



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 4: Quality of health care taking diversity into account

Guidelines

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Migrants & Ethnic Minorities
Training Packages



JAGIELLONIAN UNIVERSITY
MEDICAL COLLEGE



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Module 4, Knowledge Application

Unit 4: Quality of health care taking diversity into account

1. Objectives and Methods

1.1. Objectives

Objectives of the Presentation

- To present relevant aspects of quality oriented towards cultural and ethnic diversity, assessment methodologies and strategies.

Objectives of the Activities

- To open a discussion on experiences, opportunities and limitations of assessment methods for quality of health care oriented to cultural and ethnic diversity.

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 relevant aspects of quality oriented towards cultural and ethnic diversity, assessment methodologies and strategies. 	Presentation “Quality of health care taking diversity into account” and questions <i>(Slide 1-20)</i>	Projector, laptop, screen. M4_U4_Presentation M4_U4_Additional_Material
50 minutes	<ul style="list-style-type: none"> • To open a discussion on experiences, opportunities and limitations of assessment methods for quality of health care oriented to cultural and ethnic diversity. 	Activity “Quality Assessment of Health Care Oriented towards Cultural and Ethnic Diversity” <ul style="list-style-type: none"> • Presentation of the methodology • Activity in pairs • Group discussion in plenary <i>(Slide 21)</i>	Projector, laptop, screen. Template: M4_U4 Activity 1 Template

2. Presentation

Slide 1: Title page

Slide 2: Outcome of the session

Slide 3: One frequently used **model of quality of care, is that known as the Donabedian model**¹. This model identifies three relevant aspects of quality of care: 1. Structure, including buildings, equipment and staff, 2. Process, understanding actions in service delivery, and 3. Outcomes, meaning the effectiveness of actions in improving health.

Mock-Muñoz de Luna et al.² indicate the complexity of assessing outcomes. Furthermore, they point out that in diverse societies “*providing the same care to all will amount to providing inferior care to some*”. Furthermore, the authors stress that the barriers to health care, including cultural, linguistic and cultural barriers, may undermine the perceived quality of health care. Therefore, **appropriateness, people-centeredness, and cultural acceptability of the health care** acquire specific relevance.

Slide 4: The **Committee on Economic, Social and Cultural Rights**, in its *General Comment N° 14 (2000)*, *The right to the highest attainable standard of health*³, refers to health as a fundamental human right, “*closely related to and interdependent upon the realization of other human rights*”. As interrelated and essential elements of the right to health, the following aspects are identified: 1. Availability of health care, 2. Accessibility, including nondiscrimination, physical, economic and information accessibility, 3. Acceptability, defined as follows: “*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*”, as well as 4. Quality of health care (see also Module 4, Unit 1).

Slide 5: A recent study⁴ state that **migrants** receive a **lower quality of health care** than the general population, specifically in the case of preventive health care.

According to the essential aspects established by the Committee on Economic, Social and Cultural Rights, recent studies and reports^{5,6,7,8} identify **relevant aspects for quality of health**

¹ Donabedian A. The quality of care. How can it be assessed? JAMA: The Journal of the American Medical Association 1988;260 (12): 1743–8.

² 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. 96.

³ UN, United Nations, CECSR, Committee on Economic, Cultural and Social Rights. General Comment N° 14 (2000). The right to the highest attainable standard of health, 2000, p. 1-4.
http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=9&DocTypeID=11 (retrieved: March 5, 2015).

⁴ 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.

⁵ Martin, et al. 2014; op. cit.

⁶ Beach MC, Saha S, Cooper LA. The role and relationship of cultural competence and patient-centeredness in health care quality. London: Commonwealth Fund, 2006.

⁷ Council of Europe 2011, op. cit.

