

Healthy Inclusion

Summaries of the Delphi survey

Partner Name: NIPH

Country: Czech Republic



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ZonMw



FORSCHUNGSINSTITUT
DES ROTEN KREUZES

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Summary Delphi Explorations: CZECH REPUBLIC

General Instruction:

Please use the structure below to summarize the results of the Delphi survey in your country. Please see example in the annex for guidance.

Narrative summary of the cluster: *please provide one or two paragraphs of text summarizing the comments and justifications of the experts. In doing so - please use the results of the first questionnaire as base (the core results and justifications you have summarized already before sending out the second questionnaire). Then take the second questionnaire and see if there have been changes from the first to the second round. Adapt the results due this potential changes and summarize them.*

Conclusions for development of recommendations: *based on the summary above, please formulate concluding remarks on which you can base your recommendations.*

Cluster Name: INCLUSION (General political level)

Narrative summary of the cluster

Evaluation of thesis and number of comments in that cluster revealed diverse opinion of experts. Health promotion as an important activity to increase integration of migrants was appreciated by all. It is important for migrants to know that their health matters to society or community. Health promotion could support feeling of acceptance and interest of migrants by the host society. Health promotion for migrants should be based not only on knowledge and health information but on participatory approach and empowerment of the migrants and thus improve quality of their lives and health.

Health promotion for legal migrants only was the most controversial thesis of that cluster. However majority of experts was against illegal migrants exclusion, however some were strongly against involvement of illegal migrants in any kind of health care. Health promotion services are mostly free of charge and anonymous in our country and legality or illegality of people is not a question during e.g. Health Days accessible to wide public. Responses and comments revealed that experts and professionals outside health promotion community have a vague information about providers, organization and content of hp.

National peculiarity or cultural experience was illustrated on comment on special politics, programmes and funding for migrants. Every special programme could be regarded as a form of exclusion. The reason was mentioned in some variations by few experts who were strongly against any special policy. Health promotion in the country is now at very low and deemed position and there is need to consolidate hp not only for the special groups. Economic crisis was mentioned as a reason for not funding migrants hp specially. Suggestion for clustering policies and programmes for all minorities together appeared few times.

Most of experts have not supported strongly any special funding. It is national characteristic not to rely on policy making level but rather realized activities.

Some financial help from the state would be welcome – because if financial resources are dedicated to a subject, other resources are supported. Funding appears to be important at the end of whole process of capacity building. To increase awareness to the health promotion of migrants and related raised problems is now what matters.

Four changes of opinion in the second round were related to higher agreement with hp as enhancing integration activity and to smaller agreement to special programmes exclusively for migrants. Some experts had not change their opinion, however they added new comments and new arguments to support their opinion or other comments or to express disagreement with another.

Conclusions for development of recommendations

Health promotion generally needs to be more visible, better organized

Health promotion for migrants should be based on their participation and on their trust in its benefits, on respect to their needs and situation.

Inclusion of migrants into hp activities for domestic population could be a way how to increase their integration and to improve their health.

Health promotion should be for all. To differ among legal and illegal migrants is not sensible.

Special programmes for migrants should be a part of programmes for other marginal population group.

Specific approach is needed but not to be felt as "exclusion".

More funding should be devoted to health promotion as a whole

Cluster Name: NETWORKING

Narrative summary of the cluster:

It was agreed that participation of migrants on planning, dissemination and networking in health promotion is widely supported among experts, however also another ways could be find to create a suitable programmes and projects targeted on migrants. Inclusion of migrants on preparation could increase their motivation to participate on hp activities , it could overcome possible language barriers. Migration in the country is heterogenous and inclusion of different groups (e.g. the same type of job or employers and nationalities) could be regarded. Collaboration with migrants decreases their distrust to hp providers. Professionals have not always enough actual information and knowledge on needs of migrants and their theoretical knowledge could be shaped by every day experiences of migrants. Participation of migrants organizations ensures that programmes are more effective what is cost effective and beneficial for the whole society.

Collaboration and networking among different providers of services as education and social care were strongly supported by experts representing variety of institution (University, NGOs targeted or not targeted directly on migrants, regional and local authorities, governmental health promotion providers and a health care provider).

Same subtle changes were made in the second round but not crucial as changes from 0 to 3 or on the contrary.

Conclusions for development of recommendations:

Health promotion should be holistic and complex.

Health promotion should be a part of complex education for migrants, together with language courses and information about health care, law and other field in the host society.

Formal collaboration should be completed by less formal networking: Personal visits among different providers, community or organization of different groups of migrants, professionals visits migrants communities, common events organizations and common projects.

Good practices exchanges on , conferences and , seminars for professionals of different sectors.

Cluster Name: KNOWLEDGE

Narrative summary of the cluster:

The cluster was the one with the largest consensus achieved. Experts were aware of the lack of information about health promotion and health care system among migrants, especially at the beginning of their stay in the host country. Migrants do not know what is health promotion, what services are offered, what projects are currently available. They do not know it is free. They do not have enough information about health care system and they are often afraid to use its services. They have no information about their rights. Information are the key because "everybody would participate or use activities and services which make sense to him/her, it means if he/she understand why they are worthy and what benefits they could bring."

