



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 6: Intersectoral Approach

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 Unita Sanitaria Locale di Reggio Emilia



JAGIELLONIAN UNIVERSITY
MEDICAL COLLEGE



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Module 4, Knowledge Application

Unit 6: Intersectoral Approach

1. Objectives and Methods

1.1. Objectives

Objectives of the Presentation

- To introduce the concept of “intersectorality” and relevant applications to health care and health policies addressed to migrants and ethnic minorities.

Objectives of the Activities

- To identify relevant stakeholders, resources, interactions, barriers and strategies for intersectoral action related to the health of migrants and ethnic minorities in the own context.

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
10 minutes	<ul style="list-style-type: none"> To introduce the concept of “intersectorality” and relevant applications to health care and health policies addressed to migrants and ethnic minorities. 	Presentation “Intersectoral Approach” and questions <i>(Slides 1-10)</i>	Projector, laptop, screen. M4_U6_Presentation
50 minutes	<ul style="list-style-type: none"> To identify relevant stakeholders, resources, interactions, barriers and strategies for intersectoral action related to the health of migrants and ethnic minorities in the own context. 	Activity “Mapping an Intersectoral Action” in three parts: <ul style="list-style-type: none"> Presentation of the methodology Mapping activity (in subgroups) Wrap up and discussion in plenary <i>(Slide 11)</i>	Projector, laptop, screen. Paper, cards, markers, scissors, adhesive

2. Presentation

Slide 1: Title page

Slide 2: Outline of the session

Slide 3: “Intersectoral action for health” has been defined as follows:

Intersectoral action for health could be defined as a coordinated action that explicitly aims to improve people’s health or influence determinants of health. Intersectoral action for health is seen as central to the achievement of greater equity in health, especially where progress depends upon decisions and actions in other sectors.¹

We understand “intersectoral action for health” to refer to actions undertaken by sectors outside the health sector, possibly, but not necessarily, in collaboration with the health sector, on health or health equity outcomes or on the determinants of health or health equity.²

Slide 4: Intersectoral action is conceptualized as being related to a model of **social determinants of health** and **policies aimed at reducing health inequalities**.

Furthermore, intersectoral action is considered as one of the core features of a **“Health in All Policies Framework”**^{3,4,5,6,7,8,9,10,11}.

¹ WHO, World Health Organization, Public Health Agency of Canada. Health Equity Through Intersectoral Action: An Analysis of 18 Country Case Studies. WHO, Public Health Agency of Canada, 2008.

http://www.who.int/social_determinants/resources/health_equity_isa_2008_en.pdf?ua=1 (retrieved: March 5, 2015).

² Ståhl T, Wismar M, Ollila E, Lahtinen E, Leppo K. Health in All Policies. Prospects and potentials. Helsinki, Ministry of Social Affairs and Health, European Observatory on Health Systems and Policies, 2006, p. 5. http://ec.europa.eu/health/ph_information/documents/health_in_all_policies.pdf (retrieved: March 5, 2015).

³ CHAFAEA, Consumers, Health and Food Executive Agency, European Commission. Action on health inequalities in the European Union. Final version. The EU Health Programme’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).

⁴ Ståhl et al., 2006, op. cit.

⁵ McQueen DV, Wismar M, Lin V, Jones CM, Davies M. Intersectoral Governance for Health in All Policies. Structures, actions and experiences. Observatory Studies Series 26. Copenhagen: WHO, World Health Organization, European Observatory on Health Systems and Policies, 2012.

http://www.euro.who.int/_data/assets/pdf_file/0005/171707/Intersectoral-governance-for-health-in-all-policies.pdf (retrieved: March 5, 2015).

⁶ WHO, World Health Organization. Discussion Paper Intersectoral Action on Health: A Path for Policy-Makers to Implement Effective and Sustainable Intersectoral Action on Health. First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control. Moscow, 28-29 April 2011.

http://www.who.int/nmh/publications/ncds_policy_makers_to_implement_intersectoral_action.pdf (retrieved: March 5, 2015).

⁷ Vervoordeldonk J, Dorgelo A, Timmermans H, Dimitrov P, Manolova A, Tsoleva G, et al. Action for Health: Reducing Inequalities in Health. Situation Analysis and Needs Assessment in Seven EU-Countries and Regions. Murska Sobota: Institute of Public Health, 2013.

<http://www.action-for-health.eu/sites/default/files/files/Situation%20Analysis%20and%20Needs%20Assessment%20in%20Seven%20EU-Countries%20and%20Regions.pdf> (retrieved: December 18, 2014).