⁸ Ingleby D. European Research on Migration and Health. Background Paper. Brussels: IOM, International Organization for Migration, 2009.

care oriented towards cultural and ethnic diversity, including 1. The principle of non-discrimination, facilitating the same access to health care services and quality of care to all people, regardless of nationality, administrative status and ethnicity, 2. Reduction of social inequalities, 3. People-centeredness and intercultural competence of health professionals, and 4. Cultural acceptability of health care strategies. The relevance of a needs assessment is stressed, whilst at the same time highlighting the importance of moving towards participatory approaches. Finally, the application of quality assessment methods is identified as a relevant aspect.

Slide 6: Access to health care and barriers to this access are conceptualized as a relevant aspect for quality of health care⁹.

Recent studies^{10,11,12,13,14,15,16,17,18,19,20,21,22,23,24,25,26,27} analyze the **access to and quality of health care for migrants and ethnic minorities** in the European context.

http://www.migrant-health-europe.org/files/Research%20on%20Migrant%20Health_Background%20Paper.pdf (retrieved: March 5, 2015).

⁹ 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).

¹⁰ 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).

¹¹ 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.

¹² 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.

¹³ 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.

¹⁴ Duveill 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).

¹⁵ 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).

¹⁶ 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).

¹⁷ 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).

¹⁸ 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.

¹⁹ 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).

²⁰ 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

With respect to **migrants**, they observe an uneven situation regarding health care entitlements across Europe, detecting a frequent limitation of access to public health care in the case of migrants in an irregularized situation. Furthermore, they detect cultural, linguistic and administrative barriers to effective access to health care, a lower quality of health care than perceived by the general population, as well as experiences of discrimination in health care.

In the case of **ethnic minorities**, including Roma population, the presence of cultural and administrative barriers in the effective access to health care is stated, as well as a lower perception of quality of care in comparison to the general population, and experiences of discrimination in health care.

Slide 7: As strategies for reducing barriers to health care for migrants and ethnic minorities, the following have been identified: entitlements to state-covered health care, intercultural competence or sensitivity to diversity, patient-centeredness, written information materials in different languages, including the use of pictograms, availability of professional interpreters or bilingual professionals, intercultural mediation and community participation^{28,29}.

European projects related to strategies for reducing barriers to health care access for migrants, ethnic minorities and other population groups in situation of social vulnerability can be consulted in M4_U4_Additional_Material.

Slide 8: A specific situation can be observed in migration detention centers, with limited access to health care and insufficient quality of health care being stated^{30,31,32}. According to

[e_groups_2012_mdm.pdf](#) (retrieved: March 5, 2015).

²¹ 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_jhm62yjjg1.pdf (retrieved: March 5, 2015).

²² 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/uploads/publication/PolicyBrief_Local%20and%20Regional%20Authorities_AccessHealthCare_UndocumentedMigrants_Oct.2014.pdf (retrieved: March 5, 2015).

²³ 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.

²⁴ 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.

²⁵ 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.

²⁶ 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).

²⁷ 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).

²⁸ Mock-Muñoz de Luna, et al. 2015a, op. cit.

²⁹ Riccardo F, Dente MG, Kojouharova M, Fabiani M, Alfonsi V, Kurchatova A, Vladimirova N, Declich S. Migrant's access to immunization in Mediterranean Countries. *Health Policy* 2012;105:17-24.

³⁰ JRS-Europe, Jesuit Refugee Service-Europe. Civil Society Report on the Detention of Vulnerable Asylum Seekers and Irregular Migrants in the European Union (The Devas Project). Brussels: JRS-Europe, 2010. http://www.detention-in-europe.org/images/stories/DEVAS/jrs-europe_becoming%20vulnerable%20in%20detention_june%202010_public_updated%20on%202012july10.pdf (retrieved: March 5, 2015).

the reviewed reports, available health care is often provided by subcontracted health care providers or NGOs. Furthermore, experiences of discrimination and ill-treatment by health care providers are reported. In the studies, several health risks are identified during the stay in the detention centres, among them the precarious living conditions, the lack of adequate healing, a frequent situation of overcrowding, as well as incidences of physical or psychological violence committed by the staff or other inmates.

