



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

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

Guidelines

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Migrants & Ethnic Minorities
Training Packages



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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

1. Objectives and Methods

1. Objectives

Objectives of the Presentation

- To present strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities.

Objectives of the Activities

- To open a discussion on experiences, opportunities, and limitations for intercultural mediation.
- To open a space for reflection on strategies against discrimination in health care oriented towards cultural and ethnic diversity
- To reflect on the opportunities and limitations for applying organizational change related to cultural and ethnic diversity in one's own institutional context
- To open a reflection on strategies for resolving daily situations in health care oriented towards cultural and ethnic diversity
- To identify strategies for implementing health care oriented towards cultural and ethnic diversity.

1.1. Methods

The time previewed for Module 4 is 5 hours, approx. 50 min. for each Unit. The training materials of each unit are composed of presentations, activities, videos and recommended / complementary readings and audiovisual material.

Each unit includes one or more activities. Due to time limitations, you will not be able to carry out all activities. We recommend you to select the presentation contents and activities you consider most interesting and distribute the time for presentations and activities. We suggest you to leave enough time for activities and discussions, approx. 50% of the session.

Time	Objectives	Activities	Sources
10 min.	<ul style="list-style-type: none"> To present strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities. 	Presentation "Development of strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities", part I (access to health care, continuity of care, translation services, intercultural mediation) and questions <i>(Slides 1 – 19)</i>	Projector, laptop, screen. M4_U2_Presentation M4_U2_Additional Material
20 min.	<ul style="list-style-type: none"> To open a discussion on experiences, opportunities, and limitations for intercultural mediation. 	Activity 1 <ul style="list-style-type: none"> Presentation of the methodology Video screening "Roma Health Mediation in Europe" Discussion <i>(Slide 20)</i> 	Projector, laptop, screen. Video "Roma Health Mediation in Europe"
10 min.	<ul style="list-style-type: none"> To present strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities. 	Presentation "Development of strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities", part II (discrimination) and questions <i>(Slide 21-24)</i>	Projector, laptop, screen. M4_U2_Presentation M4_U2_Additional Material
20 min.	<ul style="list-style-type: none"> To open a space for reflection on strategies against discrimination in health care oriented towards cultural and ethnic diversity. 	Activity 2 <ul style="list-style-type: none"> Presentation of the methodology Video screening "Confronting Hate Crimes against Roma" Discussion <i>(Slide 25)</i> 	Projector, laptop, screen. <ul style="list-style-type: none"> Video "Confronting Hate Crimes against Roma"

Time	Objectives	Activities	Sources
10 min.	<ul style="list-style-type: none"> To present strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities. 	Presentation "Development of strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities", part III	Projector, laptop, screen. M4_U2_Presentation M4_U2_Additional Material

		(service organization) and questions (Slide 26-28)	
20 min.	<ul style="list-style-type: none"> To reflect on the opportunities and limitations for applying organizational change related to cultural and ethnic diversity in one's own institutional context 	Activity 3 <ul style="list-style-type: none"> Presentation of the methodology Individual activity: Template In pairs: exchange of experiences and strategies (Slide 29)	Projector, laptop, screen. M4_U2_A3 Activity Template, pens
10 min.	<ul style="list-style-type: none"> To present strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities. 	Presentation "Development of strategies for planning and implementing actions related to one's own workplace and daily professional practice with migrants and ethnic minorities", part IV (participation and training) and questions (Slide 30-33)	Projector, laptop, screen. M4_U2_Presentation M4_U2_Additional Material
20 min.	<ul style="list-style-type: none"> To open a reflection on strategies for resolving daily situations in health care oriented towards cultural and ethnic diversity 	Activity 4 <ul style="list-style-type: none"> Presentation of the methodology Small groups: Discussion on case studies Plenary: Wrap up and discussion (Slide 34)	Projector, laptop, screen. Case studies M4_U2_A4 Activity Case Studies Sheets, pens
5 min. 30 min. (last day of the training sessions)	<ul style="list-style-type: none"> To identify strategies for implementing health care oriented towards cultural and ethnic diversity. 	Activity 5 <ul style="list-style-type: none"> Presentation of the methodology Individual task at home: Identifying and selecting a video. Plenary (last day): Video presentation and discussion (Slide 35)	Projector, laptop, screen.

2. Presentation

Slide 1: Title page.

Slide 2: Outline of the session.

Slide 3: In a revision of European Projects, as well as local and regional experiences, a broad range of **strategies related to the health care oriented towards cultural and ethnic diversity** can be identified^{1,2,3,4,5}.

In M4_U2_Additional_Material you can find a list of European projects focused on migrants, on ethnic minorities, on migrants and ethnic minorities, as well as on population groups in situation of social vulnerability.

The identified strategies address, among others, the following aspects:

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

We suggest you to select those strategies that are most relevant in your context and present them more in detail (see following slides).

Slide 4: Recent studies^{6,7,8,9,10,11,12,13,14,15,16,17,18,19,20,21,22,23,24} observe frequent **limitations and barriers to accessing health care for migrants and ethnic minorities.**

¹ Mock-Muñoz de Luna C, Ingleby D, Graval E, Krasnik A. Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015a. http://www.mem-tp.org/pluginfile.php/619/mod_resource/content/1/MEM-TP_Synthesis_Report.pdf (retrieved: March 5, 2015).

² Mock-Muñoz de Luna C, Bodewes A, Graval E, Ingleby D. Appendices I-VI, Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015b. http://www.mem-tp.org/pluginfile.php/620/mod_resource/content/1/MEM-TP_Synthesis_Report_Appendices_I-VI.pdf (retrieved: March 5, 2015).

³ WHO, World Health Organization. How health systems can address health inequities linked to migration and ethnicity. Briefing on policy issues produced through the WHO/European Commission equity project. Copenhagen: WHO Regional Office for Europe, 2010. http://www.euro.who.int/_data/assets/pdf_file/0005/127526/e94497.pdf (retrieved: March 5, 2015).

⁴ CHAFAE, Consumers, Health and Food Executive Agency, European Commission. Action on health inequalities in the European Union. Final version. The EU Health Programmes's contribution to fostering solidarity in health and reducing health inequalities in the European Union. Luxembourg: European Union, 2014. http://ec.europa.eu/chafea/documents/health/health-inequality-brochure_en.pdf (retrieved: March 5, 2015).

