



Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

MODULE 1: SENSITIVITY AND AWARENESS OF CULTURAL AND OTHER FORMS OF DIVERSITY

Unit 2: Intercultural Competence and Sensitivity to Diversity



Outline of the session

- Activity 1: Brainstorming
- Presentation: From intercultural competence to diversity sensitivity
- Activity 2: Experiences related to interculturalism, intercultural competence and cultural diversity
- Presentation: Influence of cultural background on health professionals' and patients' perceptions and behaviours
- Presentation: Addressing one's own identity and prejudices
- Activity 3: "Cultural assessment tool for professionals"
- Presentation: Identifying aspects related to the positive contribution of interculturality and sensitivity to diversity
- Presentation: Developing strategies for health promotion and health education based on cultural diversity and interculturality



From Intercultural Competence to Diversity Sensitivity

Amets Suess, Andalusian School of Public Health, 2015

Activity 1: Brainstorming

- In the plenary.
- What comes into your mind when you hear the following concepts?
 - ✓ Multiculturalism
 - ✓ Interculturalism
 - ✓ Cultural competence
 - ✓ Intercultural competence
 - ✓ Diversity sensitivity



Multiculturalism and Interculturalism

- Theoretical discussion related to both concepts.
 - ✓ Conceptualization as differentiated approaches.
 - ✓ Shared aspects.
 - ✓ Overlapping meanings and lack of clear differentiation.
 - ✓ Context-specific uses.

⇒ Recently: Reemplacement of prior models of assimilation / multiculturalism by intercultural approaches.



Health Care in Intercultural Contexts

- Providing health care in intercultural contexts
 - ⇒ Relevance of specific professional competences and institutional policies.
- Different approaches and concepts
 - ✓ Cultural competence.
 - ✓ Intercultural competence.
 - ✓ Sensitivity to difference.
 - ✓ Diversity sensitivity.
- Differences and shared aspects.
- Paradigm shifts and tendencies.



Cultural Competence and Intercultural Competence



- **Cultural competence**
 - ✓ Focus on awareness of culturally specific habits, beliefs and needs in health care.
 - ✓ Knowledge of the specific cultural and ethnic background.
 - ✓ Health policies focused on providing specialized health care services for migrants and ethnic minorities.
- **Intercultural competence**
 - ✓ Focus on interaction and dialogue between different cultures.
 - ✓ Health policies focused on addressing health care needs in intercultural contexts.
- Overlapping use of both concepts

Cultural Diversity, Cultural Sensitivity, Difference Sensitivity and Diversity Sensitivity



- **Cultural diversity**
 - ✓ Based on the recognition of diversity as a positive social contribution.
 - ✓ Health policies focused on addressing health care needs from a diversity perspective
- **Cultural Sensitivity, Difference Sensitivity and Diversity Sensitivity**
 - ✓ Awareness of different forms of diversity, as well as the intersectional character of social inequalities.
 - ✓ Health policies aimed to reduced transversal and interconnected social inequalities.
 - ✓ Difference sensitivity: Focus on the recognition of differences.
 - ✓ Diversity sensitivity: Focus on the recognition of different forms of diversity.

Conceptual Shifts: From Cultural Competence to Diversity Sensitivity

Cultural competence: Focus on culturally specific habits, belief and needs → Health policies focused on providing specialized health care services for migrants and ethnic minorities.



Intercultural competence: Focus on the dynamics of interaction between different cultures → Health policies focused on addressing health care needs in intercultural contexts.



Cultural diversity: Focus on the recognition of diversity as a positive social contribution → Health policies focused on addressing health care needs from a diversity perspective.



Cultural sensitivity / Difference sensitivity / Diversity sensitivity: Focus on the awareness of diversity and intersectional character of social inequalities → Health policies focused on reducing transversal and interconnected social inequalities.

Activity 2: Experiences related to interculturalism, intercultural competence and diversity sensitivity

- Group 1

- ✓ Please describe practical experiences with **interculturalism** in your professional practice.
- ✓ Which difficulties can you identify? Which positive contributions?

- Group 2

- ✓ Please describe practical experiences with **intercultural competence** in your professional practice.
- ✓ Which difficulties can you identify? Which positive contributions?