These observations are confirmed by reports of the Special Rapporteur on the human rights of migrants^{33, 34} and the Committee on Civil Liberties of the European Parliament³⁵.

Slide 9: The Council of Europe Resolution 1701(2010) *Detention of asylum seekers and irregular migrants in Europe*³⁶, establishes detention of asylum seekers and migrants in an 'irregular situation' to be considered as an exception. Minimum standards regarding conditions of detention for migrants and asylum seekers should be established, including a guarantee of dignity and respect of Human Rights, access to information, appropriate material conditions, protection of their health and well-being, access to legal advice, protection of safety and availability of complaint procedures. Independent inspection and monitoring should take place. Furthermore, the resolution highlights that detention authorities should (alternatives for detention).

Slide 10: Quality assessment constitutes a relevant step of the interventions oriented towards cultural and ethnic diversity. Recent studies^{37,38} identify a frequent absence of intervention assessment, producing a lack of awareness regarding limitations of the project in terms of acceptability, cost-efficacy and sustainability. Furthermore, differentiated outcomes according to the assessment methodology can be observed, as well as a lack of implementation and evaluation of existing assessment tools.

Different **quality assessment methods oriented to cultural and ethnic diversity-sensitive health care and health policies** have been developed, among them the model of Health

³¹ Médecins Sans Frontières. Migrants, refugees and asylum seekers: Vulnerable people at Europe's doorstep, s.a. <http://www.doctorswithoutborders.org/sites/usa/files/MSF-Migrants-Refugees-AsslymSeekers.pdf> (retrieved: March 5, 2015).

³² Amnesty International. Migration-Related Detention: A research guide on human rights standards relevant to the detention of migrants, asylum-seekers and refugees. London: AI, 2007. <http://www.refworld.org/pdfid/476b7d322.pdf> (retrieved: March 5, 2015).

³³ UN, United Nations, Human Rights Council. Report of the Special Rapporteur on the human rights of migrants, Detention of migrants in an irregular situation. François Crépeau, 2012. <http://daccess-dds-ny.un.org/doc/UNDOC/GEN/G12/125/96/PDF/G1212596.pdf?OpenElement> (retrieved: March 5, 2015).

³⁴ UN, United Nations, Human Rights Council. Report of the Special Rapporteur on the human rights of migrants, François Crépeau, Regional study: management of the external borders of the European Union and its impact on the human rights of migrants, 2012. http://www.ohchr.org/Documents/HRBodies/HRCouncil/RegularSession/Session23/A.HRC.23.46_en.pdf (retrieved: March 5, 2015).

³⁵ Committee on Civil Liberties, Justice and Home Affairs, Directorate General Internal Policies of the Union, European Parliament. The conditions in centres for third country national (detention camps, open centres as well as transit centres and transit zones) with a particular focus on provisions and facilities for persons with special needs in the 25 EU member states. Study. Brussels: European Parliament, 2007. http://www.aedh.eu/plugins/fckeditor/userfiles/file/Asile%20et%20immigration/Study_of_European_Parliament_about_detention_and_enferment_in_Europe.pdf (retrieved: March 5, 2015).

³⁶ Council of Europe. Resolution 1701(2010). Detention of asylum seekers and irregular migrants in Europe. <http://assembly.coe.int/Mainf.asp?link=/Documents/AdoptedText/ta10/ERES1707.htm> (retrieved : March 5, 2015).

³⁷ Molnár Á, Ádány R, Ádám B, Gulis G, Kósa K. Health impact assessment and evaluation of a Roma housing project. *Health & Place* 2010;16:1240-1247.

³⁸ Penka S, Kluge U, Vardar A, Borde T, Ingleby D. The concept of "intercultural opening": the development of an assessment tool for the appraisal of its current implementation in the mental health care system. *European Psychiatry* 2012;27:563-569.

