

Migrants: burden or potential?



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e COMUNITÀ**

  **PER UN NUOVO MODELLO
DI WELFARE LOCALE**

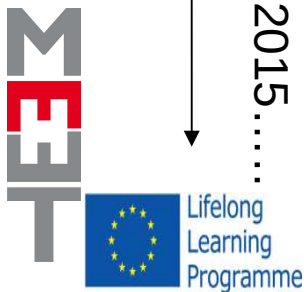
The CHE Model

- The recruitment of individuals from migrant communities to deliver health promotion/education and social care projects
- Locally based
- Language and culturally sensitive
- Participation of the communities
- Collaboration with health and social care systems

From 1990

- Communicating Breast Screening Messages to Minority Women: Constructing a Community Health Education Model (1990-1993)
- Woman-to-Woman: Promoting Cervical Screening among Minority Ethnic Women in Primary Care (1994-1997)
- Straight Talking: Communicating Breast Screening Information in Primary Care (1999-2001)
- C4H (Communication for Health): the efficacy of participation videos in promoting access to breast screening information among South Asian and Chinese communities (2003 – 2005)
- Informed choice for all: Communicating risk information on cancer and cancer screening (breast & cervical) to minority ethnic and low-income group (2006-2008). Follow-on project – SCREEN TALK (2009-2010)
- Smart Choices 4 Smart Women: communicating risk information about cervical cancer and screening to young women (A participatory intervention project 2009-2012)

– 2015.....



“MEET Project - Meeting the health literacy needs of immigrant populations.”

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Significant milestones for diffusion

- 2000 Beacon Award (Department of Health, UK)
- 2008 £ 6.8 million Lottery fund for Altogether Better Programme
- 2013-15 MEET (Meeting the health literacy needs of migrant population)
 - European Commission funding
 - 5 partners across Europe
 - Oxfam, and Ministry of Health, Italy were main partners

Publications as evidence



Social Science & Medicine

Volume 65, Issue 9, November 2007, Pages 1915-1927



Health intervention in social context: Understanding social networks and neighbourhood

Lai Fong Chiu , Robert M. West

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<https://doi.org/10.1016/j.socscimed.2007.05.035>

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Abstract

Recruiting lay people from the neighbourhoods of target communities as Community Health Educators (CHEs) is an increasingly popular strategy for health interventions in the UK. CHEs are assumed to have a distinct advantage in reaching 'difficult to reach' groups by virtue of their network membership. However, results obtained from a recent intervention study [Chiu (2002). *Straight talking: Communicating breast screening information in primary care*. Leeds: Nuffield Institute for Health, University of Leeds] raised concerns about the much-asserted efficacy of networks and suggested that neighbourhood was a contextual factor that would potentially affect the results of health interventions. In addition, it suggested that the concept of social networks and other related concepts i.e. 'social embeddedness', 'social capital', and 'neighbourhoods' that underpin CHE interventions needed to be better understood. In order to examine these concepts in relation to CHE interventions, we conducted a pilot study involving 53 CHEs (26 White, 27 Black and Minority Ethnic) in seven health organisations across the UK. The CHEs took part in focus group interviews to explore their perceptions of social networks and neighbourhood. Quantitative information on their personal networks was also mapped using three proformas. This paper explores CHEs' networks with a specific focus on the concept of 'social embeddedness' and the effect of neighbourhood. Implications of these findings on the effectiveness of intervention are discussed.

