

10 RECOMMENDATIONS

ON IMPROVING HEALTH CARE OF WOMEN WITH CHRONIC ILLNESS WITH SPECIAL CONSIDERATION OF MIGRANT WOMEN

The following recommendations are based on qualitative interviews and focus groups with patients (mostly migrants), qualitative interviews with health care providers, and structured discussions with relevant stakeholders (i.e. stakeholder dialogues).

The recommendations are intended for people who are active in health care, nursing, or social support of people with chronic illness. This includes the relevant medical and social professional groups, decision-makers and institutions in the health care system, voluntary organisations, self-help groups, and others.

The recommendations are partly concrete and partly open: The latter should enable users to adapt the implementation to their specific contexts and capabilities for action.

The development of the recommendations is based in particular on data from migrant women with chronic illnesses. At the same time, many of the results highlighted are also applicable to other groups of people with chronic illness. Accordingly, many of the suggestions for improvements are not tied to specific groups, but can be applied to improve care systems as a whole.

The recommendations define ten areas of action. Overlaps at various points indicate their significance in various fields of application.

The recommendations are primarily aimed at improving health care services. On closer inspection, it also becomes clear that their implementation can have positive effects far beyond the narrower field of medical care and can, for example, contribute to the promotion of social cohesion at various levels.

The recommendations are cautious in naming potential bodies or actors responsible for implementation. Instead, institutions should have the freedom to determine which recommendations are pertinent to them and where these recommendations can either tie in

with existing areas of work or be perceived as new tasks. The recommendations do not take a position on the questions of financing implementation. The MIWOCA project did not collect any reliable data on this. In the sense of a solidary and fair health care system, we hope all actors involved are willing to assume financial co-responsibility.

RECOMMENDATIONS

- 1. Low-threshold information services should be promoted in municipalities and neighbourhoods!**
- 2. Access to health services should be simplified for patients with chronic illness!**
- 3. Communication between health professionals and patients with chronic illness should be improved!**
- 4. Biographical elements should be in the foreground during initial consultations!**
- 5. Participation, knowledge, and competences of patients with chronic illness should be promoted in concrete care situations!**
- 6. Self-help and other support groups should be promoted!**
- 7. Regulatory structures should promote integrated inter-professional care so that social, psychological, biomedical, and environmental factors are taken into account!**
- 8. In integrated care systems, competencies on ensuring continuity of care should be promoted, especially for family doctors!**
- 9. Municipalities should strengthen a socially supportive and health-promoting environment at the neighbourhood level!**
- 10. Health and social professionals should be offered more and specifically targeted training opportunities!**

A) REDUCING BARRIERS IN ACCESSING HEALTH SERVICES

1. Low-threshold information services should be promoted in municipalities and neighbourhoods!

This would be facilitated by:

- ↳ Municipalities offering orientation services for patients with chronic illness at the neighbourhood level, especially for:
 - The search of social services, health care services, and self-help groups
 - Navigating complex systems (e.g. finding adequate insurance models and services)
 - Questions concerning patient rights.

2. Access to health services should be simplified for patients with chronic illness!

This would be facilitated by:

- ↳ Care services, nurses, and physicians providing defined time windows for low-threshold contact (e.g. via telephone, messenger services, e-mail).

B) PROMOTING TRUST BETWEEN HEALTH PROFESSIONALS AND PATIENTS

3. Communication between health professionals and patients with chronic illness should be improved!

This would be facilitated by:

- ↳ Professional translation services being available in hospitals and outpatient care to overcome language-related communication problems on complex issues.
- ↳ In simpler situations, digital aids increasingly being used to help improve communication (i.e. translation programs).

4. Biographical elements should be in the foreground during initial consultations!

This would be facilitated by:

- ↳ Health professionals taking into account the life situation and health-relevant contexts of patients (including social and financial conditions) when diagnosing and choosing a therapy.
- ↳ Health care professionals taking account of patients' competencies at an early stage and, in particular, incorporating their health and illness knowledge, body perception, and coping strategies.

C) IMPROVING THE INVOLVEMENT OF PATIENTS AND THEIR RESOURCES IN TREATMENT DECISIONS

5. Participation, knowledge, and competences of patients with chronic illness should be promoted in concrete care situations!

This would be facilitated by:

- ↳ Health care professionals systematically promoting knowledge and skills as a resource for patients in coping with illness and subsequent lifestyle changes.
- ↳ As such, strengthening health competencies and self-management skills and taking into account family and other social support systems.

6. Self-help and other support groups should be promoted!

This would be facilitated by:

- ↳ Municipalities and neighbourhoods promoting mono- and multi-lingual groups with the aim of strengthening communication and support among themselves.
- ↳ Public institutions, NGOs, insurance companies, municipalities, and neighbourhoods supporting the use of social media in self-help organisations and other support groups.

D) IMPROVING COOPERATION BETWEEN HEALTH CARE PROFESSIONALS

7. Regulatory structures should promote integrated inter-professional care so that social, psychological, biomedical, and environmental factors are taken into account!

This would be facilitated by:

- ↳ The diversity of needs and requirements of patients being understood and recognised and the care services being oriented accordingly.
- ↳ Up-to-date lists of relevant health and social care providers with appropriate language skills being easily accessible; existing lists being distributed more proactively than before.

8. In integrated care systems, competencies on ensuring continuity of care should be promoted, especially for family doctors!

This would be facilitated by:

- ↳ Specific training and continuous training courses for this purpose being designed and offered.
- ↳ Social workers supporting physicians in taking into account the social, economic, and migration-related influences in therapeutic decisions.

E) STRENGTHENING THE NON-MEDICAL SUPPORT ENVIRONMENT

9. Municipalities should strengthen a socially supportive and health-promoting environment at the neighbourhood level!

This would be facilitated by:

- ↳ The social inclusion of patients with chronic illness being specifically promoted.
- ↳ Especially in the support of people with chronic illness, contact points being made available to promote voluntary work and provide information about/support cultural and social participation opportunities.

F) IMPROVED TRAINING OPPORTUNITIES

10. Health and social professionals should be offered more and specifically targeted training opportunities!

This would be facilitated by:

- ↳ Specific training and continuous education courses being developed and made available by established training institutions (e.g. universities, hospitals, and NGOs). Central themes include the following: "Inter-professional handling of social and administrative challenges of people with chronic diseases", and "Trans-cultural and trans-categorical approaches in working with chronically ill patients."