Impact Assessment (HIA), qualitative assessment methodologies, as well as participative assessment approaches.

In the following slides, the quoted quality assessment methods are described more in detail. We suggest you to select those quality assessment methods that are relevant in your specific context, explain them more in detail, add country-specific examples, and close the presentation with slide 20 (Limitations and Challenges of Quality Assessment).

Slide 11: With respect to **Health Impact Assessment**, an application of the model to health care oriented towards cultural and ethnic diversity can be observed³⁹.

According to IAIA, International Association for Impact Assessment⁴⁰, HIA focus on the analysis of the impact of health policies on individual, social, environmental and institutional determinants of health.

As **guiding principles**, the following aspects are identified: democracy, equity, sustainable development, ethical use of evidence, as well as a comprehensive approach to health.

WHO, World Health Organization defines Health Impact Assessment as follows: “HIA is a practical approach used to judge the potential health effects of a policy, programme or project on a population, particularly on vulnerable or disadvantaged groups. Recommendations are produced for decision-makers and stakeholders, with the aim of maximising the proposal's positive health effects and minimising its negative health effects”⁴¹.

Slide 12: Furthermore, IAIA establishes the following **operating principles** for a HIA process:

1. Screening: deciding what scale, if any, HIA is required (desk exercise by ministry/authority).
2. Scoping: setting the boundaries in time and space for the assessment and formulating TOR for a full scale HIA accordingly (usually by MOH (central, province and/or district) and key stakeholders).
3. Full scale HIA (by HIA team according to specifications in TOR).
4. Public engagement and dialogue (initiated by MOH or other relevant authority).
5. Appraisal of the HIA report (compliance with TOR, quality control of independent criteria) and the feasibility/soundness/ acceptability of its recommendations (MOH or another MOH assigned independent consultant).
6. Establishment of a framework for intersectoral action (MOH and relevant ministries).
7. Negotiation of resource allocations for health safeguard measures (Ministry of Finance and relevant ministries).
8. Monitoring (of compliance and of pertinent health indicators), evaluation and appropriate follow-up (MOH and line ministries).⁴²

The figure illustrates a simplified version of the HIA process published by WHO⁴³.

³⁹ Molnár, et al. 2010, op. cit.

⁴⁰ Quigley RL, den Broeder P, Furu A, Bond BC, Bos R. Health Impact Assessment International Best Practice Principles. Special Publication Series No. 5. Fargo, USA: International Association for Impact Assessment, 2006. <http://www.iaia.org/publicdocuments/special-publications/SP5.pdf?AspxAutoDetectCookieSupport=1> (retrieved: March 5, 2015).

⁴¹ WHO, World Health Organization. Health Impact Assessment (HIA). About HIA, 2014a. <http://www.who.int/hia/about/en/> (retrieved: March 5, 2015).

⁴² Quigley, et al. 2006, op. cit., p. 3.

⁴³ WHO, World Health Organization. Health Impact Assessment (HIA). HIA Procedure, 2014b. <http://www.who.int/hia/tools/en/> (retrieved: March 5, 2015).

Slide 13: As examples of **recent studies applying HIA methodologies to the evaluation of quality of health care oriented towards cultural and ethnic diversity**, the following two publications can be highlighted:

1. A literature review on the inclusion of migrants in HIA projects, detecting a low rate of active inclusion of migrants in the HIA process⁴⁴.
2. A retrospective health impact assessment of a Roma housing process in Hungary, based on the principles established in the Ottawa Charter⁴⁵.