- Group 3

- ✓ Please describe practical experiences with **diversity sensitivity** in your professional practice.
- ✓ Which difficulties can you identify? Which positive contributions?

- Presentation of the small group results in plenary



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DRAFT



Influence of cultural backgrounds on health professionals' and patients' perceptions and behaviours

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Influence of cultural backgrounds on the perceptions and behaviours of health professionals and patients (understanding individual values, beliefs, behaviours and basic assumptions)

Importance of:

- ✓ Being **culturally competent** (obtain cultural information and then applying that knowledge)
- ✓ Understanding **cultural awareness** (the importance of our cultural heritage and that of others)
- ✓ Adapting to different cultural beliefs and practices (listen, to find out and learn about the patient's beliefs of health and illness)





- ✓ Working with patients is a cross-cultural initiative.
- ✓ Becoming culturally competent is a process, not an endpoint.
- ✓ A central part of effective work across cultures is to be aware of our personal cultural filters.
- ✓ Specific information on each group can be used as a starting point to explore individual experiences.
- ✓ Stereotypes are a natural part of human perception, but we must be aware of them and challenge them.

The principles of cultural competence encourages the discovery of people's differences

- ✓ Having an empathetic relationship
- ✓ Communicating skills
- ✓ Acquiring cultural knowledge
- ✓ Providing responsive and competent actions

health professional-patient relationship



Addressing one's own identity and prejudices

- Importance of training

From *'cultural differences'* labelling and stereotyping patients according to



'cultural humility' - "a commitment and active engagement in a lifelong process that individuals enter into on an ongoing basis with patients, communities, colleagues, and with themselves"

Cultural Awareness/ cultural awareness and sensitivity

Examination of the cultural aptitude of the Professional

- Relation professional-user
- Transference: feelings and behavior of the user towards the professional
- Counter-reference: feelings and behavior of the professional towards the user

- **Cultural awareness** talks about cultural awareness and sensitivity. It can be defined as *"the knowledge and interpersonal skills that allow providers to understand, appreciate, and work with individuals from cultures other than their own. It involves an awareness and acceptance of cultural differences, self awareness, knowledge of a patient's culture, and adaptation of skills"*^[1]

Fleming M, Towey K. Delivering culturally effective health care to adolescents. Chicago (IL): American Medical Association; 2001. Available at: <http://www.ama-assn.org/ama1/pub/upload/mm/39/culturallyeffective.pdf>.

Counter transference, unconscious or conscious, is not often suitable for a user - professional normalized relationship and prevents horizontal and collaborative decision- making.

This could lead to the appearance of:

- Denial of differences
- Excessive Cultural Curiosity
- Superidentification
- Complicity (rage, guilt, shame)

The appropriate cultural counter transference entails:

- Breadth of view
- Flexibility
- Curiosity and desire to recognize and explore the intercultural components of transference and counter transference
- Appropriate cultural counter transference means not falling into the errors of inadequacy and this means being aware of cultural influences

ACTIVITY:

Cultural assessment tool for professionals. ASKED^[1]

| | |
|------------------|--|
| Awareness | <i>Are you aware of your own prejudices and prejudices towards other cultural groups and racism in the health services ?</i> |
| Skill | <i>Do you know how to make a cultural assessment?</i> |
| Knowledge | <i>Can you describe the differences between various cultural groups?</i> |
| Encounter | <i>Do you try to conduct clinically efficient interviews with individuals from other cultural groups?</i> |
| Desire | <i>Do you really want to be culturally competent?</i> |

