

The European Network Sastipen Annual Report 2005/2006



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Introduction





Introduction

The Sastipen Network is the result of an initiative that began in 1995, when the Fundación Secretariado General Gitano, (Spain) with the support of the European Commission and the Spanish National Plan on Drugs, started a programme which intention was to knowing the needs of the Roma population regarding to the effects caused by drug dependencies and HIV / AIDS.

As the time went by and the network was gaining consolidation, this process was joined by partners from community countries where the Roma is subject to similar dynamics. Our aim is to get the involvement of every European organization interested in working with this population in the field of health in order to consolidate a European area of knowledge and information on the situation of Roma in Europe, with the possibility of becoming a valid mediator for the administrations regarding this issue and claiming their involvement with a population traditionally forgotten when designing social policies.

The mobilization of the social agents is another Sastipen's network priority objectives. This strategy has encouraged the generation of various initiatives, exchange of information, significative experiences and good practices. Besides, it has also encouraged the creation of a shared knowledge from elements of common interest, on the analysis of the health situation of Roma community and intervention methods and strategies.

In brief, the Sastipen Network offers a meeting point to think about and exchange a platform to promote actions aimed at the improvement of the quality of life and the health of the Roma community.

During 2005-2006 partners have joined to carry out and implement the project titled *Reduction of Health Inequalities in the Roma Community*. Studies show that health status of Roma are far below the mainstream society in Europe:

- The life expectancy rate for Europe's Roma population is approximately 10 years lower than the overall average.
- The incidence of environment-related illnesses is higher for Roma than for the general population.





- Lack of vaccination and nutrition deficiencies are detected in the case of children.
- There is a higher incidence of accidents and involuntary injury such as: burns, falls, traffic accidents, bone fractures, intoxication, etc.
- It has been detected a special vulnerability of Roma to drug and alcohol dependency, and their generalised lack of sexual education puts them vulnerable to HIV/AIDs.
- Lack of proper use of health services due to particular cultural habits, the lack of understanding of the Roma culture, and the existence of discriminatory behaviours within health professionals.
- High incidence of socio-economic and environmental problems related to the living conditions, especially in cases of highly deteriorated habitats without minimum living standards or access to community resources thus putting their health at serious risk.
- Lack of proper empowerment and orientation from the community leaders, social mediators, and Romani women, as well as a lack of prevention work being done to raise collective awareness of the importance of proper health education aimed at the very young.

Roma population of the countries involved in the project are European citizens, however their life standards and particularly health status of Roma are poor, making this minority seriously vulnerable to diseases which have been mostly overcome by mainstream society. The eradication of health inequalities suffered by Roma in Europe should be raised at the political agenda to guarantee European's citizens human rights.

The project Reduction of Health Inequalities in the Roma Community aims at gathering information on health status of Roma, their comparison with mainstream society to produce recommendations and intervention strategies addressed to decision makers; identifying main causes of the lack of proper access of Roma population to mainstream services, and the lack of proper use of these services due to particular cultural habits in order to address them through training and mobilisation of main stakeholders; analysing the influence of socio-economic and environmental causes in detriment of health standards and the role of community leaders, social mediators and romani women in the promotion of healthcare in order to empower them with skills and know-how.



The Roma population in Europe

The presence of Rom or Roma people in Europe goes far back in history. They are present in Europe since the 12th century and settled in almost every European country in the 14th and 15th centuries mostly in Spain, Portugal, France, Germany, Russia, Romania and Hungary.

Despite having a common cultural identity, Europe's Roma population cannot be described as a single group but is rather comprised of diverse groups. This heterogeneity, noticeable in each of the countries and among the different regions as well, is largely due to the adaptation that this population group has made to the host countries throughout numerous migratory processes when they left their place of origin, the Punjab region in India. Some of their customs have also made their way into the culture of the host countries and include rhythms and folk dances as well as some words from their original language, Romany.

This history of discrimination over the centuries has meant that one of the common characteristics of this European ethnic minority is the great number of situations of poverty and social exclusion which they suffer and which situate them among Europe's most vulnerable groups. This exclusion is even more apparent in the continent's poorest countries and in the former Communist states.

The conflictive relations which have developed between Roma and non-Roma down through the centuries should therefore come as no surprise. Roma people are leery of anything from outside of their cultural circle while the non-Roma harbour many prejudices towards the Roma population.

The Roma population is nowadays Europe's principal ethnic minority. An estimated seven to nine million Roma live in Europe today, close to two thirds in the Central and Eastern European countries.

The majority of this population is concentrated in the most recent Member Countries: Romania with approximately 2.5 million, Hungary around 600,000, Bulgaria in the vicinity of 500,000, Slovakia close to 400,000 or the Czech Republic with close to 300,000.

Until the accession of the new countries to the European Union in May of 2004, Spain was the EU nation with the largest Roma population – over 650,000.



