

SALUD ENTRE CULTURAS AS A COMMUNITY-BASED INTERCULTURAL MODEL FOR HIV AND VIRAL HEPATITIS (HBV/HCV)

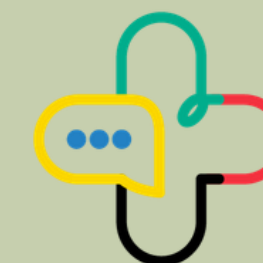
From trust to treatment: an
intercultural bridge model for
migrant testing and care navigation

Cristina Arcas Noguera; RN, DTM&H, MSc
Health Coordinator **Salud Entre Culturas**.
Tropical Medicine Unit. Ramón y Cajal University
Hospital (Madrid, Spain)





Medicina Tropical
H.U. Ramón y Cajal



**Salud Entre
Culturas**
Asociación para el Estudio de las
Enfermedades Infecciosas



cultural mediator

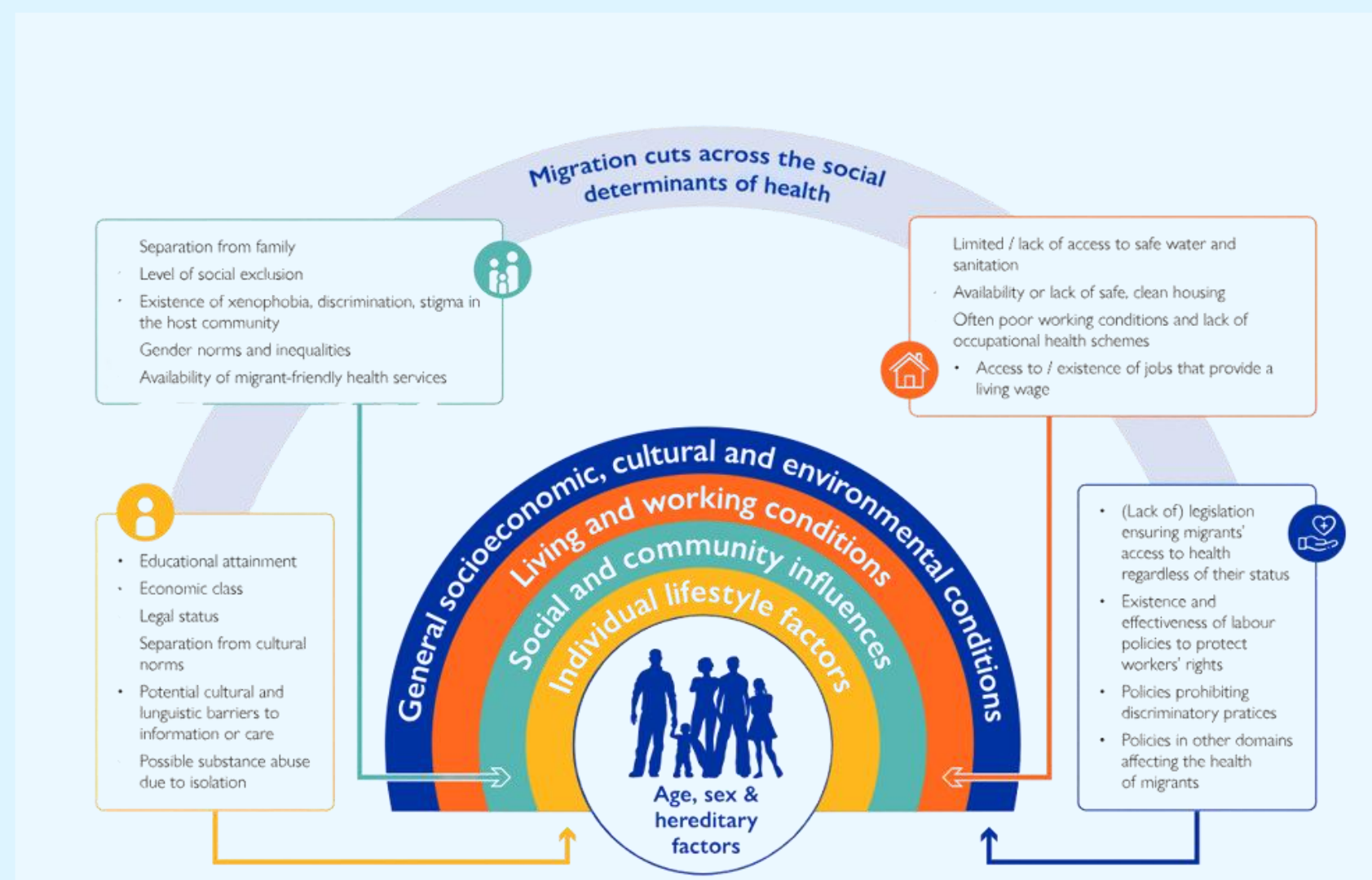
Definition(s)

In the migration context, a professional who facilitates the communication (including interpretation) between people speaking different languages and coming from different cultural backgrounds.