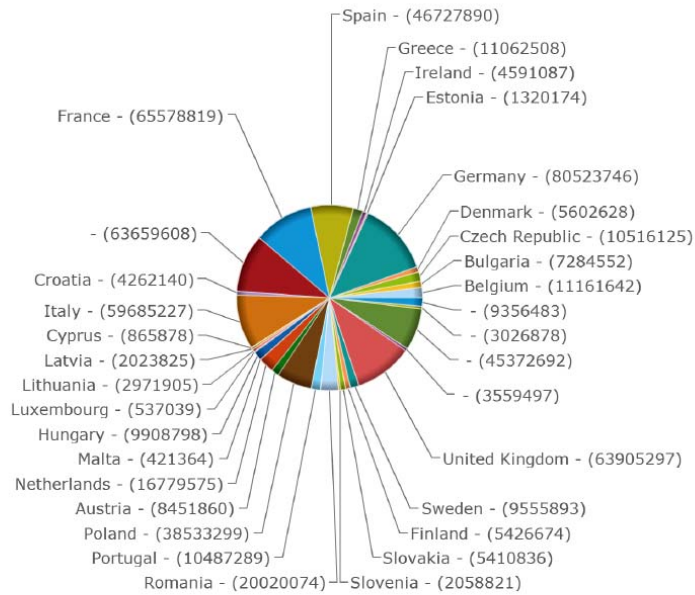
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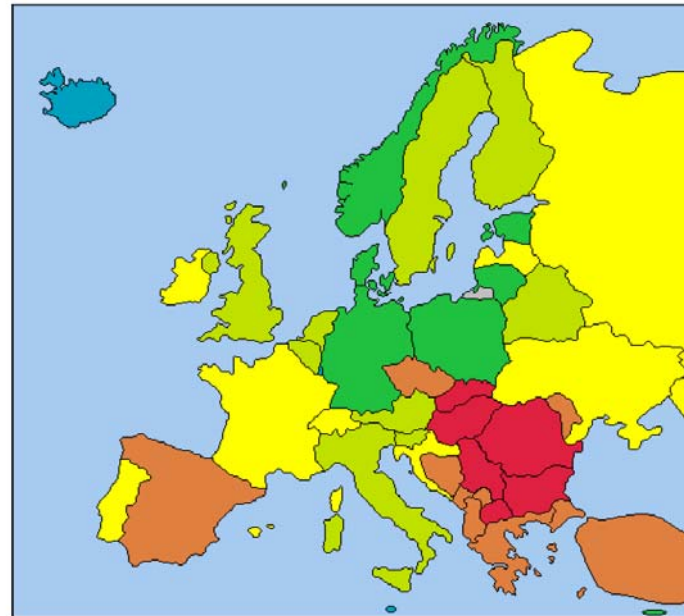
Identifying aspects related to the positive contribution of
interculturality and diversity sensitivity

Population by country (Total EU population : 505 665 739)

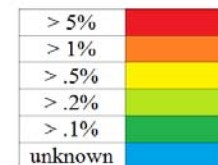


Map showing density of Roma population (%) in the European area

Based on data from the Council of Europe (2010)



Key to colours:



