



“Project financed under the European Found for Integration of Third-Country Nationals”

Healthy and Wealthy Together Amadora Local Mapping



Theme 1: Sensitising professionals and volunteers from health services providers to meet the needs of migrant groups

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Introduction

In the post war II, there was a high volume of movement of citizens of various nationalities and ethnicities and countries of Western Europe, which resulted in a further increase of immigrants in host countries traditionally, such as Portugal. The great boom of immigrants in Portugal, resulted mainly from the decolonization process due to the Colonial War, which contributed to the popularization of former Portuguese colonies.

Responding to stimulus from a lack of manpower, hospitality of the people and host populations are better adapted to the customs and transit cost of living registered in the destination countries, Portugal and its coastal regions near the capital, were target several hundred thousands of individuals, who came to face with integration difficulties in urban spaces, communications and culture.

This kind of situation led to the need for a reciprocal change, or civil society or of their own immigrant communities, leading to processes of adaptation and mutual coexistence.

With regard to Portugal, despite the constitutional precept that points to the equality of foreigners, access to intervention programs, institutions and their agents have been faced in recent decades, with difficulty level integration and social support not only the immigrants themselves but also for future generations. To assess the population size, urban and social phenomenon, it is intended in the first part of this document, quantify their social groups and qualify the cultural, linguistic group and that condition their integration into the community.

The Municipality of Amadora, in particular, being a territory with a population composed by a wide variety of ethnic groups in the last three decades, knew however, take some measures of governance involving people and solidarity organizations in its responsibility as "hosts", with the aim of promoting their integration and development.

In spite of the economic situation of the country, created known difficulties in the job market and business, including the recent escalation of the crisis that culminated in the



present measures of the Stability and Growth Plan. This situation underscored the difficulties in creating jobs, creating social and financial conditions that facilitate the action of the county throughout the intervention strategy especially in migrant communities. This is the direction of the second part of the job in which we describe the main bodies of the municipality and initiatives aimed at integrating these communities generally.

With respect to health care, the central theme of this document, there are still difficulties in access to these services by immigrant communities. Under this initiative, carry out a set of recommendations whose implementation will contribute to improving living standards and welfare of populations.



Geral Framework

The Municipality of Amadora – Brief geographical description

The current territory of Amadora born of separation from the *Benfica* parish by *Estrada da Circunvalação* when reset the limits of Lisbon in 1885-1886. Amadora has developed around the place called *Porcalhota*. For several centuries this region, by their nature countryside, served as a summer resort for wealthy families from Lisbon.

In 1907, at the request of the local population, King Carlos authorized to be renamed to *Amadora* subsequently been elevated to a parish in the municipality of *Oeiras*.

In June 1937 he was elevated to town and only 30 years ago, specifically on 11th September 1979, was created the City of Amadora¹. Days later it was elevated to city and divided on the parishes of: *Alfragide, Brandoa, Buraca, Damaia, Falagueira, Venda-Nova, Mina* and *Reboleira*.

The city of Amadora, is part of the district of Lisbon and is a sub-region of Lisbon. In spite of their geographic area was only 23.77 km², has a population of 175 872 inhabitants, which reflects its high population density, making it the fourth most populous country. The Municipality of Amadora is divided into 11 parishes.

Your salubrity, proximity to the capital, communications facilities and the area available for urban development are examples of some factors responsible for a large number of illegal buildings and dwellings in certain areas.

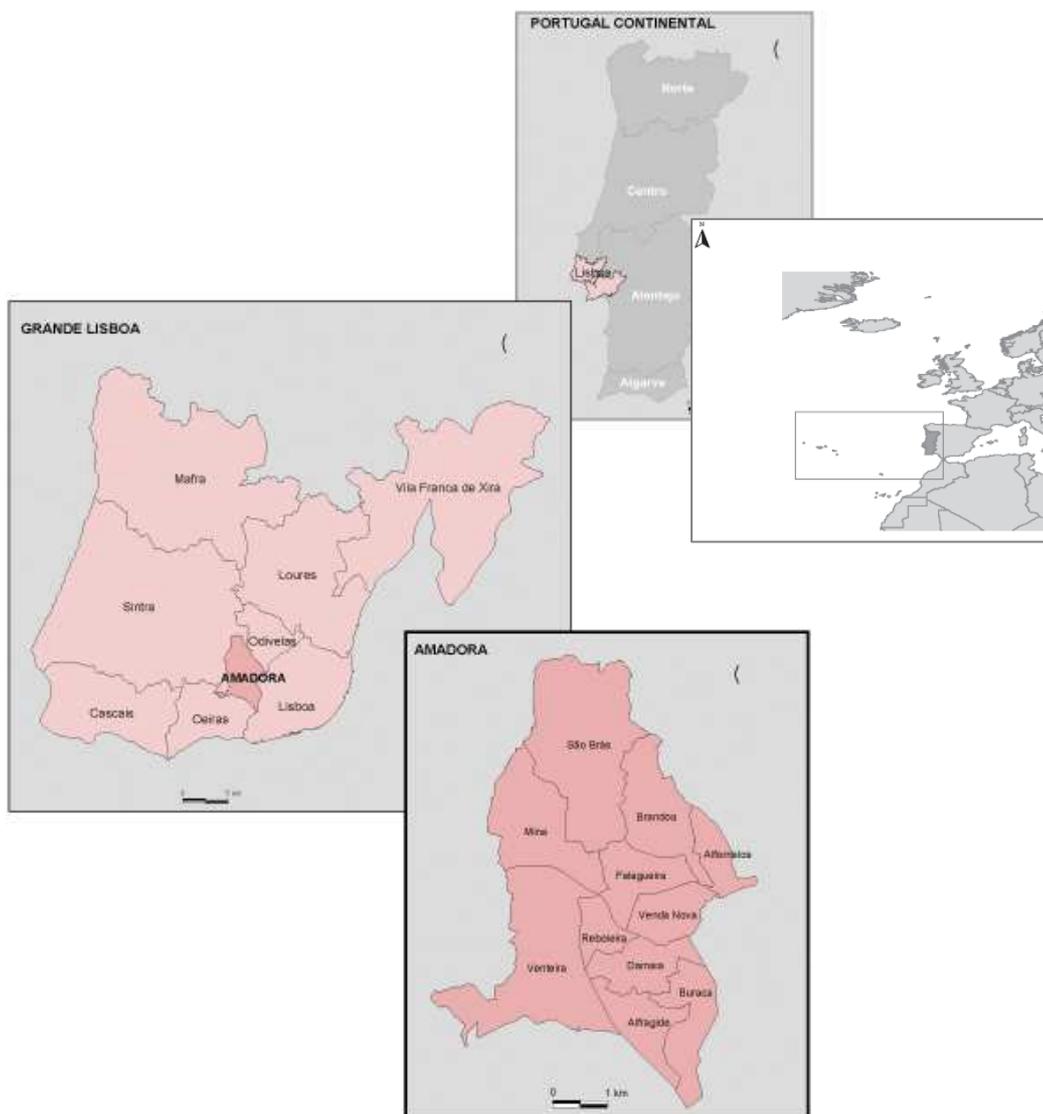
Being an area of great potential, a great number of important national and foreign companies such as, *Siemens, IKEA, Sotancro* and *Nokia*, among others, settled in the region its factories and offices, contributing to the economic development of the City and to increase the supply of jobs in the area. Indeed has been the sector of trade and services that has been promoting the economic activities of the county, noting 42.4%² of them.

¹ By the secession of Amadora and northeastern of *Venteira* of the Municipality of *Oeiras*

² Source: Câmara Municipal da Amadora, Rede Social, Diagnóstico Social 2008



The Municipality of Amadora falls within the geographical area of the North Lisbon Metropolitan Area³, bordering the municipalities of *Lisboa*, *Odivelas*, *Sintra e Oeiras*.



Map nº 1 - Geographic Location of County

³ NLMA – North Lisbon Metropolitan Area



The political and administrative level of the municipality of Amadora is administered by a Municipal Council, composed by a mayor and 10 city councilmen. The deliberative organ of the municipality is the Municipal Assembly composed by 33 members.



Integration situation of immigrant communities

Social Inclusion versus Social Exclusion

The Municipality of Amadora, regarding the inclusion of immigrant communities, has implemented policies that facilitate their integration and acceptance in different areas of social life (economic, health, social, cultural and political), based on principles such as protection, non-discrimination, equal rights and duties among all, which implies a mutual learning process, dialogue and exchange of knowledge and experience.