According to the report entitled “The Situation of Roma in an Enlarged European Union” published by the European Commission in November 2004¹, the general situation facing Europe’s Roma population in different spheres relevant to their social inclusion can be summarised as follows:

- Education: in many countries there is a tendency towards segregation of Roma with respect to the children of the majority society and where Roma children are admitted in mainstream schools, these often suffer a lack of resources or turn into ghettos. Moreover, hardly any attention is paid to the educational achievements of Roma children.
- Employment: few of the older European Union Member States target Roma communities in their National Action Plans for Employment despite the very high unemployment rate.
- Housing: The Roma population throughout all of Europe lives in sub-standard housing forming ghettos characterised by insufficient infrastructures and services which are segregated vis-à-vis other settlements. The disease rate is very high and the risk of eviction is always present.
- Health-care Services: the poverty and poor living conditions facing the Roma communities, considered jointly with persistent discrimination in the provision of health-care services, has led to a high rate of diseases such as tuberculosis and hepatitis. There is strong evidence showing that life expectancy of the Roma population is lower than for the rest of society. Several reliable indicators are needed to determine the rate of disease and the Roma community’s access to health-care systems.
- Transversal Issues:
 - Social protection systems in Europe often deny Roma access to the safety net system either deliberately or through negligence. Evidence shows that Roma social assistance seekers suffer discrimination.
 - A common problem throughout Europe is the lack of proper documentation in the case of Roma. This includes birth and marriage certificates, residency permits and identification documents. This has

1 Study entrusted to a consortium formed by the European Roma Rights Centre, Focus Consultancy Ltd. and the European Roma Information Office. This study furnishes information on the current situation facing Roma in the 25 EU Member States and analyses current policies aimed at improving that situation.



led to serious problems in gaining access to social services and in some cases has even given rise to stateless person status.

- As for gender issues, many Roma women face dual discrimination and as a result decreased access to health-care, education and other services. In light of the role women play in the education of their children, this situation is of serious concern.

Health and the Roma community

Health is conceived as a broad concept affecting different aspects of human life: physical, psychological and socio-cultural. Already in 1948 the WHO defined health as *"a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."* The WHO, from its creation, considers health as a fundamental human right and therefore all people must have access to basic health-care resources.

Therefore, when we speak of health we are referring to the process of interaction between human beings and their social and natural environment, a process by which said human beings maintain physical and psychological well-being allowing them to contribute fully to their community's social life. Health is conceived as the result of all the factors affecting the lives of individuals: those that are virtually unsusceptible to modification (sex, age or genetics) as well as those that are potentially modifiable (behaviour, ways of earning a living, cultural and socio-economic aspects, etc.). Health, therefore, is not an exclusively biological phenomenon.

Inadequate housing, deficient education, insufficient income, etc. all have an important influence on health and are important factors determining the state of well-being and living standards of a population group living in a specific environment. The processes of exclusion and social marginalization limit people's access to health-care services and the use they make of them. In this sense, the most disadvantaged socio-economic groups exhibit characteristics making them susceptible to poor health. Other variables such as gender, age, ethnic background, social class or geographical area are also risk factors when it comes to health.

It appears to be clear that belonging to a minority ethnic group has a bearing on the emergence of specific health inequalities. These inequalities are not only rooted in socio-economic variables but also in access to health-care services and



the effective use made of such services affected by poor adaptation of the latter or even discrimination.

The processes of social exclusion and marginalization take a greater toll on these groups because, due to their condition as minorities, they do not actively participate in the different areas and facets of public life. The close relationship between social inequalities (economic, educational, housing, etc.) and health inequalities is clearly highlighted by some international organisations (WHO, European Commission, etc.) as we have stated before. In this sense, if we bear in mind that a high percentage of the Roma population is in a situation of social exclusion or vulnerability, we should be able to understand that the percentage of the Roma population affected by the lack of equality in health is also very relevant.

In addition to these socio-economic variables, we have pointed out that cultural factors, habits and custom also have a bearing on the health of individuals and communities. The Roma community as an ethnic and cultural minority, features a series of culturally-rooted elements which also have an influence over the state of health of its members and condition the way they react and behave when faced with disease.

The concept of “culture” refers to the values shared by members of a group, to the rules they obey and to the material goods they produce. The British anthropologist Tylor came up with the classic definition of culture as “that complex whole which includes knowledge, belief, art, morals”.

Culture, therefore, viewed as a reality lived by people, their customs, laws, conceptions of the world and all that which allows them to live in society, is something that is learned and understood and the same holds true of one’s understanding of the body, health and disease. Disease is not viewed in the same way by different communities or within the same society and varies throughout different historical times within the same group.

Health and disease are socially constructed concepts which are defined and typified by each culture. In turn, each culture creates its own therapeutic alternatives as well as the steps to be followed to regain health. Therefore, disease must be viewed as an expression with a biological and cultural component. Independent of its biological component, it is always a form of cultural expression and if it is to be considered a disease, the society must label it as such.



If we consider culture in the health-disease process of ethnic minorities we can discover how:

- health-care information is received by patients;
- the rights and benefits that the health-care system offers are used;
- the symptoms, expectations and concerns regarding disease are expressed.