⁵ Koller T (ed). Poverty and social exclusion in the WHO European Region: Health systems respond. Copenhagen: WHO-Europe, World Health Organization Office for Europe, 2010. http://www.euro.who.int/_data/assets/pdf_file/0006/115485/E94018.pdf (retrieved: March 5, 2015).

⁶ IOM, International Organization for Migration, WHO, World Health Organization; UNHRC, United Nations Human Rights Office of the High Commissioner. International Migration, Health and Human Rights. Geneva: IOM, 2013. http://www.ohchr.org/Documents/Issues/Migration/WHO_IOM_UNOHCHRPublication.pdf (retrieved: March 5, 2015).

⁷ Biswas D, Toebes B, Hjern A, Ascher H, Norredam M. Access to health care for undocumented migrants from a human rights perspective: a comparative study of Denmark, Sweden, and the Netherlands. Health and Human Rights 2012;14:2:49-60.

⁸ Cuadra BC. Right of access to health care for undocumented migrants in EU: a comparative study of national policies. Eur J Public Health 2011;22:267-271.

⁹ Dauvrin M, Lorant V, Sandhu S, et al. Health care for irregular migrants: pragmatism across Europe. A qualitative study. BMC Res Notes 2012;5:99.

With regard to **health care entitlements for migrants**, an uneven situation can be observed across Europe. Migrants in an ‘irregular’ situation are frequently exposed to limited access to public health care (see Additional Module 1, Unit 2). Furthermore, multiple cultural, linguistic, and administrative barriers to effective access to health care are identified.

¹⁰ Duvell F, Triandafyllidou A, Vollmer B. Ethical issues in irregular migration research. Report on Ethical Issues, Deliverable D2 prepared for Work Package 2 of the research project CLANDESTINO Undocumented Migration: Counting the Uncountable. Data and Trends Across Europe, funded by the 6th Framework Programme for Research and Technological Development Research DG, European Commission, 2008. http://irregular-migration.net/typo3_upload/groups/31/4.Background_Information/4.1.Methodology/EthicalIssuesIrregularMigration_Clandestino_Report_Nov09.pdf (retrieved: March 5, 2015).

¹¹ FRA, European Union Agency for Fundamental Rights. Fundamental Rights of Migrants in an Irregular Situation in the European Union. Luxembourg: Publications Office of the European Union, 2011a. http://fra.europa.eu/sites/default/files/fra_uploads/1827-FRA_2011_Migrants_in_an_irregular_situation_EN.pdf (retrieved: March 5, 2015).

¹² FRA, European Union Agency for Fundamental Rights. Migrants in an Irregular Situation: Access to Health Care in 10 European Union Member States. Luxembourg: Publications Office of the European Union, 2011b. http://fra.europa.eu/sites/default/files/fra_uploads/1771-FRA-2011-fundamental-rights-for-irregular-migrants-healthcare_EN.pdf (retrieved: March 5, 2015).

¹³ HUMA Network, Health for Undocumented Migrants and Asylum Seekers, Collantes S. Are Undocumented Migrants and Asylum Seekers Entitled to Access Health Care in the EU? A Comparative Overview in 16 Countries. Paris, Brussels, Madrid: HUMA Network, 2010. <http://www.epim.info/wp-content/uploads/2011/02/HUMA-Publication-Comparative-Overview-16-Countries-2010.pdf> (retrieved: March 5, 2015).

¹⁴ Karl-Trummer U, Novak-Zezula S. Health Care in Nowhereland, Improving Services for Undocumented Migrants in the EU. Vienna: Centre for Health and Migration, 2010.

¹⁵ Médecins du Monde (Doctors of the World), European Observatory on Access to Health Care, Chauvin P, Parizot I, Simonnot N. Access to Health Care for Undocumented Migrants in 11 European Countries. Paris: Médecins du Monde, 2009. http://mdmgreece.gr/attachments/283_huma%20en.pdf (retrieved: March 5, 2015).

¹⁶ Médecins du Monde (Doctors of the World), Chauvin P, Mestre MC, Simonnot N. Access to Health Care for Vulnerable Groups in the European Union in 2012. An Overview of the Condition of Persons Excluded from Health Care Systems in the EU. Paris: Médecins du Monde, 2012. http://www.doktersvandewereld.be/sites/www.doktersvandewereld.be/files/publicatie/attachments/eu_vulnerable_groups_2012_mdm.pdf (retrieved: March 5, 2015).

¹⁷ Médecins du Monde (Doctors of the World), Chauvin D, Simonnot N, Vanbiervliet F, et al. Access to Health Care in Europe in Times of Crisis and Rising Xenophobia: An Overview of the Situation of People Excluded from Health Care Systems. Paris: Médecins du Monde, 2013. http://b3cdn.net/drofttheworld/d137240498b91ca33e_jhm62yig1.pdf (retrieved: March 5, 2015).

¹⁸ PICUM, Platform for International Cooperation on Undocumented Migrants. Access to Health Care for undocumented Migrants in Europe: The Key Role of Local and Regional Authorities. Brussels: PICUM, 2014. http://picum.org/picum.org/uploads/publication/PolicyBrief_Local%20and%20Regional%20Authorities_AccessHealthCare_UndocumentedMigrants_Oct.2014.pdf (retrieved: March 5, 2015).

¹⁹ Ruiz-Casares M, Rousseau C, Derluyn I, Watters C, Crépeau F. Right and access to healthcare for undocumented children: Addressing the gap between international conventions and disparate implementations in North America and Europe. *Social Science & Medicine* 2010;70:329-336.

²⁰ Suess A, Ruiz Pérez I, Ruiz Azarola A, March Cerdà JC. The right of access to health care for undocumented migrants: a revision of comparative analysis in the European context. *European Journal of Public Health* 2014;24(5):712-720. doi: 10.1093/eurpub/cku036.

²¹ Woodward A, Howard N, Wolffers I. Health and access to care for undocumented migrants living in the European Union: a scoping review. *Health Policy and Planning* 2014;29:818-830.

²² Council of Europe, Commissioner for Human Rights. Human rights of Roma and Travellers in Europe. Strasbourg: Council of Europe, 2012. http://www.coe.int/t/commissioner/source/prems/prems79611_GBR_CouvHumanRightsOfRoma_WEB.pdf (retrieved: March 5, 2015).

