



International Network for  
Health Workforce Education



# Assessing the Policy Implications of Ongoing Health Workforce Education Projects

**David Smith**

Director

International Network for Health Workforce Education





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# Outline

- Introduction to International Network for Health Workforce Education
- Intercultural Issues and Health Professional Training (InterHealth)
- Findings from the InterHealth Project
- Policy Implications for Europe
- Further Information





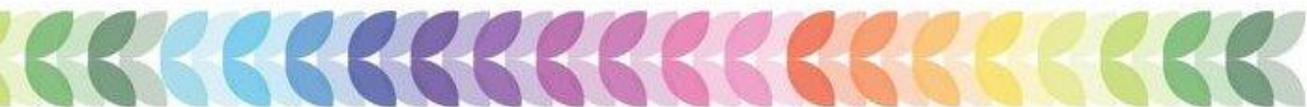
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# International Network for Health Workforce Education

*“We strive to bridge the gap between health workforce educators, researchers and policy makers as part of our commitment to improving the education and training provided to health professionals internationally.”*

- Health workforce education needs to realize and benefit from the great potential that lies in our diverse, knowledge-rich, global society.
- We tap into the expansive knowledge resources of the global health workforce education community by creating the first truly international, inter-professional, and multi-stakeholder free membership network.
- Through connecting our members we break down the barriers of professional silos, organizational hierarchy, and geographical distance.
- Free membership services include: a Social Network, Forums, Webinars and Specialist Working Groups





# InterHealth Project Overview

- **What:** Cultural competence involves reducing health disparities and providing optimal care regardless of race, ethnic background, native language and religious or cultural beliefs. Cultural competence training is important in healthcare as human interaction is key to delivery of care, patient safety, patient satisfaction and public health.
- **Why:** Increasingly, healthcare is affected by demographic developments, making the field of intercultural competence for healthcare professionals extremely important. Health professionals are faced with major challenges in bringing intercultural competence into their professional environment.
- **How:** The project will develop non-formal training methods to alter the cultural competence of healthcare professionals in their work with patients holding diverse values, beliefs and behaviours.





# National Reality in Partner Countries

- Partner countries consist of Austria, Greece, France and Spain
- Recent increase in migration has led to **changing demographics** within all partner countries.
- These changes have **impacted on health services and the provision of healthcare** to patients comprising many different cultures, values, beliefs and customs.
- The **demographic and status of migrants varied greatly** in each partner country.
- All partner countries, even those with highly developed health systems (Austria), reported a **structural lack of framing conditions** to offer professional transcultural healthcare and treatment.
- Gaps in education of health professionals were recorded in all countries and the **health workforce recorded daily challenges** directly linked to dealing with intercultural issues.





# Health Needs of Culturally Diverse Groups

- Migrants often feel **discriminated** against.
- **Low adherence** to therapeutic and medical processes.
- **Communication needs** are not always met.
- **Access to healthcare** difficult and **trust in health professionals** is often low.
- Among refugees there is an acute **need for mental health care** and associated healthcare needs due to traumatic experiences.
- **Gender issues** linked to cultural differences are frequently encountered.
- **Social integration, living standard and transportation** are often poor for migrants.





# Intercultural Education in Partner Countries

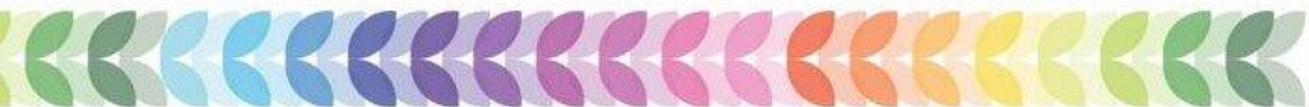
- **Austria:** Intercultural education does not exist in medical, physiotherapy, psychology and other allied health professional training. Only in nursing education is there a legal framework for the provision of transcultural training.
- **Spain:** There is a primary focus on language when discussing intercultural issues.
- **Greece:** Courses which enhance intercultural competencies delivered in the majority of health workforce education programmes to a varying degree. Only midwifery, health visitors and physicians received no training.
- **France:** Intercultural teaching (pedagogical) content of courses in health workforce education is left to the discretion of each health institute.





# Good Practices in Intercultural Education and Health Systems

- **Intercultural mediation initiatives** under the European funding framework (Greece)
- “MiMi Health Pilots Project” trained migrants to become “health pilots” **closing the gap between migrants and the health system** (Austria)
- Programme to **send health professionals abroad** to become more culturally aware of health needs (France)
- “Infoskop” a mobile education platform which can be used to gain **information in a number of languages** before undergoing certain medical operations (Austria)
- Promotion of **educational resources** such as dictionaries, images, videos and translation tools to reduce communication barriers (Spain)
- Certification of “**Migrant Friendly Hospitals**” which employ more than 36 different nationalities among medical, nursing and auxiliary staff (Austria)





# Proposals for Inter-Cultural Education

- “Provision of healthcare should be provided by health care professionals according to the needs expressed by the help seekers themselves, not according to the needs perceived by health professionals”
- Create **patient centred systems** that are underpinned by an understanding of cultural issues.
- **Overcoming language barriers is fundamental** when designing interventions tailored to the needs of culturally diverse groups.
- There is **high demand for intercultural healthcare interventions** by health professionals and these should be implemented immediately.
- Intercultural education should also be introduced to **continuing professional development (CPD)** of health professionals.





# Policy Implications for Europe

- **No umbrella solution** that will improve healthcare provision for migrants of all types.
- An **inter-disciplinary and multi-stakeholder approach** is needed.
- **Multi-sector policy actions** is required to ensure success, not just Departments of Health.
- Implement legally binding **changes to all health professional curricula**.
- Use both **formal and non-formal methods** to introduce changes in education and training.
- Some good practices available but there is **no copy and paste solution**.
- **Further research, social dialogue and policy implementation** is drastically required.





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## Further Information



[www.inhwe.org/athens-2018](http://www.inhwe.org/athens-2018)

**Inter**   
**Health**  
Intercultural Competences  
for Healthcare Professionals

[www.interhealth.eu](http://www.interhealth.eu)

