



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

MODULE 4: KNOWLEDGE APPLICATION

Unit 2: Development of strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities

ONE WAY

Outline of the session

- Presentation, part I
- Activity 1: Video screening and discussion
- Presentation, part II
- Activity 2: Video screening and discussion
- Presentation, part III
- Activity 3: Exchange of experiences and strategies
- Presentation, part IV
- Activity 4: Case studies
- Activity 5: Identifying audiovisual material

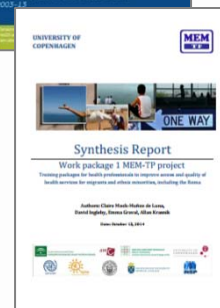
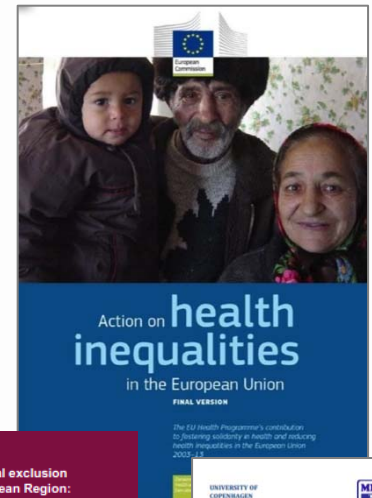
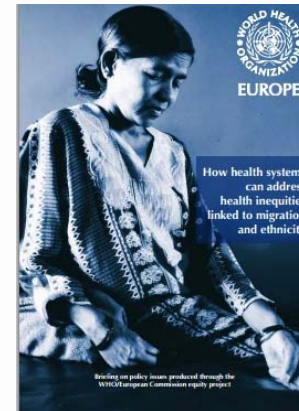
Health Care Oriented towards Cultural and Ethnic Diversity: Relevant Aspects

- **Revision of strategies**

- ✓ European Projects
- ✓ Experiences at a regional and local level

- **Relevant aspects:**

- ✓ Access to health care
- ✓ Continuity of care
- ✓ Translation and interpretation
- ✓ Intercultural mediation
- ✓ Protection against discrimination
- ✓ Service organization and change management
- ✓ Participation
- ✓ Training



Access to Health Care for Migrants and Ethnic Minorities



- **Migrants**
 - ✓ Uneven situation regarding health care entitlements across Europe.
 - ✓ Migrants in an 'irregular' situation: frequent limitation of access to health care.
 - ✓ Cultural, linguistic and administrative barriers to effective access to health care.
- **Ethnic minorities, including Roma population**
 - ✓ Frequent limitation of access to health care.
 - ✓ Cultural and administrative barriers to effective access to health care.

Access to Health Care for Migrants and Ethnic Minorities



- ⇒ Recommendation of **providing access to health care for all people**, regardless of their nationality, ethnicity and administrative situation.
- ⇒ Recommendation of **reducing barriers to effective access to health care**.

Continuity of Care

● Migrants

- ✓ Relatively good health status of migrant population (*“Healthy migrant effect”*).
- ✓ Lower use of primary health care and prescription drug expense than general population.
- ✓ Frequent deterioration of health status during the stay in the host country.
- ✓ Health risks due to the precarious socio-economic situation.

● Ethnic minorities, including Roma population

- ✓ Lower health status and life expectancy than general population.
- ✓ Higher emergency use than general population.
- ✓ Lower use of primary care for health prevention than general population.
- ✓ Lower perception of quality of care.
- ✓ Health risks related to the precarious socio-economic situation.



⇒ Relevance of **improving continuity of care.**

Continuity of Care

- Barriers to continuity of care for **migrants and ethnic minorities, including Roma population**
 - ✓ Precarious working and living conditions.
 - ✓ Experiences of discrimination in the health care system.
 - ✓ Distance of the health care service from the place of residence.
 - ✓ Cultural aspects.
 - ✓ Situation of season workers.
- Specific barrier in case of **migrants**:
 - ✓ Lack of entitlements to health care access.
- Specific barrier in case of **Roma population**:
 - ✓ Mobile population / travellers.



Translation Services

- **Idiomatic difficulties** as relevant barrier in the access to health care for migrant populations.