²³ FRA, European Union Fundamental Rights Agency, UNDP, United Nations Development Programme. The situation of Roma in 11 EU Member States. Survey results at a glance. Luxembourg: Publications Office of the European Union, 2012. http://fra.europa.eu/sites/default/files/fra_uploads/2099-FRA-2012-Roma-at-a-glance_EN.pdf (retrieved: March 5, 2015).

²⁴ DHSSPS, Department of Health, Social Services and Public Safety. DHSSPS equality and Human Rights Strategy and Action Plan. Section 3. Ethnicity, Equality & Human Rights: Access to Health and Social Services in Northern Ireland. 2007. <http://www.dhsspsni.gov.uk/ehr-sect3.pdf> (retrieved: March 5, 2015).

In the case of **ethnic minorities**, including Roma population, recent studies observe multiple cultural and administrative barriers to effective access to health care.

Slide 5: The reviewed studies and reports **recommend** providing access to health care for all people, regardless of their nationality, ethnicity and administrative situation, as well as reducing barriers to effective access to health care.

Slide 6: The improvement of **continuity of care** can be identified as a priority in the health care for migrants and ethnic minorities. The relevance of this aspect can be related to the health status and socio-economic situation of both population groups.

With regard to **migrants**, recent studies^{25,26,27,28,29,30,31} show a relatively good health status of migrant populations, known as the “*healthy migrant effect*”. Furthermore, a lower use of the primary health care services, as well as reduced prescription drug consumption is observed among migrant populations, compared with the general population. At the same time, a frequent deterioration of the health status during the stay in the host country is observed, as well as health risks related to the precarious socio-economic situation.

In the case of **ethnic minorities**, including Roma population, recent studies^{32,33,,34,35} indicate a lower health status and life expectancy than the general population. In terms of health care use, a higher use of the emergency services and a lower use of preventive primary care can be seen in comparison with the general population. Furthermore, a lower perception of quality of care and specific health risks related to the precarious socio-economic situation are identified.

As a consequence of these observations, the authors underline the relevance of improving continuity of health care in health care of migrants and ethnic minorities.

Slide 7: The reviewed studies identify different **barriers to continuity of health care in migrant populations and ethnic minorities, including Roma population**, among them the precarious working and living conditions, experiences of discrimination in the health care system, fear of

²⁵ Fennelly K. The healthy migrant effect. University of Minnesota, Healthy Generations Newsletter 2005; 5:3. http://www.epi.umn.edu/mch/resources/hg/hg_immi.pdf (retrieved: March 5, 2015).

²⁶ Gimeno-Feliu LA, Calderón-Larrañaga A, Díaz E, Poblador-Plou B, Macipe-Costa R, Prados-Torres A. The healthy migrant effect in primary care. *Gaceta Sanitaria* 2015;29(1):15-20.

²⁷ Gimeno-Feliu LA, Macipe-Costa RM, Dolsac I, Magallón-Botaya, Luzón L, Prados-Torres A, García-Campayo J. Frequency of attending primary care clinics by the immigrant versus autochthonous population. *Aten Primaria* 2011;43(10):544-550.

²⁸ Domnich A, Panatto D, Gasparini R, Amiciyia D. The “healthy immigrant” effect: does it exist in Europe today? *IJPH* 2012;9(3):e7523-1 – e7523-7.

²⁹ HUMA Network, 2010, op. cit.

³⁰ FRA 2011a, op. cit.

³¹ Suess, et al. 2014, op. cit.

³² Matrix. Roma Health Report. Health status of the Roma population. Data collection in the Member States of the European Union. Luxembourg: European Union, CHAFAE, 2014.

http://ec.europa.eu/health/social_determinants/docs/2014_roma_health_report_en.pdf (retrieved: March 5, 2015).

³³ Masseria C, Mladovsky P, Hernández-Quevedo C. The socio-economic determinants of the health status of Roma in comparison with non-Roma in Bulgaria, Hungary and Romania. *European Journal of Public Health* 2009;20(5): 549-554.

³⁴ Fésüs G, Östlin P, McKee M, Ádány R. Policies to improve the health and well-being of Roma people: The European experience. *Health Policy* 2012;105: 25-32.

³⁵ Evans N, Meñaca A, Andrew EVW, Koffman J, Harding R, Higginson IJ, Pool R, Gysels M, on behalf of PRISMA. Systematic Review of the Primary Research on Minority Ethnic Groups and End-of-Life Care from the United Kingdom. *Journal of Pain and Symptom Management* 2012;43(2):261-286.

arrest, the distance of the health care service from the place of residence, as well as cultural aspects. Furthermore, the specific situation of season workers is highlighted, with frequent changes of the living and working place that may hinder continuity of care.

As a specific barrier in case of **migrants**, the frequent lack of entitlements to health care access is mentioned. In case of **Roma population**, the specific situation of mobile population (travellers) is highlighted, with frequent changes of the living and working place that may hinder continuity of care.

Slide 8: Idiomatic difficulties are identified as one of the main barriers in the access to health care for migrant populations^{36,37,38}.

The use of different strategies can be identified, among them the implementation of **interpretation and translation services**^{39,40,41,42,43}, including both professional and **informal translators and interpreters**, such as relatives or friends of the migrant, the role of **community interpreting**^{44,45,46,47,48,49,50}, as well as the use of other communication tools^{51,52,53,54,55,56},

³⁶ HUMA Network, 2010, op. cit.

³⁷ FRA, 2011, op. cit.

³⁸ Suess, et al. 2014; op. cit.

³⁹ Brisset C, Leanza Y, Laforest K. Working with interpreters in health care: A systematic review and meta-ethnography of qualitative studies. *Patient Education and Counseling* 2013;91:131-140.

⁴⁰ Ingleby D, Chiarenza A, Devillé W, Kotsioni I (eds). *Inequalities in Health Care for Migrants and Ethnic Minorities*, Band 2. Cost Series on Health and Diversity. Antwerp, Appeldorn: Garant Publisher, 2012.