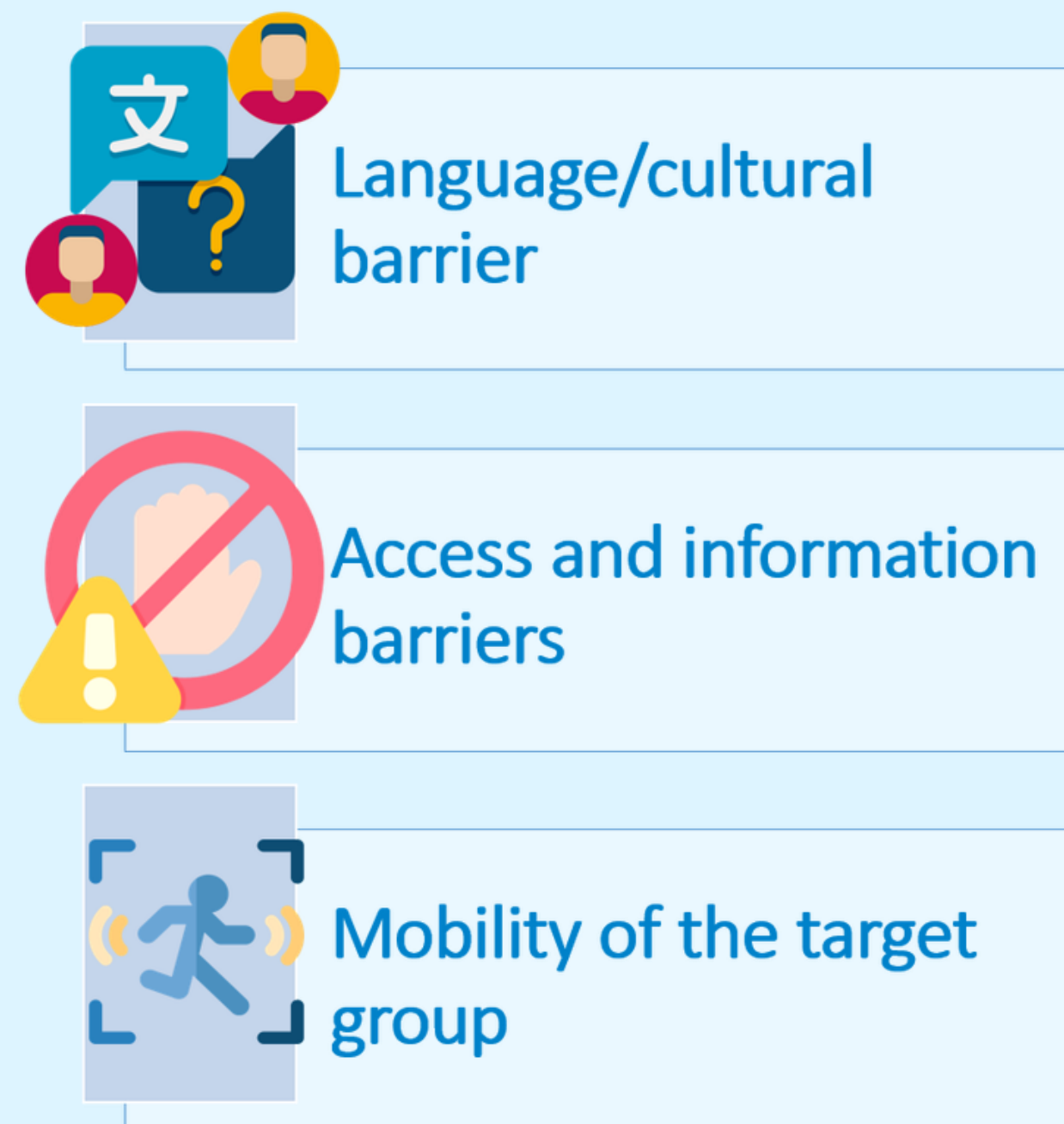
Note(s)

1. Cultural mediators provide information on different sets of value, orientations to life, beliefs, assumptions and socio-cultural conventions by clarifying culture-specific expressions and concepts that might give rise to misunderstanding.
2. Intercultural mediation is not a registered profession; thus the role of cultural mediators is not clearly defined and acknowledged. Therefore the practice does not follow a standardised code of conduct, and it is not exercised within a certain legal framework.
3. The terms cultural mediator and intercultural mediator are used differently in EU Member States and different standards apply.
4. Cultural mediator should not be confused with the term **interpreter**, as intercultural mediation is a much wider and a more enriched means of communicating messages from sender to receiver than interpreting. For more information see also the entry of interpreter.