In conclusion, and bearing in mind the indicators commonly used by the international scientific community to measure inequalities in the area of health, it can be said that the health-care status of the Roma population is clearly deficient. The opinion expressed in the scientific literature consulted tends to confirm that this health-care situation has mostly to do with a lack of equality in terms of life opportunities and access to and use made of resources.

Reduction of Health Inequalities in the Roma Community





Reduction of Health Inequalities in the Roma Community

In general terms, the project has aimed to promote the access of the Roma community to the mainstream public health services taking into account how cultural and traditional differences between a minority group and a mainstreaming one can affect the level of health and therefore the living standards and behaviour in society.

The project also has aimed to shorten the distance between Roma community and public health services by addressing the main causes of the problematic in each country:

- by acquiring an in-depth knowledge about the causes, circumstances that maintain the situation of unequal access of Roma population to health public services as well as possible solutions;
- by involving public administration into the comprehension of the problematic and transferring skills on how to improve the system in order to integrate this minority;
- by identifying good practices susceptible of being transferred to other countries;
- by training service health professionals and mediators;
- and by promoting synergies between the public and the social society spheres and reinforcement of transnational cooperation.

Three are the main axes in which the project has articulated:

- Training, empowerment and transferring skills to key actors – health professionals and health mediators;



- Trans-national partnership, reinforcement of European networks for the eradication of health inequalities within Europe's Roma community and mainstream society;
- Promotion of mainstreaming health services to the Roma Community.

The project has been coordinated by the Fundación Secretariado Gitano (FSG) from Spain assuming the main partnership of it. The ten countries involved have been: Greece, Portugal, UK, Italy, Spain, Bulgaria, Hungary, Slovakia, Czech Republic and Rumania. The project has been funded by DG Sanco (European Commission) and has counted with an important cofunding and support coming from the Spanish Ministry of Health and Consumer Affairs.

In each country, the partners involved have different background and scope of actions, but all of them have expertise on Roma issues and long working experience in their integration and promotion of culture. As well in most countries, the associated partners have wide experience with the public administration and more particularly with health assistance services, having reached a good level of commitment with the project.

As mentioned before, the FSG has had a reinforced co-ordination with the Spanish Ministry of Health who has not only funded the actions addressed to the improvement of the health status of Roma Community in Spain but has also participated intensively in the diagnostic of the situation interacting with experts and key actors. This experience has come out to be a profit by the Sastipen Network as a pilot experience extensible to other countries where the cooperation between public administration and civil society is less evolved.



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International Seminar: Equality, Health and Roma Community.

In all countries participating in the project, different actions have been conducted: training and awareness raising actions targeting public and private entities, public health care providers, Roma mediators and other agents and stakeholders involved in improving the health status and raising the living standard of the Roma population, not only at national level but within the framework of the European Union.

On 26 and 27 October 2006, an international seminar has been organized in Madrid as the final activity of the project. It has offered a space in which to meet, reflect and exchange ideas, experiences and good practices coming out from the implementation of the project in each of the countries involved. The seminar has been the springboard to launch initiatives to raise the Roma community's health standards in order to level them with the mainstream European population through improving their health habits and their access to public health services.

The seminar was addressed at public and private entities, health administrations and professionals, Roma and non-Roma mediators and other stakeholders working with the Roma community in health promotion and improvement of living standards.



Objectives:

- Raise awareness and reflect on the social-health status of the Roma community, analysing inequalities faced and difficulties encountered in gaining access to health services.
- Provide a forum for the exchange of know-how, discussion and reflection at national and European level for administrations, agents and players involved in the health-Roma community binomial.
- Provide a deeper understanding of Roma culture and the way they address the issue of health.
- Offer health-care providers with new support material for use with the Roma community: "Handbook for action in the area of health services with the Roma community".
- Share networking experiences at European level: activities and results of the project led by the FSG in collaboration with the Spanish Ministry of Health and Consumer Affairs.
- Contribute to the improvement of health and living standard in the Roma community.

Programme

Thursday, 26 October 2006

10:00 RECEPTION OF DOCUMENTATION

10:30 OFFICIAL OPENING

Authority from the Ministry of Health and Consumer Affairs (Spain).
Representative of the European Commission, DG SANCO.
Mr. Isidro Rodríguez, Director of Fundación Secretariado Gitano (Spain).

11:00 INTRODUCTORY COMMUNICATION

"SPANISH ROMA COMMUNITY AND HEALTH"
Elena Buceta, Responsible of Area of Health, Fundación Secretariado Gitano

11:45 COFFEE BREAK

12:05 COMMUNICATION AND DEBATE

"PUBLIC HEALTH SYSTEM AND ROMA COMMUNITY. RECOMMENDATIONS FOR ACTION".
Begoña Merino, Head of Area of Health Promotion, Ministry of Health and Consumer Affairs. Member of Group of Experts (Spain).

12:50 COMMUNICATION AND DEBATE

"DISCRIMINATION IN HEALTH SERVICES".
María Carrasco, Area of Equal Treatment, Fundación Secretariado Gitano.

