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**



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**Module 4, Knowledge Application**

**Unit 6: Intersectoral Approach**

1. **Objectives and Methods**
   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. **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 | * 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  *(Slides 1-10)* | Projector, laptop, screen.  M4\_U6\_Presentation |
| 50 minutes | * 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:   * Presentation of the methodology * Mapping activity (in subgroups) * Wrap up and discussion in plenary   *(Slide 11)* | Projector, laptop, screen.  Paper, cards, markers, scissors, adhesive |

1. **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]](#footnote-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]](#footnote-2)

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

Furthermore, intersectoral action is considered as one of the core features of a ***“Health in All Policies Framework****”[[3]](#footnote-3),[[4]](#footnote-4),[[5]](#footnote-5),[[6]](#footnote-6),[[7]](#footnote-7),[[8]](#footnote-8),[[9]](#footnote-9)*,*[[10]](#footnote-10),[[11]](#footnote-11).*

*“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]](#footnote-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 documentsidentify 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 priorization 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 CHAFEA[[13]](#footnote-13), 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 actio**n for health care and health policies addressed to **migrants and ethnic minorities** is stressed[[14]](#footnote-14),[[15]](#footnote-15),[[16]](#footnote-16),[[17]](#footnote-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]](#footnote-18),[[19]](#footnote-19),[[20]](#footnote-20),[[21]](#footnote-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.

1. **Activity**

**Mapping Stakeholders and Resources for an Intersectoral Action**

**Slide 11:** The activity consists of three parts:

**1. Presentation of the methodology**

**2. Mapping Process[[22]](#footnote-22) 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.

1. **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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