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The RESTORE newsletter informs our target groups and stakeholders involved in the primary health care of migrants. This is the second of three planned RESTORE newsletters. For more information on RESTORE, please visit [www.fp7restore.eu](http://www.fp7restore.eu), or follow us on Twitter @FP7Restore.

*The RESTORE project aims to optimise the delivery  
of primary healthcare to migrants who experience language  
and cultural barriers in host countries.*



## New approaches for enhanced primary health care of migrants

***How can primary health care for migrants in Europe be optimised? Since April 2011 researchers in six European countries have been collaborating and developing innovative strategies in order to enhance communication in cross-cultural consultations.***

By using innovative scientific methods such as “Participatory Learning and Action” (PLA) and the “Normalisation Process Theory” (NPT) the research project RESTORE explores how cultural and language barriers can be overcome by general practitioners and primary care staff in cross-cultural consultations. During the last two years particular emphasis was placed by the international project consortium on identifying and selecting guidances and training initiatives (G/TIs) to support communication in cross-cultural consultations.

By now, first results have been released: In each RESTORE partner country stakeholders have selected one G/TI, considered as most relevant for their local setting. In addition, an analysis of the healthcare context in each partner country has been completed by the Scottish team.

### Learning from fieldwork experiences

Since summer 2013, stakeholders are involved in fieldwork with RESTORE researchers across all sites. The focus is on implementation of their selected G/TI, guided by NPT and PLA (including e.g.: cultural-adaptation). Researchers are tracking these unique implementation journeys, each of which is shaped by very different healthcare systems, migration histories and policy environments.

This fieldwork is complemented by further health policy analysis at national or regional level, which is concerned with healthcare – in particular with intercultural health and communication. This will provide a great opportunity to compare and contrast experiences of policy implementation in multiple European settings and to inform service delivery and health policy that will benefit migrants’ health.

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## RESTORE in the Research Community

RESTORE has established a strong track record of publication and dissemination. The novel combination of NPT and PLA and their application in RESTORE has already led to three publications:

- O'Donnell C, Burns N, Dowrick C, Lionis C, MacFarlane A: *RESTORE team. Health-care access for migrants in Europe. The Lancet. August 2013.*
- van den Muijsenbergh M, van Weel-Baumgarten E, Burns N, O'Donnell C, Mair F, Spiegel W, Lionis C, Dowrick C, O'Reilly-de Brún M, de Brun T, MacFarlane A: *Communication in cross-cultural consultations in primary care in Europe: the case for improvement. Prim Health Care Res Dev. April 2013.*
- MacFarlane A, O'Donnell C, Mair F, O'Reilly-de Brún M, de Brún T, Spiegel W, van den Muijsenbergh M,



RESTORE group at Prague

van Weel-Baumgarten E, Lionis C, Burns N, Gravenhorst K, Princz C, Teunissen E, van den Driessen Mareeuw F, Saridaki A, Papadakaki M, Vlahadi M, Dowrick C: *Research into implementation strategies to support patients of different origins and language background in a variety of European primary care settings. Implement Sci. November 2012.*

In addition, the RESTORE team has been very active in conferences, workshops and symposia, including

- A workshop at **WONCA 2013 Prague** "Implementation of supports for cross-cultural communication: the value of Normalisation Process Theory (NPT)". In this workshop general practitioners and researchers explored the use of NPT for implementation of innovations in primary care.
- Two additional presentations were made at WONCA:
  - Using Participatory Learning & Action (PLA) research methodology and techniques in European primary health care research – potential, pragmatics, possibilities
  - Introducing a European project with a focus on migrant care within the primary care setting in a country undergoing the austerity period.
- A workshop about using NPT in RESTORE and poster presentation about health policy analysis at the **North American Primary Care Research Group conference, New Orleans, December 2012.**
- A symposium with three RESTORE presentations at the **European Association for Communication in Healthcare (EACH) Symposium at St Andrews, Scotland, September 2012**, "Building bridges: Exploring innovative methods to enhance inter-cultural communication in primary care: A European experience".
- The RESTORE team has held and discussed a presentation about „supporting patients with language barriers and cultural barriers in a variety of European primary care settings“ at a well-attended **Diversity Conference of the Medical University of Vienna, Austria.**
- **European Forum on Primary Care, Gothenburg, Sweden, Sept 4, 2012**, „Enhancing research capacity in family practice in rural Crete, through participation in interprofessional European FP7 projects.“

### What do stakeholders say?



RESTORE Stakeholder meeting, Galway Ireland May 2013

In Ireland, a TI was selected, developed by SPIRASI. After consultation with RESTORE stakeholders and SPIRASI trainers, the training for health care providers was adapted so that it was relevant for a wider range of stakeholders (e.g. migrants and health service planners) and delivered to the full stakeholder group in Galway during May 2013.

#### Migrant view:

One migrant commented that "RESTORE's uniqueness is in the fact that it brings in one platform all stakeholders involved in delivering healthcare in the country to reflect on how to make primary healthcare more accessible, affordable, acceptable and adaptable".

#### Primary Care view:

A general practitioner (GP) explains that the project and training "has opened our eyes to how much better a service we could offer our patients through properly interpreted consultations – obviously for language but also for the culture component."