- **Strategies**

- ✓ Professional translators and interpreters
- ✓ Informal translators and interpreters
- ✓ Community interpreting
- ✓ Telephonic / electronic translation service
- ✓ Multilingual information leaflets
- ✓ Use of text messages
- ✓ Pictograms
- ✓ Multilingual information leaflets

Community Interpreting

- Specific approach, based on an understanding of **interpretation as interaction and co-participation**, embedded in the social and cultural context.
- Different **contexts**: courts, health care, social services, educational context, etc.
- Different **functions** apart from interpreting.
- **Training, quality assessment and ethics** in community interpreting.

Community interpreters

Community interpreters specialise in interpreting in three-way situations to facilitate mutual understanding between speakers of different languages. When interpreting they take into account the speakers' social and cultural backgrounds. They have a basic knowledge of intercultural communication. They are familiar with the misunderstandings and conflicts that may occur in this context and are able to react to such situations appropriately.

(Council of Europe 2011: 80)

Professional Standards and Codes of Ethics for Intercultural Interpretation

- Professional standards and Codes of Ethics for Intercultural Interpretation
 - ✓ Professional Code for Community Interpreters, INTERPRET Association
 - ✓ Code of Ethics (IMIA, International Medical Interpreters Association)

Principles (IMIA 1987 [2006])

- Confidentiality.
- Use of language to convey the content and spirit of the message.
- Refraining from accepting assignments beyond the own professional skills, language fluency, or level of training.
- Refraining from interjecting personal opinions or counseling patients.
- Engagement in patient advocacy and an intercultural mediation role only when necessary for the communication process.
- Use of skillful unobtrusive interventions.
- Keeping abreast of evolving languages and medical terminology.
- Participation in educational programmes.
- Contact with professional associations.
- Refraining from using the own professional position to gain favours from the client.

Use of Pictograms

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 Agradecemos a los colaboradores: Javi Alcaide, Mustafa Bazzi, Nuria El Arrouj, Joaquín Muñoz Barrios, Mª Celia Torralba Lara.
 Descargar el pictograma: <http://www.auladigital.com/auladigital/auladigital/auladigital/>

Cultural Mediation: Definition

Cultural mediators, chosen for their familiarity with the culture and “life—world” of the service user, participate in health interventions to bridge the social and cultural gap between service providers and users.

(WHO 2010: 23)

Cultural mediators provide immigrants and public-service professionals with easily understandable information about cultural differences, the different rules of the social and political systems in the host country, and different ways of behaving. In so doing, they build bridges between immigrants and education/support systems, thus facilitating understanding between doctors and patients, lawyers and clients, and teachers and parents. They work either as a team or independently, organising and implementing prevention projects, information sessions for immigrants, etc. Unlike traditional mediators, they are not specialists in conflict mediation, but through their work they can help to forestall possible conflicts.

(Council of Europe 2011: 80)

Intercultural Mediation: Definition

Intercultural mediation is a multifaceted role in which the mediator acts essentially as an outside third party and cultural intermediary between a person or community and an institution's departments. Mediators are often referred to as "go-betweens", "facilitators", "conciliators" or "negotiators" because of their interpersonal skills and their abilities to bring people together around collective issues.

(Council of Europe 2011: 86)

The **Intercultural Mediator** facilitates exchanges between people of different socio-cultural backgrounds and acts as a bridge between immigrants and national and local associations, health organizations, services and offices in order to foster integration of every single individual.

(Rădulsecu 2012: 344)

Intercultural Mediation: Strategic Framework

Resolution 218 (2006) on effective access to social rights for immigrants: the role of local and regional authorities.

10. In the light of the above, the Congress recommends that the towns, cities and regions of Council of Europe member states: (...)

d. consider assisting immigrants through the employment of **mediators** from their cultures in the various local and regional government departments and in the hospital system;

(Council of Europe 2016: s.n.)

Intercultural Mediation



- Different **frameworks** of intercultural mediation
- **Professional profile**
 - ✓ Often with transcultural background.
 - ✓ Relevance of professional training and specific communication skills.



