Increasing (trans)cultural competence in future health professionals.

Sapienza University’s experience in global health education.

Rome, 19 April 2018

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The Italian Society of Migration Medicine (SIMM) was established at the beginning of 1990. With about 500 active members, SIMM can be considered not merely a Scientific Society, but also a national "policy network" for exchanging experiences, data, scientific evidence and considerations on health policy, including at the local level, relating to migrants' right to health care.

Since its founding it has influenced, through its constant action of advocacy, most national health care policy decisions in this sector, which has led to the enactment - not without controversy and difficulty - of the Italian inclusive laws.

www.simmweb.it
THE PROJECT

In the current refugee challenge in Europe, the social dimension of Higher Education is concerned with providing opportunities for refugees to participate in the European Higher Education Area.

inHEREn strengthens knowledge sharing, peer-support and academic partnership to facilitate integration and access of refugees in European Higher Education Institutions.

...To facilitate integration....

The main objective of the training is to provide university actors with a set of instruments to enhance the role of European universities in the integration and support of refugees.
Universities have a fundamental role in facilitating integration and contributing to create a welcoming society…first of all through education

In Italy 2.46 refugees every 1000 inhabitants

In Italy almost 29 university students every 1000 inhabitants
An example...through my experience

Global Health Education

The Italian Network for Education in Global Health (RIISG)
CORSO ADE in
"SALUTE GLOBALE ED EQUITÁ IN SALUTE"

16 e 23 Gennaio
6 e 13 Febbraio

Organizzatore Prof. Maurizio Marceca
(maurizio.marceca@uniroma1.it)


I seminari del Corso si svolgeranno presso l’aula A del Dipartimento di Scienze di Sanità Pubblica Sanarelli dalle ore 9.00 alle ore 13.00

PROGRAMMA DEL CORSO

Sabato 16 Gennaio
- Le dimensioni globali della salute
  G. Civitelli
- I determinanti sociali della salute
  G. Civitelli

Sabato 23 Gennaio
- Le diseguaglianze nella salute e nell’assistenza tra le nazioni e all’interno di una nazione
  E. Materia
- Il ruolo dei sistemi sanitari
  M. Marceca
- Diritti di proprietà intellettuale e diritto alla salute
  N. Denti

Sabato 6 Febbraio
- Immigrazione e salute
  S. Geraci, G. Boglio

Sabato 13 Febbraio
- La cooperazione sanitaria Internazionale
  C. Resti, A. Caprara, P. DiCaccamo, G. Tarlinton

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* 346.3100212
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The Italian Network for Education in Global Health (RIISG), 2010

The establishment of RIISG was the outcome of a process that started in 2007, stimulated by the European project, “Equal opportunities for health” (coordinated by Doctors with Africa CUAMM) and the active participation of medical students nationally. Project work brought together students, young doctors and researchers, lecturers, health professionals and non-governmental organizations to exchange ideas on issues of common interest and work: international health and the inequalities existing between and within countries; the links between market, globalization and health; social determinants of health.
THE HISTORY OF
ITALIAN NETWORK FOR GLOBAL HEALTH
EDUCATION

April 2009, International Conference
Equal Opportunities for Health. Action for development

4 Working Group

Teaching Global Health
Lifelong learning

Role of international health cooperation
Financial and human resources

The will to continue this exchange and cooperation
beyond the life of the project and the desire to involve other national players, led to the creation of RIISG in 2010.

The Italian Network for Education in Global Health (RIISG), 2010
Who we are

The Italian Network for Global Health Teaching (RIISG) is a national network formed by academic institutions, scientific societies, non-governmental organizations, students associations, groups and individuals engaged in teaching Global Health, at university and in civil society.