## Case vignettes from the practice

### Information about social services – I struggled to communicate ...

It was a normal day at the rural surgery of Emparos, Crete where I work as a GP, with the waiting room full of people. A young, silent, pale woman was sitting alone in a corner. At the consultation she spoke to me in a mix of Greek and Albanian. With much difficulty, I understood that she has been living with her husband and their seven year old daughter for three years illegally in Greece and that she has been trying to obtain legal authorization to stay permanently in Crete.

She complained of strong headaches daily, a stomach-ache, nausea and loss of appetite, leading to a loss of nine kilograms in the last two months. The physical examination showed bruises on the abdomen and on her back. Initially she had said that they were due a fall from a stairs, but after some further discussion she revealed that her husband was beating her, often in front of their daughter's eyes.

I struggled to communicate with her as she did not understand much Greek or English to try and convince her to arrange an appointment with a social worker at the nearest general hospital (approximately 65 kilometers away). She seemed very scared to travel so far because she believed that her husband would punish her when he found out about this appointment. I reassured her that she could come to visit me at any time. I feel that I did not get across to her as much as I would have liked due to the language barrier. I hope that this young Albanian woman will accept my advice and keep in contact with me. In rural areas, more social services, with professional interpreters, are badly needed especially for people coming from foreign countries.

*Ioanna Stefanaki, GP  
Heraklion / Crete*



University of Crete  
Faculty of Medicine

### Competency versus fluency – I thought she understood ...

My patient Ms. Donsjuren is from Mongolia; a university graduate. As an illegal immigrant she has been living in the Netherlands for more than 9 years. As Mongol interpreters are not always available, I used to communicate with her in Dutch, and I really thought she understood me well. One day, she was rejected by the hospital receptionist as she did not possess a valid ID. I phoned the hospital, ex-

plained that this patient was entitled to receive medical care despite her lack of ID, and made a new appointment for her. To make sure everything would go well, I gave her an explanatory letter to hand to the specialist which also had the name and address of our practice on the cover. I asked Ms. Dorsjuren to give this letter to the receptionist. She said yes, nodded several times and looked very happy. Quite satisfied with myself about my action I said good-bye. The next day the postman delivered the very letter in the post box of our practice. Clearly, I had not been able to make myself to be understood as well as I thought. ...

Lesson learned: do not assume too soon that patients of diverse origins understand you; do always check with the help of the teach-back method.

**Radboudumc** *Maria van den Muijsenbergh, UMCH*  
university medical center *Nijmegen / Netherlands*

### Austrian Training Initiative

Since the mapping process found no German-speaking training initiatives which have been developed in a participatory way, Austrian stakeholders selected a Scottish manual as basis for an Austrian initiative named "Cross-cultural Competencies for Primary Care Physicians". It will be offered by the Viennese Medical Chamber in co-operation with Danube University Krems and the RESTORE-team of MedUni Vienna and consists of one basic module to enhance cross-cultural competencies for primary care physicians in an overall twenty hour intervention.

One male migrant stated his experience of working in a mixed stakeholder group as followed:  
"It [RESTORE] makes sense for the medical staff to consider the impact of possible cultural differences between a GP/medical staff and a patient".

For more details please see  
<http://www.fp7restore.eu/index.php/en/medical-univ-of-vienna>



RESTORE peer-review meeting, January 2013 in Vienna



*Implementing migrant care initiatives,  
beyond language and cultural barriers*



*The RESTORE team at the Vienna Consortium Meeting*

## Project Team News

- Training sessions and project plenary meetings have been held since our project started in Glasgow, Galway, Vienna, Nijmegen and Liverpool. The next plenary meeting will be hosted by the University of Crete. This will be combined with a major media event, to raise awareness of EU Research, of RESTORE and of the issues which are encountered by migrant communities in accessing healthcare.
- Project partners spreading the NPT message in other projects include Glasgow and Pintail in In-MINDD, an exciting dementia risk reduction project and Crete and Pintail in EU-WISE, which focuses on self-management of chronic disease.
- The project coordinator has been appointed Professor of Primary Healthcare Research at the University of Limerick, Ireland. The University of Limerick is thus the new coordinating body for RESTORE. We congratulate Anne on her new role!



### RESTORE Closing Conference

Limerick, Ireland, March 26-27, 2015

- migrant health
- cross-cultural consultations
- implementation research
- health policy
- primary health care

## RESTORE:

### Meet our International Advisory Board

RESTORE is supported by a team of international advisors who have a wealth of expertise in relation to

#### NPT

**Professor Carl May**  
University of Southampton

#### Ethics

**Professor Nigel Mathers**  
University of Sheffield

#### Interpreting

**Professor Alexander Bischoff**  
Hopitaux Universitaires de Genève

#### Health policy

**Ms. Roumyana Petrova-Benedict**  
Senior Regional Migration Health Advisor Europe, Central Asia & Liaison to the EU International Organization for Migration (IOM) Brussels, Belgium

#### Dr. Pirooska Ostlin

Programme Manager Vulnerability and Health Programme Policy, Cross-cutting Programmes and Regional Director's Special Projects WHO Regional Office for Europe, Copenhagen Denmark

#### Dr. Severoni Santino

Coordinator Public Health and Migration, Division of Policy and Governance for Health and Well-being, European Office for Investment for Health and Development, WHO Regional Office for Europe, Venice, Italy

For more details please see

[www.fp7restore.eu/index.php/en/about-restore/projekt-details](http://www.fp7restore.eu/index.php/en/about-restore/projekt-details)

## Imprint

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