

implemented by the migrant population in Valparaiso, a coastal city located in the central region of Chile, which has experienced recent tsunami warnings and strong tremors.

Methods:

Using qualitative methodology, this research studied the coping strategies and actions taken when migrants had to face tremors and tsunami warnings. We also asked for recommendations to better prepare the migrant population. We used interviews and focus groups to collect the information. 20 migrants from different countries participated in the study. All interviews were audiotaped and then transcribed verbatim. Data were processed and analysed using Nvivo software. All procedures were approved by the Ethics Committee of the School of Medicine, Universidad del Desarrollo.

Results:

Four main recommendations were suggested by immigrants to develop strategies for a better response after an extreme event: (i) to strengthen the dissemination of evacuation plans among the immigrant population (ii) to increase the local support from the Chilean community, as they have had previous experience of disasters, and (iii) to strengthen school preparedness for disasters.

Conclusions:

An integrative emergency plan that involves local knowledge, but also the input of immigrant population would achieve a better preparedness for facing the aftermath of a disaster. These emergency plans should be developed for different routes of dissemination, such as local government and schools.

Main message:

Strengthening the dialogue between immigrants and the local population would positively impact on the development of effective strategies to face extreme events.

4.1-O5

Roma health governance in Spain: an assessment of policy implementation

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Background:

In an effort to close the health gap between Roma and non-Roma populations, European governments launched the Decade of Roma Inclusion and the European Framework for National Roma Integration Strategies with the goals of strengthening approaches to Roma health within existing legislation and promoting the involvement of key stakeholders in policy implementation. However, the latest survey on Roma health in Spain shows that inequities persist, evidencing the wicked nature of the problem. This presentation assesses the implementation of the National Roma Integration Strategy (NRIS) in Spain and provides recommendations to improve Roma health governance.

Methods:

A policy evaluation tool, the Roma Health Integration Policy Index, was developed following the transformative policy change framework and using evidence from a desk review, four community forums and 33 stakeholder interviews conducted in Andalusia and Catalunya, the Spanish regions with the largest Roma population.

Results:

Results show a significant gap between planning and implementation of the NRIS at local level which is associated with poor resource allocation and limited political and stakeholder commitment. This has produced a set of changes with potentially negative consequences for Roma health, namely loss of entitlement to the healthcare system, a decrease in the responsiveness of healthcare services to Roma needs, and limited opportunities for Roma involvement in decision-making.

Conclusions:

Roma health governance needs to be reconsidered to guarantee the effective implementation of Roma health policy. This entails strengthening intersectional and intersectoral approaches to policy, building collaborative capacity among stakeholders, ensuring Roma participation in policymaking and promoting accountability towards Roma health.

Main messages:

The inadequate implementation of national policies at local level may cause Roma health inequities to widen. Effective Roma health governance requires transformative policy change that ensures Roma involvement in policymaking, effective intersectional and intersectoral approaches and accountability to Roma health.

4.1-O6

Developing a health care system level response to support the routine use of trained interpreters in the Irish healthcare system: A participatory, theoretically informed project

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Background:

There are policy imperatives promoting the use of formal, trained interpreters, rather than informal ones, in cross-cultural consultations. There are interactional and organisational barriers 'on the ground' to the implementation of this in practice. There has been no analysis of a healthcare system level response to address this problem.

Methods:

The National Social Inclusion Office in the Irish Health Service Executive (HSE) initiated an inter-stakeholder working group to develop a model to implement the routine use of trained interpreters in the Irish healthcare system. We used Participatory Learning and Action (PLA) approach and Normalisation Process Theory to frame our work. Eleven stakeholders from the HSE, academia, the migrant community, community interpreting sector and education participated in four PLA workshops. We generated and thematically analysed qualitative data about (i) levers and barriers to implementation of trained interpreters and (ii) relevant actions to overcome the identified barriers.

Results:

Lever referred to (i) using technology, such as video interpreting, to take advantage of the limited number of available trained interpreters in Ireland (ii) involving healthcare staff, migrants and interpreters in addressing interactional and organisational challenges 'on the ground' (iii) emphasising clinical risk and patient safety as a rationale for using trained interpreters.

Barriers referred to lack of (i) awareness among management that the status quo is problematic (ii) formal, accredited training for interpreters (iii) training for healthcare providers to work with interpreters (iv) resources and political will. An initial action plan has been developed to shape national policy and practice.

Conclusion:

There are multiple levers and barriers that need to be addressed simultaneously to drive forward the implementation of trained interpreters in Ireland.

Main message:

A participatory, theoretically informed inter-stakeholder working group is an effective way to develop a model to implement the routine use of trained interpreters in health care.