

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 4: CALITATEA ÎNGRIJIRILOR DE SĂNĂTATE LUÂNDU-SE ÎN CONSIDERARE DIVERSITATEA***

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**Migrants & Ethnic Minorities Training Packages**

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**Unitatea 4: Calitatea ingrijirilor de sanatate luându-se in considerare diversitatea**

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

**Obiectivele prezentarii**

* Sa prezinte aspectele relevante ale calitatii orientate catre diversitatea culturala si etnica, evaluarea metodologiilor si strategiilor

**Obiectivele activitatilor**

* Sa deschida discutii despre experiente, oportunitati si limite privind metodele de evaluare a calitatii ingrijirilor de sanatate orientate catre diversitatea culturala si etnica
	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 aspectele relevante ale calitatii orientate catre diversitatea culturala si etnica, evaluarea metodologiilor si strategiilor
 | **Prezentare** “Calitatea ingrijirilor de sanatate luându-se in considerare diversitatea” si intrebari*(Slide 1-9)* | Proiector, laptop, ecran.Prezentare M4\_U4Material suplimentare M4\_U4 |
| 50 min | * Sa deschida discutii despre experiente, oportunitati si limite privind metodele de evaluare a calitatii ingrijirilor de sanatate orientate catre diversitatea culturala si etnica
 | “Evaluarea calitatii ingrijirilor de sanatate orientate catre diversitatea culturala si etnica”* + Prezentarea metodologiei
	+ Activitate in perechi
	+ Discutii in grup (in plen)

*(Slide 10-14)* | Proiector, laptop, ecran. |

**Prezentare**

**Slide 1:** Pagina de titlu

**Slide 2:** Planul sesiunii

**Slide 3**: Unul dintre **modelele de calitate a ingrijirilor** frecvent utilizat este cunoscut ca Modelul Donabedian[[1]](#footnote-1). . Acest model identifica trei aspecte relevante ale calitatii ingrijirilor de sanatate: 1. Structura: Cladiri, echipamente, resurse umane, 2. Proces: Actiuni in furnizarea de servicii, 3. Rezultat: Eficacitatea actiunilor in imbunatatirea sanatatii.

Mock-Muñoz de Luna et al.[[2]](#footnote-2) releva complexitatea evaluarii rezultatelor. In plus, ei puncteaza ca in diverse societati *“Furnizarea aceleasi ingrijiri tuturor va determina furnizarea unei ingrijiri inferioare unora dintre ei[[3]](#footnote-3)”.* Deasemenea, autorii arata ca barierele in ingrijirile de sanatate, incluzând barierele culturale, lingvistice, pot submina calitatea perceputa a ingrijirilor de sanatate[[4]](#footnote-4). Ca urmare, **adecvarea, centrarea pe oameni si acceptabilitatea culturala a ingrijirilor de sanatate,** dobândesc o relevanta specifica.

**Slide 4: Comitetul pentru drepturile Economice, Sociale si Culturale**[[5]](#footnote-5),[[6]](#footnote-6),[[7]](#footnote-7),[[8]](#footnote-8), **in Comentariul General Nº 14, *Dreptul la cel mai inalt standard de sanatate****,* se refera la sanatate ca un drept fundamental al omului, *“strans legat si interdependent de realizarea altor drepturi ale omului”*. Ca elemente esentiale ale dreptului la sanatate au fostidentificate urmatoarele aspecte: 1. Disponibilitatea ingrijirilor de sanatate 2. Accesibilitate, incluzand accesibilitatea nediscriminatorie, fizica, economica si informationala 3. Acceptabilitatea, definite astfel: *“Toate facilitatile, bunurile si serviciile de sanatate trebuie sa respecte etica medicala, cultura indivizilor, minoritatilor, oamenilor si comunitatilor, sensibile la cerintele de gen si ale ciclului vietii, precum si sa respecte confidentialitatea si sa imbunatateasca starea de sanatate ”*  4. Calitatea ingrijirilor de sanatate.

**Slide 5:** In concordanta cu aspectele esentiale stabilite[[9]](#footnote-9) de Comitetul pentru drepturile Economice, Sociale si Culturale, studiile si rapoartele recente[[10]](#footnote-10),[[11]](#footnote-11),[[12]](#footnote-12),[[13]](#footnote-13),[[14]](#footnote-14),[[15]](#footnote-15),[[16]](#footnote-16),[[17]](#footnote-17),[[18]](#footnote-18),[[19]](#footnote-19),[[20]](#footnote-20),[[21]](#footnote-21),[[22]](#footnote-22),[[23]](#footnote-23),[[24]](#footnote-24),[[25]](#footnote-25),[[26]](#footnote-26),[[27]](#footnote-27) identifica **aspecte relevante ale calitatii ingrijirilor de sanatate luându-se in consideratie diversitatea**, incluzând 1. Principiul nediscriminarii, facilitând acelasi acces la servicii medicale de calitate pentru toti oamenii, indiferent de nationalitate, statut administrative si etnicitate 2. Reducerea inegalitatilor sociale 3. Centrarea pe oameni si competenta interculturala a profesionistilor din sanatate 4. Acceptabilitatea culturala a strategiilor din sanatate. Deasemenea aplicarea metodelor de evaluare a calitatii a fost identificata ca un aspect relevant.

