European Commission

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 1: Strategies and Procedures for People-Centered Health Care Services Oriented towards Cultural and Ethnic Diversity

Additional Information

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Module, Unit 1: Additional Information

1. Cultural Competence, Intercultural Competence, Difference Sensitivity and Diversity Sensitivity: Concepts

As explained in Module 1, Unit 1, a conceptual shift from cultural competence to diversity sensitivity can be observed, with a differentiated theoretical and thematic focus in each concept.

Papadopoulos[1] defines *"cultural competence"* as *"the capacity to provide effective healthcare taking into consideration people's cultural beliefs, behaviours and needs. Cultural competence is both a process and an output, and results from the synthesis of knowledge and skills which we acquire during our personal and professional lives and to which we are constantly adding"*.

The UNESCO[2] describes *"intercultural competences"* as *"having adequate relevant knowledge about particular cultures, as well as general knowledge about the sorts of issues arising when members of different cultures interact, holding receptive attitudes that encourage establishing and maintaining contact with diverse others, as well as having the skills required to draw upon both knowledge and attitudes when interacting with others from different cultures".*

Over the last years, the concept of **"cultural diversity"** is increasingly being used. A model of health care oriented towards cultural diversity is based on the recognition of diversity as a positive social contribution. The development of health policies therefore focuses on addressing health care needs from a diversity perspective. Furthermore, the concepts of **"cultural sensitivity", "difference sensitivity"** and **"diversity sensitivity"** have been introduced. These are based on the relevance of health professionals and health organizations being aware of different forms of diversity, as well as the intersectional character of social inequalities. Health policies are thus aimed to reducing transversal and interconnected social inequalities. A slight conceptual difference between the concept of "difference sensitivity" and "diversity sensitivity" can be observed. There is a differentiated focus on "difference" versus "diversity", at the same time as both concepts are used as synonyms.

The UNESCO Universal Declaration on Cultural Diversity, defines *"cultural diversity"* as *"the common heritage of humanity",* and argues that *"Culture takes diverse forms across time and space. This diversity is embodied in the uniqueness and plurality of the identities of the groups and societies making up humankind. As a source of exchange, innovation and creativity, cultural diversity is as necessary for humankind as biodiversity is for nature. In this sense, it is the common heritage of humanity and should be recognized and affirmed for the benefit of present and future generations"*[3]*.* In Article 4, the UNESCO Declaration refers to the relationship between the concept and an ethical and Human Rights perspective: *"Human rights as guarantees of cultural diversity. The defence of cultural diversity is an ethical*

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[1] Papadopoulos I (ed). Transcultural Health and Social Care: Development of Culturally Competent Practitioners. Churchill Livingstone Elsevier: Edinburgh, 2006, quoted in: IENE, Intercultural Education of Nurses in Europe, 2014, n.p. http://www.ieneproject.eu/glossary-term.php?termID=11 (retrieved: March 5, 2015).

[2] UNESCO, United Nations Educational, Scientific and Cultural Organization. Intercultural Competences. Conceptual and Operational Framework. Paris: UNESCO, 2013, p. 16
http://unesdoc.unesco.org/images/0021/002197/219768e.pdf (retrieved: March 5, 2015).

[3] UNESCO, United Nations Educational, Scientific and Cultural Organization. UNESCO Universal Declaration on Cultural Diversity. Paris: UNESCO, 2001, p. 4.
http://unesdoc.unesco.org/images/0012/001271/127162e.pdf (retrieved: March 5, 2015).

imperative, inseparable from respect for human dignity. It implies a commitment to human rights and fundamental freedoms, in particular the rights of persons belonging to minorities and those of indigenous peoples" [4].

WHO, World Health Organization[5], introduces the concept of *"cultural sensitivity"* related to ethnic minorities. It states: *"The provision of modern health services thus need to carefully account for different cultural beliefs in order to be sufficiently culturally sensitive so as not to limit access of ethnic minorities for this reason"* .