THE CHALLENGE - REACHING MIGRANT POPULATIONS BEYOND CONVENTIONAL HEALTHCARE SETTING

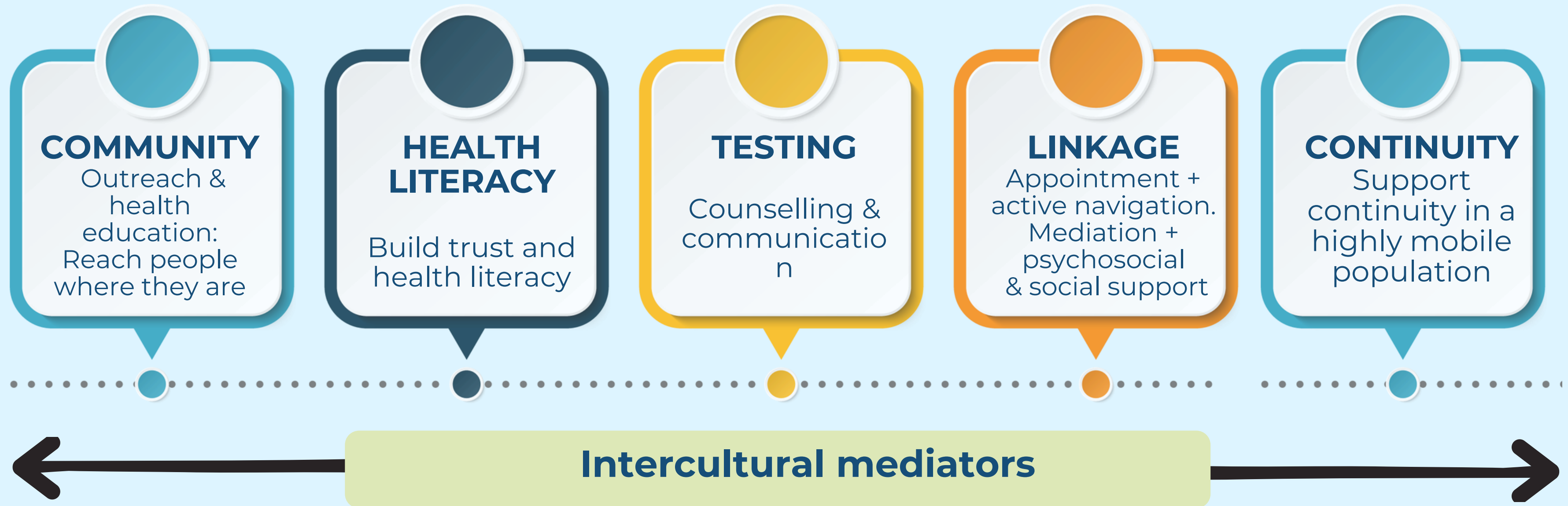


IOM, WHO and Government of Sri Lanka, 2017 (adapted from Dahlgren and Whitehead, 1991).

