



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 3: Public Health, Health Prevention and Promotion Programmes from Multidisciplinary Perspectives

Guidelines

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Migrants & Ethnic Minorities
Training Packages



Escuela Andaluza de Salud Pública
CONSEJERÍA DE IGUALDAD, SALUD Y POLÍTICAS SOCIALES



SERVIZIO SANITARIO REGIONALE
EMILIA-ROMAGNA
Azienda Unità Sanitaria Locale di Reggio Emilia



JAGIELLONIAN UNIVERSITY
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Module 4, Knowledge Application

Unit 3: Public Health, Health Prevention and Promotion Programmes from Multidisciplinary Perspectives

1. Objectives and Methods

1.1. Objectives

Objectives of the Presentation

- To present strategies and Best Practices related to health prevention and promotion oriented towards cultural and ethnic diversity from multidisciplinary perspectives.

Objectives of the Activities

- To open a reflection on conflict situations in health prevention and health promotion interventions oriented towards cultural and ethnic diversity, and strategies to resolve the situation.

1.2. 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
20 minutes	<ul style="list-style-type: none"> To present strategies and Best Practices related to health prevention and promotion oriented towards cultural and ethnic diversity from multidisciplinary perspectives. 	Presentation “Public Health, Health Prevention and Promotion from Multidisciplinary Perspectives” and questions (Slide 1-11)	Projector, laptop, screen. M4_U3_Presentation M4_U3_Additional Material

Time	Objectives	Activities	Sources
50 minutes	<ul style="list-style-type: none"> To reflect on positive habits in health prevention and health 	Activity 1 “Health Prevention and Promotion”	Projector, laptop, screen.

	<p>promotion interventions oriented towards cultural and ethnic diversity, and strategies to maintain and reinforce these habits.</p>	<ul style="list-style-type: none"> • Presentation of the methodology • Preparation of the role playing (in small groups) • Role playing (in plenary) • Group discussion (in plenary) <p>(Slide 12)</p>	
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2. Presentation

Slide 1: Title page

Slide 2: Outline of the session

Slide 3: Within this training programme, the **health prevention and health promotion** oriented towards cultural and ethnic diversity are conceptualized as not being reduced to public health surveillance or screening, but including a **broad range of health prevention and health promotion activities**, consideration of the **social determinants of health**, strategies for **reducing social inequalities in health**, and **promotion of healthy habits and lifestyles**.

This approach is based on the *“right of everyone to the enjoyment of the highest attainable standard of health”*, as established in the International Convention on Economic, Social and Cultural Rights¹ (see Module 4, Unit 1), the WHO definition of health (*“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition”*²), the right to non-discrimination established in several international conventions and strategic documents³ (see Module 4, Unit 2), as well as a sensitivity to cultural and ethnic diversity framework⁴ (see Module 1, Unit 1; Module 4, Unit 1).

Slide 4: In relation to a model of **health prevention oriented towards cultural and ethnic diversity**, a review of European projects, a review of recent scientific bibliography^{5,6,7,8,9} indicate different relevant aspects.

¹ UN, United Nations. International Convention on Economic, Social and Cultural Rights, 1966 [1976].

http://www.who.int/governance/eb/who_constitution_en.pdf (retrieved: March 5, 2015).

² WHO, World Health Organization. Constitution, 1948.

http://www.who.int/governance/eb/who_constitution_en.pdf (retrieved: March 5, 2015).

³ 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).

⁴ 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.

⁵ 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).

In the case of **migrant populations**, a lower access to health prevention services is stated, in comparison with the general population. The following barriers are identified regarding access for migrants to health prevention services: the lack of health care entitlements, a precarious socioeconomic situation, a frequent change of residence, cultural aspects, as well as previous experiences of discrimination in the health care system.

In relation to **Roma population**, a lack of frequency in demanding preventive services is observed, being associated with a conceptualization of health as an absence of disease in this population group.

In consequence, the relevance of **knowing the needs and health habits of migrant and ethnic minorities** groups is highlighted, in order to guide prevention strategies. **Participative approaches** are recommended. Furthermore, the introduction of **innovative techniques**, among them the use of text messages, is proposed for promoting health prevention measures.

Slide 5: As an example, **HIV prevention strategies in migrants and ethnic minorities** are presented. According to recent data published by ECDC, European Centre for Disease Prevention and Control¹⁰, the number of reported new HIV infections increased from 2007 – 2010, with a slight decrease in 2011 (Figure on the left). The percentage of migrants among reported cases has decreased in recent years (Figure on the right).

Slide 6: In the case of migrants in an irregularized situation, multiple legal, administrative, cultural and linguistic **barriers to accessing HIV testing and treatment** are identified.