Keywords

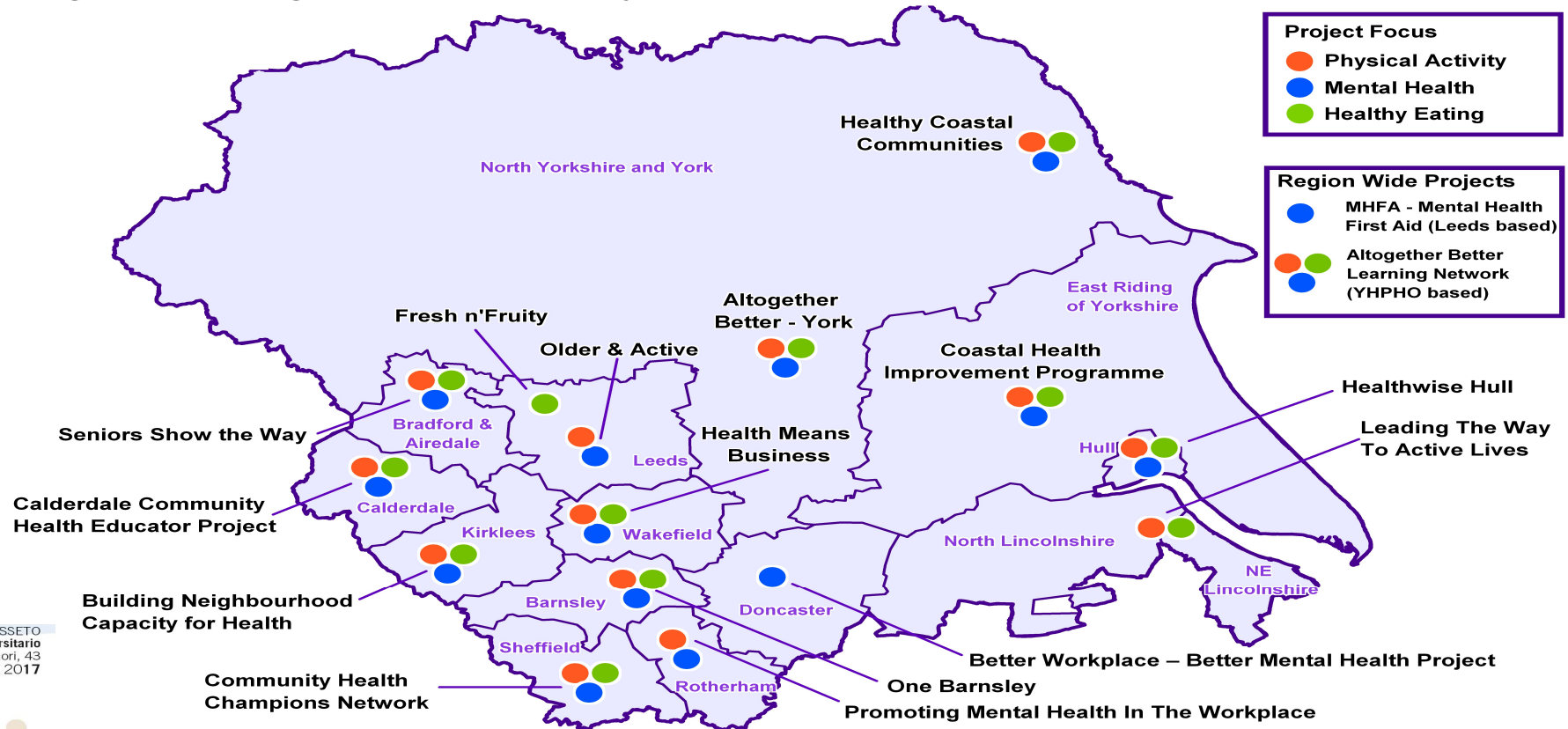
Social networks; Neighbourhood; Embeddedness; Health intervention; Community health educators; UK



The CHE model applied to Altogether Better Programme

- 2008 £6.8 million of Lottery Fund – Yorkshire and Humber Region

Altogether Better Programme - Overview of Projects



Older & Active in Leeds




Employment Focused



- Better understanding of mental ill
- More confidence about mental he problems and how to offer help to
- Reduced stigma about mental ill h
- Better awareness of their own and people's mental health issues

Going strong.. <http://www.altogetherbetter.org.uk/home.aspx>




Unlocking the power of communities to transform lives

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Working with citizens and services to improve health

Altogether Better has developed an award-winning model of working with citizens and services where change is needed to achieve better outcomes, transform relationships, create capacity and meet increasing demand

[Our aim](#) is to work together to activate the full potential of Community Health Champions to improve the health and well being of their communities.


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by @Altogetherbeter

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Project Overview

The project **MEET - Meeting the health literacy needs of immigrant populations** was launched in October 2013 and it is expected to be completed by the end of September 2015. It involves partners from different starting-points on health promotion and different immigration contexts to introduce the Community Health Educator Model (CHE) awarded in 2000 by the British Ministry of Health and adopted by many health districts in the UK. The CHE is an empowering health promotion model in which members of migrant and minority ethnic communities are recruited and trained to participate in the delivery of health promotion initiatives. The main aim is to propose actions aimed at reducing inequities including targeted health promotion and best practice exchange.