The Council of Europe includes an article focused on *"sensitivity to health and socio-cultural needs of multicultural populations"* and *"cultural diversity"* in the *Recommendation Rec2006(18) of the Committee of Ministers to Member States on health services in a multicultural society*[6].

> **4. Sensitivity to health and socio-cultural needs of multicultural populations**
> 4.1. Adequate assessment and analysis of the health problems of ethnic minorities is needed.
> 4.2. Member states should find appropriate answers to the objectively demonstrated added value of health care services that are specifically adapted to particular health (care) needs of a multicultural population. Ideally, all health care institutions should be equipped to treat health problems of all citizens; however, for very specific health problems it may be necessary to temporarily or even permanently create specialised services that respond to particular health care needs.
> 4.3. Measures should be taken that make it possible for the health care system to respond to the cultural diversity of the population. [7]

Renschler and Cattacin[8] use the term *"difference sensitivity",* describing its relevance in different health care levels. These include the policy level, quality assurance, patient-level, as well as health monitoring and research. They conclude that *"a higher sensibility to difference in the health sector could be an efficient anti-discrimination measure at all levels of the health system. It is therefore necessary not only to overcome institutional difficulties and increase efficiency, but also to encourage and help institutions to adapt to changing realities and needs".*

Chiarenza[9] analyses the development of the concept of *"cultural competence"* towards *"diversity within diversity", "difference diversity"* or *"super-diversity".* He proposes a shift

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[4] UNESCO 2001, op. cit., p. 4.

[5] WHO, World Health Organization. WHO's Contribution to the World Conference Against Racism, Racial Discrimination, Xenophobia and Related Intolerance. Health and freedom from discrimination. Health & Human Rights Publication Series Issue No. 2, Geneva: WHO, 2001, p. 8.
http://www.who.int/hhr/activities/q_and_a/en/Health_and_Freedom_from_Discrimination_English_699KB.pdf (retrieved: March 5, 2015).

[6] Council of Europe. Recommendation Rec2006(18) of the Committee of Ministers to Member States on health services in a multicultural society, 2006, n.p. https://wcd.coe.int/ViewDoc.jsp?id=1062769&BackC (retrieved: March 5, 2015).

[7] Council of Europe 2006, op. cit., n.p.

[8] Renschler I, Cattacin S. Comprehensive 'difference sensitivity' in health systems. In: Bjorngren-Cuadra C, Cattacin S (eds). Migration and Health: difference sensitivity from an organizational perspective, p. 37-41. Malmo: IMER, 2007.

[9] Chiarenza A. Developments in the concept of 'cultural competence'. In: Ingleby D, Chiarenza A, Devillé W, Kotsioni I (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.

from the attention to cultural differences towards a focus on social inequalities, power imbalances and intersectionalities:

> As a starting-point, we need to modify the way the concept of culture is used in health care, going beyond mere ethnicity and race to include intersections of ethnicity, race, gender, age, class, education, religion, sexual orientation and physical ability. We should move the focus of our analysis from minority cultures to the dominant cultures in society, in order to understand how the unequal distribution of power allows certain groups and not others to acquire and maintain the majority of resources. We need to clarify that the notion of 'difference' relates more to power relations than to an 'ethno-cultural' trait about which it is possible to acquire specific knowledge. This calls for the development of improved sensitivity to difference, civic involvement and critical knowledge in the context of 'super-diversity', social inequalities and power imbalances.

The concept *"difference sensitivity"* is based on the intersectoral character of social inequalities, the recognition of diversity and the aim of improving equity in health care[10]. This is in contrast to focusing only on specific individual experiences related to migration and ethnicity, and a static and essentialist conceptualization of culture.

Mock-Muñoz de Luna et al. introduce the concept ***"diversity sensitivity"*** In the MEM-TP Synthesis Report[11].

2. International and European Human Rights Framework

International and European Human Rights Framework: Migrants and Ethnic Minorities
International Context
WHO, World Health Organization. Constitution, 1946 [1948].
UN, United Nations. Universal Declaration of Human Rights, 1948.
UN, United Nations. International Covenant on Economic, Social and Cultural Rights, 1966 [1976].
UN, United Nations. International Convention on the Elimination of All Forms of Racial Discrimination, 1969.
WHO, World Health Organization, Declaration of Alma-Ata, 1978.
UN, United Nations. Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), 1979.
WHO, World Health Organization, Ottawa Charter for Health Promotion, 1986.