Slide 14: The Project Group on Standards for Equity in Health Care for Migrants and Other Vulnerable Groups, HPH Task Force Migrant Friendly Hospitals and Health Services, coordinated by Antonio Chiarenza, published in 2014 the ***“Standards for equity in health care for migrants and other vulnerable groups. Self-Assessment Tool for Pilot Implementation”***⁴⁶. A first piloting was conducted in 45 health care organizations of 12 countries (Australia, Canada, Finland, Ireland, Italy, Norway, Scotland, Slovenia, Spain, Sweden, Switzerland and The Netherlands). The Standards are based on the following objectives:

- Improve monitoring of the health of migrants and ethnic minorities.
- Improve entitlements to health care and access to services.
- Develop good practices to promote appropriate care and interventions.
- Improve the participation of migrants and ethnic minorities in policy development and health services.⁴⁷

Slide 15: The ***“Standards for equity in health care for migrants and other vulnerable groups”*** consist of the following main areas, with substandards in each standard:

- Standard 1: Equity in Policy
- Standard 2: Equitable Access and Utilisation
- Standard 3: Equitable Quality of Care
- Standard 4: Equity in Participation
- Standard 5: Promoting Equity⁴⁸

Slide 16: Qualitative assessment methodologies can be identified as a relevant approach for evaluating the quality of health care oriented towards cultural and ethnic diversity. As an example, a recent study⁴⁹ has been conducted that analyzes, by means of an ethnographic and qualitative research design, the power imbalance inherent in the humanitarian approach of a NGO working with migrant population.

Another qualitative study⁵⁰ explores the perspectives of migrant children and parents on the quality of health care received in Scotland. The authors highlight the relevance of exploring the users’ perspectives in order to improve quality of health care, and identify the analysis of the migrant children’s perspective as a less explored topic.

⁴⁴ Jandu MB, Canuto de Medeiros B, Borugeault I, Tugwell P. The inclusion of migrants in health impact assessments: A scoping review. *Environmental Impact Assessment Review* 2015;50:16-24.

⁴⁵ Molnár, et al. 2010, op. cit.

⁴⁶ Chiarenza A, in collaboration with Project Group on Standards for Equity in Health Care for Migrants and Other Vulnerable Groups, HPH Task Force Migrant Friendly Hospitals and Health Services. *Standards for equity in health care for migrants and other vulnerable groups. Self-Assessment Tool for Pilot Implementation*. Reggio Emilia: Task Force Migrant Friendly Hospitals and Health Services, 2014.

⁴⁷ Chiarenza 2014, et al., op. cit., p. 6.

⁴⁸ Chiarenza 2014, et al., op. cit., p. 13.

⁴⁹ Huschke S. Performing deservingness. *Humanitarian health care provision for migrants in Germany*. *Social Science & Medicine* 2014;120:352-359.

⁵⁰ Sime D. ‘I think that Polish doctors are better’: Newly arrived migrant children and their parents’ experiences and views of health services in Scotland. *Health & Place* 2014;30:86-93.

Slide 17: Two recent studies published by Médecins du Monde^{51,52} analyze, using qualitative and qualitative-quantitative methods (interviews and analysis of health records), the impact of the current economic crisis on the access to health and health status of marginalized population, including migrants in an 'irregular' situation.

Slide 18: Participative assessment methods constitute another type of relevant methodology for quality assessment in health care oriented towards cultural and ethnic diversity. Different authors^{53,54,55} stress the relevance of including migrants and ethnic minorities in the quality assessment, for improving the legitimacy and cultural acceptability of the evaluation process, as well as facilitating the orientation of health policies towards the users' needs. According to Mock-Muñoz de Luna⁵⁶, several European projects aim at achieving users' involvement in design, implementation and evaluation, among them EURO HIV EDAT, TAMPEP, TUBIDU.

Slide 19: Assessment processes are not only conducted to evaluate the quality of health care for migrants and ethnic minorities, but also to **evaluate health policies**, by means of literature reviews and analysis of strategic documents, among others^{57,58,59,60,61,62}.

The reviewed studies indicate that only a few European countries count on national **policies on migrants' health** and data information systems related to migrants' health. A relative scarcity of migrant policies focused on preventive care is observed. Furthermore, difficulties in data comparability are reported, which are attributed to differences in the methods and target groups. A lack of sustainability and an exposure of the policies to political changes are observed. The authors highlight the relevance of monitoring the implementation of the policies and assess their effectiveness.