13:40 PRESENTATION OF AWARENESS RAISING CAMPAIGN

"YOUR PREJUDICES ARE THE VOICES OF OTHERS. GET TO KNOW THEM BEFORE JUDGING THEM".
Susana Jiménez, Area of Communication, Fundación Secretariado Gitano.

14:15 LUNCH

16:00 TABLE OF EXPERIENCES AND DEBATE

- "Attention to cultural minorities at a hospital centre. The case of the Roma community".
Ms. M^a Isabel Lloro, Medical Doctor and Head of Patients Attention Service, Hospital Clínico San Carlos, Madrid (Spain).
- "Health Mediation".
Daniel Radulescu, Romani Criss, (Romania).
- "Attention to Roma population: an opportunity to improve health services in Bulgaria (twinning program in the EU).
Inés García, Director of Health Observatory in Europe, Escuela Andaluza de Salud Pública (*Public Health Andalusian School*), (Spain).
- "Avilella Acobá. An attention program to drug-dependencies" Fundación Secretariado Gitano.

Friday, 27 October 2006

09:30 INTRODUCTION OF THE EUROPEAN PROJECT: REDUCTION OF HEALTH INEQUALITIES IN THE ROMA COMMUNITY

Representative of the European Commission, DG Sanco.
Elena Buceta, Project Coordinator, Fundación Secretariado Gitano, Spain.

09:50 TABLE OF INTERNATIONAL EXPERIENCES I

- First experiences gained from the work of the Social Medical Centres for Roma in Greece".
Dr. Nikolaos Kriminiotis, Efxini Poli (Greece).
- Health and Roma Community in Portugal.
M^a Jose Vicente, EAPN (Portugal).
- Implementation of field health assistants into the state system in Slovakia. Its influence on better access of Roma community to health care services.
Partners for Democratic Change, (Slovakia).
- Health Social Attendants in social excluded communities.
Mrs. Ivana Šimíková, (Czech Republic).

11:45 COFFEE BREAK

12:00 TABLE OF INTERNATIONAL EXPERIENCES II

- Cooperation of Institutions related to health in the Roma community in Italy and network strategies.
CNCA Y Azienda USL5 Pisa, (Italy).
- Roma health policies in Romania: between words and reality.
Magda Matache, Romani Criss, (Romania).
- Health and Roma population in Hungary.
Jozsef Solymosy, (Hungary)
- Health Inequalities in Roma community in Bulgaria.
Elena Yankova, Initiative for Health Foundation y Romani for Health Foundation, (Bulgaria).

14:30 LUNCH

16:00 CONCLUSIONS AND RECOMMENDATIONS

17:00 CLOSING





Presentations

Following, we are going to reproduce some of the representations displayed during the seminar. Those selected reflect the conclusions and recommendations presented by each of the project countries delegations. Official opening speeches are also included.



Ministry of Health and Consumer Affairs. Spain.
Mr. Manuel Oñorbe.
The Director-General of Public Health



Good morning to everyone. It is a pleasure for me to inaugurate this Seminar on EQUALITY, HEALTH AND THE ROMA COMMUNITY. I would first of all like to express my gratitude to all those present here today, to the institutions they represent both here in Spain and from the different participating countries, for your interest and the effort you made to attend, and to the Fundación Secretariado Gitano (FSG) which, through dedication and hard work, has facilitated advancement towards achieving the goals of the projects we are involved in and whose ultimate goal is the advancement and improved health and living standards for the Roma community.

This Seminar, while pursuing one single objective, is related to two different projects with which we are directly involved: on the one hand the Collaboration Agreement (2003-2008) which the Ministry of Health and Consumer Affairs has with the FSG as part of Spain's public health strategy and, on the other hand, the Community Action Programme in the field of Public Health (2003-2008) of the European Commission of which this Ministry, on behalf of Spain, is a full member. This Ministry actively participates in both projects, both in terms of the implementation of the different activities and funding.

One of the main concerns and expectations of our society is for public Institutions to take responsibility for the protection and enhancement of its health and this is because, among other reasons, good health is an essential prerequisite for the social and economic development of the community. Those societies whose members have the same opportunities and who therefore are able to develop all of their talents and potential, are not only more fair but also operate more efficiently and are healthier than those which exclude and discriminate against some of their members.

Therefore, equality in health is a concern and a huge challenge for the Spanish Ministry of Health and Consumer Affairs which is especially sensitive to the needs of the Roma community, not only in terms of its access to health services but also regarding advancement, disease prevention and education.



In this connection, this Ministry cooperates closely and has signed a Collaboration Agreement (2003-2008) with the FSG, a non-governmental organisation with a wealth of experience in working with the Roma community in many diverse areas, all of which have a bearing on health. The Agreement was designed as a technical point of reference in the search for solutions and strategies able to put an end to inequality as affects the Roma people in our country, facilitating the creation of structures and processes by which to promote health equality for this group at national level.