⁸ WHO, World Health Organization. A conceptual framework for action on the social determinants of health. Discussion Paper Series on Social Determinants of Health 2. Geneva: WHO, 2010.

http://www.who.int/sdhconference/resources/ConceptualframeworkforactiononSDH_eng.pdf (retrieved: March 5, 2015).

“Health in All Policies (HiAP)” is defined as *“a policy strategy which targets the key social determinants of health through integrated policy responses across all relevant policy areas”*¹².

Intersectoral action is being developed and implemented on an international, European, national, regional or community level, with the participation of multiple institutions and stakeholders, among them International, European, national or regional or local institutions in the health, social and educational sector, legislative bodies, professional associations, civil society organizations, media, citizenship, etc.

Slide 5: The reviewed reports and strategic documents identify several **opportunities** and **limitations** related to intersectoral action.

In relation to **opportunities**, a development of synergies, the achievement of intersectoral co-benefits, the enhancement of equity in health and the reduction of geographical inequalities are highlighted.

With respect to limitations, the reviewed strategic documents and reports refer to difficulties in the improvement of social determinants of health, the costs of intersectoral interventions, difficulties in measuring the cost-benefit balance, the limited implementation on a local level due to reduced prioritization on a European, national or regional level, as well as, in general, difficulties in achieving the improvement of social determinants of health.

Slide 6: Furthermore, the reviewed strategic documents and reports identify potential **strategies** for enhancing the **implementation of intersectoral actions**. They highlight the importance of improving a political and institutional recognition of intersectoral action, including long-term perspectives. Furthermore, they underline the relevance of assuring continuity, assessment and follow up, promoting community participation and empowerment, as well as the need for adapting intersectoral actions to the specific political, economic, and cultural context.

Slide 7. A **review of 64 actions addressing health inequalities** conducted within the First and Second Health Programme, published by CHAFEA¹³, identifies *“Health in All Policies (Intersectoral Action)”* as the less frequent type of intervention, at the same time as observing an increasing consideration in the Second Health Programme. *“Migrants and ethnic minorities”* are identified as relevant target groups within the health inequalities actions developed in recent years.

Slide 8: In strategic documents and recent studies, the **relevance of intersectoral action** for health care and health policies addressed to **migrants and ethnic minorities** is

⁹ 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. Geneva: WHO, 2008. http://whqlibdoc.who.int/publications/2008/9789241563703_eng.pdf (retrieved: March 5, 2015).

¹⁰ Marmot M (consortium leader). Health inequalities in the EU. Final report of a consortium. European Union 2013. http://ec.europa.eu/health/social_determinants/docs/healthinequalitiesineu_2013_en.pdf (retrieved: March 5, 2015).

¹¹ Ministry of Health and Social Policy of Spain. Moving forward Equity in Health: Monitoring Social Determinants of Health and the Reduction of Health Inequalities. An independent expert report commissioned through the Spanish Presidency of the EU. Madrid: Ministry of Health and Social Policy of Spain, 2010.

https://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/PresidenciaUE_2010/conferenciaExpertos/docs/haciaLaEquidadEnSalud_en.pdf (retrieved: March 5, 2015).

¹² CHAFEA 2014, op. cit., p. 21.

¹³ CHAFEA 2014, op. cit., p. 21.

stressed^{14,15,16,17}. Intersectoral action is considered to be particularly relevant due to the economic, political and social character of the determinants of health in these population groups.

Slide 9: The reviewed strategic documents and reports put forward **recommendations** related to intersectoral action in general and specifically related to the health of migrants and ethnic minorities. They recommend the promotion of intersectoral actions, cross-sectoral strategies and “Health in all Policies”, as well as the mainstreaming of a focus on health inequalities instead of a limitation of action toward specific vulnerable groups. In the development of intersectoral actions addressed to migrants and ethnic minorities, a consideration of the social determinants of health is recommended. Furthermore, the introduction of intersectoral actions focused on addressing the impact of the current economic crisis on health care and health, as well as the promotion of the monitoring and ongoing assessment of intersectoral actions is suggested.

Slide 10: In the construction of an **intersectoral action plan** related to the health of migrants and ethnic minorities, various phases have to be considered. In this slide, an example of an action plan, based on **participatory planning methodologies, tools and training resources**^{18,19,20,21} is presented, to be adapted to the specific context.

