Sensitivity to diversity in public and patient involvement policy: A comparison of 40 countries

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BACKGROUND
Developing diversity-responsive healthcare systems calls for inclusive public and patient involvement policy and practice. Yet migrants and ethnic minorities (MEMs) are amongst the groups least represented in health participatory spaces. So far, few efforts have been made to assess whether public and patient involvement policy is sensitive to diversity. This can cast light on the factors hindering migrant and ethnic minority involvement.

AIM
To examine public and patient involvement policy and its degree of sensitivity to the representation of MEMs in participatory processes concerned with healthcare policy and service provision.

METHODS
A 23-item questionnaire developed by the International Organization for Migration, the Migration Policy Group and COST Action IS1103 “Adapt” was completed by migrant health policy expert researchers in 40 countries, including the EU28, 3 EFTA countries (Iceland, Norway and Switzerland), the candidate countries Bosnia-Herzegovina, FYR Macedonia and Turkey, 4 “traditional countries of immigration” (Australia, New Zealand, USA and Canada), Japan and South Korea. Data gathering to fill in the questionnaire entailed document analysis (scientific and grey literature, published legislation and regulations and official information in the Internet) and key informant interviews. All data collected was checked by peer reviewers in each country. In total, 103 researchers were involved in data collection.

For this study we used data from 2 items in the questionnaire about policy on the involvement of MEMs in healthcare policy and service provision.

RESULTS
More than half of the countries surveyed (24/40) do not have policy to enable MEM involvement in national or regional healthcare policymaking (Graph 1). Where such policy exists, MEMs participate only through one-off consultation exercises. Structured cooperation in policy-making (e.g. through advisory boards or regular reviews of legislation, services or outcomes) by MEMs is not part of involvement policy in any of the countries surveyed.

Analysis of total scores for countries’ sensitivity to MEM representation in public and patient policy enabled the identification of four ideal types: highly sensitive, mildly sensitive, slightly sensitive and unresponsive countries (see Map 1).

Mildly and highly sensitive countries support MEM involvement in both healthcare policy and service provision, but the latter put greater emphasis in enabling involvement in a wider range of participatory processes related to service provision. Slightly sensitive countries promote only one form of MEM involvement, in either healthcare policy or service provision. Unresponsive countries have no policy to enable MEM involvement in healthcare governance.

Most countries surveyed (25/40) give little or no attention to the development of policy aimed at facilitating MEM involvement in healthcare. A few countries stand out in their efforts to increase MEM involvement including the United Kingdom, Ireland, Australia and New Zealand.

CONCLUSION
• Public and patient involvement policies differ substantially across countries in terms of the degree of sensitivity to diversity.
• Few countries invest in policy to enable MEM involvement in both healthcare policy and service provision, and none of them enables MEM involvement in advisory boards or regular reviews of legislation, services or outcomes.
• A large number of countries are unresponsive to the development of public and patient policy inclusive of MEMs.

REFERENCES

Graph 1. Policy on MEM involvement in healthcare policy-making by type of involvement.

MEM involvement in healthcare services is supported by policy in half of the countries surveyed (21/40). Information development and dissemination and service delivery are the most common types of involvement. Only 4 countries promote MEM involvement in service design (Graph 2).

Map 1. Policy on MEM involvement in healthcare policy-making and service provision.

Graph 2. Policy on MEM involvement in healthcare provision by type of involvement.