Intercultural Mediation

- **Relevant tasks** of the intercultural mediator

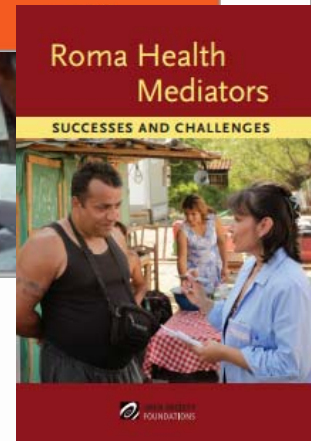
- ✓ Dialogue interpreting.
- ✓ Cultural decoding: Explaining cultural meanings.
- ✓ Information, advice and support in administrative procedures, health care or social services.
- ✓ Questioning of cultural filters and stereotypes.
- ✓ Improving the dialogue between migrants / ethnic minorities and institutional contexts.
- ✓ Conflict management and negotiation.
- ✓ Protection of the users' rights.
- ✓ Health education and promotion.



Intercultural Mediation: Difficulties

- **Difficulties in intercultural mediation practice**

- ✓ Misinterpretation of cultural meanings.
- ✓ Excessive expectations.
- ✓ Administrative tasks.
- ✓ Lack of physical space to receive users.
- ✓ Reluctance of some professionals or users.
- ✓ Lack of financial resources and low salaries.
- ✓ Lack of professional recognition and opportunities for professional development.
- ✓ Lack of adequate support and supervision.
- ✓ Isolation from the Public Health System.
- ✓ Difficulties for removing obstacles to more effective user/doctor relationships.
- ✓ Limitations in ameliorating social determinants of health.
- ✓ Ethical conflicts.



Intercultural Mediation: Strategies

- **Institution:**

- ✓ Improving institutional recognition of intercultural mediation.
- ✓ Working with professional intercultural mediators.
- ✓ Clarifying the mediator's role and framework.



Intercultural Mediation: Strategies

- **Intercultural mediator:**

- ✓ Social skills, cultural awareness and knowledge of the organizational context
- ✓ Displaying attitudes of openness, empathy, respect and readiness to listen.
- ✓ Respecting people's choices, values and needs.
- ✓ Providing the necessary information to enable the individual to make a decision.
- ✓ Adapting to the individual's pace of integration.
- ✓ Co-operating by acknowledging users' skills and personal autonomy.
- ✓ Using tried and tested communication methods in a context of diversity.
- ✓ Fostering co-operation and partnership.
- ✓ Building knowledge of intercultural mediation.
- ✓ Self-assessment of the own practice.
- ✓ Relevance of research about the meaning of intercultural mediation in non-Western contexts.



Activity 1: Intercultural Mediation

- In plenary:
 - ✓ Watch the video “Roma Health Mediation in Europe”, IOM, International Organization for Migration, 2014:
<https://www.youtube.com/watch?v=EarpvGr6n5k>

- ✓ Group discussion:
 - Which social and health problems are described as the most relevant ones for Roma populations?
 - Which relevant aspects of intercultural mediation practice can you identify in the video?
 - Which difficulties or challenges can be observed?



Protection against Discrimination: Relevant Aspects

- **Discrimination** against migrants and ethnic minorities
 - ✓ Social and labour exclusion.
 - ✓ Harassment and hate speech.
 - ✓ Physical violence.
 - ✓ Institutional discrimination and mistreatment, including the health care sector.
- **Impact on the social situation, health and health care use**
 - ✓ Impact on social determinants of health.
 - ✓ Physical and psychological harm.
 - ✓ Previous experiences of discrimination as a barrier of access and continuity of health care.



Protection against Discrimination: Strategic Framework

● International Strategic Framework

- ✓ Universal Declaration of Human Rights, 1948.
- ✓ International Covenant on Economic, Social and Cultural Rights, 1966 [1976].
- ✓ International Covenant on Civil and Political Rights, 1966 [1976].
- ✓ International Convention on the Elimination of all Forms of Racial Discrimination, 1969.

● European Strategic Framework

- ✓ European Convention on Human Rights, 1950.
- ✓ European Social Charter, 1961 [1996].
- ✓ European Convention on the Legal Status of Migrant Workers, 1983.
- ✓ European Convention on the Participation of Foreigners in Public Life at Local Level, 1997.
- ✓ Framework Convention for the Protection of National Minorities, 1998.
- ✓ Resolution 218(2006) on effective access to social rights for immigrants: the role of local and regional authorities
- ✓ Directives 2000/43, 2000/78, 2003/109
- ✓ Framework Decision 2008/913/JHA
- ✓ European Charter for Regional or Minority Languages, 2014.

