

Pachete de instruire pentru profesionistii din sanatate in vederea imbunatatirii accesului si calitatii serviciilor de sanatate pntru migranti si minoritati etnice, inclusiv populatia roma

MEM-TP

***MODULUL 4.***

***APLICAREA CUNOȘTINȚELOR***

***Unitatea 3: SĂNĂTATE PUBLICĂ, PROGRAME DE PREVENȚIE ȘI PROMOVARE A SĂNĂTĂȚII DIN PERSPECTIVE MULTIDISCIPLINARE***

***Ghid***

*Elaborat de:*

*Amets Suess*

*Andalusian School of Public Health*

*Adaptat de:*

*Luminita Marcu*

*CEDES*

*Tradus de:*

*Luminita Marcu*

*CEDES*

© Uniunea Europeana, 2015

Pentru orice reproducere a informatiei text sau multimedia care nu intra sub incidenta siglei © Uniunii Europene, trebuie ceruta permisiunea in mod direct de la detinatorii de copyright.

© Ilustratiile de pe coperta: Observatorio de la Infancia de Andalucía, Escuela Andaluza de Salud Pública. Junta de Andalucía.



**Migrants & Ethnic Minorities Training Packages**



Finantat de catre Uniunea Europeana prin Programul UE de Sanatate (2008-2013) in cadrul contractului de servicii cu Agentia Executiva pentru Consumatori, Sanatate, Agricultura si Aliment (Chafea) care functioneaza sub mandatul Comisiei Europene. Constinutul acestui raport reprezinta punctele de vedere ale Scolii Andaluze de Sanatate Publica (EASP) si sunt numai responsabilitatea acesteia; nu poate reflecta in nici un fel punctele de vedere ale Comisiei Europene si/sau Chafea sau ale oricarui alt organism al Uniunii Europene. Comisia Europeana si/sau Chafea nu garanteaza acuratetea datelor incluse in acest raport, in consecinta nici nu accepta responsabilitatea utilizarii lor de catre terti.

**Unitatea 3: Sanatate publica, programe de preventie si promovare a sanatatii din perspective multidisciplinare**

1. **Obiective si metode**
   1. **Obiective**

**Obiectivele prezentarii**

* Sa invete strategiile si Cele mai Bune Practici privind prevenirea si promovarea sanatatii orientate catre diversitatea culturala si etnica din perspectiva multidisciplinara

**Obiectivele activitatilor**

* Sa reflecteze asupra comportamentelor in cadrul interventiilor de preventie si promovarea sanatatii orientate catre diversitatea culturala si etnica si asupra strategiilor de mentinere si consolidare a acestor comportamente
  1. **Metode**

*Timpul planificat pentru Modulul 4 este de aproximativ 5 ore si este alcatuit din 6 unitati, aproximativ 50 minute pentru fiecare unitate. Pachetul de materialele de instruire, pentru fiecare sesiune, cuprinde: prezentari, activitati/exercitii, filme video, bibliografie si materiale audiovizuale.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Timp** | **Obiective** | **Activitati** | **Surse** |
| 20 min | * Sa prezinte strategiile si Cele mai Bune Practici privind prevenirea si promovarea sanatatii orientate catre diversitatea culturala si etnica din perspectiva multidisciplinara | **Prezentare** “Sanatate publica, programe de preventie si promovare a sanatatii din perspective multidisciplinare” si intrebari  *(Slide 1-6)* | Proiector, laptop, ecran.  Prezentare M4\_U3  Materiale suplimentare M4\_U3 |
| 50 min | * Sa reflecteze asupra comportamentelor in cadrul interventiilor de preventie si promovarea sanatatii orientate catre diversitatea culturala si etnica si asupra strategiilor de mentinere si consolidare a acestor comportamente | **Activitatea 1** “Preventie si promovare a sanatatii”   * Prezentarea metodologiei * Pregatirea jocului de rol (in grupuri mici) * Joc de rol (in plen) * Discutii (in plen)   *(Slide 7-11)* | Proiector, laptop, ecran. |

**Prezentare**

**Slide 1:** Pagina de titlu

**Slide 2:** Planul sesiunii

**Slide 3:** In cadrul acestui program de instruire, promovarea si prevenirea sanatatii orientata catre diversitatea culturala si etnica, sunt concepute astfel incât sa nu fie reduse la studii de sanatate publica sau screening, dar sa include o **gama larga de activitati de prevenire si promovarea sanatatii**, luarea in consideratie a **determinantilor sociali ai sanatatii**, strategii pentru reducerea inegalitatilor sociale in sanatate si **promovarea obiceiurilor de sanatate si a stilului de viata.**

Aceasta abordare se bazeaza pe “*Dreptul fiecaruia sa se bucure de cel mai inalt Standard de Sanatate”*, dupa cum este stability in Conventia Internationala privind drepturile economice, sociale si culturale[[1]](#footnote-1) (Modulul 4, sesiunea 1), definitia OMS a sanatatii *(“Sanatatea este o stare completa de bine, fizica, mentala si sociala si nu este numai absenta bolilor sau infirmitatii. Exercitarea celui mai inalt standard de sanatate este unul dintre drepturile fundamentale a fiecarei fiinte umane, indiferent de diferenta de rasa, religie, credinta politica, conditiile economice si sociale”[[2]](#footnote-2))*, dreptul la nediscriminare stabilit in câteva conventii internationale si documente strategice[[3]](#footnote-3) (vezi Modul 4, S2), precum si sensibilitatea pentru diversitatea culturala si etnica[[4]](#footnote-4) (vezi Modul 1, S1; Modul 4, S1).