⁴¹ Ani E, Baylav A, Bergmann M, Cesaroni F, Coltorti S, Dereboy I, et al. "If you don't understand what I mean..." Interpreting in health and social care. *International Handbook of Good Practice*. European TRICC Project "Training in Intercultural and bilingual competencies in health and social care". Utrecht: Centre for Social Policy and Intervention Studies, 2011. http://www.tricc-eu.net/download/International_handbook_tricc.pdf (retrieved: March 5, 2015).

⁴² Terraza Núñez R, Vargas Lorenzo I, Rodríguez Arjona D, Lizana Alcazo T, Vázquez Navarrete ML. Health policies of national and regional level for the immigrant population in Spain. *Gac Sanit* 2010;24(2): 115.e1–115.e7.

⁴³ Rechel B, Mladovsky P, Devillé W, Rijks B, Petrova-Benedict R, McKee M (eds). *Migration and Health in the European Union*. WHO, World Health Organization; European Observatory on Health Systems and Policies. Berkshire: Open University Press, 2011. http://www.euro.who.int/data/assets/pdf_file/0019/161560/e96458.pdf (retrieved: March 5, 2015).

⁴⁴ Vargas Urpi M. State of the art in Community Interpreting research. Mapping the main research topics. *Babel* 2012;58_(1):5072.

⁴⁵ Angelelli CV. *Medical Interpreting and Cross-Cultural Communication*. Cambridge: Cambridge University Press, 2004.

⁴⁶ Hale S. *Community Interpreting*. London, New York: Palgrave Macmillan, 2007.

⁴⁷ Pöschhacker F. The Community Interpreter's Task: Self-Perception and Provider Views. In: Carr SE, Roberts RP, Dufour A, Abraham D (eds). *The Critical Link 2: Interpreters in the Community*, p. 49–66. Amsterdam and Philadelphia: John Benjamins, 2000.

⁴⁸ Valero Garcés C. Hospital Interpreting Practice in the Classroom and the Workplace. In Valero Garcés C, Martín A (eds). *Crossing Borders in Community Interpreting. Definitions and Dilemmas*, p. 166–85. Amsterdam, Philadelphia: John Benjamins, 2008.

⁴⁹ Wadensjö C. *Interpreting as Interaction*. New York: Longman, 1998.

⁵⁰ Council of Europe. *Constructing an inclusive institutional culture – Intercultural competences in social services*. Strasbourg: Council of Europe, 2011. http://cdn.basw.co.uk/upload/basw_100713-4.pdf (retrieved: March 5, 2015).

⁵¹ Junta de Andalucía, Consejería de Igualdad, Salud y Políticas Sociales. *Materiales Publicados Para Inmigrantes*. Sevilla: Consejería de Igualdad, Salud y Políticas Sociales, 2014. <http://www.juntadeandalucia.es/> (retrieved: March 5, 2015).

⁵² Navarro M, Navaza B, Guionnet A, López Véley R. A multidisciplinary approach to engage VFR migrants in Madrid, Spain. *Travel Medicine and Infectious Disease* 2012;10:152-156.

⁵³ Phillips AL, Kumar D, Patel S, Arya M. Using text messages to improve patient-doctor communication among racial and ethnic minority adults: An innovative solution to increase influenza vaccinations. *Preventive Medicine* 2014;69:117-119.

⁵⁴ Cowgill J, Bolek J. *Symbol Usage in Health Care Settings for People with Limited English Proficiency*. Scottsdale, Arizona: Robert Wood Johnson Foundation, 2003.

among them **telephonic or electronic translation services**, the introduction of **multilingual information leaflets**, the use of **electronic text messages**, as well as the **use of pictograms**.

In relation to **interpretation**^{57,58,59,60,61}, the need for recognizing the practice as a profession is highlighted, as well as the relevance of an analysis of the impact of the interpreting activity on health care delivery. At the present time, a frequent use of informal interpreters is observed.

Slide 9: Community interpreting^{62,63,64,65,66,67,68} is described as a specific methodology, based on the understanding of interpretation as interaction and co-participation, embedded in the social and cultural context. Community interpreting is conducted in different contexts, among them courts, health care and social services, as well as in the educational contexts, and include different modalities (sight translation, simultaneous interpreting, dialogue interpreting, remote interpreting, relay interpreting). Recent studies observe that community interpreters often assume various functions apart from interpreting, such as filling in forms, explaining terminology, simplifying language or summarizing contents. Adequate training, quality assessment, as well as the consideration of ethical aspects are identified as relevant aspects in the process of professionalization of the community interpreting practice.

The Council of Europe⁶⁹ highlights the role of *“community interpreters”*, defining the concept as follows: *“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”*.

Slide 10: Several professional associations published **ethical standards** regarding **intercultural interpretation**, such as the Code of Ethics for Community Interpreters published by ITIA, Irish Translators’ and Interpreters’ Association⁷⁰ or the Code of Ethics of the IMIA, International Medical Interpreters Association⁷¹.

<http://www.hablamosjuntos.org/signage/PDF/pt1evaluation.pdf> (retrieved: March 5, 2015).

⁵⁵ Kickbusch I, Pelikan JM, Apfel F, Tsouros AD. Health Literacy. The Solid Facts. WHO-Europe, World Health Organization Regional Office for Europe, 2013.

http://www.euro.who.int/_data/assets/pdf_file/0008/190655/e96854.pdf (retrieved: March 5, 2015).

⁵⁶ Vázquez Lara JM, Rodríguez Díaz L, Prieto Riera A, Torrecilla Rojas L. Pictograma del parto, Hospital Punta de Europa. Sevilla: Junta de Andalucía, Consejería de Salud, s.a. English version:

http://www.juntadeandalucia.es/salud/sites/csalud/galerias/documentos/p_4_p_2_promocion_de_la_salud/materiales_publicados_inmigrantes/PictogramaParto_ingles.pdf, Arabic version:

http://www.juntadeandalucia.es/salud/sites/csalud/galerias/documentos/p_4_p_2_promocion_de_la_salud/materiales_publicados_inmigrantes/PictogramaParto_arabe.pdf (retrieved: March 5, 2015).

⁵⁷ Brisset, et al. 2013, op. cit.

⁵⁸ Ingleby, et al. 2012, op. cit.

⁵⁹ Ani, et al., 2011, op. cit.

⁶⁰ Terraza Núñez et al., 2010, op cit.

⁶¹ Rechel, et al. 2011, op. cit.