From this perspective, arose the need to create the best conditions for the welfare of the general population, encouraging social inclusion, rather than prejudice.

The situation of immigrants still appears associated with precarious employment (without a contract, contract in part-time, fixed term contract), low wages, working conditions and safety precarious and temporary unemployment, prolonged or even permanent.

These situations create a climate of insecurity and malaise in the population and have an effect on all levels, particularly in housing, education, health, actually, immigrant communities often face poverty and social exclusion, and the difficulties of access and maintenance in the labour market is one of the biggest problems faced.

According to Alfredo Bruto da Costa⁴, social exclusion is a very complex and heterogeneous phenomenon which may have been on several types of exclusion, among which are those most relevant features in the framework of this work:

⁴ Source: COSTA, Bruto da, A. (2007). Cadernos Democráticos 2-Exclusões Sociais, Coleção Fundação Mário Soares, Edição Gradiva, p. 21-22



- From Economic Type

Poverty as a situation of deprivation resulting from lack of resources. (...) The deprivation is reflected, above all, poor living conditions. This is perhaps the most visible part of deprivation and poverty itself. Typically, these are multiple deprivation, that is, in many areas of basic needs: food, clothing, housing conditions, transportation, communications, labor conditions, choice, health and health care, education, vocational training, culture, participation in social life and politics, or whatever.

The lack or insufficiency of resources, "bond" the poor to poverty limiting their social relations, especially in urban areas and allowing the coexistence with those who find themselves in similar situations without being able to create relationships that lead to stimulating opportunities for change.

- From Social Type

"This type of exclusion can not be directly related to the lack of economic resources but be the result of the lifestyle of family or friends, lack of welfare services (welfare), or an individualistic culture and insensitive to solidarity".

The phenomenon of cultural diversity is not always peaceful of acceptance by the host society. The relationships fostered by racial and ethnic culture that distinguishes different people, create a climate of social tension and difficulties in social integration.

- From Cultural Type

In this category fall for example, racism, xenophobia, chauvinism, and reasons which in itself already constitute obstacles to the integration of immigrants and their acceptance by the host society.



Is imperative and urgent to contribute to break the social inequalities, otherwise to perpetuate social injustice and the existence of a layer large population, which can not, and do not know, to exercise their rights of citizenship.



Characterization of Immigration in Portugal

The forms of integration of immigrants into host societies are a dynamic process and changing as a result of various influences on the level of macro economic, social, political and institutional of the countries of destination at the time of migration and specific local contexts of the territories where they remain. The geographic location of the County has been directly influenced by the demographic and social dynamics of the Municipality.

The entry of Portugal into the European Union in 1986 with Spain, happened when the states of Central and North Europe put high barriers to entry for non-european workers, increasing the pressure of migration from the third world, especially North African, Eastern Mediterranean and Sub-Saharan Africa over the countries of southern Europe, which now also serve as points of passage of manpower for the markets of the rich North countries.

Portugal, traditionally country of emigration, is now characterized by a host country of foreigners. During the decades of 50 and 70, was an increase in immigration especially from African Countries of Portuguese Language. As possible causes will be able to point to the gradual development of infrastructure of transportation and the industrialization of the Lisbon Metropolitan Area, which was part of the Industrial Park of *Venda-Nova*. The combination of these two factors was a strong attraction of migratory flows⁵.

At this moment Lisbon became a metropolis. Its geographical proximity and its transport network, especially the railway, contributing greatly to a more affluent population to the Municipality of Amadora.

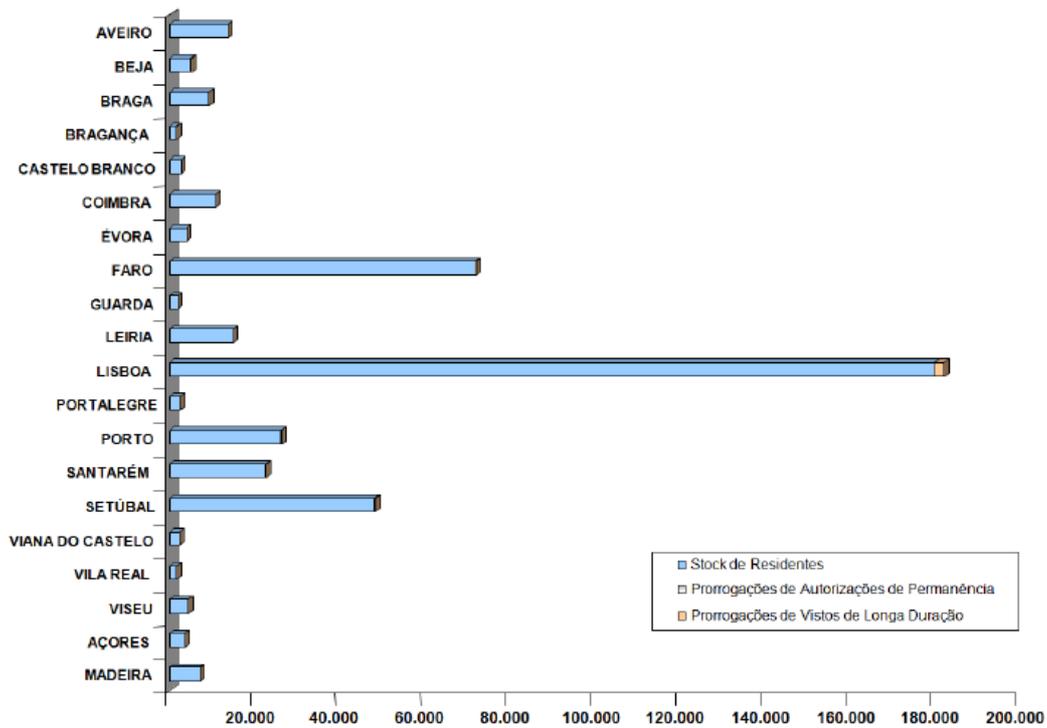
From the 70's there was a slight slowdown in demographic dynamics previously observed, which contributed to the rising price of housing. This trend has continued

⁵ Source: Município da Amadora, Diagnóstico Social do Município da Amadora 2004; CESIS – Centro de Estudos para a Intervenção Social.



until today. There has been also changes in immigrant communities and there is an increasingly in the arrival of people from Brazil, countries of Eastern Europe and Asia.

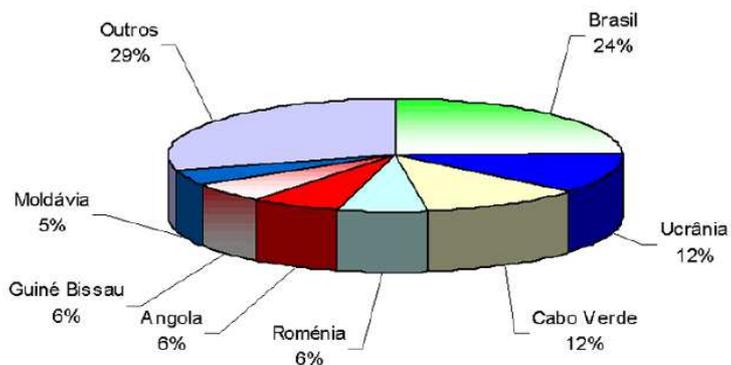
According to the report of the *Serviço de Estrangeiros e Fronteiras*⁶, referring to the activities in the field of immigration, borders and asylum in 2008, it was found that the foreign population is concentrated mainly in the districts of *Lisboa, Faro* and *Setúbal*, which coincides with areas with an important national economic activity.



Graph nº 1 - Foreign Population in National Territory

⁶ Source: Relatório de Imigração Fronteiras e Asilo (2008), realizado pelo Departamento de Planeamento e Formação do Serviço de Estrangeiros e Fronteiras

The foreign nationalities most represented in Portugal, are the Brazilian, Cape Verdean and Ukrainian.