In relation to prevention awareness, a recent study¹¹ conducted in Madrid, Spain, observes a higher testing prevalence in migrants than in the general population. Another study¹² from the US context states differences regarding sexual risk behavior in specific ethnic minority groups. The development of **prevention measures** adapted to the target group is recommended^{13,14}.

In relation to HIV, ECDC¹⁵ recommends testing being conducted on a **voluntary and confidential basis**, including an Informed Consent procedure, and **treatment being available** for HIV+ tested migrants.

⁶ 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).

⁷ Martin Y, Collet TH, Bodenmann P, Blum MR, Zimmerli L, Gaspoz JM, Battagay E, Cornuz J, Rodondi N. The lower quality of preventive care among forced migrants in a country with universal healthcare coverage. *Preventive Medicine* 2014;59:19-24.

⁸ 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.

⁹ Champion J, Harlin B, Collins JI. Sexual risk behavior and STI health literacy among ethnic minority adolescent women. *Applied Nursing research* 2013;26:204-209.

¹⁰ ECDC, European Centre for Disease Prevention and Control. Assessing the burden of key infectious diseases affecting migrant populations in the EU / EEA. Stockholm: ECDC, 2014.

<http://www.ecdc.europa.eu/en/publications/Publications/assessing-burden-disease-migrant-populations.pdf> (retrieved: March 5, 2015).

¹¹ Hoyos J, Fernández-Balbuena S, de la Fuente L, Sordo L, Ruiz M, Barrio G, Belza MJ, on behalf of Madrid Rapid HIV Testing Group. *Journal of the International AIDS Society* 2013;16(18560):1-8.

¹² Champion, et al. 2013, op. cit.

¹³ Hoyos, et al. 2013, op. cit.

¹⁴ Champion, et al. 2013, op. cit.

¹⁵ ECDC 2014, op. cit.

Slide 7: As an example of a **European project** focused on HIV and STI prevention in migrant populations, the **TAMPEP** project can be cited. **TAMPEP, European Network for HIV / STI Prevention and Health Promotion among Migrant Sex Workers**¹⁶ is a European networking and intervention project, founded in 1993 and operating in 25 European countries. On the project's website, TAMPEP is presented as a development and participation project, based on a Human Rights framework and developed with the objective of achieving equitable access to support and services for migrant sex workers. Its activities include outreach and street work, involvement of cultural mediators and peer educators, as well as development of multilingual information and education material for sex workers.

A list of European projects can be consulted in M4_U3_Additional Material.

Slide 8: Another relevant aspect of health care oriented towards cultural and ethnic diversity is the area of **health promotion**. The Ottawa Charter for Health Promotion defines “*health promotion*” as follows:

Health promotion is the process of enabling people to increase control over, and to improve, their health. To reach a state of complete physical, mental and social well-being, an individual or group must be able to identify and to realize aspirations, to satisfy needs, and to change or cope with the environment. Health is, therefore, seen as a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities. Therefore, health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being¹⁷.

Slide 9: In relation to **health promotion oriented towards cultural and ethnic diversity**, recent reports and strategic documents^{18,19,20,21,22,23} propose different **strategies**, among them the promotion of **healthy habits** in migrant and ethnic minority populations, including diet, physical activity, healthy habits in the field of sexual and reproductive health, and other healthy lifestyles.

The reviewed reports highlight the relevance of **health promotion programmes** to be **culturally sensitive and adequately targeted**.

They underline the role of **intercultural mediators** in health promotion oriented towards cultural and ethnic diversity.

¹⁶ TAMPEP, European Network for HIV / STI Prevention and Health Promotion among Migrant Sex Workers, s.a. <http://tampep.eu/> (retrieved: March 5, 2015).

¹⁷ WHO, World Health Organization. Ottawa Charter for Health Promotion, 1986. <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/> (retrieved: March 5, 2015).

¹⁸ CHAFAEA, op. cit. 2014.

¹⁹ Council of Europe 2011, op. cit.

²⁰ 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).

²¹ WHO-Europe, World Health Organization, Office for Europe. How health systems can address health inequities linked to migration and ethnicity. Copenhagen: WHO Regional Office for Europe, 2010. http://www.euro.who.int/_data/assets/pdf_file/0005/127526/e94497.pdf (retrieved: March 5, 2015).

²² OSF 2005, op. cit.

²³ OSF 2011, op. cit.

Slide 10: Furthermore, the importance of recognizing and promoting **culture- and ethnic-specific healthy habits** is highlighted, by means of identifying healthy habits in migrant and ethnic minority populations and promoting an exchange of experiences and knowledge with the general population, including specific forms of diet or physical activity, as well as traditional health prevention and health care techniques.

A list of European projects can be consulted in M4_U3_Additional Material.