⁶² Vargas Urpi 2012, op. cit.

⁶³ Angelelli 2004, op. cit.

⁶⁴ Hale, 2007, op. cit.

⁶⁵ Pöschhacker 2000, op. cit.

⁶⁶ Valero Garcés 2008, op. cit.

⁶⁷ Wadensjö 1998, op. cit.

⁶⁸ Council of Europe 2011, op. cit.

⁶⁹ Council of Europe 2011, op. cit., p. 80.

⁷⁰ ITIA, Irish Translators’ and Interpreters’ Association. Code of Ethics for Community Interpreters, s.a. http://www.fit-europe.org/vault/ITIA_code_interpreters.pdf (retrieved: March 5, 2015).

⁷¹ International Medical Interpreters Association. IMIA Code of Ethics, 1987 [reviewed 2006]. <http://www.imiaweb.org/code/> (retrieved: March 5, 2015).

The IMIA Code⁷² includes the following aspects:

- 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 counselling 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.

Slide 11: As an example of the **use of pictograms** addressed to migrants, the materials developed by the Hospital *Punta de Europa* in Andalusia, Spain⁷³ for pregnancy, birth and after birth care are provided, available in Spanish, English, French and Arabic. In this slide, you can see the pictogram in Arabic.

Slide 12: As another strategy for facilitating access to and continuity of health care for migrants and ethnic minorities, the use of **cultural / intercultural mediation** services can be identified.

WHO-Europe, World Health Organization, Office for Europe⁷⁴, defines the role of a **“cultural mediator”** as follows: *“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”.*

The Council of Europe⁷⁵, in a methodological guide published in 2011, puts forward the following definition: *“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”.*

Slide 13: The role of the **“intercultural mediator”** is defined as follows:

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.⁷⁶

⁷² International Medical Interpreters Association. IMIA Code of Ethics, 1987 [reviewed 2006]. <http://www.imiaweb.org/code/> (retrieved: March 5, 2015).

⁷³ Vázquez, et al., s.a., op. cit.

⁷⁴ WHO 2010, op. cit, p. 23.

⁷⁵ Council of Europe 2011, op. cit., p. 86.

⁷⁶ Council of Europe 2011, op. cit., p. 80.

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.⁷⁷

Both terms are frequently used as synonyms. Some authors give preference to the concept “intercultural mediation”, for underlining the interaction between different cultural contexts.

Slide 14: In the **Council of Europe Resolution 218 (2006) on effective access to social rights for immigrants: the role of local and regional authorities**, the introduction of intercultural cultural mediators is recommended:

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 2006: s.n.)

Slide 15: The reviewed studies and reports^{78,79,80,81,82,83,84,85,86,87,88,89,90,91} reflect **different frameworks of intercultural mediation**, according to the theoretical approach and socio-political context, with a differentiated focus on interpreting, information and conflict management roles.

Regarding the **professional profile**, intercultural mediators often have a transcultural background, with knowledge of both cultural contexts and bilingual language skills. The

⁷⁷ Rădulescu DM. Intercultural Mediation. *International Journal of Academic Research in Business and Social Sciences* 2012;2(11): 344-350.

⁷⁸ WHO 2010, op. cit.

⁷⁹ Rădulescu 2012, op cit.

⁸⁰ Ingleby D. Good practice in health service provision for migrants. In: Rechel B, Mladovsky P, Devillé W, Rijkts B, Petrova-Benedict R, McKee M (eds). *Migration and Health in the European Union*. WHO, World Health Organization; European Observatory on Health Systems and Policies, p. 227.244. Bershire: Open University Press, 2011. http://www.euro.who.int/_data/assets/pdf_file/0019/161560/e96458.pdf (retrieved: March 5, 2015).

⁸¹ Council of Europe, 2011, op. cit.

⁸² Dusi P, Messetti G, Steinbach M. Skills, Attitudes, Relational Abilities & Reflexivity: Competences for a Multicultural Society. *Social and Behavioral Science* 2014;112:538-547.

⁸³ Potenza R, Guermani A, Grosso M, Fossarello L, Fontaneto C, Casciola A, Donadio PP. Organ and Tissue Donation in Migrants: Advanced Course for Cross-Cultural Mediators. *Transplantation Proceedings* 2013;45:2584-2586.

⁸⁴ Navarro, et al. 2012, op. cit.

⁸⁵ ACCEM. Guía de Mediación Intercultural. Madrid: ACCEM, s.a.

http://www.accem.es/ficheros/documentos/pdf_publicaciones/guia_mediacion.pdf (retrieved: March 5, 2015).

⁸⁶ OSF, Open Society Foundations. *Roma Health Mediators. Successes and challenges*. New York: OSF, 2011. <http://www.opensocietyfoundations.org/sites/default/files/roma-health-mediators-20111022.pdf> (retrieved: March 5, 2015).

⁸⁷ OSF, Open Society Foundations. *Mediating Romani Health: Policy and Program Opportunities*. New York: OSF, 2005. http://www.opensocietyfoundations.org/sites/default/files/roma_health_mediators.pdf (retrieved: March 5, 2015).

⁸⁸ Morariu L. Intercultural mediation in Belgian hospitals. In: Council of Europe. *Institutional accommodation and the citizen: legal and political interaction in a pluralist society*, p. 263-274. Trends in Social Cohesion, No. 21. Strasbourg: Council of Europe Publishing, 2009.

⁸⁹ Baraldi C, Gavioli L. Dialogue Interpreting as Intercultural Mediation. Grein M, Wigand E (eds). *Dialogue and Culture*, p. 155-175. Amsterdam/Philadelphia: John Benjamins, 2007.

⁹⁰ Verrept H. Integrating Ethnic Minorities in Health Care. In: Fernandes A, Pereira Miguel J (eds.). *Health and Migration in the European Union*, p. 61-71. Lisbon: National Institute of Health, Ministry of Health, Portugal, 2008.

⁹¹ Pittarello S. Interpreter Mediated Medical Encounters in North Italy. *Expectations, Perceptions and Practice*. Trieste: University of Trieste, 2009. <https://www.openstarts.units.it/dspace/bitstream/10077/3464/1/Pittarello.pdf> (retrieved: March 5, 2015).

importance of professional training, as well as the need for specific communication skills is highlighted.