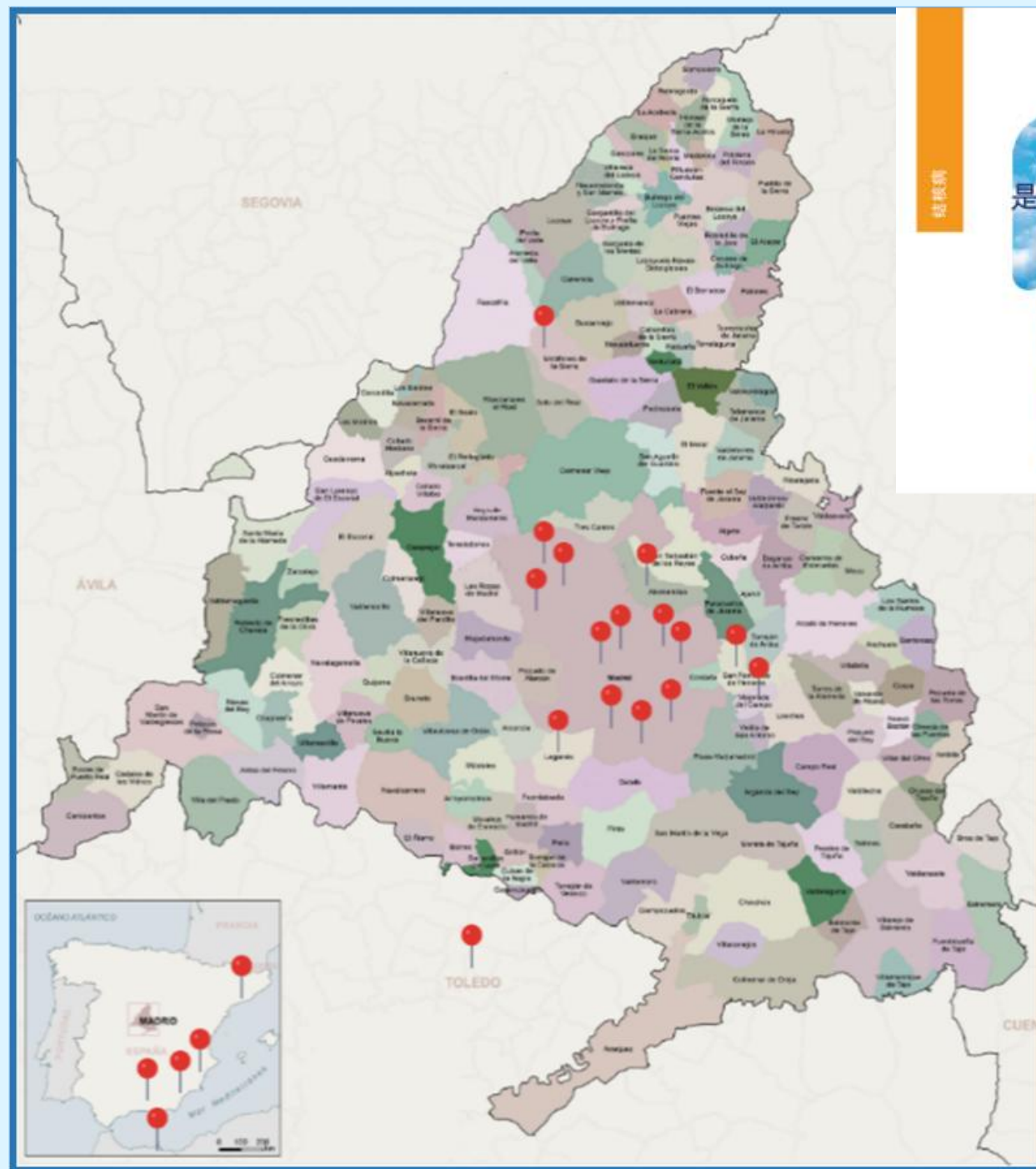


Testing alone is not enough when access to care is shaped by **language, cultural, administrative and social barriers**: The gap is not only between “untested” and “tested”, but between community, diagnosis and effective access to care.

THE MODEL - AN INTERCULTURAL BRIDGE FROM COMMUNITY OUTREACH TO CARE



The cultural mediator does not enter only when there is a language problem; **mediation accompanies the care pathway.**