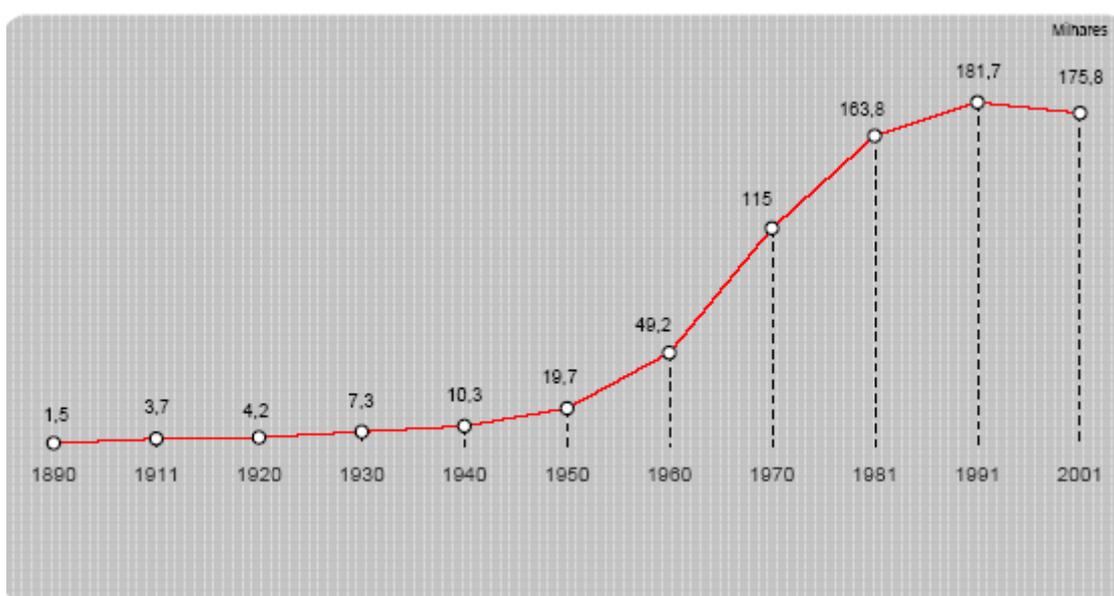
Graph n° 2 - Main Nationality

The Immigrants in the Amadora Municipality

Cultural diversity is an added value and potential of the city. On the one hand, knowledge of the sociocultural aspects of other people contributes to the cultural enrichment of the city and on the other hand, has created some obstacles in integrating the various ethnic groups present. Especially for their cultural differences and sharp, cause certain rigidity and segregation between groups, which tend to lie in separate territories.

Based on a study for characterization of the Municipality of Amadora⁷, we present some demographic statistics that characterize the county in accordance with the results of the census of 2001.

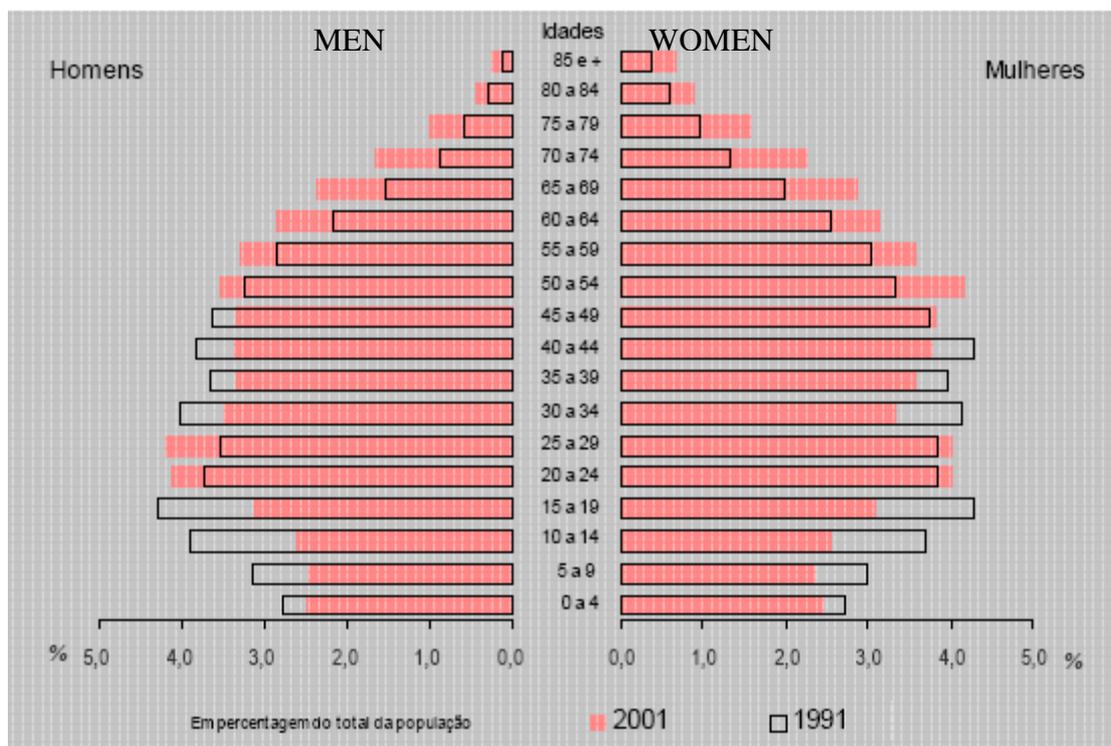
Following the chart presented below the Amadora population increased from 2000 inhabitants in 1901 to 175872 in 2001.



Graph n° 3 – Population Growth

⁷ Source: Território e População – Amadora XXI, accomplished by Departamento de Administração Urbanística /SIG - Sistema de Informação Geográfica da Autarquia

The pyramid shape of the resident population in Amadora, reflects the growing aging population, although the population is still predominantly young in poorer neighborhoods of the city. This situation reinforces the need to create more infrastructures to support social, health and welfare that best suited to this age group.



Graph nº 4 - Resident Population by Age Groups

In 2001, 12.79% of the immigrant population was reflected in terms of building this city, where social and urban contrasts are visible. Thus, coexist in the same urban environment, slums and degraded neighborhoods with modern neighborhoods, that fuel shortages and unequal distribution of resources, helping to strengthen and expanding attitudes and behaviors of social injustice lead to conflicts.

The people who immigrated to Amadora city in 1999, mostly stays in the county contrary to what happened in 1995, as the tables below:

Concelhos de Residência habitual em 2001/03/12	População Residente 2001	População que não mudou de Concelho	Imigrantes no Concelho		Emigrantes do Concelho para outro concelho	Saldo das Migrações Internas A-B
	HM	HM	Provenientes de outros Concelhos	Provenientes do Estrangeiro		
			A	B		
	HM	HM	HM	HM	HM	HM
Grande Lisboa	1 947 261	1 588 549	194 767	62 160	224 265	- 29 498
Cascais	170 683	138 620	16 043	7 244	15 060	883
Lisboa	564 657	489 404	39 577	13 613	86 155	-46 688
Loures	199 059	164 964	16 713	6 505	32 443	- 16 730
Mafra	54 358	42 265	7 094	1 855	2 269	- 4 826
Oeiras	162 128	130 910	18 812	4 471	19 707	- 888
Sintra	363 749	269 248	54 149	14 639	27 661	28 488
Vila Franca de Xira	122 908	98 426	14 096	2 929	8 637	6 668
Amadora	175 872	144 653	16 046	6 225	26 910	-10 864
Odivelas	133 847	110 169	12 226	6 651	5 513	8 716

FONTE: I.N.E., Recenseamento Geral da População e Habitação, 2001

Table nº 1 - Resident population, according to Migration (for 95/12/31), by County of Usual Residence on 12/03/2001