As a starting point, the need for intersectoral collaboration is identified, and the idea of a joint action is transferred to other sectors and stakeholders. In a first meeting, experiences and expectations are exchanged, the objectives of the collaboration are identified, and the intersectoral action plan is elaborated. The process starts with the elaboration of a situational analysis, by means of a mapping of the relevant stakeholders and existing resources and a SWOT analysis to identify strengths, weaknesses, opportunities and threats. Based on the results of this situational analysis in the planning phase, adequate intervention methodologies are identified and interventions and actions are prepared. In the implementation phase, the actions and interventions are implemented. Finally, the intersectoral action plan includes an assessment process, in order to detect weaknesses and to improve the actions and interventions.

3. Activity

¹⁴ World Health Assembly. Health of Migrants. Report by the Secretariat, 2008a.

http://apps.who.int/iris/bitstream/10665/23467/1/A61_12-en.pdf?ua=1 (retrieved: March 5, 2015).

¹⁵ WHA, World Health Assembly. Health of Migrants. WHA61.17, 24 May 2008. WHA, 2008b. http://apps.who.int/gb/ebwha/pdf_files/A61/A61_R17-en.pdf (retrieved: March 5, 2015).

¹⁶ WHO, World Health Organization. Health of migrants: the way forward – report of a global consultation. Madrid, Spain, 3-5 March 2010.

http://www.who.int/hac/events/consultation_report_health_migrants_colour_web.pdf (retrieved: March 5, 2015).

¹⁷ Ingleby D. Ethnicity, Migration and the ‘Social Determinants of Health’ Agenda’. *Psychosocial Intervention* 2012;21(3):331-341.

¹⁸ CommunityToolBox. Section 3. Our Model of Practice: Building Capacity for Community and System Change.

<http://ctb.ku.edu/en/table-of-contents/overview/model-for-community-change-and-improvement> (retrieved: March 5, 2015).

¹⁹ Red Isir, Red Inmigración y Salud. Cuadernos audiovisuales para formación de profesionales en habilidades de comunicación con poblaciones inmigrantes. [DVD].

²⁰ CIMAS, Observatorio Internacional de Ciudadanía y Medio Ambiente Sostenible. Metodologías Participativas. Manual, 2009.

http://www.redcimas.org/wordpress/wp-content/uploads/2012/09/manual_2010.pdf (retrieved: March 5, 2015).

²¹ Risler J, Ares P. Manual de mapeo colectivo: recursos cartográficos críticos para procesos territoriales de creación colaborativa. Buenos Aires: Tinta Limón, 2013. (retrieved: March 5, 2015).

Mapping Stakeholders and Resources for an Intersectoral Action

Slide 11: The activity consists of three parts:

1. Presentation of the methodology

2. Mapping Process²² in small groups (3-4 people)

The small groups should be composed of participants from the same institutional / local / regional or national context, in order to be able to construct a map based on a concrete experience. If all participants are from different contexts, the mapping activity can also be conducted individually.

- In small groups (*or individually*):
 - Describe an intersectoral action related to the health of migrants and ethnic minorities existing in your own institutional, local, regional or national context.
 - Construct a map of relevant stakeholders and resources for the intersectoral action.
 - Draft the existing interactions between stakeholders.
 - Create a future picture of an 'ideal' intersectoral coordination.
 - Identify strategies to achieve the 'ideal' picture.

Each small group is invited to select a rapporteur to present the map and relevant reflections in the plenary.

3. Wrap up and discussion in the plenary

- Wrap up and presentation of the mapping by the rapporteurs of each group (*in case of the mapping activity being conducted individually, 3-4 participants are asked to present their map*).
- Discussion.

Slide 12: Thank you and questions.

Slide 13-14: References.

Slide 15: European Commission disclaimer.

²² Based on CIMAS 2009, op. cit. and Risler, et al. 2013, et al., op cit.

4. Readings

Recommended Readings

CHAFEA, Consumers, Health and Food Executive Agency, European Commission. Action on health inequalities in the European Union. Final version. The EU Health Programme'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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Complementary Readings

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https://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/PresidenciaUE_2010/conferenciaExpertos/docs/haciaLaEquidadEnSalud_en.pdf (retrieved: March 5, 2015).

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<http://www.action-for-health.eu/sites/default/files/files/Situation%20Analysis%20and%20Needs%20Assessment%20in%20Seven%20EU-Countries%20and%20Regions.pdf> (retrieved: December 18, 2014).

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http://apps.who.int/iris/bitstream/10665/23467/1/A61_12-en.pdf?ua=1 (retrieved: March 5, 2015).

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