This Agreement, which dates back to 2003, has gone through several different stages. 2004: A think-tank (group of experts) was formed and analysed the health status of the Roma community which gave rise to an action recommendation document (available both in Spanish and English). A seminar was held to discuss strategy for future activities, to gain insight into other experiences, to propose intervention guidelines and to compare and contrast the content of the document for subsequent publication and dissemination. An Internet discussion forum was likewise created. In 2005 headway was made in achieving the objectives of the Agreement, i.e. creation of a technical assistance service, accompaniment and capacity building targeting public and private organisations for work with the Roma community. A practical handbook designed to aid social workers and health-care providers, regional and local administrations and university students was drawn up (available in Spanish) and a training and awareness-raising scheme was developed consisting of courses and seminars attended by over 500 individuals, Roma and non-Roma alike.

In 2006 work continued on the technical assistance service, capacity-building and training. A line of research was initiated (results expected by year's end) based on the National Health Survey with a view to obtaining reliable data allowing for a diagnosis of the health status of the Roma community. By drawing a comparison with the data from the overall population, we will be able to better tailor our intervention with this population. And lastly this Seminar, the results of which we hope will have a significant impact on the achievement of our aims.

This Ministry has also been very active in the European Commission programme: "Reduction of health inequalities among the Roma population" by providing management support and backing to the FSG and has continued to lend this support for the implementation of that programme by providing our image, our facilities and our technical and human resources whenever requested.



Europe has a Roma population numbering approximately 8 million, 700,000 of whom reside in Spain, the majority with standards of living which are below the European average. This situation calls for the adoption of transnational measures in order to fully comprehend the causes of this situation and to identify the measures, suitable actions and strategic interventions by which to eradicate these health inequalities.

However, despite the fact that Roma can be considered a culturally differentiated group, the social, cultural and economic reality of the different sub-groups comprising "Roma" are quite diverse and heterogeneous, and not only in Spain. This means that we must bear this diversity in mind when identifying needs, developing community action projects focusing on health and implementing actions intended to reduce health inequalities.

Meetings like this one which bring such different realities together such as the ones characterising each of the participating countries and those of the different regions of Spain, are necessary if we are to share knowledge and experiences, create networks, join forces and coordinate activities and programmes and disseminate knowledge, train personnel and compile information and, in short, if we are to collaborate jointly in achieving our ultimate objective which is none other than that of reducing inequalities which, when it comes to health, the Roma community has been especially suffering for some time.

To conclude, I would simply like to express my hope that this Seminar marks the beginning of more intense collaboration and cooperation between regions and countries enabling us to march ahead with our objective of establishing a comprehensive social - health-care model which, from the perspective of diversity, is successful in reducing inequality and guaranteeing human rights for the Roma community on an equal footing with the rest of the population.







**Public Health Executive Agency.
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Ms. Cinthia Menel Lemos.
Scientific Project Officer**



 <p>Public Health Programme 2003-2008</p> <p>Public Health Executive Agency (PHEA) Cinthia Menel Lemos Cinthia.menel-lemos@ec.europa.eu</p>	 <p>Public Health Programme</p> <ul style="list-style-type: none"> ■ 3 Strands contributing equally to high level of physical and mental well being in the EU: <ul style="list-style-type: none"> ■ EP & Council Decision 1786/2002/EC on the Public Health Programme ■ Commission annual work plans : 2003-2006, 2007 <p style="text-align: right;">2</p>
 <p>Public Health Programme</p> <ul style="list-style-type: none"> ■ General objectives <ul style="list-style-type: none"> ■ To improve information and knowledge for the development of public health ■ To enhance the capability of responding rapidly and in a coordinated fashion to threats to health ■ To promote health and prevent disease through addressing health determinants across all policies and activities <p style="text-align: right;">3</p>	 <p>New priorities</p> <ul style="list-style-type: none"> ■ Health at centre of EU policy ■ Promote health to prevent illness ■ Involve stakeholders ■ Exchange of MS best practice ■ Strengthen EU international role ■ Invest in health/tackle inequalities <p style="text-align: right;">4</p>
 <p>New Executive Agency (PHEA)</p> <ul style="list-style-type: none"> ■ Implement the Public Health Programme ■ Manage the projects and events organised under the PHP ■ Disseminate the know-how and best practices ■ Foster exchange and co-ordination between all players involved and with other Community and national activities ■ Feed back projects results to DG SANCO policy makers and help improve the programme <p style="text-align: right;">5</p>	 <p>PHEA Key facts and figures</p> <ul style="list-style-type: none"> ■ Lifetime : 1/1/2005 – 31/12/2010 ■ Located in Luxembourg ■ Staff : +/- 32 ■ Annual budget : +/- 5.6 M€ ■ Budget for projects in 2006: +/- 40 M€ ■ Director ■ Steering Committee <p style="text-align: right;">6</p>