Slide 11: Different authors^{24,25} highlight the need for integrating health prevention and promotion strategies oriented towards cultural and ethnic diversity into the broader framework of strategies aimed at **reducing health inequalities**, based on a **social determinants of health** model (see Module 4, Unit 1) and including **intersectoral actions** (see Module 4, Unit 6).

In the figure, published by WHO²⁶ adapting a previous representation of the **social determinants of health** elaborated by Dahlgren and Whitehead²⁷ to the situation of migrants and ethnic minorities, different proposed policy measures related to health prevention and promotion can be identified. Among them, the reduction of occupational health hazards, the engagement against social exclusion and for the improvement of the migrants' rights, the reduction of barriers to the labour market, the improvement of access to and quality of health care, the improvement of housing, the improvement of knowledge of health risks and strengthening of healthy cultural traditions, the empowering of migrant and ethnic minority communities, the availability of healthy food, as well as the development of inclusive educational policies.

A broad number of **European Projects** focused on the reduction of health inequalities can be identified, addressing differentiated population groups (migrants, ethnic minorities, migrants and ethnic minorities, population groups in situation of social vulnerability)^{28,29,30}.

A list of European projects can be consulted in M4_U3_Additional Material.

3. Activity 1. Health Prevention and Health Promotion oriented towards Cultural and Ethnic Diversity

²⁴ 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.

²⁵ Ingleby D. Ethnicity, Migration and the 'Social Determinants of Health' Agenda. *Psychosocial Intervention* 2012;31(3):331-341.

²⁶ WHO 2010, op. cit.

²⁷ Dahlgren G, Whitehead M. Policies and strategies to promote social equity in health. Background document to WHO – Strategy Paper for Europe. Stockholm: Institute for Future Studies, 1991.

²⁸ CHAFAE 2011, op. cit.

²⁹ Muñoz de Luna, et al. 2015a, op. cit.

³⁰ 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).

Slide 12: The activity consists of three parts:

1. Presentation of the methodology

2. Preparation (*in small groups*)

- The participants are invited to identify positive habits related to health prevention and promotion in migrants and ethnic minorities, difficulties for maintaining these habits and strategies for reinforcing them.
- The participants prepare a short role playing representing difficulties for maintaining these positive health habits and strategies for reinforcing them.

3. Role Playing (in plenary)

- The role playing scenes are represented.
- The participants are invited to intervene in the scene, replacing one of the actors and trying to find strategies to resolve the difficulties, within a framework of health care oriented towards cultural and ethnic diversity, consideration of social determinants of health and Human Rights principles.

4. Group Discussion on the identified positive health habits, difficulties and strategies.

Slide 13: Thank you and questions.

Slide 14-15: References.

Slide 16: European Commission Disclaimer.

10. Readings

Recommended readings:

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).

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).

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).

Complementary readings:

Champion J, Harlin B, Collins JI. Sexual risk behavior and STI health literacy among ethnic minority adolescent women. *Applied Nursing research* 2013;26:204-209.

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.

- ECDC, European Centre for Disease Prevention and Control. Assessing the burden of key infectious diseases affecting migrant populations in the EU / EEA. Stockholm: ECDC, 2014.
<http://www.ecdc.europa.eu/en/publications/Publications/assessing-burden-disease-migrant-populations.pdf> (retrieved: March 5, 2015).
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- Hoyos J, Fernández-Balbuena S, de la Fuente L, Sordo L, Ruiz M, Barrio G, Belza MJ, on behalf of Madrid Rapid HIV Testing Group. *Journal of the International AIDS Society* 2013;16(18560):1-8.
http://www.law.harvard.edu/students/orgs/crci/vol40_1/ehrenreich.pdf (retrieved: March 5, 2015).
- Ingleby D. Ethnicity, Migration and the 'Social Determinants of Health' Agenda. *Psychosocial Intervention* 2012;31(3):331-341.
- Martin Y, Collet TH, Bodenmann P, Blum MR, Zimmerli L, Gaspoz JM, Battegay E, Cornuz J, Rodondi N. The lower quality of preventive care among forced migrants in a country with universal healthcare coverage. *Preventive Medicine* 2014;59:19-24.
- 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 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).
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http://www.opensocietyfoundations.org/sites/default/files/roma_health_mediators.pdf (retrieved: March 5, 2015).
- 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.
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<http://tampep.eu/> (retrieved: March 5, 2015).
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http://www.who.int/governance/eb/who_constitution_en.pdf (retrieved: March 5, 2015).
- WHO, World Health Organization. Constitution, 1948.
http://www.who.int/governance/eb/who_constitution_en.pdf (retrieved: March 5, 2015).
- WHO, World Health Organization. Ottawa Charter for Health Promotion, 1986.
<http://www.who.int/healthpromotion/conferences/previous/ottawa/en/> (retrieved: March 5, 2015).