Protection against Discrimination: Strategies

- Legal protection (hate crime legislation, asylum legislation, anti-discrimination legislation).
- Anti-discrimination policies.
- Information and awareness raising activities.
- Professional training.



Protection against Discrimination: Project Example

ENAR, European Network Against Racism

ENAR is the only pan-European anti-racist network that combines advocacy for racial equality and facilitating cooperation among civil society anti-racist actors in Europe. The organisation was set up in 1998 by grassroots activists on a mission to achieve legal changes at European level and make decisive progress towards racial equality in all EU Member States.

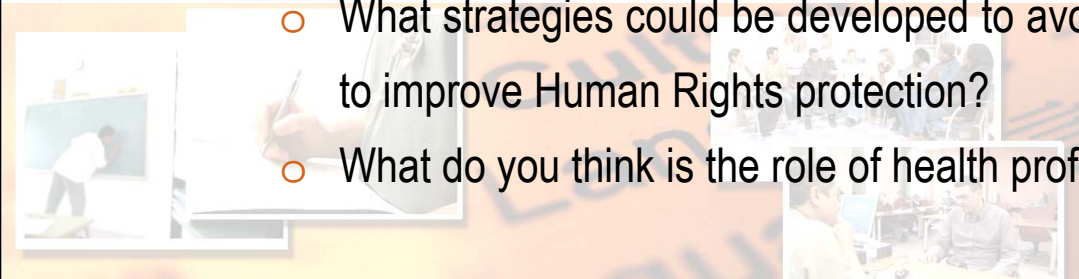
• Activities



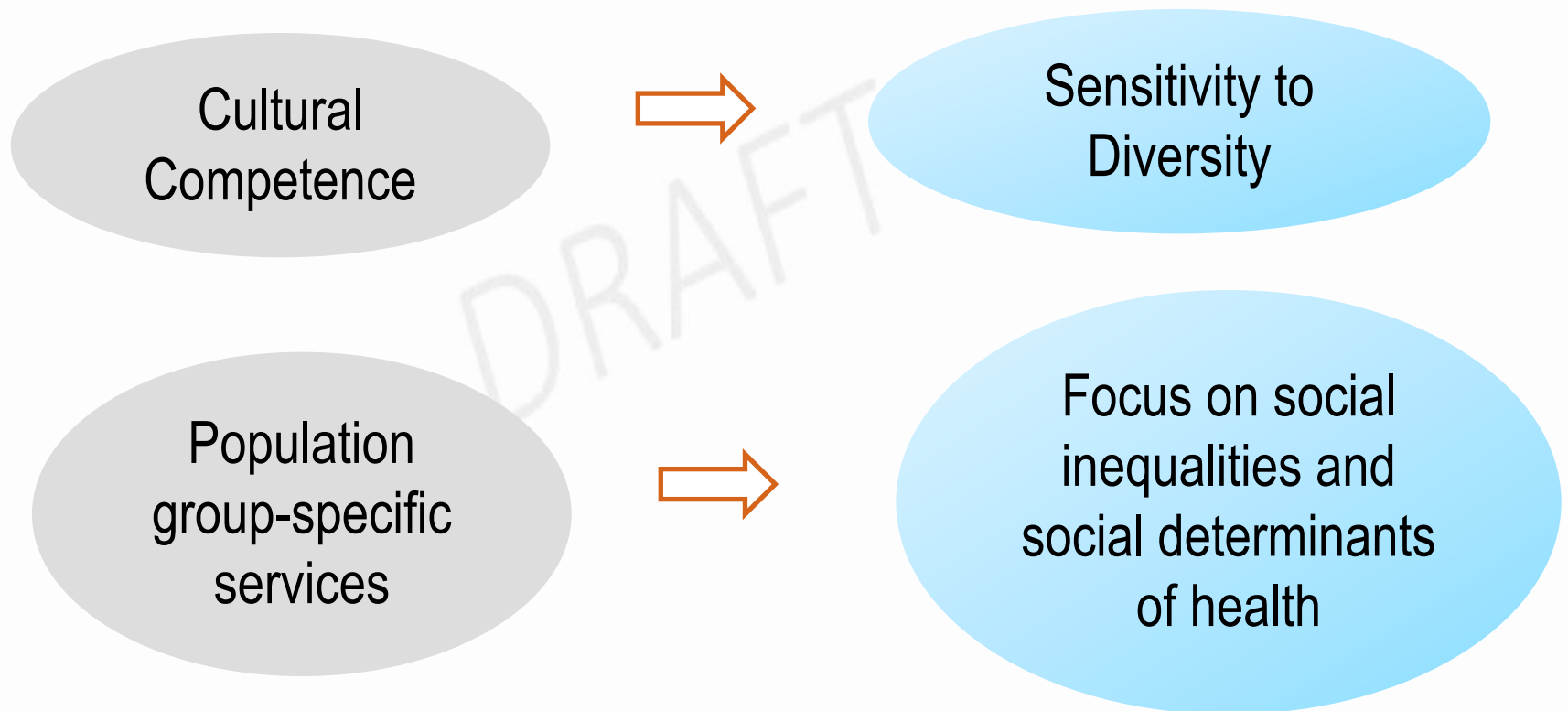
- ✓ Community building and networking.
- ✓ Social inclusion and protection against discrimination of Blacks, Muslims, Jews, Roma and migrants in Europe.
- ✓ Data collection on discrimination and racism
- ✓ Equal@work Platform: intersectoral platform for labour inclusion.
- ✓ Engagement against racist violence and discourses.
- ✓ Advocacy in the European Parliament.