<p style="text-align: right;"></p> <h3>2006: towards PHEA autonomy</h3> <ul style="list-style-type: none"> ■ Gradual take-over of operational tasks: <ul style="list-style-type: none"> - 2006 Call for Proposals - Managing some of the running projects - Setting up National Focal Points Network - Publication and dissemination tasks - Organising technical meetings <p style="text-align: right;">7</p>	<p style="text-align: right;"></p> <h3>Allocation of resources</h3> <ul style="list-style-type: none"> ■ 2003-2008 total Budget: € 353.8 M ■ Budget 2006: € 55.8 M ■ Candidates contribute € 1.3 M ■ EFTA/EEA contribute € 1.1 M ■ Call for proposals € 43.0 M ■ Calls for tenders € 5.4 M <p style="text-align: right;">10</p>
<p style="text-align: right;"></p> <h3>Past calls for proposals</h3> <ul style="list-style-type: none"> ■ Activities covered in 2003 - 2006 should not be readdressed ■ Info on past proposals: http://europa.eu.int/comm/health/ph_projects/project_en.htm <p style="text-align: right;">11</p>	<p style="text-align: right;"></p> <h3>Future Health Programme 2008-2013</h3> <ul style="list-style-type: none"> ■ Merge current Consumer programme with Public health <ul style="list-style-type: none"> ■ Common objectives: place EU citizen at heart of EU policy ■ Simpler procedures, joint topics ■ Facilitate mainstreaming in other policies ■ Add strands for rapid reaction capacities, burden of diseases and health services <p style="text-align: right;">13</p>



Fundacion Secretariado Gitano. Spain
Pedro Puente
President



Health is one of the main indicators of well-being and living standard of individuals, groups and communities. **Health is not conceived solely as the absence of disease** but rather as a broader concept encompassing a number **of different physical, psychological and socio-cultural aspects** of individuals. The World Health Organisation considers health as a **fundamental human right** and therefore all people must have access to basic health-care resources.

Variables such as age, sex, gender conditioners, socioeconomic level or ethnic group are risk factors when it comes to health. In this connection, it appears to be clear that belonging to a minority ethnic group has a bearing on the emergence of specific health inequalities. These inequalities are not only rooted in socio-economic variables but also in access to health-care services and the effective use made of such services affected by poor adaptation of the latter or even discrimination.

The **Roma community**, a socially and economically disadvantaged minority, is one of the population groups which is most **susceptible to suffer from health deficits**; life expectancy, for example, is 8 to 9 years less than that of the rest of the Spanish population. The Roma people are affected by many of the aforementioned health risk factors as a consequence of social exclusion and the fact that they are not able to take advantage of mainstream health resources on an equal footing and with the same rights as the rest of the population. Moreover, cultural aspects of the Roma population and health-care providers' ignorance of these means that said aspects frequently hinder access to the health-care system.

For all of the foregoing, **public authorities** must put a priority on implementing specific measures with the Roma community with a view to eliminating existing inequalities and creating a situation in which Roma men and women may enjoy the same opportunities as the majority population when it comes to taking care of their health and improving their standard of living. The health issue should be addressed from a bio-psycho-social point of view. In the past it was believed that health policy consisted basically in offering a series



of medical services with little attention to anything else. While it is obviously important to strive towards universal access to health-care services, when addressing the subject of health one cannot forget that economic and social conditions have a very significant influence on the health of the population in general. Poverty, social exclusion, housing, employment, education... are all factors contributing to a healthy life. Health policies cannot lose sight of the importance of also focusing on the social and economic factors which have a bearing on health.

Reducing this inequality has become one of the overarching objectives of the **FSG's Area of Health**, an objective which has been bolstered considerably with the signing of the 2003-2008 **Collaboration Agreement with the Ministry of Health and Consumer Affairs**. This Agreement is being successfully implemented and bears witness to the special sensitivity shown by this Ministry towards groups, like the Roma community, which find themselves in vulnerable situations.

The common goal of the actions set out in this Agreement is to improve the health and living standard of the Roma community and to encourage more pro-active social policies which compensate for the inequalities endured by this group in the area of health.

The **International Seminar "Equality, Health and the Roma Community"** now being inaugurated is one of the awareness-raising activities within the framework of this Agreement and targets the main stakeholders involved such as public network health-care providers, professionals working at social organisations, health-care administrations and intercultural mediation professionals.

Moreover, and in light of the fact that the Roma community is an ethnic-cultural group with transnational roots whose presence in **Europe** numbers in the vicinity of 8,000,000 (data from the Enlarged Europe), a large percentage of which finds itself in a situation of social exclusion and marked inequality in the area of health, it is of the essence to analyse the common factors, the strategies being applied in each country and possible cooperation mechanisms. That is why the FSG is coordinating the **European Project "Reduction of Health Inequalities among the Roma Population"** which is financed by the European Commission's Health and Consumer Protection Directorate-General and co-financed by the Spanish Ministry of Health and Consumer Affairs. This seminar will provide information on this project which, in addition to the FSG, involves 10 public and private organisations from 8 other European countries.