Slide 16: Relevant tasks of intercultural mediators include the following aspects:

- Dialogue interpreting, based on the active participation of the interpreter in the communication process.
- 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.

Slide 17: In recent studies^{92,93,94,95}, **intercultural mediators** describe, among others, the following **difficulties in their professional practice**: the risk of mis-interpreting cultural meanings, the presence of excessive expectation towards their role from professionals and users, time-consuming administrative tasks, a lack of an adequate physical space for receiving users, a lack of financial resources and low salaries, a lack of professional recognition and opportunities for professional development, a lack of adequate support and supervision, a situation of isolation from the Public Health System, difficulties in removing obstacles to a more effective user/doctor relationship, limitation in ameliorating social determinants of health, as well as ethical conflicts.

Slide 18: Several **strategies for improving intercultural mediation practice** are identified. On the part of the **institution**, an improvement of the institutional recognition of intercultural mediation is recommended, as well as an employment of professional intercultural mediators and a clear definition of the mediator's role and framework.

Slide 19: In relation to the **intercultural mediator**, the following strategies are underlined: the relevance of self-knowledge, social skills, cultural awareness and knowledge of the organizational context and the display of an attitude of openness, empathy, respect, and readiness to listen. Furthermore, the respect of people's choices, values and needs and the provision of the necessary information to enable the individual to make a decision are highlighted. The reviewed documents highlight the need for adaptation to the individual's pace of integration and the importance of an acknowledgment of the users' skills and personal autonomy, the use of tried and tested communication methods and the fostering of co-operation and partnership. Furthermore, they recommend the building of knowledge of intercultural mediation, as well as a continuous self-assessment of the own practice. The need for further research on the significance of intercultural mediation in non-Western cultural contexts is underlined.

⁹² Council of Europe, 2011, op. cit.

⁹³ Morariu 2009, op. cit.

⁹⁴ OSF 2005, op. cit.

⁹⁵ OSF 2011, op. cit.

3. Activity 1

Activity 1: Video Screening and Discussion “Roma Health Mediation in Europe”, IOM, International Organization for Migration, 2014.

Slide 20: The activity consists of three parts:

1. **Introduction to the methodology.**
2. **Video Screening and Discussion** “Roma Health Mediation in Europe”, IOM, International Organization for Migration, 2014 (6:31 min).

<https://www.youtube.com/watch?v=EarpvGr6n5k>

This video can also be used in Module 4, Unit 5.

3. **Group discussion** on the contents of the video (in plenary), including the following questions:
 - 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?

4. Presentation

Slide 21: Protection against discrimination can be identified as another relevant strategy for a people-centered health care oriented towards cultural and ethnic diversity. Multiple reports^{96,97,98,99,100,101,102,103,104,105,106,107,108,109,110,111,112,113,114} reflect the frequent experience of discrimination which migrants and ethnic minorities are exposed to, including social and labour exclusion, harassment and hate speech, physical violence, as well as institutional discrimination and mistreatment in different public sectors, including the health care sector.

⁹⁶ IOM 2013, op. cit.

⁹⁷ Biswas, et al. 2012, op. cit.

⁹⁸ Cuadra 2011, op. cit.

⁹⁹ Dauvrin, et al. 2012, op. cit.

¹⁰⁰ Duvell, et al. 2008, op. cit.

¹⁰¹ FRA 2011a, op. cit.

¹⁰² FRA 2011b, op. cit.

¹⁰³ HUMA Network 2010, op. cit.

¹⁰⁴ Karl-Trummer, et al. 2010, op. cit.

¹⁰⁵ Médecins du Monde, et al. 2009, op. cit.

¹⁰⁶ Médecins du Monde, et al. 2012, op. cit.

¹⁰⁷ Médecins du Monde, et al. 2013, op. cit.

¹⁰⁸ PICUM 2014, op. cit.

¹⁰⁹ Ruiz-Casares, et al. 2010, op. cit.

¹¹⁰ Suess A, et al. 2014, op. cit.

¹¹¹ Woodward, et al. 2014, op. cit.

¹¹² Council of Europe 2012, op. cit.

¹¹³ FRA, UNDP 2012, op. cit.

¹¹⁴ DHSSPS 2007, op. cit.

The reports observe an impact of the experience of discrimination on the social determinants of health, health and health care use of migrants and ethnic minorities. Previous experiences of discrimination can become a barrier to access and continuity of health care.

Slide 22: There is a wide **international and European strategic framework** that establishes **protection from discrimination** as a fundamental human right, launching recommendation for its implementation, both in general and specifically for migrants and ethnic minorities^{115,116,117}.

Slide 23: Furthermore, the reviewed studies and reports put forward a broad range of **strategies** on a European, national, regional and local level, aimed at improving **protection against discrimination for migrants and ethnic minorities**, including the recommendation of legal protection (hate crime, asylum or anti-discrimination legislation), anti-discrimination policies, information and awareness activities or professional training.

Slide 24: As an example of an initiative against discrimination, **ENAR, European Network against Racism**, can be cited. ENAR describes its organization as follows: *“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”*¹¹⁸.

The activities of ENAR are focused on 1. Community-building and networking, 2. Social inclusion and protection against discrimination of Blacks, Muslims, Jews, Roma, and migrants in Europe, 3. Data collection on discrimination and racism, 4. Equal@work Platform: intersectoral platform for labour inclusion, 4. Engagement against racist violence and discourses, and 5. Advocacy in the European Parliament¹¹⁹.

5. Activity 2

Activity 2: Video Screening “Confronting Hate Crimes against Roma”

Slide 25: The activity consists of three parts:

1. **Presentation of the methodology.**
2. **Video Screening** *“Confronting Hate Crimes against Roma”*, Human Rights First, 2010 (2:29 min).

<https://www.youtube.com/watch?v=fvJv61xIXTE>
3. Group discussion on the contents of the video (in plenary), including the following questions:

¹¹⁵ Council of Europe 2011, op. cit.

¹¹⁶ Mock-Muñoz de Luna, et al. 20145, op. cit.

¹¹⁷ Suess, et al. 2014, op. cit.

¹¹⁸ ENAR, European Network Against Racism. About Us, 2014a. <http://www.enar-eu.org/About-us> (retrieved: March 5, 2015).