Activity 2: Discrimination

- In plenary:
 - ✓ Watch the video “Confronting Hate Crimes Against Roma”, Human Rights First, 2010.
<https://www.youtube.com/watch?v=fvJv61xIXTE>
 - ✓ Group discussion:
 - Do you think this situation could happen in your own country / regional context?
 - What are the most important aspects of discrimination and hate crimes described in the video?
 - What strategies could be developed to avoid discrimination and hate crimes, and to improve Human Rights protection?
 - What do you think is the role of health professionals for reducing discrimination?



Service Organization and Change Management: Conceptual Shift



Service Organization and Change Management: Relevant aspects

- Relevance for an **organizational change** in order to promote **professional change**.
- Importance of a **commitment and active engagement** of **health managers** and **politicians**.
- Importance of a periodical **analysis of needs**.
- Interest of **participative approaches**.
- Relevance of multidisciplinary, multilevel and multisectoral **collaboration**.
- **Action plan** for change management.
- Relevance of **monitoring** and **quality assessment** processes.
- Importance of continued **professional training** in cultural and ethnic diversity.

Service Organization and Change Management: Project Example

● Migrant-Friendly Hospitals Project

- ✓ European project funded by the European Commission, DG Sanco.
- ✓ Hospitals from 12 member states.
- ✓ Objectives:
 - Promoting migrant-friendly, culturally competent health care and health promotion.
 - Compiling practical knowledge and instruments.
- ✓ Implementation and evaluation of a migrant-friendly and culturally competent organization in three subprojects.
- ✓ Recommendations: *“Amsterdam Declaration towards Migrant-Friendly Hospitals in an ethno-culturally diverse Europe”*.
- ✓ Sustainability of the project: Task Force on Migrant-Friendly Hospitals, WHO Network on Health Promoting Hospitals.



Activity 3: Service Organization and Change Management

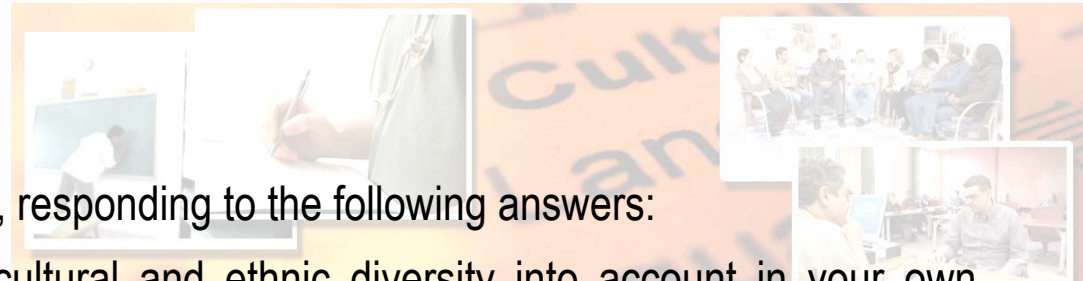
- Individual activity

- ✓ Please complete the template, responding to the following answers:

- List reasons for taking cultural and ethnic diversity into account in your own institutional context.
 - Identify relevant stakeholders.
 - List potential barriers for the implementation of management changes.
 - Identify strategies for introducing a service organization oriented towards cultural and ethnic diversity in your institution.

- In pairs:

- ✓ Exchange your experiences and strategies with the person on your left.



Participation of Migrants and Ethnic Minorities

- **Underrepresentation** of migrants and ethnic minorities in **participatory projects**.
- Interest of introducing and reinforcing **participatory approaches**
 - ✓ Orientation to the needs of the migrants and ethnic minorities.
 - ✓ Improvement of cultural acceptability.
 - ✓ Improvement of legitimacy.
 - ✓ Protections of the users' rights.
 - ✓ Empowerment and social inclusion.
 - ✓ Opportunity for dialogue with different stakeholders.
 - ✓ Co-responsibilization of health care expenses.
 - ✓ Improved attention to ethical aspects.



Participation of Migrants and Ethnic Minorities



• Participation formats:

- ✓ Participation in health care delivery.
- ✓ Participation in service planning.
- ✓ Participation in health policies.
- ✓ Participation in research projects.
- ✓ Participation in teaching activities.
- ✓ Participation in project assessment.

• Participation methodologies:

- ✓ Consultation of opinions.
- ✓ Participation in Commissions and Working Groups.
- ✓ Participatory Action Research / Collaborative Research.
- ✓ Community mobilization and advocacy.
- ✓ Community health promotion programmes.
- ✓ Stakeholders coalitions.
- ✓ Contribution of training materials.
- ✓ Participative assessment techniques.



Participation of Migrants and Ethnic Minorities

- **Challenges and limitations** of civil society participation in health policies
 - ✓ Lack of communication between civil society organizations and institutional stakeholders.
 - ✓ Prejudice and discrimination.
 - ✓ Insufficient consideration of cultural values and behaviors.
 - ✓ Lack of inclusion of the civil society's proposals for health policies ("pseudo-consultation").
 - ✓ Exclusion of civil society organizations from decision making and assessment processes.
 - ✓ Lack of financial resources to implement the policy strategies.



Professional Training

- Relevance of training activities on health care oriented towards cultural and ethnic diversity.
- **Training activities** for:
 - ✓ Health professionals and professionals working in the social sector.
 - ✓ Migrants and ethnic minorities.
- **Training formats:**
 - ✓ Face-to-face.
 - ✓ Virtual.
 - ✓ Blended formats.



Activity 4: Case Studies

- **Case studies** (Template: M4_U2 Activity 4 Case Studies; source: Council of Europe 2011).
- **In small groups** (3-5 people, each group 1 case study)
 - ✓ Read the case study.
 - ✓ Identify potential strategies for dealing with the situation.
- **In the plenary**
 - ✓ Summary of the small group results.
 - ✓ Discussion.



Activity 5

Identifying Audiovisual Material

- **Individual task at home:**

- ✓ Identify and select a short video (*approx. 3-5 min*) on strategies for implementing health care oriented towards cultural and ethnic diversity, in relation to one of the following aspects:

- Access to health care
- Continuity of care
- Translation and interpretation
- Intercultural mediation
- Protection against discrimination
- Service organization and change management
- Participation
- Training



- **Video presentation and discussion** (*in the plenary, last day of the training sessions*)

- ✓ 3-4 participants are invited to present the audiovisual material and provide arguments for their selection.
- ✓ Discussion.
- ✓ Sharing the videos in the virtual campus.



Thank you and questions ...

*Pictures: Andalusian Childhood Observatory (OIA, Observatorio de la Infancia de Andalucía) 2014;
Josefa Marín Vega 2014; Redlsir 2014; Morguefile 2014.*

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