

Work plan of the Task Force Migration, Equity & Diversity (TF MED)

Introduction

Over the past 20 years immigration and the nature of diversity has changed dramatically. Today, in comparison with the large migrant groups that characterised post-war migrations, new immigrant groups are smaller, more socially stratified, less organised and more legally differentiated. Not only are there many different groups that need to be taken into account, but the differences within these groups may be even greater than the differences between one group and another. In this new situation the very idea of diversity, which originally related to small numbers of relatively homogeneous 'ethnic groups', has radically changed to include other dimensions of diversity such as immigration status, gradations in rights and entitlements, migration history, and socioeconomic status. Consequently, multicultural approaches to health care service provision do not seem capable of ensuring equitable care for the most vulnerable groups (Chiarenza, 2012). Nor do they seem able to respond to multiple-diversity needs, as individual needs are expressed by the intersection of differences such as origin, class, gender, age, ability, and other social distinctions (Yuval-Davis, 2006).

Changes in the target groups and in the dimensions of diversity led the TF MED (Previously: Task Force on Migrant Friendly & Culturally Competent Health Care) to consider a new approach to health care provision, which could effectively reduce inequities in health and health care. To this end, in 2012 a new project was undertaken aiming at developing a set of standards that would help health care organisations to monitor and measure equity in the provision of health care services (Cattacin, Chiarenza & Domenig, 2013). The Equity Standards have been developed and tested by over 50 organisations across the world. They are available to participating organisations in English in PDF format only, although in some countries they have been translated into other languages and other formats locally.

The pilot project has established that the Standards are valid as measures of the degree to which healthcare organisations can meet the needs of their diverse populations. The pilot also established that in the main, participating organisations scored higher in Standards 2 and 3 (those relating to access to healthcare and the quality of the healthcare service). Most organisations could perform significantly better at Standards 1, 4 and 5 (equity in policy, equity in participation and promoting equity through partnership working respectively).

Despite the fact that many things have improved in health care organisation towards creating more responsive services for migrant users, there is still much to be done to effectively respond to the challenges of the refugee crisis and the increasing diversity in our societies. At present the Standards are effective as a tool only for self-assessing an organisation's performance against the parameters developed by the project working group. However, they do not help in identify and share good practice or innovative ideas; they are not in a particularly user-friendly or flexible format, and are not easily translated or adapted. It is not easy to collect information about the performance of participating organisations against the Standards and their use is uncontrolled.

Work plan of the Task Force Migration, Equity & Diversity (TF MED)

Terms of reference for the project continuation of the TF MED

1. The continued development of a flexible and proportionate self-assessment tool, for use by healthcare organisations of all types in a wide range of settings in order to measure and improve their ability to meet the needs of their diverse populations.
2. Promotion of the tool to as wide a range of audiences as possible, including healthcare providers, regional and national health authorities and interested groups of stakeholders (e.g. non-governmental organisations), in order to raise awareness of the tool and the wider project.
3. Development of a centralised system to gather, analyse and categorise the findings of self assessments, to support the sharing of best practice and to enable continuous improvement and evolution of the tool.
4. Development of additional resources to support the work of healthcare organisations to improve the equity of their services, and help them to implement action plans arising from self-assessment.
5. Development and expansion of the existing network of healthcare agencies who have participated in the pilot, in order to support objectives 2, 3 and 4.
6. Establishment of a project steering group to oversee and co-ordinate all aspects of the project, including allocating work, securing resources and commissioning work as appropriate.

Action plan and time schedule

For the 1st term of references: “Continued development of the self-assessment tool”

Objective	1 st Year	2 nd Year	3 rd Year	Comments
1. Develop the tool	Identify options for format and content from HPH networks. Included in this should be simplifying the language.	Create new versions of tool, if necessary by commissioning appropriate contractors (dependent on funding)	Tool should be available in a range of languages.	These actions will produce a more flexible and adaptable version of the tool, e.g. web-based self-assessment tool using html; Excel or Word versions to make translation easier; other electronic formats to improve accessibility.

For the 2nd term of references: “Promotion of the tool to as wide a range of audiences as possible”

Objective	1 st Year	2 nd Year	3 rd Year	Comments
2. Promote the tool	Use existing international contacts to promote project e.g. COST, WHO Encourage TF members to promote intra-nationally	Develop current HPH website. Develop a communications plan to promote the project as widely as possible, e.g. HPH newsletter Explore social media options e.g. HPH Facebook page	Implement communication plan, review annually	These actions will require significant input from the coordinating institution (AUSL of Reggio Emilia) and so will require resources for full implementation from HPH regional network of Emilia-Romagna

Work plan of the Task Force Migration, Equity & Diversity (TF MED)

For the 3rd term of references: “Development of a centralised system to gather, analyse and categorise the findings of self assessments”

Objective	1 st Year	2 nd Year	3 rd Year	Comments
3. Develop an evidence gathering system	Decide on key measures and evidence required, and how it might be classified.	The new format online tool will be set up to automatically extract and categorise data whenever it is used, collating this and reporting it to the coordinator.	As use of the tool increases, the pool of data will continually expand providing an ever more valuable source of data on equity issues in healthcare (and organisations' methods of addressing them)	These actions are necessary to make the most of the data being entered into the tool by organisations carrying out self-assessment.

For the 4th term of references: “Development of additional resources to support the work of healthcare organisations to improve the equity of their services”

Objective	1st Year	2nd Year	3rd Year	Comments
4. Develop comprehensive resources to support equity work.	Agree potential content of resource package for healthcare organisations wishing to address equity issues using the Standards.	Develop contents using evidence on best practice identified by the tool, to include guidance on tackling the most common equity challenges; advice on making the business case for equity; examples of best practice documents e.g. example equity strategies	Make available via website, in a variety of formats and languages as appropriate Evaluate and revise contents of resource package	These actions take the Standards to the next level, using them as a platform for a whole range of work to address equity issues in healthcare. While objective 3. above helps participating organisations access best practice themselves, this objective uses data from the project to create a constantly-evolving set of resources that can be used by any healthcare organisation anywhere.

For the 5th term of references: “Development and expansion of the existing network”

Objective	1st Year	2nd Year	3rd Year	Comments
5. Expand the network	Communicate the reviewed Terms of Reference and project proposals to all current network members and seek views.	Seek more formal structure once numbers increased, e.g. national co-ordinators, intra-national networks Regular communication to network from secretariat, e.g. newsletter Explore social media options.	Regular events e.g. annual equity conference, depending on resources	It will be necessary to establish membership criteria, e.g. to join, organisation must have completed (and submitted) a self-assessment first, so as to continually expand the data pool. As the network expands it will become stronger.

Work plan of the Task Force Migration, Equity & Diversity (TF MED)

For the 6th term of references: "Establishment of a project steering group"

Objective	1st Year	2nd Year	3rd Year	Comments
6. Establish a steering group	Start with existing core members, aim for about 12. Identify any resources to support participation. Set up meetings well in advance.	Develop and agree a project plan.	Review membership and Terms of Reference annually.	

In accordance with the HPH Constitution and the new HPH Strategy the Task Force MED will recruit and support Task Force members in becoming HPH member, advocate the Task Force and HPH Network to stakeholders, and actively invite people to HPH activities. The Task Force will engage in intersectional settings and activities as well as cooperate with relevant partners, participate in the HPH conferences and the WHO-Summer School. The proposed Task Force delivers a progress report biannually.