Another of the actions being implemented within the framework of this Agreement has to do with improving information and knowledge as a prerequisite for the fostering of different initiatives and the proposal of measures for future development both in the political and technical spheres. In this connection, the FSG is currently conducting a **state-wide research project** which will provide a real diagnosis of the status of the Roma population as regards health. Up until the present, the few data we have were obtained through very limited and local studies. This research project involves a sample size of 1,500 Roma homes distributed throughout all of the Autonomous Communities (regions) with the exception of the islands and the autonomous cities of Ceuta and Melilla. We will have the preliminary results of this research in December. The questionnaires are modelled on the National Health Survey which the Ministry of Health and Consumer Affairs conducts periodically thus allowing for comparisons to be drawn between the data obtained for the overall Spanish population and that pertaining to the Spanish Roma population.

In addition to these actions, and in the framework of the Collaboration Agreement between the Ministry of Health and Consumer Affairs and the FSG, another sort of initiative is being developed focusing on the general objective of improving the health and living standard of the Roma community and on **capacity building of professionals** and the drafting of **tailored materials** as action tools for work with the Roma population by health-care services.


Training initiatives have been undertaken targeting the Roma community itself and its health agents and health-care providers; **tools and work materials** have been designed which offer suggestions and guidelines for intervention with the Roma community in the area of health; work has been undertaken with **groups of experts on health and the Roma community** which has helped in making diagnoses and drawing up recommendations and action proposals focusing on health-care providers and other stakeholders.

One of the most recent developments was the **Handbook for Action in the Area of Health Services with the Roma Community**, which will be presented here at this Seminar and is being published in the eight countries participating in the European Health-Care Project led by the FSG and also supported by the Ministry of Health and Consumer Affairs. This handbook was developed in light of the need to adapt health-care resources to facilitate access of the Roma population and reduce health inequalities.



Fundación Secretariado Gitano. Spain.
Ms. Elena Buceta.
Responsible of Area of Health.



<p>HEALTH AND THE ROMA COMMUNITY</p>  <p>Equality, Health and the Roma Community 26 - 27 October 2006</p>	<p>A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.</p> <p><i>Definition of Health (WHO)</i></p>
<p>Health and the Roma Community (I)</p> <ul style="list-style-type: none">■ Lower life expectancy■ Infant mortality rate above the national average■ Pathologies related to substandard living conditions■ Lower vaccination rate and child health check-ups <p><small>The Roma community and health</small></p>	<p>Health and the Roma Community (II)</p> <ul style="list-style-type: none">■ Greater incidence infectious diseases■ Poor dental health■ Excessive use of medicines■ Difficulties gaining access to mainstream health-care services <p><small>The Roma community and health</small></p>
<p>The health status of a portion of the Roma community is clearly deficient</p> <p>This situation is related to a lack of equal opportunities (socio-economic deficit, educational gaps, difficulty gaining access to the labour market, etc.) and to difficulties gaining access to and making use of resources and not to genetic factors.</p> <p><small>The Roma community and health</small></p>	<p>The way the Roma population views health and disease (I)</p> <ul style="list-style-type: none">■ Lack of preventive care■ Disease = Death<ul style="list-style-type: none">□ They feel the need to find an immediate cure for the disease.□ The diagnosis is a matter of "putting a label on one's affliction." They do not tend to follow treatment.□ They pay little heed to the treatment. <p><small>The Roma community and health</small></p>



The way the Roma population views health and disease (II)

- **Improper use of health-care resources**
 - Excessive use of emergency room services
 - Scant use of ambulance services
 - Appointments at doctor's surgeries are not usually made
- **Extended Family**

The Roma community and health

How the Roma population interacts with health-care resources

- Mistrust of institutions
- Lack of understanding of rules and instructions
- Difficulty in following protocols and procedures

The Roma community and health

The health-care system and the Roma population

- Scant knowledge regarding the characteristics and culture of the Roma population.
- Prejudice and stereotypes.
- Communication barrier - failure to tailor messages, quality of care...

Failure to adapt to differences

The Roma community and health

Culture and Health

- ✓ The inclusion of culture in health-disease dynamics enables us to:
 - ✓ Learn how to best transmit information relating to health care;
 - ✓ Learn how rights and health-care benefits are exercised;
 - ✓ Learn how symptoms, expectations and worries regarding disease are expressed.

The Roma community and health

Gaining insight into cultural elements strengthens and gives greater credibility to the work undertaken by health-care providers.

