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Health and Integration – Trends in Healthcare

A number of approaches designed to resolve the problems mentioned already exist – some in the form of state or private-funded pilot projects, some in forms which have already been adopted into primary care by federal states and communities (see “Gesundheit und Integration - ein Handbuch für Modelle guter Praxis” [Health and Integration. A Handbook for Good Practice Models], published by the Federal Government Commissioner for Migration, Refugees and Integration in 2007). Further to both analysis of literature on the subject, the recommendations of the European Council already mentioned and a position paper published by the nationwide working group “Migration und öffentliche Gesundheit” [Migration and Public Health] and my own reflections on the current situation, I have identified the following 10 trends:

Trends

- I. Programmes now follow a resource-based approach which takes into account migrant strengths. This approach has superseded the old deficit-based approach.
- II. Increasing attention is being paid to connections between health issues and life situation (education, socio-economic situation, etc.).
- III. The principle of networking between key players in the fields of consultation and treatment (e.g. in the social advice field) is gaining increasing importance in healthcare systems (e.g. in the creation of care support points (Pfleigestützpunkte)).
- IV. Research into and reporting on health issues in combination with consideration of social factors is increasing (e.g. in North Rhine-Westphalia, at the Robert Koch Institute and in Berlin health reports).
- V. In terms of intercultural viewpoints, staff in the healthcare and social sectors are receiving better training at all levels (e.g. training regulations for care and retirement care personnel, further training for medical personnel).
- VI. The options available to foreign medical, pharmaceutical and psychotherapeutic professionals to pursue their careers in Germany could be expanded (this process is still in its nascent stages).
- VII. In Scandinavian countries, a “right to be understood” is included in respective equivalents to German social security statutes (collated in the Sozialgesetzbuch). This right applies to all residents of the respective countries. Consideration of the introduction of such a right in Germany is still in its nascent stage as the question of who would pay for it is complex.
- VIII. Migrants are being included in the design and implementation of programmes to an increasing extent, thereby ensuring their participation in such programmes (e.g. the MiMi project and the German Retirement Care Association (GDA)) from the start.
- IX. The participation of people from migratory backgrounds in preventative and rehabilitative measures is increasing (though it is currently at a nascent stage and occurs on a project basis, it could be aided by the passing of the planned Prevention Law (Präventionsgesetz), which adopts a lifeworld-based approach).
- X. Difficult fields are receiving particular attention and improvement effort (women’s health, paediatric health, occupational medicine, gerontology, psychosocial health).