**Slide 6:** Ca **strategii pentru reducerea barierelor la sanatate pentru minorititile etnice**, au fost identficate urmatoarele: Dreptul la ingrijirile de sanatate acoperite de stat , Competenta interculturala sau sensibilitate diversa, Centrarea pe pacien,t Mediere Interculturala, Participarea comunitatii[[28]](#footnote-28),[[29]](#footnote-29).

**Slide 7: Evaluarea calitatii constituie un pas relevant al interventiilor orientate catre diversitatea culturala si etnica**. Studiile recente[[30]](#footnote-30),[[31]](#footnote-31) identifica absenta frecventa a interventiei de evaluare, producând o lipsa de constiientizare privind limitele proiectului an termini de acceptabilitate, cost-eficienta si sustenabilitate. In plus, pot fi observate rezultate diferentiate conform metodologiei de evaluare, precum si o lipsa a implementarii si evaluarii instrumentelor de evaluare existente.

Au fost dezvoltate diferite **metode de evaluare a calitatii orientate catre diversitatea culturala si etnica** precum si politici si ingrijiri de sanatate **bazate pe diversitate**, printre care modelul Evaluarea impactului sanatatii), Metodologii de evaluare calitativa, precum si Abordari Participative de evaluare.

**Slide 8**: In privinta **Evaluarii Impactului sanatatii** poate fi observata,o aplicare a modelului de ingrijiri de sanatate orientate catre diversitatea culturala si etnica[[32]](#footnote-32).

OMS defineste **Evaluarea Impactului sanatatii** astfel: *“Evaluarea impactului sanatatii este o abordare practica utilizata sa judece potentialele efecte ale politicilor de sanatate, programelor si proiectelor pe o populatie, in mod particular pe grupele vulnerabile sau dezavantajate. Recomandarile sunt adresate decidentilor si persoanelor interesate, cu scopul maximalizarii efectelor pozitive ale sanatatii si minimalizarea efectelor negative[[33]](#footnote-33) ”.*

Conform Asociatiei Internationale pentru Evaluarea Impactului[[34]](#footnote-34), Evaluarii Impactului sanatatii se concentreaza pe analiza impactului politicilor de sanatate asupra determinantilor individuali, sociali, de mediu si institutionali ai sanatatii. Ca **principii directoare**, au fost identificate urmatoarele aspecte: Democratie, Echitate, Dezvoltare sustenabila, Utilizarea etica a evidentelor, Abordare comprehensiva a sanatatii

**Slide 9:** Studii recente[[35]](#footnote-35),[[36]](#footnote-36),[[37]](#footnote-37),[[38]](#footnote-38),[[39]](#footnote-39),[[40]](#footnote-40) identifica câteva **limitari si provocari** privind evaluarea calitatii ingrijirilor de sanatate orientate catre diversitatea culturala si etnica. In primul rând se observa lipsa datelor statistice si metodologice, comparabilitatea si dificultatile in procesul de colectare al datelor. Aceste provocari sunt legate de Diferentele in colectarea datelor privind statutul minoritatilor in functie de tara, de Complexitatea conceptelor, ‘minoritate etnica “ sau ‘etnicitate’, Diferente intre categorisirile externe si auto devalorizare. In plus, pot fi detectate metode si indicatori diferiti de evaluare a calitatii. Deasemenea, se pot observa si probleme de natura etica si chestionarea legitimitatii colectarii datelor despre statutul etnicilor minoritari .

**Activitate**

**Activitatea 1: Evaluarea calitatii ingrijirilor de sanatate orientate catre diversitatea culturala si etnica**

**Slide 10:** Activitatea consta in trei parti:

1. **Prezentarea metodologiei**
2. **Activitate in perechi**
* Identificati aspectele relevante pentru calitatea ingrijirilor de sanatate orientate catre diversitatea culturala si etnica, in contextual dvs, si intocmiti o lista de criterii de evaluare
* Amintiti-va o interventie orientata catre diversitatea culturala si etnica efectuata in propriul context professional
* Aplicati criteriile de evaluare la o interventie
1. **Discutii in grup**

**•** Impartasiti experienta dezvoltarii criteriilor de evaluare si aplicati-le la un exemplu concret de ingrijiri de sanatate orientate catre diversitatea culturala si etnica, incluzând dificultati si indoieli.

**Slide 11:** Multumesc si intrebari…

**Slide 12-13:** Referinte bibliografice

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