

EMPOWERMENT FOR DIVERSITY

Alliance for Equity in Health Care

A project funded by Stiftung Mercator

-Project outline-

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1. Estimated Duration and Institutional Affiliation

The project *Empowerment for Diversity - Alliance for Equity in Health Care* is based at Charité – Universitätsmedizin Berlin (Germany), Clinic for Gynecology, Campus Virchow Klinikum (Berlin, Germany). It is funded by the German foundation Stiftung Mercator and started in November 2022 with an estimated duration of 3 years.

The project team consists of five members and the project lead.

2. Scope of the Project

Migration from various countries has significantly influenced Germany's population. Current migration trends such as refugee migration, labor migration, recruitment of skilled workers, family reunification and irregular migration are expected to persist. As in other immigration countries, our society is shaped by ethnic, national, cultural, linguistic and religious diversity. This has implications for health care being provided to Germany's heterogeneous population and for Germany's workforce in the healthcare sector. In addition, there is a trend towards increasingly diversifying social conditions within society. Numerous studies examining the relationship between socioeconomic income and health have demonstrated that individuals with incomes below the poverty line experience a significantly reduced life expectancy (Lampert / Kroll 2010). The current report on life situations in Germany points out that physical and mental health have a significant influence on a person's ability to shape his or her life, participate in the labor market, pursue education and engage in social, cultural and political life. Thus, health forms the basis for social participation and cohesion. Medicine and the health care system strongly influence society and its development. Conversely, living conditions also have a significant influence on an individual's health. In this context, the report highlights different health-related and interrelated Sustainable Development Goals (SDGs), including „Combat poverty and inequality“ (SDG 1), “Ensure healthy lives for all at all ages“ (SDG 3) and “Reduce inequality within and between countries“ (SDG 10) (BMAS 2021:374).

The healthcare system in Germany has a well-defined mission: providing care for all members of society. Depending on the level of responsiveness of health care institutions and health care personnel, health opportunities of socially disadvantaged people can be improved or further impaired. Diversity oriented structures and competencies are necessary in order to ensure equally high-quality healthcare for everyone.

The project *Empowerment for Diversity - Alliance for Equity in Health Care* addresses the unequal distribution of healthcare opportunities, inadequate treatment and care, as well as disease and mortality risks in our society and their structural character. The project's purpose is to implement strategies and tools aimed at eliminating this structural inequality and injustice.

Our project is action-oriented, focusing on anti-discrimination, anti-racism, diversity justice and equal opportunities for individuals with a migration or refugee history¹ as well as for BIPOC (Black, Indigenous and People of Color).

We aim at changing existing **structures** of institutional discrimination and racism within hospitals and other healthcare institutions by introducing diversity oriented organizational development processes. Simultaneously, the project focuses on the **qualification** in diversity competencies for healthcare professionals (including students, apprentices and trainees).

In addressing **both structures and qualification**, we aim at effectively changing institutional discrimination and racism within in the German healthcare system.

¹ We use the term „people (individuals) with a migration or refugee history“ in the German context because this term is more accepted and used as self-designation, as opposed to the term „migration background“.

In addition, the project adopts an intersectional approach because intersecting interactions of age, education, gender and migration significantly contribute to the risk of discrimination, participation opportunities and the quality of healthcare.

Through a strong public relations strategy, our goal is to raise awareness for discriminatory and racist patterns in German health care. We intend to create a national alliance of various actors, institutions, initiatives and projects that have previously worked independently towards achieving health equity goals. The **alliance for health equity** will form a strong network aimed at promoting diversity justice within the German healthcare sector.

3. Research Results

Research over the past two decades on the connections between migration and health in Germany indicates that ~~factors~~ of social exclusion strongly affects health and is reflected in the quality of healthcare people receive.

Many studies have shown that individuals with a migration and refugee history encounter various barriers in access to healthcare. As a result, they utilize healthcare services less frequently, receive lower-quality care and have fewer health opportunities compared to people without migration or refugee history (Frank et al 2017). Several factors contribute to the lower utilization of healthcare among this group, with one key factor being the lack of sensitivity to diversity in healthcare structures and services. The extent of utilization depends on the design of healthcare services, their accessibility and acceptability for people with a migration and refugee history. Examples of sensitivity to diversity include unresolved language barriers and insufficient multilingual health information. Bartig et al. aptly describe the linguistically homogeneous care structures as a key risk of institutional discrimination (2021:23).

Other crucial factors are lacking multilingual therapy and treatment services and a deficit in cross cultural competencies among health care personnel (Bermejo et al. 2012).

The internationally comparative Migrant Integration Policy Index (MIPEX) of 2017 criticizes Germany for being one of the most restrictive countries in terms of healthcare-access for asylum-seeking individuals and irregular migrants. Two years earlier, MIPEX 2015 pointed out that the current situation in Germany contradicts EU human rights standards and that the country urgently needs to implement non-discriminatory access to health care.