- Area di Salute Globale e Sviluppo del CERGAS, Università Bocconi - Milano
- CSI, Università Bologna
- Consulta Nazionale degli Specializzandi in Igiene e Medicina Preventiva
- Dipartimento di Sanità Pubblica, Università di Firenze
- Università Cattolica del Sacro Cuore di Roma
- Sapienza, Università di Roma
- Università degli studi di Brescia
- Università di Perugia
- Medici con l’Africa CUAMM
- Osservatorio Italiano sulla Salute Globale (OISG)
- Segretariato Italiano Studenti in Medicina (SISM)
- Società Italiana di Medicina delle Migrazioni (SIMM)
What we did

- Definition of Global Health
- Common syllabus for courses of Global Health
- National survey of current Global Health courses
- Training of trainers (ToT)
- Articles on Global Health issues
- Development of a proposal of insertion of Global Health Issues in Medical Core curriculum (1 CFU)

The Italian Network for Education in Global Health (RIISG), 2010
What is global health?
What is global health?

Source: Dahlgren and Whitehead, 1991
Policy measures required to tackle the social determinants of health for migrants and ethnic minorities

Reducing occupational health hazards: better information, inspection, implementation of safety regulations.

Combating social exclusion, improving the rights of non-citizens. Improved policies on individual and institutional discrimination, education, employment, social protection, housing, environment and health services, asylum and irregular migration.

Reducing barriers to labour market participation: tackling unemployment; better matching of work to qualifications.

Inclusive educational policies, attention to linguistic and cultural barriers, underachievement, drop-out and segregation.

More appropriate and accessible health services, improved monitoring of health status and service use, more and better research.

Increased availability of healthy food, better targeting of “healthy eating” campaigns.

Better housing, reduction of environmental health hazards, improved transport and other amenities.

Empowering migrant and ethnic minority communities, mobilizing their health assets and strengthening social networks; combating isolation, loneliness and vulnerability.

Measures to improve knowledge of health risks and the ability to implement it. Strengthening healthy cultural traditions and questioning unhealthy ones. Encouraging avoidance of known risk factors and unhealthy lifestyles.

Source: The diagram is inspired by a presentation from Dr Nani Nair, TB Regional Advisor, on 15–16 September 2005 at the WHO Regional Office for South East Asia consultation on the social determinants of health, subsequently adapted by T: Koller to address determinants of the health of socially excluded migrant populations, and further adapted for the purposes of this policy briefing. The well-known “rainbow” is from Dahlgren & Whitehead (1991)
WHAT IS GLOBAL HEALTH? [1]

GH is meant to be a new paradigm for health and health care, grounded in the theory of health determinants. Such an approach, based on the principles stated in the Alma Ata declaration and backed by broad evidence, can be applied to disease prevention and treatment, as well as to health promotion, for both individuals and populations.

The main focus of GH concerns the health status of world population and its socio-economic, political, demographic, juridical and environmental determinants, as well as the relationship between globalisation and health in terms of equity, human rights, sustainability and international diplomacy. Adopting a transnational view, GH points out health inequalities both within and among countries, framing them through the lens of social justice.
WHAT IS GLOBAL HEALTH? [2]

Methodological approach
Due to the complexity of such issues, the GH approach is necessarily a trans-disciplinary and multimethod one, built on the contribution of natural and social sciences and the humanities.

Fields of interest
GH is not merely an academic field: fostering an ethics of social accountability for institutions, professionals and individuals involved, it encompasses the fields of research, practice and education. Driven by ethics and oriented to the needs of the population, in particular marginalised groups, it aims at producing change in the community and in the whole society, bringing evidence into practice thus reducing the know-do gap.
Common syllabus for courses of Global Health:

- Health and its Determinants
- The origins and development of Health Systems.
- Health as a human right
- Globalisation and Health
- Inequalities in health and in health care assistance
- Migration and health
- International health Cooperation
RIISG and the proposal of insertion of Global Health in medical core curriculum (1 CFU)