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[10] Cattacin S, Chiarenza A, Domenig D. Equity standards for healthcare organisations: a theoretical framework. Diversity and Equality in Health and Care 2013;10:249-258.

[11] 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, p. 13. http://www.mem-tp.org/pluginfile.php/619/mod_resource/content/1/MEM-TP_Synthesis_Report.pdf (retrieved: March 5, 2015).

International and European Human Rights Framework: **Migrants and Ethnic Minorities**
UN, United Nations. Convention on the Rights of the Child, 1989.
UN, United Nations. International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, 1990.
UN, United Nations. Declaration on the Rights of Persons Belonging to National or Ethnic, Religious and Linguistic Minorities, 1992.
UN, United Nations. Committee on Economic, Social and Cultural Rights. General Comments, No. 14, The Right to the Highest Attainable Standard of Health, 2000.
UNDP, United Nations Development Programme. Avoiding the Dependency Trap. The Roma Human Development Report, 2003.
WHO, World Health Organization. International Migration, Health and Human Rights, 2003.
WHO, World Health Organization. The Bangkok Charter for Health Promotion in a Globalized World, 2005.
UN, United Nations. Committee on Economic, Social and Cultural Rights. General Comments, No. 19. The Right to Social Security, 2007.
UN, United Nations. Declaration on the Rights of Indigenous People, 2007.
WHO, World Health Organization. World Health Assembly. Health of Migrants, WHA61.17, 2008.
UN, United Nations. Committee on Economic, Social and Cultural Rights. General Comments, No. 20. Non-Discrimination in Economic, Social and Cultural Rights, 2009
WHO, Word Health Organization; IOM, International Organization for Migration. Health of Migrants – The Way Forward. Report of a global consultation, Madrid, Spain, 2010.
WHO, World Health Organization. Rio Political Declaration on Social Determinants of Health, 2011.
WHO, World Health Organization. Commission on Social Determinants of Health. Closing the gap in a generation: Health equity through action on the social determinants of health, 2009.
WHO, World Health Organization. Rio Political Declaration on Social Determinants of Health, 2001.

International and European Human Rights Framework: **Migrants and Ethnic Minorities**
European Context
Council of Europe, Convention for the Protection of Human Rights and Fundamental Freedoms, 1950.
Council of Europe, European Social Charter, 1961.
Treaty of Maastricht on European Union, 1992.
Council of Europe. Recommendation 1203 (1993) on Gypsies in Europe.
Council of Europe. Framework Convention for the Protection of National Minorities, 1995.
European Parliament, Council of Europe and European Commission. Charter of Fundamental Rights of the European Union, 2000, implemented by the Treaty on the Functioning of the European Union (2009).
European Parliament, Council of Europe. Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin.
OSCE, Organisation for Security and Co-operation in Europe. Report on the situation of Roma and Sinti in the OSCE Area, 2000.
Council of Europe. Recommendation 1503 [1] of the Parliamentary Assembly regarding Health

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conditions of migrants and refugees in Europe, 2001.
Council of Europe. Recommendation Rec(2001)12 of the Committee of Ministers to member states on the adaptation of health care services to the demand for health care and health care services of people in marginal situations, 2001.
Council of Europe. Recommendation 1503(2001). Health conditions of migrants and refugees in Europe, 2001.
Council of Europe. Bratislava Declaration on Health, Human Rights and Migration, 2007.
European Parliament, Council of Europe Directive 2003/9/EC of 27 January 2003 laying down minimum standards for the reception of asylum seekers, 2003.
Council of Europe. Resolution 1509(2006) on Human Rights of irregular migrants, 2006.
Council of Europe. Recommendation Rec2006(18) of the Committee of Ministers to Member States on health services in a multicultural society, 2006.
European Parliament, Council of Europe. Directive 2008/115/EC of 16 December 2008 on common standards and procedures in Member States for returning illegally staying third-country nationals, 2008.
WHO, World Health Organization – Europe. Tallin Charter, Health Systems for Health and Wealth, 2008.
European Commission. EC Communication Solidarity in health: reducing health inequalities in the EU, 2009.
European Commission, EC Roma Internal Task Force, 2010.
Council of Europe. Recommendation CM/Rec(2011)13 of the Committee of Ministers to member states on mobility, migration and access to health care.
Council of the European Union. EU Framework for National Roma Integration Strategies, 2011.
European Parliament. European Parliament Resolution of 8 March 2011 on Reducing Health Inequalities in the EU, 2011.
EU, European Commission. National Roma Integration Strategies, 2012.