**Slide 4:** In legatura cu un model de **prevenire a sanatatii orientate catre diversitatea culturala si etnica**, o revizuire a proiectelor Europene si a bibliografiei stiintifice recenta indicate aspecte diferite relevante[[5]](#footnote-5),[[6]](#footnote-6),[[7]](#footnote-7),[[8]](#footnote-8),[[9]](#footnote-9)

In privinta populatiei **Roma,** se observa lipsa frecventei cererii de servicii preventive, fiind asociata cu o conceptualizare a sanatatii ca o absenta a bolilor in acest grup populational.

In consecinta, este subliniata relevanta **cunoasterii nevoilor si obiceiurilor de sanatate** ale minoritatilor, in scopul de a ghida/orienta strategiile preventive. Sunt recomandate abordarile participative. In plus, este propusa **introducerea tehnicilor inovatoare**, printre care utilizarea mesajelor text, pentru promovarea masurilor preventive de sanatate.

**Slide 5:** Un alt aspect relevant al ingrijirilor de sanatate orientate catre diversitatea culturala si etnica este domeniul promovarii sanatatii. Ottawa Charter pentru Promovarea Sanatatii defineste “promovarea sanatatii”astfel:

*“Promovarea sanatatii este procesul care permite oamenilor sa sporesca controlul pentru a-si imbunatati sanatatea. Ca sa dobândesca o stare de bine completa fizic, mental si social, un individ sau un grup trebuie sa fie capabil sa identifice si sa-si realizeze aspiratiile, sa-si satisfaca nevoile si sa schimbe sau sa faca fata mediului. Sanatatea este, prin urmare, vazuta ca o resursa pentru viata fiecaruia si nu obiectivul de a trai. Sanatatea este un concept pozitiv subliniind resursele sociale si personale, precum si capacitatile fizice. Prin urmare, promovarea sanatatii nu este doar responsibilitatea sectorului de sanatate, dar depaseste stilul de viata sanatos catre bunastare”*[[10]](#footnote-10).

**Slide 6:** In legatura cu **promovarea sanatatii orientata catre Diversitatea Culturala si Etnica**, rapoartele recente si documentele strategice[[11]](#footnote-11),[[12]](#footnote-12),[[13]](#footnote-13),[[14]](#footnote-14),[[15]](#footnote-15),[[16]](#footnote-16), propun diferite strategii, printre care promovarea obiceiurilor sanatoase in populatia etnica, incluzând dieta, activitatea fizica, obiceiuri sanatoase in domeniul sanatatii reproductive si sexuale si alte stiluri de viata sanatoase.

Rapoartele subliniaza relevanta programelor de promovare a sanatatii sensibile cultural si abordate in mod adecvat. Este evidentiat si rolul mediatorilor interculturali in promovarea sanatatii orientata catre diversitatea culturala si etnica

In plus este evidentiata importanta recunoasterii si promovarii culturii si obiceiurilor de sanatate specifice prin identificarea obiceiurilor de sanatate la minoritati si promovarea si schimbul de experiente si cunostinte cu populatia generala (dieta, activitate fizica, tehnici traditionale de preventie si de ingrijire a sanatatii)

**Activitate**

**Prevenirea si promovarea sanatatii orientate catre diversitatea culturala si etnica**

**Slide 7:** Activitatea consta in 3 parti:

1. **Prezentarea metodologiei**
2. **Pregatirea** *(in grupuri mici)*

* Participantii sunt rugati sa Identifice obiceiurile pozitive legate de prevenirea si promovarea sanatatii la populatia etnica, dificultati in mentinerea acestor obiceiuri strategiile pentru consolidarea lor
* Participantii vor pregati un mic joc de rol reprezentând identificarea dificultatilor si strategiilor

1. **Joc de rol** *(in plen)*

* Participantii sunt invitati sa intervina inlocuind un actor si cautând strategii ca sa rezolve dificultatile, in cadrul ingrijirilor de sanatate orientate catre diversitatea culturala si etnica
* Discutii in grup

**Slide 8:** Va multumimsi asteptam intrebari

**Slide 9-10:** Referinte bibliografice

**Bibliografie**

**Bibliografie recomandata:**

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).

**Bibliografie complementara:**

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).

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.

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/crcl/vol40_1/ehrenreich.pdf> (retrieved: March 5, 2015).

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).

OSF, Open Society Foundations. Mediating Romani Health: Policy and Program Opportunities.NewYork:OSF,2005. <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.

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

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).

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).

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). [↑](#footnote-ref-1)
2. WHO, World Health Organization. Constitution, 1948.

   <http://www.who.int/governance/eb/who_constitution_en.pdf> (retrieved: March 5, 2015). [↑](#footnote-ref-2)
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). [↑](#footnote-ref-3)
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. [↑](#footnote-ref-4)
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). [↑](#footnote-ref-5)
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). [↑](#footnote-ref-6)
7. 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. [↑](#footnote-ref-7)
8. Phillips AL, Kumar D, Patel S, Arya M. Using text messages to improve patient-doctor communication amogn racial and ethnic minority adults: An innovative solution to increase influenza vaccinations. Preventive Medicine 2014;69:117-119. [↑](#footnote-ref-8)
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. [↑](#footnote-ref-9)
10. WHO, World Health Organization. Ottawa Charter for Health Promotion, 1986.

    <http://www.who.int/healthpromotion/conferences/previous/ottawa/en/> (retrieved: March 5, 2015). [↑](#footnote-ref-10)
11. CHAFEA, op. cit. 2014. [↑](#footnote-ref-11)
12. Council of Europe 2011, op. cit. [↑](#footnote-ref-12)
13. 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). [↑](#footnote-ref-13)
14. 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). [↑](#footnote-ref-14)
15. OSF 2005, op. cit. [↑](#footnote-ref-15)
16. OSF 2011, op. cit. [↑](#footnote-ref-16)