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<thead>
<tr>
<th>FUNDAMENTAL T.O.</th>
<th>INTEGRATIVE T.O.</th>
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<tbody>
<tr>
<td>GLOBALIZZAZIONE, SVILUPPO E SALUTE</td>
<td>• COOPERAZIONE INTERNAZIONALE</td>
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<tr>
<td>DETERMINANTI E DISUGUAGLIANZE</td>
<td>• SALUTE E MIGRAZIONE</td>
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<tr>
<td>COSTRUZIONE DI UN LINGUAGGIO COMUNE</td>
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Fundamental training objectives:
• Building a common language
• Social Determinants of health and Inequalities in Health
• Globalization and health

Integrative training objectives:
• Health and migration
• International Health cooperation

The Italian Network for Education in Global Health (RIISG), 2010
Global Health Education in Italian Medical Faculties: the Monitoring from 2007 to 2010.

The aim of the study was to assess the availability of educational opportunities in Italian Health Faculties from 2007 to 2010. A survey was carried out using a questionnaire administered to Professors. A frequency distribution of GH elective courses, grouped by three Italian geographical areas (North, Centre, South and Islands), for each academic year was assessed. The features of the courses - consistent with the pattern of course, suggested by RIISG - were analysed through a score.

From 2007 onwards, in chronological order, the surveyed faculties were 40, 36, 36 and the main coverage of survey was 92%. The courses listed were 26, 22 and 40 respectively for each academic year considered. The average of the courses number highlighted an increasing trend: national mean rose from 0.65 (SD±1.53) in 2007 to 1.11 (SD±1.18) in 2010. Regarding the evaluation of consistency a national improvement was shown. The assessment revealed a limited educational offer and differences between macroareas. Further investigations are needed.
GLOBAL HEALTH: AN INTERDISCIPLINARY PANORAMA

Studies and activities on Global Health provide a composite, well-structured scenario that often cuts across many disciplines, not only in the domain of Medicine. Speaking of Global Health means recognizing the relationships and inevitable interdependencies among different social, political, economic and health fields. Speaking of Global Health – irrespective of the conceptual frame of reference – also means adopting a panoramic approach to health that conceives people, and their health and illness pathways, as an integral part – and often the result – of the complex society we live in.
Global health courses in Rome

1. Sapienza University, Faculty of Medicine and Dentistry. Optional course on Global Health and Equity in Health open to students of Medicine, Social Work, Obstetrics, Rehabilitation. (In 2018 eleventh edition) - Prof. Marceca

2. Sapienza University, Faculty of Medicine and Psychology. Vertical programme on Global Health issues (1 CFU) - (Prof Tarsitani):
   - **II Year**: social determinants of health and the impact of globalization on health (frontal lesson)
   - **V Year**: inequalities in health and healthcare (frontal lesson).
     Learn how to analyse health problems with the approach of a social determinants of health (working group)
   - Optional courses on Migration and Health, International Health Cooperation, Globalization and Health

3. Cattolica University: Optional course on Global Health and Equity in Health - prof. Bruno

The Italian Network for Education in Global Health (RIISG), 2010
Global health «gym»: elective experiences

5. To make health care systems more equitable and effective, both the geographic and social distance between health professionals and communities must be shortened.
In the field of migration a local project already active

Caritas Free Clinic
for undocumented migrants and marginalized people
Two educational projects proposed by Sapienza University and their roots

On the trail of the right to health

Experience the reality of asylum seekers and refugees

Experiential learning
Development of critical reasoning
Community based learning
University extension
Social theory of learning

Transformative education
Socio-sanitary integration
Interdependence
Action research
On the trail of the right to health

Migrant's public health services
The Italian Constitution (1948)

32nd Article

“The Republic safeguards health as a fundamental right of the individual and as a collective interest, and guarantees free medical care to the indigent.

No one may be obliged to undergo any given health treatment except under the provisions of the law. The law cannot under any circumstances violate the limits imposed by respect for the human person”.

