and get others involved in	=
	Legitimation	Do stakeholders believe it is right f	
		they can make a useful contribution	
	Enrolment	Do stakeholders have the capacity	
		contribute to the work involved in ir	
	NPT, Normalisation Proces	ss Theory.	







EUR-HUMAN

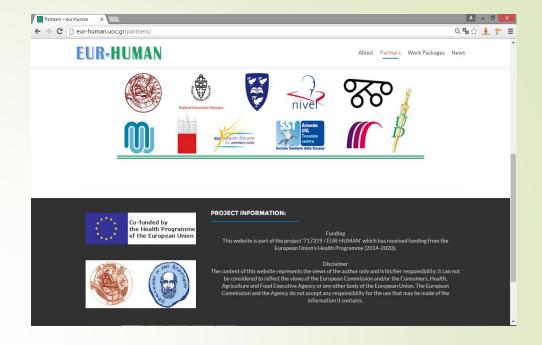
Website: www.eur-human.uoc.gr

YouTube channel:

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

Twitter: https://twitter.com/eur human





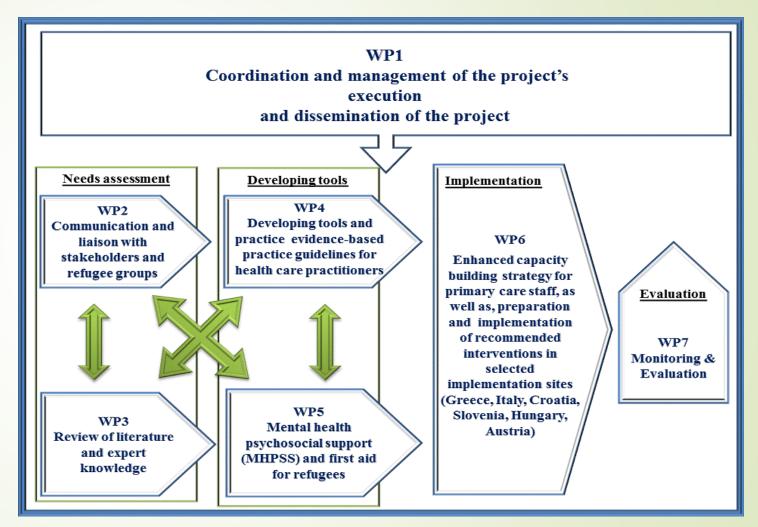




Methodology and WPs

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.

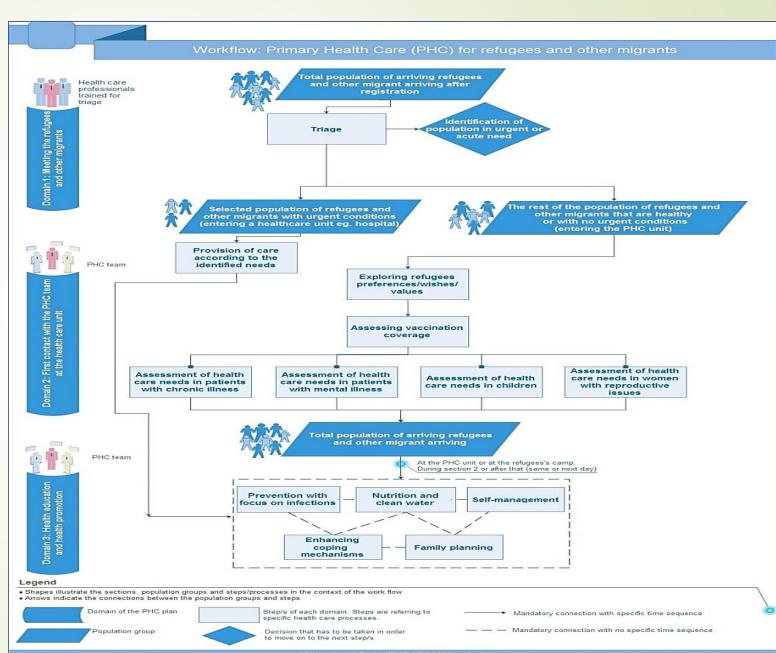


PLA data collection – Moria hotspot in Lesvos by the Greek team



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;



Assessing refugees and other migrants with immediate...



Communicable diseases on refugees and other migrants



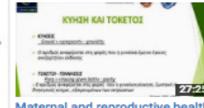
Mental Health of refugees and





refugees and other migrants





Maternal and reproductive health

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

Serving the needs of refugees and migrantsreporting the outcomes

Lionis et al. BMC International Health and Human Rights (2018) 18:11 DOI 10.1186/s12914-018-0150-x BMC International Health and Human Rights

CORRESPONDENCE

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

Christos Lionis¹¹, Elena Petelos¹, Enkeleint-Aggelos Mechili¹, Dimitra Sifaki-Pistolla¹, Vasiliki-Eirin Agapi Angelaki¹, Imre Rurik², Danica Rotar Pavlic², Christopher Dowrick⁴, Michel Dückers⁵, Dea Helena Bakic⁶, Elena Jirovsky⁷, Elisabeth Sophie Mayrhuber⁷, Maria van den Muijsenbergh⁸ anx

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 volume 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, lin been given to the role of primary health care (PHC) to facilitate an integrated delivery of care by provision to refugees upon arrival, on transit or even for longer periods. Evidence-based i encompassing elements of patient-centredness, shared decision-making and compassional 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 group 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 primary