The mentioned studies and reports reveals that various user groups experience structural exclusion and discrimination within the German healthcare system. At the same time, interpersonal discrimination and racism in communication, decision-making and the treatment of patients with migration and refugee history as well as BIPOC have a negative impact on their access to and the quality of health care.

An international literature review emphasizes that, in addition to language and communication barriers, attitudes and behavior of healthcare professionals form additional obstacles to adequate health care. Such attitudes and behavior stem from internalized stereotypes, prejudices, biases, cultural misunderstandings, exclusive practices and resistance to providing care to irregular immigrants (Drewniak et al. 2017). Another study examines structures of institutional racism and racist behavior among health care personnel in Sweden, Germany, and Portugal. It develops a theoretical framework for identifying subtle racism in health care routines and structures (Hamed et al. 2020).

The results of these studies guided us in designing this project, its objectives and planned activities.

4. Objectives and Fields of Activity

Based on the research findings above, we see an urgent need to take action eradicate discriminatory structures experience structural exclusion and in Germany. Our goal is to reduce reducing the risk of institutional racism and discrimination. We will ensure more equitable access to high-quality healthcare. At the same time, measures have to be implemented in order to introduce and enhance diversity competencies in education and training of healthcare personnel.

experience structural exclusion and from the field, we will experience structural exclusion and the risks of discrimination and racism and to strengthen diversity skills in the healthcare system.

Field of Activity 1: Organizational Development Processes for Changing Discriminatory Structures in Hospitals and Institutions

We will issue a call for participation in order to invite 6-8 health care institutions (i.e. hospitals etc.) to collaborate with us. Cooperating institutions should be willing to identify and address exclusionary structures and practices within their daily routines and services.

They will undergo an organizational development process based on participatory methods and inclusion of relevant actors and hierarchies. Our project provides for a full consulting cycle in each institution (including steps like inventorial state analysis, formulation of goals, measures and tools to reduce discrimination in access to quality treatment, therapy and care, and an implementation phase including evaluation).

Examples for measures against discrimination may include readily accessible language translation systems, introduction of diversity-oriented services, implementation of complaints structures etc.

Cooperating institutions have the opportunity to receive financial support from the project to design and implement such measures.

Another focus will be on healthcare professionals recruited from abroad who are often affected by discrimination and racism both within their teams and in the interactions with patients. Here, we will provide support development and implementation of measures to enhance their inclusion.

Thus, examples of good practice will be created in various locations in Germany in order to initiate a nationwide transformation process in health care institutions.

Field of Activity 2: Development and Strengthening of Diversity Competencies among Health Care Professionals

In order to combat interpersonal discrimination in the interaction between healthcare professionals and patients, we will experience structural exclusion and diversity competencies among students, apprentices, trainees and health care professionals.

In this endeavor, we will collaborate with 6-8 educational institutions and universities as our partners in this initiative.

Recognizing the absence of national standards in this area, we will work towards creating such standards for diversity competencies, raising awareness on racism, as well as critical analysis of healthcare expertise and epistemes.

Our goal is to incorporate these competencies as mandatory subjects into the curricula of medical studies, other health-related degree programs, training programs and in ongoing and advanced training for healthcare professions. This involves developing new content and modules as well as train-the-trainer education for lecturers and teachers. We will ensure that content and train-the-trainer modules are developed in cooperation with empowerment experts, patient advocates and other stakeholders.

In addition, we will support the development and production of relevant and easily accessible teaching and study materials (web-based digital open resources).

Field of Activity 3: Establishment of a nationwide network of important actors and institutions

Our project will establish a strong, interprofessional and interdisciplinary national alliance to join forces of various experience structural exclusion and, in a quest for the advancement of diversity justice in German health care.

The alliance will be comprised of various actors (political decision makers, healthcare professionals, scientists, representatives of patients and of empowerment initiatives etc.), of healthcare institutions, initiatives and projects etc. The network will permanently strengthen competencies and structures for diversity equity in health care and to initiate legislative change.

Field of Activity 4: Public Relations Putting Inequalities in Health care on the Public Agenda

A strong Public Relations strategy is our essential tool in order to achieve maximum impact on society as a whole.

It includes initiating comprehensive processes for diversity justice within healthcare in order to sensitize Germany's population as well as political decision makers for discrimination in health care.

Simultaneously, we will emphasize the potential of healthcare in meeting the needs of Germany's diverse population. Public Relations will specifically target political actors, such as health policy spokespersons of political parties and representatives of federal ministries.

Field of Activity 5: We will carry out accompanying research within Activity 1 and Activity 2 in order to ensure quality control and evaluation.

5. Sources

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