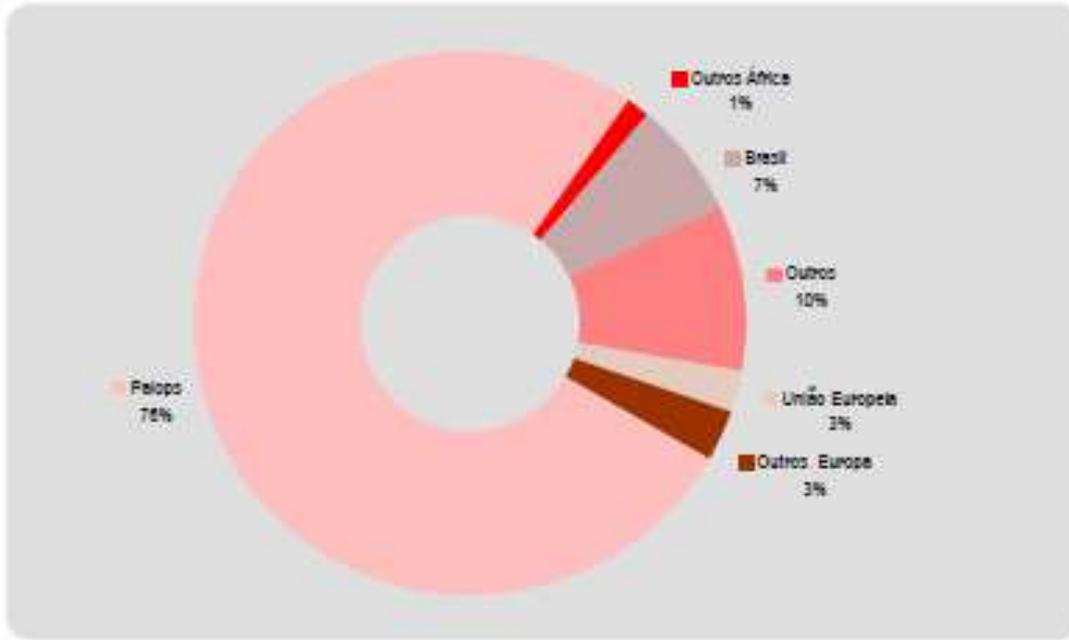
Concelhos de Residência habitual em 2001/03/12	População Residente 2001	População que não mudou de Concelho	Imigrantes no Concelho		Emigrantes do Concelho para outro concelho	Saldo das Migrações Internas A-B
	HM	HM	Provenientes de outros Concelhos	Provenientes do Estrangeiro		
			A	B		
	HM	HM	HM	HM	HM	HM
Grande Lisboa	1 947 261	1 828 763	64 963	28 473	76 456	- 11493
Cascais	170 683	159 804	5 508	3 281	5 470	38
Lisboa	564 657	538 562	13 941	6 813	29 259	- 16 318
Loures	199 059	186 850	6 729	2 815	8 949	- 2 220
Mafra	54 358	49 384	2 907	1 308	962	1 946
Oeiras	162 128	151 933	6 300	1 941	6 565	- 265
Sintra	363 749	335 698	15 349	5 173	11 269	4 080
Vila Franca de Xira	122 908	115 218	4 405	1 459	2 972	1 433
Amadora	175 872	165 383	5 553	2 580	6 177	- 2 824
Odivelas	133 847	125 921	4 271	2 003	2 833	1 438

FONTE: I.N.E., Recenseamento Geral da População e Habitação, 2001

Table nº 2 - Resident population, according to Migration (for 99/12/31), by County of Usual Residence on 12/03/2001

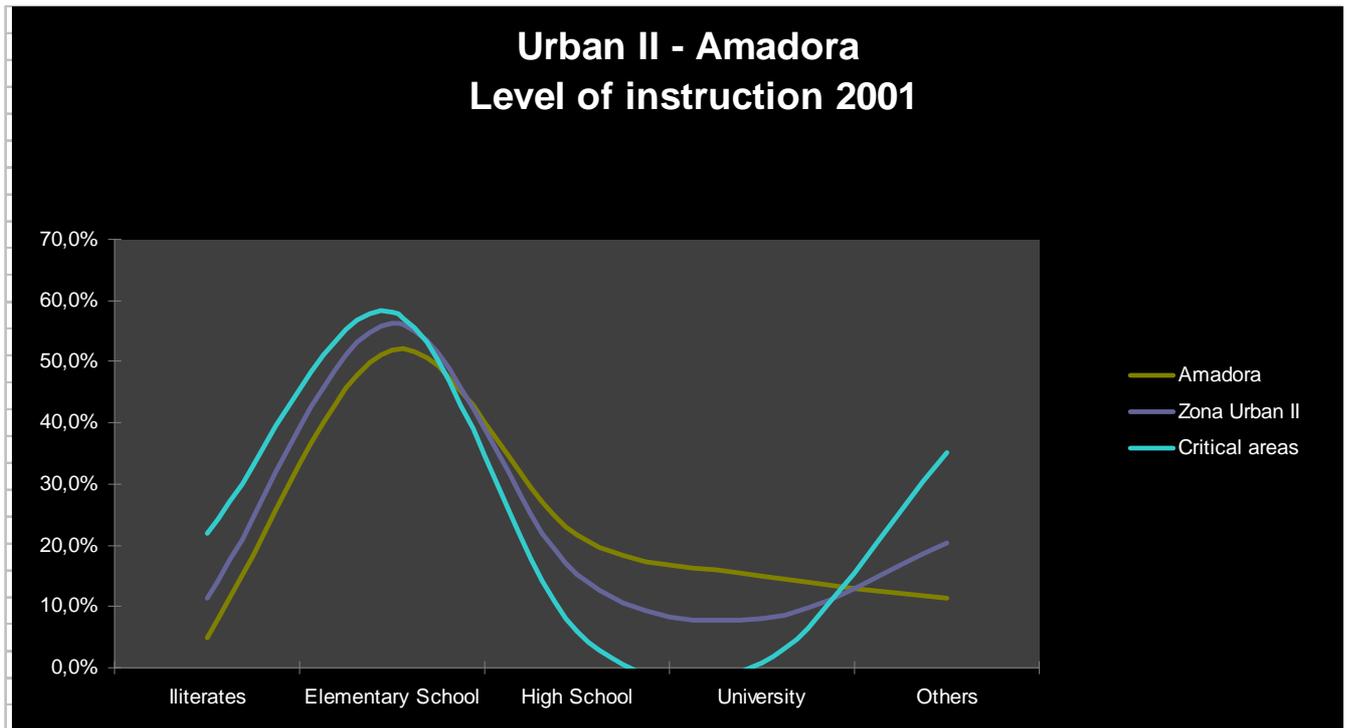
For the foreign population resident in the Amadora mostly comes from the Portuguese Speaking African Countries, representing about 76% of the immigrant population.





Graph n° 5 - Foreign population resident in Amadora

Some critical neighborhoods of Amadora are disclosed in the media so negatively, stigmatizing them and reducing their potential, creating a social climate of loss and a total lack of hope among its residents.



Graph nº 6 - Level of Education 2001

The above graph compares the level of education in the Municipality of Amadora with the levels of instruction in specific areas of the city. Through their reading and with regard to critical areas (marked with blue line), it appears that the percentage of illiterate population is highest.

Zambujal, Casal da Boba and Mira are neighborhoods of relocation and they are some of the identified critical areas, where poverty and the risk of marginalization continue to be present in community life.

In the specific case of Casal da Boba neighborhood, located in the parish of S. Bras, 63% of the population rehoused is from Cape Verde of which 72% are natives of Cape Verde and only 28% are natives of Lisbon.

Some indicators diagnosed in 2001 and 2005, reflecting the principal problems that the population faces:



Indicators	Year 2001	Year 2005
Unemployment	36,5%	70,5 %
Early School leaving	6%	6%
Families with incomes exclusively from social supports	15%	17%

Table nº 3 - Social Indicators

According to the *Diagnóstico Social da Boba*⁸ under the Equal Community Initiative/ Opportunity Project, the resident population in the neighbourhood is characterized by:

- Large cultural heterogeneity;
- Predominantly young population, many of them unemployed and with little structured life projects;
- Lack of professional training and subsequent performance of occupations in the area of construction, service and cleanliness;
- Development of the parallel economy;
- Early pregnancy;
- Lack of family planning;

Thus we find a community at risk of exclusion, very focused on the individual, the low skill levels and opportunities. This condition, strongly reducing of the citizenship, choice and individual self-determination of the access to equal opportunities for education, training, employment and health, which contribute to the limitation of social integration.

Being a population with low qualifications and skills, can only access to precarious and underpaid jobs. Thus, many young people begin to understand that to have access to more skilled jobs and well paid they realised they need to have another kind of working tools that enable them, facilitating a better integration into the labor market.

⁸ Source: Município da Amadora, Diagnóstico Social da Boba, Março 2005.



In despite of the situation of social vulnerability of the resident community, there is a great potential seen as a window of opportunity for change and community building.



Mapping of health services

Immigrants and Health

In Portugal, the theme of health and immigration remains an area of recent intervention; there is no much information available about the actual immigrants' access to health care, as well as too few studies on the health status of those.

As the immigrants' role is gaining increasing relevance, health begins to be seen as a question of vital importance not only according to an economic perspective, but also a social component.

The dimension of health is an important aspect of the processes of integration of immigrants into host societies along dimensions related to employment, housing, education, civic participation and identity construction.

In Portugal since 2001 is ensured to the foreign citizens, at the level of the health system, the right to use the health centers and hospitals in the National Healthy Service⁹, whatever their nationality, economic or legal status. The conditions of access to healthcare by the immigrants are defined in Dispatch n°. 25.360/2001 of 16th of November of the Health Ministry.

In spite of the technological development and availability of health services in the territory, there are still difficulties in access to health care, especially among the population residing in areas most vulnerable.

According to the author Helena Nogueira, *within each country, there are also dramatic differences, with the poor and those living in poor areas to have a worse health and higher levels of disease and premature death*¹⁰.

