Working towards migrant friendly and equitable health care services

Experiences from Norway

Embedding Health Equity in Policy, Practice and Participation
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Outline of presentation

• Some facts about Norway
• Migrants in Norway
• Norwegian Centre for Migration and Minority Health
• Equitable Health Care Services in Norway
NORGE

- Consitutional democracy and parliamentary democracy
- 5.2 million inhabitants
- Oslo, capital 667,000 inhabitants
- Sami population (indigenous people) appr. 40,000 persons
- 17 per cent migrant population
Sami people – the indigenous people of the north
World Migration

- 1 billion Migrants
- 244 millions International Migrants
- 21.3 millions International Refugees

(IOM 2015)
Figure 4. Immigrants and Norwegian-born to immigrant parents. 1 January 2007 and 2017

Source: Statistics Norway.
Health Care System

- National health care system
- Public financed health care
- Universal coverage

Stated goal:

*Equal access to health care regardless of age, race, gender, income, or area of residence*
Equitable health care services in Norway

- Legislation
- Policy
- Research
- Development
- Practice
Policy
National Strategy on Migrants’ Health

- Health care providers at all levels have basic knowledge about various migrant groups’ disease incidence and the cultural challenges related to ensuring equitable healthcare services.

- Health care providers at all levels shall facilitate good communication with non Norwegian speaking patients. This includes securing a qualified interpreter when the need arises.

- Healthcare services must equipped with updated knowledge about migrants’ health and their use of the healthcare service, as well as use the knowledge in the development of services.
1. **Health services need to know the populations they serve**
   - Good and updated data on the population served
   - Public servants need to know how to access data for planning and improving services

2. **Better utilization of public health resources**
   - How to tailor services?
   - Burden of disease?
   - Target group needs?
   - What works for whom?
Rationale for working with equitable health care services

3. To fulfill patient rights
   • Right to participation and information
   • Communication skills
   • Targeted information
   • Who needs to know what and when?
   • Interpreter use and quality

4. Equity in health care
   • How to dismantle barriers?
   • How to limit structural barriers?
Rationale for working with equitable health care services

5. Integration
   - Good health contributes to good integration
   - Ethnic disparities in health hinders integration
What needs to be done?

• Build the evidence base on migration and health at national and global level
• Build and foster research groups that are pragmatic with regards to
  • Policy and Planning
  • Clinical relevance
• Build strong clinical institutions to develop best practice
• Build strong institutions for dissemination of results from research and best practice
NAKMI
Norwegian Centre for Migration and Minority Health
OUR GOAL

To generate and disseminate research based knowledge in order to promote good health and equitable health care services for persons of migrant background.
NAKMIS AREAS OF WORK

What do we do at NAKMI?

• Research and development
• Teaching and dissemination
• Networks and advocacy
• User involvement

For whom and with whom?

• Policy makers, Health professionals, Researchers, Students
• Hospitals, Municipalities, NGOs, Civil Society
• Migrants and their descendents

Note: National minorities (Sami people) or other minorities (LGBT) are not within our mandate
NAKMI’s Networks

• 15 hospitals (2006)
• NGOs 18 organisations (2012)
• 23 municipalities (cities) (2016)

➢ Sharing knowledge, ideas and experiences
➢ Disseminate good practice
➢ Facilitate cooperation
NONEMI
Norwegian Network of Migrant Friendly Hospitals
10 years of NONEMI 2006-2016

All members of NONEMI asked to report on:

• Visions, plans and priorities for future work?

• A call to the hospital management and the health authorities?

• The importance of the network?
Visions, plans and priorities for future work?

- Improve the work with equitable health care services throughout the whole organisation
- Develop and implement action plans for priority areas
- Use of new technology in patient communication
- Better mapping of the challenges within the hospital and in the catchment area
- Strengthen cooperation with user- and immigrant organisations
- Develop local networks
- Highlight the need for knowledge in the hospitals and reach all employees with skills development
- Increased focus and quality in interpreter services
- Recruitment of employees of ethnic minority background
A call to the hospital management and the health authorities?

• The necessity of systematic work!

• See the profit and investment in a proper use of qualified interpreters

• A comprehensive approach to communication challenges

• Prioritise work with standards for equitable health care services in all hospitals

• Earmarked positions and sufficient resources for this work in the hospitals

• Develop and prepare a new National Strategy with binding measures
The importance of the network?

• Inspiration and motivation!
• Very educational!
• A great support when putting this work on the agenda in own organisation
• A source of useful information on what is going on in this field
• A great culture of sharing ideas, knowledge, experiences and solutions
• New and important contacts
• Arena for professional input and discussions
• Possibility of being part of an international project
• Great to look back on the development that has taken place these 10 years!
Standards for Equity in Health Care – overall status in Norway

1. Policy
2. Access and utilisation
3. Quality of care
4. Participation
5. Promotion of Equity
Equity in health care for other groups

Sami population
LGBT groups
Mental health
Drug users
Plan for helse- og sosialtjenester til den samiske befolkningen i Norge


Sosial- og helsedepartementet

Doalbmaplana / Handlingsplan

Mångabealatvuolta ja ovtadássásvuolta
Raddehina dearranvuda ja sosialaluhoita doalbmaplana Norges sjápmelávait vara 2002-2005

Mangfold og likeverd
Regjerings handlingsplan for helse- og sosialtjenester til den samiske befolkningen i Norge 2002-2005
Vi har mer enn 30 års erfaring med hiv og seksuell helse
May: Much to do in May. . . . Visited five hospitals besides Ward Island, which I do every week; altogether fourteen Norwegians sick and most of them do not understand English. {27}

June 16: After dinner to Ward Island, where there are now eight Norwegians, three Swedes, and two Danes. A sick woman said to me: “How good God is to me! He hears my sighs in a strange land and sends one to whom I can talk,” and she burst into tears; I stayed a long time with her.

There is much distress, and I see that there is work for me.

Elizabeth Fedde’s Diary
The road ahead?
If you want to go fast, go alone. If you want to go far, go with others.

African Proverb
THANK YOU