| | Total immigrants | | Nationals | | Total | | Non-nationals | | Citizens of other | | Citizens of | |
|----------------|------------------|-------|-----------|-------|---------|-------|---------------------|-------|----------------------|---------|-------------|--|
| | (1 000) | (%) | (1 000) | (%) | (1 000) | (%) | EU-27 Member States | (%) | non-member countries | (1 000) | (%) | |
| EU-27 | 1 993.9 | | | | | | | | | | | |
| Belgium | 147.4 | 17.3 | 11.7 | 129.7 | 88.0 | 64.9 | 44.0 | 64.8 | 44.0 | 4.3 | 44.0 | |
| Bulgaria | 14.1 | 5.0 | 35.2 | 9.1 | 64.7 | 4.1 | 29.3 | 5.0 | 35.4 | | | |
| Czech Republic | 34.3 | 6.8 | 19.7 | 27.6 | 80.3 | 12.1 | 35.2 | 15.5 | 45.1 | | | |
| Denmark | 54.4 | 18.6 | 34.3 | 35.8 | 65.7 | 19.8 | 36.4 | 16.0 | 29.3 | | | |
| Germany | 592.2 | 87.2 | 14.7 | 503.6 | 85.0 | 298.5 | 50.4 | 205.1 | 34.6 | | | |
| Estonia | 2.6 | 1.5 | 58.1 | 1.1 | 41.9 | 0.1 | 2.7 | 1.0 | 39.3 | | | |
| Ireland | 54.4 | 15.5 | 30.4 | 37.9 | 69.6 | 22.3 | 40.9 | 15.6 | 28.7 | | | |
| Greece | 110.1 | 42.6 | 38.7 | 67.6 | 61.3 | 24.8 | 22.5 | 42.7 | 38.9 | | | |
| Spain | 304.1 | 31.6 | 10.4 | 272.5 | 89.6 | 100.3 | 33.0 | 172.2 | 56.6 | | | |
| France | 327.4 | 115.8 | 35.4 | 211.7 | 64.6 | 90.8 | 27.7 | 120.9 | 36.9 | | | |
| Croatia | 9.0 | 4.2 | 47.0 | 4.8 | 53.0 | 1.3 | 15.0 | 3.4 | 38.1 | | | |
| Italy | 350.8 | 29.5 | 8.4 | 321.3 | 91.6 | 104.1 | 29.7 | 217.2 | 61.9 | | | |
| Cyprus | 17.5 | 1.3 | 7.3 | 16.2 | 92.6 | 10.2 | 58.3 | 6.0 | 34.2 | | | |
| Latvia | 13.3 | 9.6 | 72.4 | 3.7 | 27.6 | 0.5 | 4.1 | 3.1 | 23.5 | | | |
| Lithuania | 19.8 | 17.4 | 87.5 | 2.5 | 12.5 | 0.7 | 3.7 | 1.7 | 8.8 | | | |
| Luxembourg | 20.5 | 1.0 | 5.1 | 19.4 | 94.7 | 15.6 | 76.0 | 3.8 | 18.8 | | | |
| Hungary | 33.7 | 13.4 | 39.6 | 20.3 | 60.3 | 10.4 | 30.7 | 10.0 | 29.6 | | | |
| Malta | 7.1 | 1.8 | 24.7 | 5.4 | 75.3 | 2.5 | 34.6 | 2.9 | 40.7 | | | |
| Netherlands | 124.6 | 38.4 | 29.2 | 83.0 | 66.6 | 51.2 | 41.1 | 31.8 | 25.5 | | | |
| Austria | 91.6 | 8.3 | 9.0 | 83.2 | 90.9 | 51.9 | 58.7 | 31.4 | 34.2 | | | |
| Poland | 217.5 | 135.9 | 62.5 | 81.5 | 37.5 | 24.4 | 11.2 | 87.1 | 26.2 | | | |
| Portugal | 14.6 | 9.3 | 63.9 | 5.3 | 36.1 | 1.3 | 9.2 | 3.9 | 26.9 | | | |
| Romania | 167.3 | 155.6 | 93.0 | 11.6 | 6.9 | 3.5 | 2.1 | 8.2 | 4.9 | | | |
| Slovenia | 15.0 | 2.7 | 18.2 | 12.3 | 81.8 | 2.2 | 14.5 | 10.1 | 67.2 | | | |
| Slovakia | 5.4 | 2.5 | 45.7 | 2.9 | 54.3 | 2.4 | 44.6 | 0.5 | 9.6 | | | |
| Finland | 21.3 | 7.9 | 25.4 | 22.8 | 73.0 | 10.3 | 32.9 | 12.6 | 40.1 | | | |
| Sweden | 103.1 | 20.5 | 19.9 | 82.3 | 79.9 | 25.3 | 24.6 | 58.9 | 55.2 | | | |
| United Kingdom | 498.0 | 80.2 | 16.1 | 417.8 | 83.9 | 157.6 | 31.6 | 260.3 | 52.3 | | | |
| Iceland | 5.0 | 2.3 | 46.6 | 2.7 | 53.4 | 1.8 | 36.6 | 0.8 | 16.9 | | | |
| Liechtenstein | 0.7 | 0.2 | 25.5 | 0.5 | 74.5 | 0.2 | 37.1 | 0.3 | 37.4 | | | |
| Norway | 69.9 | 6.7 | 9.6 | 63.2 | 90.4 | 36.8 | 52.6 | 26.4 | 37.7 | | | |
| Switzerland | 149.1 | 24.0 | 16.1 | 125.0 | 83.9 | 90.1 | 60.5 | 34.9 | 23.4 | | | |

(¹) The values for the different categories of citizenship may not sum to the total due to rounding and the exclusion of the category 'unknown citizenship' from the table.
 Source: Eurostat (online data codes: migr_imm1ctz and migr_imm5prv)

The European Network against Racism (ENAR)[1] has published a document addressing

“this mismatch of information about migrants and ethnic and religious minorities by showing evidence of the many talents they contribute to European society – culturally, socially, politically and economically. It also highlights, by contrast, the uncalculated losses incurred by failing to recognise and value these innumerable talents – which further impact Europe’s resilience in times of crisis, its lack of collective creativity and well-being”.