Areas of work:

- (1) developing the new CHE model curriculum;
- (2) developing the required programme for management and staff in adult and community education and other key social and health care service providers to ensure their engagement with the delivery model proposed at management and implementation levels;
- (3) developing the e-learning platform to provide the necessary online environment to support the activities of all potential end-users.

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UN refugee agency chief
urges Europe to formulate
collective response to
migrant crisis (Source: United
Nations)

Stages and processes of adoption of the CHE model

Content Adaptation



MEET: Training-the-Trainers Programme May, 2014



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Learning objectives

- 1st Level

- a) Understanding of the importance of implementing the CHE model with defined context.
- b) Impart evaluation knowledge and technique

- 2nd Level

- Develop your own specific CHE training programmes and learning metrics

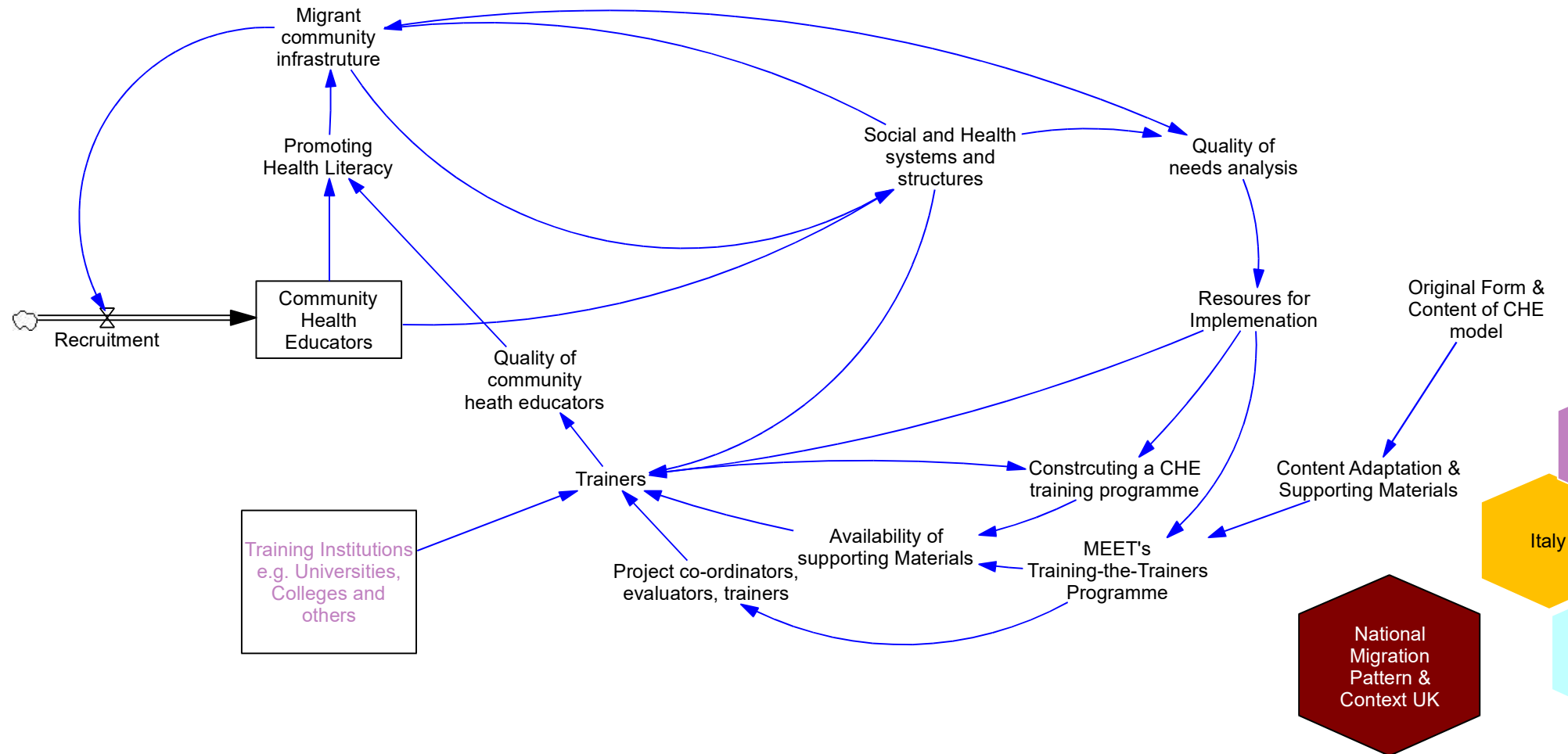
Constructing CHE programmes

	OXFAM, ITALIA / ISTITUTO SUPERIORE DI SANITA' (P1 and P2)	VEREIN MULTIKULTURELL P4	POLIBIENESTAR P5	CARDET P6	Evaluation
Fields of intervention	Sexual Health	Mental Health	Healthy Lifestyles	Maternal and Child health	Some learning can be designed
MME groups	Romanian	Migrants from Turkey, BKS, male and female	Migrants from East Europe	Eastern European and Asian migrant women	N/A
Functional HL	Promoting understanding of Sexual Transmitted Diseases, and Safer sex behaviours	Promoting an understanding of emotions and mental illness, e.g grief, aggression, anxiety, phobia, depression etc.	Promoting understanding of risk factors of alcohol and tobacco consumption (in the individuals' health and at family level).	Promoting knowledge about pregnancy, child birth and child development	Test of knowledge awareness
Interactive HL	Support access to services and women health centres	Supporting women and men to understand their condition, treatment or other preventive services, e.g. counselling; training the professionals to understand the situation of community- intercultural competence	Supporting them to attend to preventing programmes, to participate in healthy programmes, etc...	Supporting MME women to attend post- natal services through training, information and social media	Observation, from exercises visits, testimonies from stakeholders, organisations, individual/ collective reflection
Critical HL	Modify taboos and social stigmas; Empower women related to their family and social context	Promoting communities' awareness of mental health and illnesses; launching de-stigmatization campaign and to support patients and carers to share their experience	Promoting communities' awareness of alcohol and tobacco consumption risks Empower migrants in healthy habits Change culture.	Personal contacts, empowering women through training and information for accessing the health services sector. Evaluation of the services provided.	Community surveys Feedback from stakeholders, organisations Change of community profile over time