¹¹⁹ ENAR, European Network Against Racism. Our Work, 2014b. <http://www.enar-eu.org/Our-work> (retrieved: March 5, 2015).

- 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?

6. Presentation

Slide 26: As mentioned in Unit 1, a general **shift** can be observed, from a **framework of cultural competence and population group-specific health care services** towards a **framework of sensitivity to diversity and focus on social inequalities and social determinants of health** in general health care. This conceptual change is relevant for the **service organization and change management** related to the health care for migrants and ethnic minorities¹²⁰.

Slide 27: The reviewed studies and reports^{121,122} stress the relevance of a disposition for an **organizational change** in order to promote **professional change**, including a commitment and active engagement of health managers and politicians. The interest of a periodical **analysis of needs, participative approaches**, as well as **multidisciplinary, multilevel and multisectoral collaborations**, is highlighted. Furthermore, the reviewed reports recommend the elaboration of **action plans** for change management, as well as the **monitoring and assessment** of the process. Finally, the relevance of **continued professional training** in cultural and ethnic diversity is mentioned.

Slide 28: As an example of a project related to service organization and change management in health care oriented towards cultural and ethnic diversity, the **European Project Migrant-Friendly Hospitals** can be named.

The project¹²³ received funding by the European Commission, DG Sanco, and counted on the participation of Hospitals in 12 member states. The project was based on the objective of **promoting migrant-friendly, culturally competent health care and health promotion**, as well as compiling **practical knowledge and instruments** on the topic. In three subprojects, a **migrant-friendly and culturally competent organization** was implemented and evaluated. The recommendations of the project were published by means of the *“Amsterdam Declaration towards Migrant-Friendly Hospitals in an ethno-culturally diverse Europe”*¹²⁴. The sustainability of the project was facilitated by the establishment of a Task Force on Migrant-Friendly Hospitals that forms part of the WHO Network on Health Promoting Hospitals.

¹²⁰ Chiarenza A. Developments in the concept of 'cultural competence'. In: Ingleby D, et al. (eds). Inequalities in health care for migrants and ethnic minorities, Vol. 2, p. 66-81. COST Series on Health and Diversity. Antwerp: Garant Publishers, 2012.

¹²¹ Council of Europe 2011, op. cit.

¹²² Bughra D, Gupta S, Schouler-Ocak M, Graeff-Calliess I, Deakin NA, Qureshi A, et al. EPA Guidance mental health of migrants. *European Psychiatry* 2014;29:107-115.

¹²³ MFH, Migrants-Friendly Hospitals. The Migrants-Friendly Hospitals Project – in a nutshell, s.a. <http://www.mfh-eu.net/public/home.htm> (retrieved: March 5, 2015).

¹²⁴ MFH, Migrants-Friendly Hospitals. Amsterdam Declaration towards Migrant-Friendly Hospitals in an ethno-culturally diverse Europe, 2004. http://www.mfh-eu.net/public/files/european_recommendations/mfh_amsterdam_declaration_english.pdf (retrieved: March 5, 2015).

For consulting other European projects, see M4_U2_Additional_Material.

7. Activity 3

Activity 3: Service Organization and Change Management

Slide 29: The activity consists of three parts:

1. **Presentation of the methodology**
2. **Individual activity:**
 - Please complete the template (M4_U2 Template Activity 3 Organizational Change), responding to the following answers:
 - List reasons for taking cultural 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.

8. Presentation

Slide 30: Recent studies and reports^{125,126,127,128} observe an underrepresentation of migrants and ethnic minorities in **participatory projects** in the European context. They highlight the interest of introducing and promoting participative approaches in diversity-focused health care, alleging as reasons the improved orientation towards the needs of migrants and ethnic minorities regarding health care, an improvement of cultural acceptability, an increase of legitimacy due to the recognition of civil society organizations by their communities, a better protection of the users' rights, an effect of empowerment and social inclusion, the opportunity for a dialogue between different stakeholders, as well as co-responsibilization for health care expenses, and improved consideration of ethical aspects.

Slide 31: Different **forms and levels of participation** can be observed, among them the participation in health care delivery, e.g. as intercultural mediators or informal interpreters, the participation of migrants and ethnic minorities in service planning and health policies, the participation in research projects, in teaching activities, as well as in the assessment phase.

Furthermore, different **participative methodologies** can be identified, including consultation of opinions, participation in commissions and working groups, participatory action research or

¹²⁵ Council of Europe 2011, op. cit.

¹²⁶ De Freitas C, García-Ramírez M, Aambø A, Guttigieg SC. Transforming health policies through migrant user involvement: Lessons learnt from three European countries. *Psychosocial Intervention* 2014;23:105-113.

¹²⁷ Fésüs, et al. 2012, op. cit.

¹²⁸ Lazar M, Paus V. Roma Civil Society, a Stakeholder Involvement in Public Policymaking. *Procedia – Social and Behavioral Sciences* 2013;81:259-263.

collaborative research, community mobilization and advocacy, community health promotion programmes, stakeholder coalitions, contribution of training materials, as well as participative assessment techniques.

Slide 32: The reviewed studies identify **different challenges and limitations for civil society participation in health policies**, among them a lack of communication between civil society organizations and institutional stakeholders, attitudes of prejudice and discrimination, an insufficient consideration of cultural values and behaviours, a lack of inclusion of the civil society's proposals for health policies, converting the participatory process into a “*pseudo-consultation*”, the exclusion of civil society organizations from decision making and assessment processes, as well as the lack of financial resources to implement the developed policy strategies.

In Module 4, Unit 5, different examples of projects focusing on participation in health care and health policies oriented towards migrants and ethnic minorities will be presented.

Slide 33: Recent reports^{129,130,131} agree in terms of highlighting the relevance of **training formats that address the promotion of health care oriented toward cultural and ethnic diversity**, including training addressed to health professionals and professionals working in the social sectors, as well as training formats focused on migrants and ethnic minorities.

The most common **training formats** include face-to-face training, virtual training, as well as blended formats.

For consulting European projects related to training, see M4_U2_Additional_Material.

9. Activity 4

Activity 4: Case Studies

Source: Council of Europe, 2011¹³².

Slide 34: The activity consists of three parts:

1. **Presentation of the methodology.**
2. **In small groups:** Lecture of the case studies (see M4_U2 Activity 4 Case Studies) and identification of strategies for dealing with the situation.
3. **In the plenary:** Summary of the small group results and discussion.