3. International and European Human Rights Framework: Accessibility and Quality of Health Care

Examples of strategic documents related to accessibility and quality of health care, directed to general population, with specific mention of migrants and ethnic minorities:

International Covenant on Economic, Social and Cultural Rights (CESCR)[12]

> Art. 12.1. The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

Committee on Economic, Social and Cultural Rights, General Comment Nº 14 (2000), The right to the highest attainable standard of health[13]

> All health facilities, goods and services must be respectful of medical ethics and culturally appropriate, i.e. respectful of the culture of individuals, minorities, peoples and communities, sensitive to gender and life-cycle requirements, as well as being designed to respect confidentiality and improve the health status of those concerned.

> In particular, States are under the obligation to respect the right to health by, inter alia, refraining from denying or limiting equal access for all persons, including prisoners or detainees, minorities, asylum seekers and illegal immigrants, to preventive, curative and palliative health services; abstaining from enforcing discriminatory practices as a State policy; and abstaining from imposing discriminatory practices relating to women's health status and needs.

4. International and European Human Rights Framework: Migration

Examples of strategic documents focused on migrant populations.

International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families[14]

> Migrant workers and members of their families shall have the right to receive any medical care that is urgently required for the preservation of their life or the avoidance of irreparable harm to their health on the basis of equality of treatment with nationals of the

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[12] UN, United Nations. International Covenant on Economic, Social and Cultural Rights, 1966 [1976]. http://www.ohchr.org/EN/ProfessionalInterest/Pages/CESCR.aspx (retrieved: March 5, 2015).

[13] CECSR, Committee on Economic, Cultural and Social Rights. General Comment Nº 14 (2000). The right to the highest attainable standard of health, p. 1-4.
http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=9&DocTypeID=11 (retrieved: March 5, 2015).

[14] UN, United Nations. International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, 1990, n.p. http://www2.ohchr.org/english/bodies/cmw/cmw.htm (retrieved: March 5, 2015).

State concerned. Such emergency medical care shall not be refused them by reason of any irregularity with regard to stay or employment.

WHA 61.17 Health of Migrants

The Sixty-first World Health Assembly, (…)
CALLS UPON Member States:
(1) to promote migrant-sensitive health policies;
(2) to promote equitable access to health promotion, disease prevention and care for migrants, subject to national laws and practice, without discrimination on the basis of gender, age, religion, nationality or race;
(3) to establish health information systems in order to assess and analyse trends in migrants' health, disaggregating health information by relevant categories;
(4) to devise mechanisms for improving the health of all populations, including migrants, in particular through identifying and filling gaps in health service delivery;
(5) to gather, document and share information and best practices for meeting migrants' health needs in countries of origin or return, transit and destination;
(6) to raise health service providers' and professionals' cultural and gender sensitivity to migrants' health issues;
(7) to train health professionals to deal with the health issues associated with population movements;
(8) to promote bilateral and multilateral cooperation on migrants' health among countries involved in the whole migratory process;
(9) to contribute to the reduction of the global deficit of health professionals and its consequences on the sustainability of health systems and the attainment of the Millennium Development Goals;

5. International and European Human Rights Framework: Ethnic Minorities

Examples of strategic documents focused on ethnic minorities.