Policies on migrant’s health care in Italy

Legal migrants:

- Complete equality of rights and obligations with Italians… universal health coverage from the NHS

Essential health care levels (LEA), schematically:

1. Community health care in living and working environment
2. District Health Care
3. Hospital Health Care

Undocumented migrants (STP and ENI):

- Broad possibility of health protection and health assistance

- Provision of hospital and outpatient care, albeit continuous, for emergency, essential illness conditions, preventive medicine and rehabilitation

  by the delivery of 'STP’ Card (valid on national territory, semi-annual and renewable) and contrast of economic barriers in case of indigence

- Particular protection for women and children

- Special attention to infectious diseases and international prophylaxis

Prohibition of reporting undocumented immigrants who have applied for or received a health service to the Police authority!
Result 2: analysis and publication of student's diaries
Experience the reality of asylum seekers and refugees
Gym of relationship and knowledge
Brief history of the project
Objectives

The aim of the project is to allow students to experience the reality of asylum seekers and refugees.
Participants

Students of Medicine, Social Work, other health professions

Expectations of students:

Active learning
To know
To understand
To reduce distances
## Introductory course

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<tr>
<th>Giorno</th>
<th>Where</th>
<th>What</th>
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<tr>
<td>1° day</td>
<td>Sapienza University</td>
<td>- Introduction to global health and to migration and health</td>
</tr>
<tr>
<td>2° day</td>
<td>Jesuit Refugee Service</td>
<td>- Introduction to the reality of asylum seeker and refugees.</td>
</tr>
<tr>
<td>3° day</td>
<td>Refugee shelter San Saba</td>
<td>- Introduction to the experience</td>
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Healthcare
1. Member States shall ensure that beneficiaries of international protection have access to healthcare under the same eligibility conditions as nationals of the Member State that has granted such protection.

In Italy the registration to National Health System is mandatory for asylum seekers and refugees
Guidelines for the planning of care and rehabilitation interventions and for the treatment of psychological disorders of refugee and subsidiary protection status holders that have suffered torture, rape or other forms of psychological, physical or sexual violence.
Refugees and health

Refugee health care requires a strategy that is able to encompass and integrate health and social services and to involve all the necessary personnel.

This inter-sectorial approach should be able:
- to gather accurate information on refugees at a local level;
- to ensure that they have equal access to services;
- to train and up-date specialist personnel.

The refugees themselves must be involved, directly, in all these activities too.
Positive effects

On participants

- Awareness
- Reflection on the reality of refugees
- Relationship with different realities and people
- Reflection on the professional role
- Take an ethical standpoint, a decision
Positive effects

On asylum seekers and refugees

- Acceptance
- Integration
- Socialization
I’m realizing how complex and delicate is the care of a person who suffered traumas and violences, especially on the psychological side. The relationship with asylum seekers and refugees has increased my awareness on this reality and my attention towards all the factors that influence forced migrants health.

From University I’m learning knowledges, from this project I’m learning to be, which is the capacity of relationship, and to do, which is the application of knowledges.

For me it is an important occasion of relationship. It is not easy to meet these people, to know them. It’s beautiful to experience this reality.
Global health gym: towards the definition of a new educative model
And now...
Caritas Rome
Health department

4 areas of commitment:

- health care;
- research;
- education;
- advocacy.

Almost 350 volunteers
6,000 patients/year
Almost 20,000 services/year
Conclusions

- One of the most important actions of European universities to enhance their role in the integration and support of refugees is the education of the new generation for a welcoming society and the acceptance of diversity.

- In Italy, the Italian Network for Global Health Education works to insert global health issues into medical core curriculum. The number of optional global health courses is increasing. Few faculties teach global health issues in core curriculum.

- Migration and health is one of the main topics of global health courses.

- Global health gyms are powerful and transformative learning experiences. More research and commitment are needed to propose them and insert them into the academic curriculum.
Thank you for your attention!

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