Implementation: some persistent issues

- recruitment of trainees (CHEs and professionals)
- time
- budget
- programme too long or too short
- appropriate levels of tools and materials

Reflection based on systems thinking



Systems thinking

- CHE model is a development model designed to improve health and social systems
- Health and social systems are complex and ever-changing
- Desired outcomes (health literacy) are influenced by interconnected and complex webs of personal, organisational, social and environmental variables
- The challenge for thinkers and practitioners is to develop systems awareness.

Improving systems intelligence

- Seeing social systems NOT as linear systems

- Inputs \longrightarrow Outputs

- BUT, as

- non-linear feedback dynamic, complex, with emergent properties

- Ignoring actions/ practices has consequences

- Social transformation requires NOT prescribed theories and methods but critical thinking and doing

Why does the CHE model endure?

- Principles ✓

- Set out to be an empowerment model

- Practice ✓

- Empowerment through participation and collaboration

- Flexibility ✓

- The tools of empowerment do not consist of exact material contents or prescribed methods...


- Sensitivity ✓

- Context and people (language and culture)

- Commitment ✓

- Commitment and capacity to learn with our intelligence, skills, and compassion for our fellow human beings. through difficult times

http://migranthealth.eu/index.php/en/




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Welcome to the official website of the project MEET - Meeting the health literacy needs of immigrant populations. Here you will have the opportunity to get informed about the progress of the project and upcoming events which will be organised in the context of MEET.

Increasing diversity is an important issue for health systems and services. Many of the related problems are facing both service users and providers. MEET project involves partners from different starting-points on health promotion and different immigration contexts (IT, UK, ES, AT, CY) and seeks to set up a model multidisciplinary task force to tackle inequalities in social and health care access by migrant citizens in different contexts.

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- Giving thanks to all people involved in making the CHE model a reality for 27 years
- Partners of MEET projet:
- Oxfam, Italia;
- Istituto Superiore di Sanita, Italia
- Polibienestar Research Institute -University Valencia, Spain
- Multi-Kulturell, Austria
- CARDET, Cyprus
- COeSO SDS
- AUSL TOSCANA SUD EST

**And you are to love those who are foreigners, for you yourselves were foreigners in Egypt.
(Deuteronomy 10:19)**