International Convention on the Elimination of All Forms of Racial Discrimination[15]

Art. 1.1. In this Convention, the term "racial discrimination" shall mean any distinction, exclusion, restriction or preference based on race, colour, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life. (…)
Art. 2.1. States Parties condemn racial discrimination and undertake to pursue by all appropriate means and without delay a policy of eliminating racial discrimination in all its forms and promoting understanding among all races, and, to this end: (a) Each State Party undertakes to engage in no act or practice of racial discrimination against persons, groups of persons or institutions and to en sure that all public authorities and public institutions, national and local, shall act in conformity with this obligation; (…)
Art. 5
In compliance with the fundamental obligations laid down in article 2 of this Convention, States Parties undertake to prohibit and to eliminate racial discrimination in all its forms and to guarantee the right of everyone, without distinction as to race, colour, or national or ethnic origin, to equality before the law, notably in the enjoyment of the following rights: (…)

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[15] UN, United Nations. International Convention on the Elimination of All Forms of Racial Discrimination, 1965 [1969]. http://www.ohchr.org/EN/ProfessionalInterest/Pages/CERD.aspx (retrieved: March 5, 2015).

(iv) The right to public health, medical care, social security and social services;

EU Framework for National Roma Integration Strategies[16]

> The Council of the European Union (…)
> Invites the Member States:
> 20. to improve the social and economic situation of Roma by pursuing a mainstreaming approach in the fields of education, employment, housing, and healthcare, taking into account, where appropriate, the Common Basic Principles on Roma Inclusion, as well as by ensuring equal access to quality services, and to apply an integrated approach to these policies and make the best use of the funds and resources available;
> 21. to set or continue working towards their goals, in accordance with the Member States' policies, in the fields of education, employment, healthcare and housing with a view to closing the gaps between marginalised Roma communities and the general population. Particular attention should be paid to the need to ensure equal access in practice. The goals could focus on the following priority areas, paying special attention to the gender dimension: (…)
> (c) access to healthcare, with particular reference to quality healthcare including preventive healthcare and health education;

6. Readings

Recommended Readings

Cattacin S, Chiarenza A, Domenig D. Equity standards for healthcare organisations: a theoretical framework. Diversity and Equality in Health and Care 2013;10:249-258.

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).

Mock-Muñoz de Luna C, Bodewes A, Graval E, Ingleby D. Appendices I-VI, Synthesis Repport. 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).

Complementary Readings

CECSR, Committee on Economic, Cultural and Social Rights. General Comment № 14 (2000). The right to the highest attainable standard of health, p. 1-4. http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=9&DocTypeID=11 (retrieved: January 12, 2015).

Chiarenza A. Developments in the concept of 'cultural competence'. In: Ingleby D, Chiarenza A, Devillé W, Kotsioni I (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.

Council of Europe. Recommendation Rec2006(18) of the Committee of Ministers to Member States on health services in a multicultural society, 2006. https://wcd.coe.int/ViewDoc.jsp?id=1062769&BackC (retrieved: January 12, 2015).

Council of Europe. White Paper on Intercultural Dialogue. "Living Together As Equals in Dignity". Strasbourg: Council of Europe, 2008. http://www.coe.int/t/dg4/intercultural/source/white%20paper_final_revised_en.pdf (retrieved: December 8, 2015).

Council of the European Union. EU Framework for National Roma Integration Strategies (NRIS), 2011. http://register.consilium.europa.eu/doc/srv?l=EN&f=ST%2010658%202011%20INIT (retrieved: January 12, 2015).

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[16] Council of the European Union. EU Framework for National Roma Integration Strategies (NRIS), 2011. http://register.consilium.europa.eu/doc/srv?l=EN&f=ST%2010658%202011%20INIT (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: January 12, 2015).

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: January 12, 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: January 12, 2015).

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UNESCO, United Nations Educational, Scientific and Cultural Organization. UNESCO Universal Declaration on Cultural Diversity. Paris: UNESCO, 2001. http://unesdoc.unesco.org/images/0012/001271/127162e.pdf (retrieved: January 12, 2015).

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