⁹ NHS – National Healthy Service

¹⁰ Source: Nogueira, Helena, Revista de Estudos Demográficos, n°. 45, Artigo 2° - Pessoas pobres, lugares pobres, saúde pobre, Territórios amplificadores do risco na Área Metropolitana de Lisboa, 2009, p.31



According to Norman, Boyle, and Rees 2005, cited by the author, *poor areas are the scene of selective migration, characterized by the entry and exit of individuals deprived of the most affluent.*

New residents are facing a different reality, living in poor housing conditions and often without basic infrastructure, low income and low skilled jobs resulting in a greater predisposition to diseases or other health problems.

Other vulnerability factors associated with the migration process itself and that might affect the health of migrants are the lack of operating rules of the host society and the experience of removal and disruption of social ties and family, leading to a certain isolation social, as reflected in the adaptation and integration of these groups in the host society.

This kind of situation leads to increased levels of violence, antisocial behaviour generating insecurity among the residents as well as reducing their participation in community activities. This reality contributes greatly to the generation of physical, psychological and social problems associated with other risks inherent to the individual.

Situation of health services in the City

In the municipality of Amadora there are several public health facilities, which include the following:

- **Hospital Prof. Dr. Fernando Fonseca¹¹** - This hospital is integrated in the National Health Service network and has its area of influence in the municipalities of Amadora and Sintra, serving a population of around 600 000 inhabitants. This hospital covers two municipalities (Amadora and Sintra) and this is why it is almost always overbooked.

¹¹ The Hospital Professor Fernando Fonseca, was created by Decree-Law in October 2008 that defined his new legal status of Public Entity Business



- **Centros de Saúde na Amadora**¹² – Six health centers ensure the primary health care of the vast majority of the population of the municipality. These medical centers provide general medical services, immunization, nursing, hygiene and Permanent Treatment Service¹³. On the other hand, can also mark up specialty consultations as family health, paediatrics, urology, dermatology, neurology and more.
- **Espaço Olá Jovem**¹⁴ – It is a free and accessible space, which aims to promote the health of young people between 12 and 21 years, as well as support for families/carers. The service is done daily by phone or in person. The multidisciplinary team is working together, based on the general and family medicine.

The private health facilities that operate through agreements with some health subsystems are the followings:

- **Clínica de Santo António** – Private clinical¹⁵ built and equipped with technical assistance from the Direction General of Hospitals. Its activity focuses on the following services: admissions, operating room, the recovery unit *UCIP*¹⁶, day hospital (8hours at 22 hours), clinical medicine and surgery.
- **Hospital da Luz** – It is a Clinical Center of Amadora, recently inaugurated and is located in the city. Has excellent conditions of access and comfort and

¹² Decree – Law n.º28/2008 of 22th February, established groups of health centers of the National Healthy Service, integrated into regional health administrations, and established its system of organization and operation. In 2005 were registered in health centers with family doctor, 215 88 inhabitants: Source: Núcleo Executivo do Concelho Local de Acção Social, Rede Social, Plano de Desenvolvimento Social 2009/2011, 2008

¹³ PTS – Permanent Treatment Service

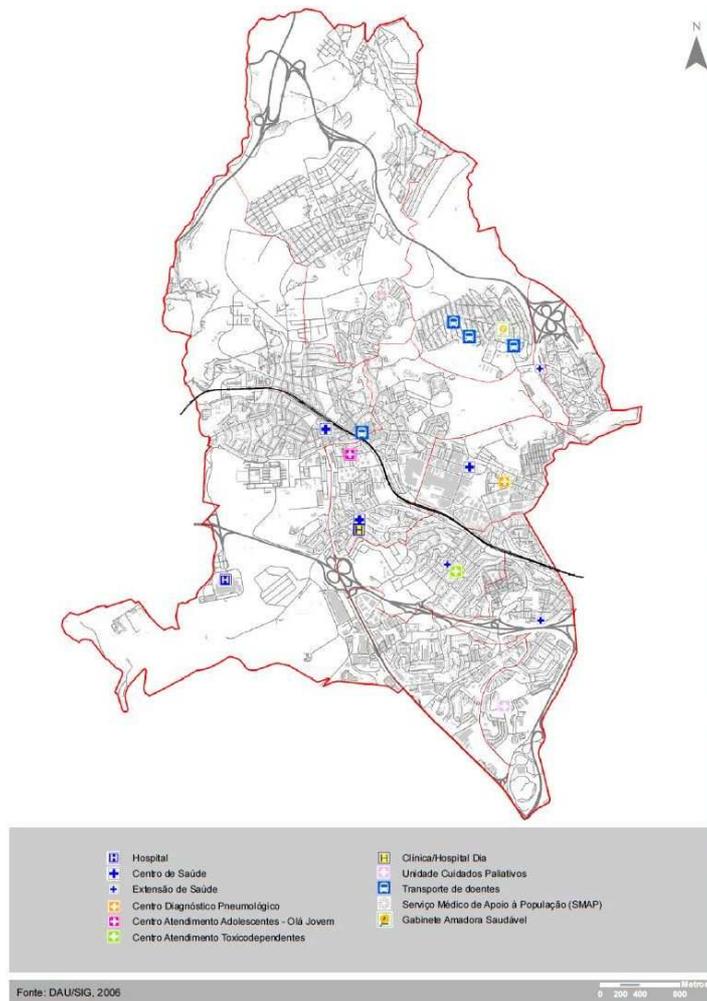
¹⁴ Have developed over the six years of existence, some research projects, namely “Characterization of young people seeking *Espaço Olá Jovem* and their health needs”, “Prevalence of obesity in young goers of *Espaço Olá Jovem*”, “Characterization of the Pregnant Adolescent of the *Espaço Olá Jovem* (these have already been completed), “Prevalence of the Chlamydia and other sexually transmitted infection in young people’s *Espaço Olá Jovem* (still ongoing), among others.

¹⁵ It has some agreements with Social Security, especially regarding the analysis and medical examinations.

¹⁶ Polyvalent intensive care unit



provides a set of ambulatory care services, including medical, complementary means of diagnosis, treatment and nursing care physician permanent.



Map n° 2 - Geographical location of the main health centers in the municipality of Amadora

To access the National Health System the foreign who are legally must obtain a user card¹⁷ in the health center in its residence area, where they must present a document to prove its permission for residence or work on national territory in according the existing legislation.

For foreign who are illegally, to access health services in your residence area, need to submit a document (Certificate of Residence), issued by the parish council¹⁸ confirming your address and prove that they are more than 90 days in Portugal. So, in according to

¹⁷ Established by Decree-Law n.º 198/95, 29th of July in the version amended by Decree-Law n.º 468/97, 27th of February and n.º 52/2000, 7th of April.

¹⁸ Pursuant to article 34º, of Decree-Law n.º 135/99, 22nd of April

Portuguese law, is also allowed to asylum seekers, to access to the National Health System¹⁹.

The costs of using health services for legal immigrants residing in Portugal and their families, are the same as those defined in official tables used for the Portuguese citizens since, they make discounts to Social Security. In which case they must pay a *moderate rate*²⁰ by the value of services they use. If they do not make their rebates to the social security, may be charged, expenses incurred in accordance with the tables in force.

Some population groups and some clinical situations are free from payment of the rate, such as: pregnant women, children up to 12 years, carriers of diseases, unemployed people which are recorded in the Employment Centre and beneficiaries of social integration income.

Although the Portuguese legislation ensure the right of access to all the people, there are many cases of undocumented people that only make use of health services in emergency situations, for fear that their illegal status will reported to the authorities. So, often they turn to self-medication, alternative medicine and services in which the documentation is not a decisive factor in attendance (such as the use of pharmacies), in some cases in advanced stages of disease leading to situations of greater severity and high costs of health care.

According to the Report of the *Estado da Arte em Portugal* (2009)²¹, *in practice the access to health care of immigrant communities in Portugal, is quite varied, but to some extent, dependent on the legal status, length of residence and nationality of immigrants* (Freitas, 2003; Gonçalves et al., 2003; Fonseca et al. 2005)

In case of refusal of medical care to any immigrant in any public health establishments, should be report the occurrence to any organism of the ministry of health and/or to the

¹⁹ Law N°15/98, 26th of March, art.º n° 53

²⁰ User fees are a tool “moderator and regulator of access to health services”. Allow both the effective strengthening of the principle of social justice within the National Health Service (NHS). Ordinance N° 34/2009 of 15th January sets the value of the fee for the service performed. The Decree-Law N° 173/2003 of 1st of August refers the groups of people in the exemption regime.