⁵¹ 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).

⁵² 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/drofttheworld/d137240498b91ca33e_jhm62yig1.pdf (retrieved: March 5, 2015).

⁵³ Molnár, et al. 2010, op. cit.

⁵⁴ Sime 2014, op. cit.

⁵⁵ Mock-Muñoz de Luna, et al. 2015a, op. cit.

⁵⁶ Mock-Muñoz de Luna, et al. 2015a, op. cit.

⁵⁷ Mladovsky P, Rechel B, Ingleby D, McKee M. Responding to diversity: An exploratory study of migrant health policies in Europe. Health Policy 2012;105:1-9.

⁵⁸ Keygnaert I, Guieu A, Ooms G, Vettenburg N, Temmerman M, Roelens K. Sexual and reproductive health of migrants: Does the EU care? Health Policies 2014;114:215-225.

⁵⁹ Rechel B, Mladovsky P, Devillé W. Monitoring migrant health in Europe: A narrative review of data collection practices. Health Policy 2012;105:10-16.

⁶⁰ Mladovsky P. A framework for analysing migrant health policies in Europe. Health Policy 2009;93:55-63.

⁶¹ Vázquez ML, Terraza-Núñez R, S-Hernández S, Vargas I, Bosch L, González A, et al. Are migrants health policies aimed at improving access to quality healthcare? An analysis of Spanish policies. Health Policy 2013;113:236-246.

⁶² Ingleby 2009, op. cit.

Slide 20: Recent studies^{63,64,65,66,67,68} identify several **limitations and challenges** related to quality assessment of health care oriented towards cultural and ethnic diversity. First, a lack of statistical and methodological data comparability, as well as difficulties in collecting data are observed. These challenges are related to the differences in the data collection related to migration status and ethnicity according to the country, the complexity and multidimensionality of concepts such as 'migrant', 'migration', 'ethnic minority' or 'ethnicity', as well as differences between external categorizations and self-denominations. Furthermore, different quality assessment methods and indicators can be detected. Finally, ethical concerns and a questioning of the legitimacy of a data collection on migration status and ethnicity can be observed.

3. Activity: Quality Assessment of Health Care oriented towards Cultural and Ethnic Diversity

Slide 21: The activity consists of three parts:

1. **Presentation of the methodology**
2. **Activity in pairs**
 - Identify relevant aspects for quality of health care oriented towards cultural and ethnic diversity in your context, creating a list of assessment criteria (M4_U4 Activity 1 Template).
 - Remember a health intervention oriented towards cultural and ethnic diversity conducted in your own professional context.
 - Apply the quality assessment criteria to the intervention (M4_U4 Activity Template).
3. **Group discussion**
 - Share the experience of developing assessment criteria and applying them to a concrete example of health care oriented towards cultural and ethnic diversity, including difficulties and doubts.

Slide 22: Thank you and questions.

Slide 23-27: References.

Slide 28: European Commission disclaimer.

4. Readings

Recommended readings:

⁶³ Mock-Muñoz de Luna 2015a, op. cit.

⁶⁴ Mladovsky P. Migration and health in the EU. London: LSE Research Note, 2007.

⁶⁵ Bhopal R. Migration, ethnicity, race and health in multicultural societies. Oxford: Oxford University Press, 2014.

⁶⁶ Abdikeeva a. Measure, Plan, Act. Ow data collection can support racial equality. Brussels: European Network Against Racism (ENAR), 2014.

⁶⁷ Jayaweera J. Health of Migrants in the UK: What Do We Know. Migration Observatory Briefing. COMPAS, University of Oxford, 2011.

⁶⁸ Stronks K, Glasgow IK, Lazinga N. The identification of ethnic groups in health research, additional to the country of birth classification. Amsterdam: University of Amsterdam, Department of Social Medicin, 2004.

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