Even health care professionals do not have enough information about HP. Multicultural diversity is a feature of recent years and the Czech society is still xenophobic to some extent or rather reserved. It influenced behaviour of professionals, too. Education on multicultural environment could decrease distrust on the side of professionals and increase their competency in effective communication with migrants which is both sides effective.

Few changes and new comments were made during the second round and they not influences consensus among experts achieved in the first round.

Conclusions for development of recommendations:

Increase information among professional about rights of migrants

Multicultural education should be a vocational part at all level education for health professionals and other professionals in health promotion

Exchange of information and experience on conferences, seminars

Brochures, guidelines in different languages, publication on websites for migrants, newspapers and journal edited by migrants communities

Cluster Name: CONDITIONS (on provider's level)

Narrative summary of the cluster:

The shortest comments and high consensus were characteristics for the cluster. Experts with PH providers backgrounds had not expressed their experience as one could expect. It could be influenced by deep changes in the organizational structure in health promotion at all levels followed by uncertainty about concept and competencies. All experts were somehow hesitating to express their opinion. A facilitator from migrants' environment was agreed to be very useful if selected carefully and according well thought and designed criteria. It should not be a formal condition but rather interest of a provider to have such an enthusiastic person from migrants environment who would like to collaborate. Multicultural education was highlighted as essential for work with migrants, however some experts suggested it is important but not crucial. The most variant comments and evaluation were related to thesis 4 on needs analysis. The most experts were sure that only valid data and need analysis could be effective, few of them argued by high financial demands and suggested that analysis of available statistics together with experiences of professionals and migrants would be enough.

A consensus was not achieved on the thesis 6 formulates a condition on special funds or other financial resources for migrants hp. Experts were rather skeptical. It could be advantage to have a special resources but it is not necessary. Special funds could cover some extra expenses in HP for migrants – e.g. printing multilingual health information. It was mentioned that the field (HP for migrants) is not solved yet at all. Generally, financing of health promotion has decreasing recently from the budget of the Ministry of Health. Controversial agreement with special funds was expressed as a fear that from a small HP budget should be special projects for migrants financed. The financial resources could be important at the end of the previous steps: multicultural education for professionals, needs analysis of migrants, a project or services proposal and then funding.

Conclusions for development of recommendations:

A migrants facilitator should know both environment, domestic and migrants

A facilitator should be recruited rather informally – as a results of former networking with migrants organization.

A facilitator could assist migrants with less advanced knowledge of host country language.

Multicultural knowledge of HP professionals could be part their core competencies.

Special funding could be useful when former steps were made : multicultural education of professionals, needs analysis of migrants, projects or services proposals

Content and tasks of HP in the country should be consolidated or it fails in providing services not only for migrants.

Summary Delphi Explorations: CZECH REPUBLIC

Cluster Name: COMMUNICATION

Narrative summary of the cluster:

The most diverse cluster except achieved consensus on the thesis 5 - migrants organization and dissemination of information. Collaboration with migrants in the process of dissemination information is essential. Trust, available and affordable services are more used and collaboration with migrants can increase trust and motivation on the both side – providers and migrants. Special strategies were evaluated differently, from viewing it as an essential mean for increase participation of migrants in hp to a useless and contra – productive one. The negative reasons were justified that every group marked as a special is actually discriminated. The disagreement reflects the cultural situation in the Czech society (short period of experience with migration) and probably economic recession. Predominantly it was agreed that communication is essential premise for health promotion effectiveness. Language barrier prevents understanding of migrants rights and possibilities and prevent them from expression of their needs and wishes.

Communication is very influenced by education of professionals on multicultural diversity and specific health problems of migrants. Respect and understanding the target group could create friendly and trustful environment and efficiency of ph projects among migrants.

Thesis of languages used for information and its dissemination were also very controversial. Experts opinions could be divided into two groups: the one supports strongly information in migrants native languages while the second only in the Czech as s tool for their motivation to increase integration by learning and communicating in Czech. Most experts agreed that bilingual information would be the best because migrants could learn terminology for future better communication and it could increase their self confidence and integration. Czech language and interpreteur ready to help if necessary was mentioned among other suggestion.

It could be true that migrants in the Czech republic did not request information in their languages because their ability to communicate in Czech is quite adequate after few years (“Migrants report”) . It could be true that migrants after 5 years felt integrated and they would like to be treated as citizens and maybe it is the right time for health promotion activities not earlier because they had had much more information to learn how to cope with survive in the host country.

What is true is that at the beginning of their stay, in a period of first two years approximately, the information in native language should be necessity if we (society) wants them indeed to be integrated soon.

Special PR strategies were rather disagreed. They could help but they are not necessary. The underlying reason for their opinion could be lack of experiences with proper PR strategies among professionals participating in the Delphi rounds. On the contrary, some experts welcome PR strategies as innovative.

Conclusions for development of recommendations:

Appropriate communication is essential for effectiveness of hp projects and services for each target group, for people from different countries especially.

If information could be effective, it could be understandable for a target group it is addressed for. Native language should be used especially for the newcomers, later bilingual information could replace them and help integration. Czech language predominantly could be appropriate for migrants who feel integrated into society and do not wish to be regarded still as migrants.

Special PR strategies are challenge (or innovation) for future and need more research before their implementation.

Collaboration with migrants organizations in dissemination of information increases trust on both sides, among providers to migrants and among migrants to providers.

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