²¹ Source: Universidade de Lisboa, Departamento de Geografia/ Centro de Estudos Geográficos (2009) MIGHEALTHNET – Rede de informação sobre boas práticas em cuidados de saúde para imigrantes e minorias étnicas na Europa”- Relatório sobre o Estado da Arte em Portugal, p. 31



High Commissioner for Immigration and Intercultural Dialogue, because the refusal of the medical care is punishable, according to Portuguese law anti-discrimination.

Access to Health Care – Vulnerability Factors

With regard to access to healthcare by the immigrants, there is still little knowledge in this area, and much work to do. There still exist many hinder barriers that difficult the approach of the communities most vulnerable to health care, namely:

- Legal status of immigrants (illegal immigrants have the greatest difficulties in access and use of the national health service although he had right);
- Time of permanence (population who resides longer compared with the population which arrived recently to the country, have more registration rates in the health centers than the others);
- Fear and distrusts for services and health professionals themselves (illegal immigrants prefer go to the hospital emergencies and only in extreme urgency);
- Unknown of the rights, duties and services available (for newcomers immigrants arrived);
- Language barriers (caused by ignorance of the language of the host country);
- Cultural and individual factors (differences in perception about the care and health needs);
- Economic conditions (the cost of services and medicines are mostly very high standard of living for these people, preventing them from using them);

Daily, their administrative and health professionals are faced with these difficulties that result in barriers which prevent them, from carry out their functions properly. In their point of view some of these situations arise from:

- Have few information about the legislation and/or updated in the health immigration matter;
- Unknown the cultural aspects and traditions of origin communities;
- Unknown the health system to these populations;



- Language barriers (caused by unknown of the language of immigrant communities that access to health services);

For these professional training courses is a vital strategy because it contributes to supply many of these difficulties and helping preparation a quickly and appropriately response.

Initiatives and Dissemination of Health Services Provided to Immigrants

These initiatives intended to promote social inclusion, such as addressing inequalities in the access to care and health services as well as demonstrate the efforts of organizations in finding solutions. As an example we present the following:

The pilot project *Hospital na Comunidade* is a partnership between the *Hospital. Dr. Fernando da Fonseca*, the *Associação de Jovens Promotores da Amadora Saudável* and the *Ficacém* company²². This project is supported by the Ministry of Health and aims to provide home care to patients with HIV/AIDS²³, since 47% of patients are foreigners, from Cape Verde, Guinea-Bissau and Angola

The *Ficacém* company gave to the Hospital a vehicle to support the multidisciplinary teams (consisting of doctors, nurses, psychologists and home care aides) going to the home of the patients, really taking the *Hospital to patients house*, which is the main objective of this project. Also Amadora City Council provided a space in which the *Associação Jovens Promotores da Amadora Saudável* can perform services to assist other users.

Amadora City Council is part of the Portuguese Healthy Cities Network. Is an Association of Municipalities²⁴ whose function is to support the dissemination, implementation and development of the *Cidades Saudáveis* project in municipalities that take the promotion of health as a priority of the agenda policies.

²² Dealer FIAT

²³ It is expected the daily support to approximately 150 patients infected with HIV/AIDS.

²⁴ Formally constituted on 10th of October of 1997



The *Cidades Saudáveis* project has been based on the concept of "Health for All" of the World Health Organization and is governed by the strategic guidelines of the *Carta de Ottawa*²⁵.

This concept is based on six principles:

- Reducing inequalities in terms of health between and within countries;
- Emphasize health promotion and disease prevention;
- Encourage cooperation to ensure that people have access to the basic conditions for health;
- Encourage community participation;
- Provide primary health care to ensure accessible services in the housing and working, since the health care system should focus on primary health care;
- Promote the international cooperation, which should be used to address problems that transcend national boundaries.

Amadora City Council has a social services office, composed by a multidisciplinary team, beyond to community intervention to specific groups, it also developing a complementary intervention in health. One of the projects implemented is the *Passa a Palavra* Project, developed in partnership with the *União de Reformados Pensionistas e Idosos da Amadora*.

This project contributes to the empowerment of the people facing social exclusion, having as main target the immigrants, drug addicts / homeless, people with problems in mental health, people with alcohol dependency and people in a difficult economy situation.

In terms of human resources, is supported by a multidisciplinary technical team (social workers, psychologists, psychosocial technical and volunteers) and their actions included:

²⁵ *Carta de Ottawa* – Document presented at the First International Conference on Health Promotion held in Ottawa, in November 1986.



- Attendances psychosocial;
- A place of social support to users;
- Street Team;
- Intervention in slums and relocation neighbourhoods;
- Attendance mobile unit.

The *Alto Comissariado para a Imigração e o Diálogo Intercultural (ACIDI, IP)* has the objective to promote the integration of ethnic minorities in portuguese society, created and implemented:

- In 2004, the *Centros Nacionais de Apoio ao Imigrante (CNAI)* that were created to reply some of the difficulties faced by immigrants in their integration process into Portuguese society. These centers gather, in the same space, different departments, institutions and specialized offices²⁶. The CNAI health office represents an important response in promoting access to national health system by immigrants and reflects an integrated response and coordination with other departments of government or civil society.
- In 2003, the *Centros Locais de Apoio à Integração de Imigrantes*²⁷ were created (there are linked to the *Centro Nacional de Apoio ao Imigrante*) and are spaces for information, reception and support decentralized. These offices seek to address the issues and problems facing immigrants, offering in addition to other resources, a set of thematic brochures in various languages: legislation, health guide for immigrants, voluntary return program, among others. In Amadora City Council there are two offices: one in the parish of *Venteira*, the other in the parish of *Buraca*.
- In 2006, the telephone translation service, which aims to promote communication between authorities and citizens who do not speak Portuguese (considering that one of the biggest difficulties faced by immigrants in connection with its services, is undoubtedly the barrier language). This service

²⁶ For example: health office, legal support office, family reunification support office, social support office, employment support office and housing support office.

²⁷ CLAI



has a set of translators that facilitate effective communication between citizens and the various institutions.

In parallel, has been prepared and published a brochure in Portuguese, Russian and English version with information on services and issues related to health. They also disseminate information about the functioning of the national health system in foreign languages. This information has been widespread through internet, leaflets and in the Centros Nacionais e Locais de Apoio aos Imigrantes.

A good practice already adopted by some health professionals and helps them to fill gaps in terms of the language barriers into the access of the national healthy system, is called *letters of referral* that allow the transmission of information among health professionals concerning the state of health of the patient in question, avoiding blocks in communication which affect seriously the diagnoses.

The National Commission to Fight AIDS, distributed brochures about the HIV/AIDS in portuguese language and in the immigrants' language that live in Portugal.

The *Associação de Jovens Promotores da Amadora Saudável*²⁸, created in 2006 a service named SAI²⁹ to provide and support the immigrants in areas where they manifest greater difficulties, such as, the access to health public services. Some of these projects have been considered as good practices.

This service was a main goal the creation of responses in support of immigrant-related integration, acquisition of citizenship, legal, labour rights, social security and access to heath service, acquisition of expertise in education thought course of adult education (course of education and training of adults).

For its relevance stands one of the projects promoted by the association which was made by a multidisciplinary team, with the mission of providing home care (for people with infectious diseases, bedridden, etc.) allowing access to free consultations in hours after laboral by the service to support the immigrant in a peripheral area of Lisbon.

²⁸ Funded in 1993

²⁹ Service in support of immigrant



The placement of mobile health units in vulnerable areas, in order to provide a more direct medical support to the population, is another example of initiatives under the community interventions at the level of public health. This type of action has been undertaken by individual entities such as the *Direcção Geral de Saúde* or in partnership with several associations such as the *Associação Unidos de Cabo Verde*.



Health Services – The perception of immigrants

All these actions and their dissemination strategies, have contributed to increasing the use of health services by migrant communities. These initiatives have sought to respond appropriately to identified needs and objectives for which they were designed.

The *Centros Nacionais de Apoio ao Imigrante* mentioned above are one example of the model “One-Stop-Shop”³⁰ in Portugal. Based on 2008 annual report prepared by ACIDI, which searched to gauge the opinion of immigrants about the quality of the services of *Centros Nacionais de Apoio ao Imigrante*, it was concluded that for immigrants, these centers facilitate their reception and integration into the community. Perceive to be a degree of trust in either services or staff as well as in service quality and resolution of the situations.