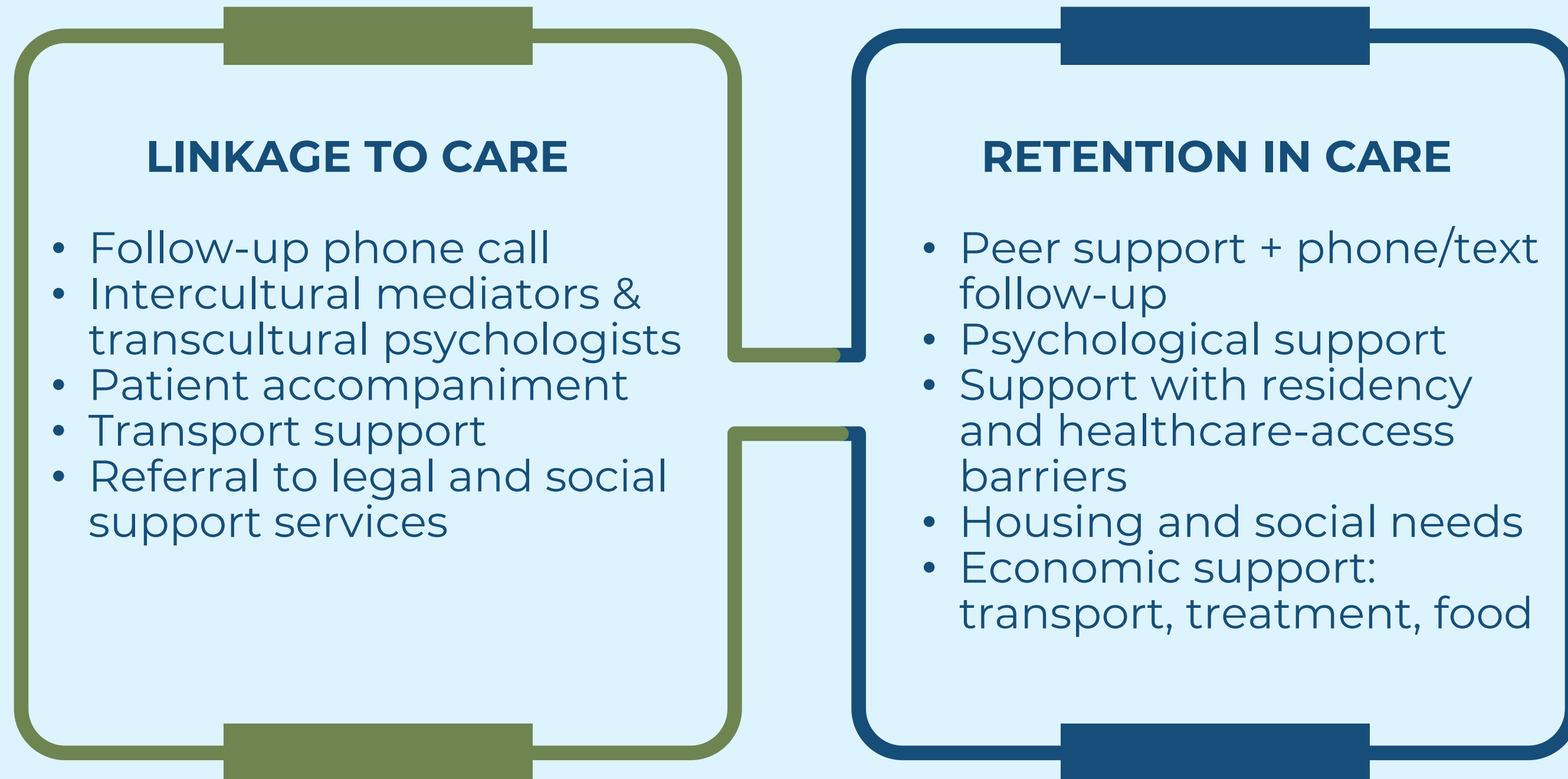


Interpreter/cultural mediator.
Who is culturally sensitive to the topic and fluent in the language of the audience.



Health professional.
Who presents the topic in clear and simple language adapted to all levels.

THE APPROACH - ACTIVE NAVIGATION THROUGH LINGUISTIC. ADMINISTRATIVE. PSYCHOSOCIAL AND PRACTICAL BARRIERS



- Active navigation addresses: **Language & culture | Administrative access | Transport | Psychosocial needs | Mobility**
- Referral ≠ linkage. Linkage requires removing the barriers that prevent people from actually reaching care.

RESULTS & IMPACT - STRONG ENGAGEMENT AND ACTIVE LINKAGE TO CARE

1. Testing: High engagement in community settings.

Where literacy and language conditions permit, pre/post KAP assessments generally show improvements in knowledge

2. Linkage to care: Beyond referral: results communicated, specialist referral, appointment secured, and intercultural/psychological support when needed.

3. Impact: Long-term retention in care remains our main evaluation gap: cannot be systematically measured due to limited access to clinical follow-up data.



50-70%

**of workshop attendees
go on to take the rapid test**

(2413 people)

LESSONS & RECOMMENDATIONS - WHAT MAKES THE MODEL TRANSFERABLE

What we learned	Recommendation for transfer
Meet people where they are	Bring education and testing into trusted community settings
Mediation is more than translation	Integrate intercultural mediators throughout the care pathway
Referral does not equal linkage	Build active, expedited referral and navigation pathways
Social barriers become care barriers	Resource transport, psychosocial, administrative and legal support
Mobility challenges continuity	Build flexible networks and portable referral mechanisms

For scale-up: preserve the core functions, adapt the delivery to the local context, and build evaluation into the model from the start.

¡GRACIAS!

Questions and discussion welcome



 info@saludentreculturas.es
   [@saludentreculturas](https://www.instagram.com/saludentreculturas)
 [@salud_culturas](https://twitter.com/salud_culturas)
 www.saludentreculturas.es