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

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O The Author 2017. Published by Oxford University Press on behalf of the European Public Health Association. All rights reserved.
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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 Loenen¹, Maria van den Muijsenbergh^{1,2}, Marrigje Hofmeester¹, Christopher Dowrick³, Nadja van Ginneken³, Enkeleint Aggelo Mechilli⁴, Aggai Angelaki⁴, Dean Ajdukovic², Heldean Bakic⁵, Danric Astor Pavlic⁶, Erika Zelko⁶, Kathryn Hoffmann⁷, Elena Jirovsky⁷, Elisabeth Sophie Mayrhuber⁷, Michel Dücken^{8,8}, Trudy Mooren¹⁰, Juul Gouweloos-Trines⁹, Läszló Kolozsván¹¹, Imre Rurik¹¹. Christos Lioniš⁸

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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, tow transfic 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 hands 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. Condusion: 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 and for more information of procedures and nearly promotion. Condusion: 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, the healthcare workers and for more information of procedures and nearly promotion. Condusion: Consolitories and cultural competenter healthcare.





CAPACITY BUILDING

a 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 @*, Kathryn Hoffmann @*, Elisabeth Anne-Sophie Mayrhuber*, Enkeleint Aggelos Mechilli*, Agapi Angelaki*, Dimitra Sifaki-Pistolla*, Elena Petelos*, Maria van den Muijsenbergh @*, Tessa van Loeners*, Michel Dückers @*, László Róbert Kolozsvári*, Imre Rurik @*, Danica Rotar Pavlič*, Diana Castro Sandoval*, Giulia Borgioli*, Maria José Caldés Pinilla*, Dean Ajdukovič*, Pim De Graaf @*, Nadja van Ginneken @*, Christopher Dowrick* and Christos Lionis @*

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ARSTRACT

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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Refugees; migrants; primar health care; capacity Open Access

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

Enkeleint-Aggelos Mechili¹, Agapi Angelaki¹, Elena Petelos¹, Dimitra Sifaki-Pistolla¹, Vasiliki-Eirini Chatzea¹, Christopher Dowrick², Kathryn Hoffman³, Elena Jirovsky⁵, Danica Rotar Pavlic⁵, Michel Dückers⁵, Ilmer Rurik⁶, Maria van den Muijsenberoh⁷, Tessa van Loenen⁷, Dean Aldukovic⁸, Helena Bakic⁸ and Christos Lionis^{1*}

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 occole 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 sixes 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 tressed 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 healthrate (PHC) services. A lot 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 netwo-centred and compassionate PHC for vulnerable conclusions.

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

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

Rurik Imre ① Kolozsvári László Róbert ① Aarendonk Diederik ① Angelaki Agapi ① Ajdukovic Dean ① Dowrick Christopher ① Dückers Michel ① Hoffmann Kathryn ① Jancsó Zoltán ① Jirovsky Elena ① Katz Zoltán ① Mechili Enkeleint-Aggelos ① van den Muijsenbergh Maria ① Nánási Anna ① Petelos Elena ① Rotar-Pavlic Danica ① Sifaki-Pistolla Dimitra ① Tamás Hajnalka ① Roland Palla ① Ungvári Tímea ① Lionis Christos ①

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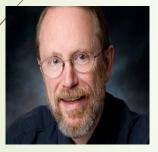
A change in our language and communication style – A focus on motivating & empowering

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

OPEN-ENDDED QUESTIONS

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

AFFIRMATION

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

REFLECTION

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

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



RESIST THE RIGHTING REFLEX

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



UNDERSTANDING THEIR MOTIVATION

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



LISTEN

Do more listening than talking.



EMPOWER

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

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

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

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



EDITORIAL

Restoring humanity in health compassion: an issue for the agenda in rural

S Shea12 and C

School of Health and Social Care, University of Gr Clinic of Social and Family Medicine, Faculty of

Submitted: 8 December 2010; Publi

in health care through the art of compassion health care

Available from: http://

Historically, the value compassion spans thesausab of years, particularly in a religious context. Despite the historical usage and interpretations of the term' compassion, there is still discussion on the term' compassion, there is not all discussion on the tot define, it particularly as it may encompass a number of values such as sympathy, empority, and respect. Speaking at a record values in the asympathy, empority, and respect. Speaking at a record structure of the Partie of Care Programme at the Kings Fauf*, suggested that compassion in the stability differs from other values in that it goes beyond usingly Feeling's smelting for another person, and implies some kind of statement of the statement of the similar to the statement of the similar discount and efforts a result of the desire to the's something for desired compassion of the similar desired produces and the similar desired and the similar desired produces and the similar desired produces and the similar desired a

In recent years attention has been drawn to the fact that compassion towards the patients seems to have decreased, with events at certain hospitals in the UK, Greece and elsewhere showing alarming gap in the humanity of the care offered. Although there is limited evidence regarding the effects of compassionate care, it is though

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Journal of Compassionate Health Care

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

Griebern-Aggeben Bechtiff, Aggeb Angeloiff, Denn Breiterf, Dennes Strik-Hessild, Verbild-Det Ortsmerk, Ortsienscher Dereiterf, Kathern Haffmann, Berna Bezeitef, Dennes Reiter, Michael Dückerf, Innes Machi Maio und der Mehrenderff, Tente von Laurenff, Denn Alfabrand, Felders Bilderff, auf Dereiter Bilderff, Berna Weiter Bilderff, Dennes Weit

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Conclusions: This European collaboration capacity-building polycic attention to develop a long-term making to building this task, boarding in particular on the charge and defensy of appropriate presenced and commissional constructions of particular following particular following in PCQ enrows A facility and inspirations developed by this construction of stellar capacity-building offers, as well as the design of educational transversion programmers for a meaning enrolled order construction.

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Communication Committee (Communication) (Commu



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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