The main difficulties that immigrants feel to appeal to health services are the waiting time, the bureaucratic and complicated procedures, the actual opening hours of services, the distance from the residence, language difficulties, difficulties in completing the documentation, difficulties in the recognition of qualifications, barriers to support illegal foreign.

In the view of the communities involved, all activities are seen as benchmarks and as positive resources. There is also recognition of the effort and proactive approach of all stakeholders in the process.

³⁰ The “One-Stop Shop” project: A New Answer for Immigrant Integration” (JLS/2006/INTI/148)” is funded by the INTI programme of the European Commission and coordinated by the Alto Comissariado para a Imigração e Diálogo Intercultural (ACIDI, I.P.) in Portugal.



Training Opportunity

There are no specific programs for health care for immigrants in Portugal, and these are include into the national health system, however, there are initiatives taken by NGOs and civil society, which have been assuming a central role, which contribute for the improvement of health services to minorities.

Training for Immigrants

At the level of training targeted at immigrants in Portugal are already some initiatives such as training *Português para Todos*, which is managed by the ACIDI IP as a while intermediate body of the POPH/QREN and aims, learning the language of the host country, fostering social inclusion and professional immigrants.

Knowledge of the language enhances a more equal opportunities and facilitates the exercise of citizenship. The training courses are organized by the schools of the Ministry of Education and the Vocational Training Centres of the Employment and Vocational Training, and have no cost to participants.

Also the Institute of Employment and Vocational Training have a specific program for immigrants called *Portugal Acolhe – Português para Todos* whose purpose is to allow immigrants access to "basic knowledge"³¹ of portuguese language, which encourage their full integration in the Portuguese society. The requirements that candidates must meet are proving that they are resident in the country, do not have portuguese nationality and have the situation regularized.

³¹ Examples of some of the matters addressed in the program: knowledge of expression and understanding of portuguese language, knowledge of basic citizenship rights were considered essentials for a proper integration process.

Under this program, migrants can apply for the courses by completing a form available in the site of the Employment and Vocational Training Institute, translated into several languages.

Training for Health Professionals and Volunteers

The training of health professionals has been provided by international teams and takes place in the country of origin for health professionals. The *Calouste Gulbenkian* Foundation has done such kind of training in partnership with African countries, specifically with *Cabo - Verde*, providing the realization of actions such as these with other countries.

Another training initiative for health professionals has been developing programs for recognition and accreditation of diplomas in health of professional migrants from third countries. This is a very pertinent question, since doctors, nurses and other health professionals could become integrated in the health sector, constitute an asset to the communities of immigrants and to the host society.

As an example of this type of initiative, we have projects developed through a partnership between the *Calouste Gulbenkian* Foundation and the Jesuit Refugee Service, to validate the qualifications of doctors, which was enlarged after to the College of Nursing *Francisco Gentil* and to the *Hospital Dr. Fernando da Fonseca*, for recognition and integration of nurses.

As part of activities undertaken by the *Espaço Olá Jovem*, has been given training to health professionals from several areas (general internship in internal medical and paediatric interns, trainees in nursing and psychology) and also have been developed training programs for groups of nursing students.

The *Associação Jovens Promotores da Amadora Saudável*, began to train young community "Health Promoters" and volunteers who were recognized by the community and services, contributing to a change in attitudes, behaviors and demystifying the health beliefs associated. The recruitment of these young people is done in universities



and schools, with reference partner of the entity or by direct contact with the Association.

The involvement of youth health promoters and volunteers have identified the presence in the communities feelings of fear, discrimination and social isolation and the absence of support structures for this kind of situations.

The ACIDI develops training activities in partnership with *Associação Jovens Promotores da Amadora Saudável*, of which highlight for its relevance the action on health and immigration, whose primary goal is awareness and information on issues related to access to health by immigrants and intercultural mediation in attendance in public services. This action is aimed to all employees of the *Hospital. Dr. Fernando Fonseca* and health centers.

Besides this participation, *Associação Jovens Promotores da Amadora Saudável*, develops the following activities:

Health Promotion

- Information distribution of Health Education materials culturally adapted;
- Training for healthy lifestyles;
- Working on sexuality issues and concepts (on the body, practices, contraception, etc.).
- Promotion of dance as a way to use the body to promote physical exercise and exchange of cultures in order to spread messages of prevention / health promotion.

Disease Prevention

- Training of health promoters in the area of HIV / AIDS (AIDS, Tuberculosis, hepatitis, etc.).
- Production and distribution of materials culturally adapted
- Working on interpersonal communication with the aim to listen, discuss and prepare our interventions in order to respond to expectations, etc.
- Working into a “culture of use condoms” (working beliefs, taboos and myths), we make the free distribution of pills (prevention of early pregnancies) and



condoms.

- Working in drugs prevention

Care Delivery

- Urgent Consultations in Family Medicine;
- Family Planning Consultation;
- Maternal Health Consultation;
- Children Health Consultation;
- Vaccination;
- Distribution of condoms and pills;
- Attending and supporting people in justice areas, regularization of the situation in the country.

Health Assessment Status - Screening addressed the following areas:

- Hypertension;
- Diabetes;
- Weight;
- Obesity;
- Cholesterol.

Articulation and Liason Actions

- We are an entry in the National Health Service;
- We are an entry into the labor market - Immigrant Entrepreneurship Project;
- Strong articulation with Ministry of Education - Adult Education and Training (courses EFA), Education and Training Course (CEF course) literacy;
- Relationship with IEFP - Employment and Vocational training Institute for professional internships;
- Links with academia - academic internships.

Communitary Intervention Projects with Immigrants:

- Immigrant Support Services;
- GlobalAIDS;
- “It’s Cool in BOBA” (Choices Programme);
- Immigrant Entrepreneurship.



The role of the cultural mediator in health

The figure of the cultural mediator, is gaining importance, since it works as a facilitator of proximity between health professionals and immigrant users, ensuring good communication, not only to know the cultural codes of the groups he represents, but also to provide relevant information to expedite and ensure the success of the intervention.

Being the mediator natural communities themselves, are familiar with the lifestyles and beliefs as well as alternative therapies practiced, helping to fill gaps due to ignorance on the part of health professionals, encouraging a level of mutual trust.

It is essential that mediators who work with the health institutions have in addition to technical skills (knowledge of current legislation, cultural knowledge), interpersonal skills (assertiveness, patience, active listening skills, empathy, know how to put the questions).

The mediator's role in health services could be used to support health professionals in a systematically in consultation, in ward and in emergency, helping to minimize the difficulties that exist in these services.

As an example of the growing importance of the mediator's role is taking on the national scene underlines, the protocol signed between the AJPAS, ACIDI, ARSLVT³² (ACES³³ – Amadora and ACES Queluz-Cacém) and *Hospital Dr. Fernando Fonseca*, whose aim was the intercultural mediation, facilitating a personalized language and cultural facilitators in linking services and immigrant communities.

³² Lisbon and the Tagus Valley regional health administration

³³ Health centers groups



Promoting Interculturalism - Recommendations

As the public health area in dire need of human and technical resources, urges the need for services incorporate multicultural programs for health care. In this sense, it is crucial to building partnerships with organizations/associations of immigrants involved in the area of health units in order to promote a closer relationship between users and health professionals, contributing to the promotion of intercultural level health and community.

In this perspective, we consider of great importance to implementing new measures in the health and welfare, as well as the strengthening of existing measures:

- Conducting training actions to health professionals in order to convey wisdom and knowledge about immigrants (habits, customs), facilitating a better reception and integration.
- Preparation of manuals of good practice in health and ethnic minorities.
- Development of new research and systematization of information about the health of immigrants and health professionals about immigrants in Portugal.
- Preparation of leaflets and brochures, translated into various languages to inform migrant communities about their rights as well as the various relevant issues in access to health services.
- Conducting briefing sessions aimed at immigrant communities in order to transmit information relevant for a better integration in the host society.
- Carrying out promotional activities and health education in which they developed awareness raising, dissemination and implementation of health screenings conducted in specific locations.
- Implementation of interventions with women and children, since these are the most vulnerable groups.
- Promotion of synergies between the entities and public and private sector institutions and NGOs active in the field, in order to implement actions that perspective change processes and empowerment.