10. Activity 5

Slide 35: Activity 5: Identifying audiovisual material

¹²⁹ CHAFEA 2014, op. cit.

¹³⁰ Council of Europe 2011, op. cit.

¹³¹ T-ShaRE, Transcultural Skills for Health and Care. Standards and Guidelines for Practices and Training. Naples: Aracne - Associazione di Promozione Sociale, 2012.

http://tshare.eu/drupal/sites/default/files/confidencial/WP11_co/MIOLO_TSHARE_216paginas.pdf (retrieved: March 5, 2015).

¹³² Council of Europe 2011, op cit.

The methodology of the activity is explained in the training session related to Module 4. As a task at home, the participants are invited to identify and select a short video (approx. 3-5 min), and present it during the last training session.

1. **Presentation of the methodology** (*in the plenary, during the Module 4 session*)
2. **Individual task at home:**
 - Identify and select short a short video (approx. 0-5 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
3. **Video presentation and discussion In the plenary** (*on the last day of the Training Sessions*)
 - 3-4 participants are invited to present the audiovisual material and provide arguments for their selection.
 - Discussion.
 - The participants are invited to share the videos in the virtual campus.

Slide 36: Thank you and questions.

Slide 37-43: References.

Slide 44: European Commission Disclaimer.

11. Readings

Recommended readings:

Council of Europe, Commissioner for Human Rights. Human rights of Roma and Travellers in Europe. Strasbourg: Council of Europe, 2012.

http://www.coe.int/t/commissioner/source/prems/prems79611_GBR_CouvHumanRightsOfRoma_WEB.pdf (retrieved: March 5, 2015).

FRA, European Union Agency for Fundamental Rights. Fundamental Rights of Migrants in an Irregular Situation in the European Union. Luxembourg: Publications Office of the European Union, 2011a.

http://fra.europa.eu/sites/default/files/fra_uploads/1827-FRA_2011_Migrants_in_an_irregular_situation_EN.pdf (retrieved: March 5, 2015).

FRA, European Union Fundamental Rights Agency, UNDP, United Nations Development Programme. The situation of Roma in 11 EU Member States. Survey results at a glance. Luxembourg: Publications Office of the European Union, 2012. http://fra.europa.eu/sites/default/files/fra_uploads/2099-FRA-2012-Roma-at-a-glance_EN.pdf (retrieved: March 5, 2015).

Médecins du Monde (Doctors of the World), Chauvin D, Simonnot N, Vanbiervliet F, et al. Access to Health Care in Europe in Times of Crisis and Rising Xenophobia: An Overview of the Situation of People Excluded from Health Care Systems. Paris: Médecins du Monde, 2013.

http://b.3cdn.net/droftheworld/d137240498b91ca33e_jhm62yig1.pdf (retrieved: March 5, 2015).

Recommended audiovisual material:

Médicins du Monde: Médiaton de santé auprès des Roms à Nantes.

<https://www.youtube.com/watch?v=0mPnMdQ8e-M> (retrieved: March 5, 2015).

Complementary readings:

ACCEM. Guía de Mediación Intercultural. Madrid: ACCEM, s.a.

http://www.accem.es/ficheros/documentos/pdf_publicaciones/guia_mediacion.pdf (retrieved: March 5, 2015).

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Baraldi C, Gavioli L. Dialogue Interpreting as Intercultural Mediation. Grein M, Wigand E (eds). Dialogue and Culture, p. 155-175. Amsterdam/Philadelphia: John Benjamins, 2007.

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Brisset C, Leanza Y, Laforest K. Working with interpreters in health care: A systematic review and meta-ethnography of qualitative studies. Patient Education and c-ounseling 2013;91:131-140.

Bughra D, Gupta S, Schouler-Ocak M, Graeff-Callies I, Deakin NA, Qureshi A, et al. EPA Guidance mental health of migrants. European Psychiatry 2014;29:107-115.

CHAFEA, Consumers, Health and Food Executive Agency, European Commission. Action on health inequalities in the European Union. Final version. The EU Health Programmes's contribution to fostering solidarity in health and reducing health inequalities in the European Union. Luxembourg: European Union, 2014.

http://ec.europa.eu/chafea/documents/health/health-inequality-brochure_en.pdf (retrieved: March 5, 2015).

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Cowgill J, Bolek J. Symbol Usage in Health Care Settings for People with Limited English Proficiency. Scottsdale, Arizona: Robert Wood Johnson Foundation, 2003. <http://www.hablamosjuntos.org/signage/PDF/pt1evaluation.pdf> (retrieved: March 5, 2015).

Cuadra BC. Right of access to health care for undocumented migrants in EU: a comparative study of national policies. Eur J Public Health 2011;22:267–271.

Dauvrin M, Lorant V, Sandhu S, et al. Health care for irregular migrants: pragmatism across Europe. A qualitative study. BMC Res Notes 2012;5:99.

De Freitas C, García-Ramírez M, Aambø A, Guttigieg SC. Transforming health policies through migrant user involvement: Lessons learnt from three European countries. Psychosocial Intervention 2014;23:105-113.

DHSSPS, Department of Health, Social Services and Public Safety. DHSSPS equality and Human Rights Strategy and Action Plan. Section 3. Ethnicity, Equality & Human Rights: Access to Health and Social Services in Northern Ireland. 2007. <http://www.dhsspsni.gov.uk/ehr-sect3.pdf> (retrieved: March 5, 2015).

Domnich A, Panatto D, Gasparini R, Amiciya D. The "healthy immigrant" effect: does it exist in Europe today? IJPH 2012;9(3):e7523-1 – e7523-7.

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Duvell F, Triandafyllidou A, Vollmer B. Ethical issues in irregular migration research. Report on Ethical Issues, Deliverable D2 prepared for Work Package 2 of the research project CLANDESTINO Undocumented Migration: Counting the Uncountable. Data and Trends Across Europe, funded by the 6th Framework Programme for Research and Technological Development Research DG, European Commission, 2008. http://irregular-migration.net/typo3_upload/groups/31/4.Background_Information/4.1.Methodology/EthicalIssuesIrregularMigration_Clandestino_Report_Nov09.pdf (retrieved: March 5, 2015).

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