Lynch, C;Pfohman, S.: Hidden talents, Wasted Talents? The real cost of neglecting the positive contribution of migrants and ethnic minorities” .ENAR (European Network Against Racism).http://cms.horus.be/files/99935/MediaArchive/publications/20068_Publication_HiddenTalents_web.pdf

Key findings

- *Migrants contribute to the European society.*
- *Migrants' contributions to the social, cultural and political aspects have an economic value.*
- *Migrants contribute to the European economy.*
- *Migrants fill specific labour market gaps, taking jobs that the general population often refuses.*
- *Migrants are not only innovating but their presence is enabling others to create and innovate.*
- *Migrants contribute significantly, directly and indirectly, to GDP (gross domestic product) and to the trade of European countries.*

The Europe 2020 Strategy[1] and the Stockholm Programme[2] fully recognise the potential of migration for building a competitive and sustainable economy and they set out, as a clear political objective, the effective integration of legal migrants, underpinned by the respect and promotion of human rights[3].[4]



- [1] Conclusions of the European Council, 25/26 March 2010, EUCO 7/10, CO EUR 4, CONCL 1.
- [2] The Stockholm Programme - An open and secure Europe serving and protecting citizens, OJ 2010/C 115/01.
- [3] The Annual Growth Survey 2011, which brings together different actions which are essential for the EU to move towards its Europe 2020 objectives, has shown the need for urgent reforms to promote skills and to create incentives to work both for the national and migrant population, COM(2011) 11 final, Annex 2, Macro economic report.
- [4] European Commission. COM(2011) 455 final, Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions, European Agenda for

the positive contribution of interculturality and Sensitivity to diversity:

cultural competence or diversity sensitivity may have a positive impact on the following barriers to quality



- ✓ It may **facilitate communication** about different frames of reference regarding health.
- ✓ It may help professionals **to overcome deeply-rooted prejudices**.
- ✓ It may help **to bridge the gap between widely differing understandings of health and illness** in general, as well as the nature, manifestations, causes, effects and social meanings of particular illnesses.
- ✓ It may help **to reconcile conflicting expectations** concerning appropriate behaviour for **doctors and patients**.

Readings

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Developing strategies for health promotion and health education
based on cultural diversity and interculturality

Importance of **accessibility** to services of migrant and ethnic minority populations to health promotion and health education

“whereas it is the individual who seeks the health care provider, preventive and educational programmes go in search of the individual. If they succeed in finding him or her, the individual has access to them”

Regarding Health Promotion

To develop strategies for health promotion

- Identify tools for health promotion in migrant and ethnic minority population
- Identify healthy practices to enhance
- Apply strategies for working with community
- Search for experiences of health promotion

Factors concerning health habits and health promotion

| Macrostructural factors | Microstructural factors |
|---|---|
| <ul style="list-style-type: none">• Economy | <ul style="list-style-type: none">• Family |
| <ul style="list-style-type: none">• Policy | <ul style="list-style-type: none">• Social Networks |
| <ul style="list-style-type: none">• Globalization | |
| <ul style="list-style-type: none">• Communication | |

Keys to effective health promotion: scenarios, focus of promotional and and the processes of decision making, real access to education and information, ...

Outcomes: Social, health and intermediate Health outcomes

Individual attention: life cycles: pregnancy, birth, childhood, adolescence, old age, and death.

Regarding Health Education/Literacy

Poor health literacy implies a lack of knowledge about health, illness and the health care system

HOW CAN WE PROVIDE GOOD INFORMATION:

- Entitlements and the procedures necessary to claim them.
- How to use the health system (e.g. whether specialist care can be accessed directly or only through a 'gatekeeper').
- Health maintenance in specific conditions (living with diabetes, cancer etc.).
- Health education and health promotion: how to recognise problems, when to seek help, how to look after one's own health.



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Thank you and questions ...

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Josefa Marín Vega 2014; Redlsir 2014; Morguefile 2014.*

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Migrants & Ethnic Minorities
Training Packages



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CONSEJERÍA DE IGUALDAD, SALUD Y POLÍTICAS SOCIALES



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