- Promote and recognize the entrepreneurial spirit of immigrants, constituting themselves as an asset to the growth and development of the host country and empowerment of themselves.
- Hiring of interpreters from the community who possess qualifications in the health clinic to perform mediation tasks (areas of medicine, nursing or other areas of health) and that for various reasons have been unable to get the equivalent in Portugal in order to exercise the profession.
- Involve all communities in identifying, developing strategies and mobilize resources to maximizing its real integration.
- Encourage the provision of voluntary services by the wider community.
- Facilitate the process of recognition of academic and professional qualifications of immigrants.
- Creation of signage in the health services, using images to help the immigrant to quickly access the various services provided in local health.
- Simplification and bureaucracy of the procedures.
- Hiring of intercultural mediators for public services.



Conclusions

Portugal as a country of immigration has in recent years, developing efforts to implement policies and strategies that enhance the acceptance and full integration of migrant communities in Portuguese society.

Consequently from the mid-nineties *There have been subsequent legislative changes and policy responses to promote the integration of immigrants, to the point of Portugal holds second place in the Index of Policy Integration - MIPEx* (Niessen, Huddleston and Citron, 2007)³⁴.

The Portuguese State, in dealing with these issues has developed integration policies to facilitate and promote the various communities into our society by developing a culture of tolerance, maintaining and respecting the framework of values and principles of each one.

Being Portugal a country of emigrants and immigrants has developed a set of good practices, of which highlights the accessibility to health services by all immigrants, since public health and health rights are already values imposed.

An effective and full integration has not only profits for the immigrant communities but too for the host country. Nevertheless, there are still situations of social exclusion and marginalization which translate into negative consequences in host societies.

At the level of population health is urgent to implement integrative, intersectoral and strategic policies involving not only individuals, but also their living spaces promoting social and territorial cohesion, as well as transform areas of risk in driving areas of health

³⁴ Source: Universidade de Lisboa, Departamento de Geografia/ Centro de Estudos Geográficos (2009) MIGHEALTHNET – Rede de informação sobre boas práticas em cuidados de saúde para imigrantes e minorias étnicas na Europa”- Relatório sobre o Estado da Arte em Portugal, p. 41



Aware that the road ahead is still long, since the migration, gain new dimensions and challenges urges the need to find positive solutions and appropriate responses, betting on active citizenship and participatory practices in that immigration should be seen as an opportunity rather than a threat.

The issues of poverty, social exclusion and inequality of access to services should not be seen as an end but as a process, so that everyone can enjoy a society guided by principles of justice and social equity based on recognition and appreciation of individual and group differences.



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Attachments



Legislation

The integration and accommodation issues of immigrants in society, have been gaining increasing importance into the policies of the country. Access to health care should be understood in a multidimensional perspective. The first dimension includes the rights to health care established by law, the second relates to the immigrant's own ability to enjoy these rights.

Indeed, according to the report *Immigration Frontiers and Asylum*³⁵, states *that the current national immigration policies is structured around four main areas: regulation of migration flows, promotion of legal migration, combating illegal immigration and immigrant integration.*

In Portugal, more precisely in recent years have been positive developments in terms of immigration policy, aimed at a better reception and integration of immigrants into our society, which highlight its relevance by the following:

- In the Portuguese Constitution, are accorded rights to immigrants residing in our country, in particular article 13, nº 1 - *All citizens have equal social dignity and are equal before the law* and article 15, nº1 - *Foreigners and stateless persons who are or live in Portugal shall enjoy the rights and be subject to duties as Portuguese citizens.*
- Law n.134/99 of 28th August, *prohibits discrimination in the exercise of rights based on grounds of race, color, national or ethnic origin.*
- Development of the Plan for the Integration of Immigrants (Resolution of the Council of Ministers n.63-A/2007 of May 3). This plan was defined for the triennium 2007 – 2009. It was drawn from a study involving all ministries and they undertook to implement 120 measures, divided by areas of sectorial, vertical and transversal intervention.

³⁵ Source: Serviço de Estrangeiros e Fronteiras, Departamento de Planeamento e Formação do Serviço de Estrangeiros e Fronteiras, Relatório de Imigração Fronteiras e Asilo, 2008, p. 6 e 7.



- The new Nationality Law on the allocation and acquisition of Portuguese nationality, (Organic Law n.2/2006 of 17th April) introduced important amendments to Law n. 37/81 of 3rd October which emphasizes the greater facility of access to Portuguese citizenship of many descendants of immigrants born in Portugal. Is granted Portuguese nationality by nationality of origin or by acquisition (by willingly³⁶, adoption or naturalization). *In these cases, they need to know enough Portuguese language, and not sentenced to prison final and unappealable sentence, with practice for a punishable crime by imprisonment for a maximum of not less than three years, according to Portuguese law* (Article 6,n.º1, points c) and d).
- The new "Immigration Law" (Law n.23/2007, regulated by the Regulatory Decree n.º 84/2007, 5th November), introduced new amendments. Regarding the conditions of entry, permanence, departure and removal of foreigners from national territory as well as the status of long-term resident.
- Decree-Law n.º 67/2004 of 25th March that declared the registration of foreign children, whose situation is illegal in light of the legal system of entry, permanence, departure and removal of foreigners from national territory.
- Following the legislation cited above, and to promote its dissemination to health professionals and the National Health Service, the Directorate General of Health creates regularly circulars and information notes³⁷, such as, the information circular n.º 14/DSPCS of 02/04/2002 about the health care to foreigners residing in Portugal, and its addition n.º 48/DSPCS of 30/10/2002 that provides relevant information about access to free vaccinations included in the national vaccination as well as the provision of mother and child care and family planning and informational circular n.º 65/DSPCS of 26/11/2004 about the access of minor children of immigrants to health care.

It is also remarkable the creation of the *Alto Comissariado para a Imigração e Minorias Étnicas*, currently *Alto Comissariado para a Imigração e o Diálogo Intercultural*, - Decree-Law n.º 251/2002 of 22nd of November and the *Comissão para a Igualdade e Contra a Discriminação Racial* - Law n.º 134/99 of 28th of August.

³⁶ Includes the acquisition in case of marriage or marital union.

³⁷ These circulars information are official documents that function as indicative regulations for practices concerning the access of migrants to health care.



Immigrants living in Portugal have been organizing themselves into associations, some of them recognized by the ACIDI, given responses to the community needs of its members. The associations are intended to protect the rights and interests of the community, foster convivial moments, solving problem, potentiating integration and social cohesion. Really, they become active participants and co-responsibility in society and the policies applied.

The 2010 year is the European Year Against Poverty and Social Exclusion and has contributed to strengthen and sensitize the population to issues of poverty and social exclusion, as promoting actions that contribute to an active social inclusion and to build a more cohesive, egalitarian and inclusive society.

Thus, quoting Ana Nogueira³⁸, *the European Year 2010 aims to raise awareness among European Union citizens and all social, economic and public actors to the need to develop new actions to encourage changes promoting the necessary attitude. Thus there are four multidisciplinary goals that guide actions that must be taken:*

- 1. Recognize the right of people in poverty and social exclusion to live with dignity and participate actively in society.*
- 2. Increase the involvement of ordinary citizens to the policies and actions for social inclusion, stressing the responsibility of each and every one, in solving the problem of poverty and marginalization.*
- 3. Ensure greater cohesive society, where no one doubts that the whole society will benefit from the eradication of poverty.*
- 4. Mobilising all actors, since for real progress and lasting results, It is necessary an continued effort at all levels of government - european, national, regional and local, in the public and private sector.*

³⁸ Source: Formar, Revista dos Formadores nº 70, Janeiro, Fevereiro, Março de 2010, p. 51



SWOT Analysis

Internal Analysis	
Strengths	Weaknesses
<ul style="list-style-type: none"> • City council experience and credibility in its relationship with the European Union, founded on the set of ongoing sponsored social projects. • Mayor and City Council commitment on supporting immigrants/minorities programs. • Multiplicity and proximity of health care organizations and facilities. • Good synergy between the authorities and the communities of immigrants/minorities. 	<ul style="list-style-type: none"> • Unable to cope with the demand due to the increasing immigrant population and limited human and financial resources on the field. • Recent news on head of department changes.
External Analysis	
Opportunities	Threats
<ul style="list-style-type: none"> • Free and strong financing from European Union. • Increasing awareness of health care even in the immigrant community. • Several NGO's available for cooperation protocols with City Council, addressing immigrants. • Accessibility to younger generations of immigrants (likely to have born in Portugal) and more evolved level of integration and higher scholarship. 	<ul style="list-style-type: none"> • Stability and Convergence Program. • Health Ministry budget coast and policy. • Increasing unemployment among county population and immigrants in particular. • Aging of the population increases expensive geriatric needs. • No specialized training to allow Health Care professionals to attend specific health concerns of immigrant communities social context. • Delays and barriers to social integration of immigrant community.