The Roma community and health

HEALTH AND THE ROMA COMMUNITY



Fundación Secretariado Gitano
Area of Health






Ministry of Health and Consumer Affairs. Spain
Ms. Begoña Merino
Head of Area of Health Promotion




<p>Gitano EQUALITY HEALTH AND THE ROMA COMMUNITY</p> <p>The Spanish health-care system and the Roma population: Recommendations</p> <p>Madrid, 26.10.06</p> <p>Begoña Merino Ministry of Health and Consumer Affairs</p>	<p>Gitano What is the purpose of this handbook?</p> <ul style="list-style-type: none">• To improve health-care access and success in treatment.• To prevent the emergence of conflicts.• To do capacity building work so as to prepare Roma people to care for their own health.• To prepare ourselves professionally in an increasingly intercultural world.
<p>Gitano <u>Administrative Services-1-</u></p> <ul style="list-style-type: none">• Alarms and active recruitment.• Inter-sectoral coordination and collaboration.• The conducting of studies and research on health needs.• Compiling of inequality maps.• Add flexibility to rigid or exclusive protocols.	<p>Gitano <u>Administrative Services-2-</u></p> <ul style="list-style-type: none">• "Reception Scheme" tailored to the cultural characteristics of the Roma minority. Provide: verbal information, formalities, referrals to other services:• Sensitive security services• Roma professionals• Drafting of specifically tailored information brochures and posters .
<p>Gitano <u>Administrative Services-3-</u></p> <ul style="list-style-type: none">• Create a climate of respect for Roma customs.• Implement intercultural mediation services.• Conduct health education activities in the same surroundings where the Roma population resides.	<p>Gitano <u>Administrative Services-4-</u></p> <ul style="list-style-type: none">• Inform and train Roma community leaders.• Work with families on group awareness heightening activities.• Take advantage of the wisdom and openness of Roma women.



**Gitano**

Primary Health Clinics and Specialised Medical Centres-1-

- Knowledge enhancement:
 - Of the Roma population as regards the operation of health-care services.
 - Of health-care providers as regards Roma culture.
- Avoid prejudices and stereotypes regarding the Roma population.


**Gitano**

INTERVENTION PROGRAMMES

INCLUDE:


GENDER AND HEALTH PROMOTION

- **CROSS-SECTOR**
- Participation
- Tailored to the real needs of the Roma population.
- Stable, lasting and assessable.
- Dissemination of best practices
- Special attention paid to: young people and women.

**Gitano**


Hospital and emergency services-2-

- Caution and prudence in furnishing information regarding Roma adolescent girls.
- Sensitivity when breaking the news of a death.
- Use of intercultural mediation techniques.
- Prepare suitable places for the extended Roma family to stay.

**Gitano**

Hospital and emergency services-1-

- Communicate messages to the person of maximum authority in the group: usually an elder Roma man.
- Explain the rules of the service.
- Negotiate compliance with rules.
- Limit the scope of action of the security services.

**Gitano**

Primary Health Clinics and Specialised Medical Centres-2-

- Provide training in mediating and settlement of dispute skills.
- Implement patient-centred clinical interview techniques.
- Monitor clinical cases closely and over time.

Thank you very much





**Public Health Executive Agency.
European Commission.
Ms. Cinthia Menel Lemos.
Scientific Project Officer**



<p style="text-align: center;"> Public Health Programme 2003-2008 Public Health Executive Agency (PHEA) Cinthia Menel Lemos Cinthia.menel-lemos@ec.europa.eu</p>	<p style="text-align: center;"> New Public Health Executive Agency (PHEA)</p> <ul style="list-style-type: none">■ Implement the Public Health Programme■ Manage the projects and events organised under the PHP■ Disseminate the know-how and best practices■ Foster exchange and co-ordination between all players involved and with other Community and national activities■ Feed back projects results to DG SANCO policy makers and help improve the programme
<p style="text-align: center;"> 2006: towards PHEA autonomy</p> <ul style="list-style-type: none">■ Gradual take-over of operational tasks:<ul style="list-style-type: none">- 2006 Call for Proposals- Managing some of the running projects- Setting up National Focal Points Network- Publication and dissemination tasks- Organising technical meetings	<p style="text-align: center;"> PHEA Key facts and figures</p> <ul style="list-style-type: none">■ Lifetime : 1/1/2005 – 31/12/2010■ Located in Luxembourg■ Staff : +/- 32■ Annual budget : +/- 5.6 M€■ Budget for projects in 2006: +/- 40 M€■ Director■ Steering Committee
<p style="text-align: center;"> 2006 call for proposals</p> <ul style="list-style-type: none">■ Launched on February 2006■ Closes on 20 May 2006■ All necessary information about the call for proposals is available on Europa: http://europa.eu.int/comm/health/ph_programme/howtoapply/call_for_propal_en.htm	<p style="text-align: center;"> Past calls for proposals</p> <ul style="list-style-type: none">■ Activities covered in 2003 - 2006 should not be readdressed■ Info on past proposals: http://europa.eu.int/comm/health/ph_projects/project_en.htm



<p style="text-align: right;"></p> <h3>Activities Health determinants covered in 2003-2005</h3> <ul style="list-style-type: none"> ■ Identify effective strategies to address inequalities in health and impact of socioeconomic determinants, specific settings and groups of population, in particular socially excluded, minority and migrants: <ul style="list-style-type: none"> ■ European Network on Health and Social Inclusion ■ Reduction of Health Inequalities in the Roma Community ■ Identify effective strategies to address inequalities in health and the health impact of socioeconomic determinants <ul style="list-style-type: none"> ■ Closing the health gap: strategies for action to tackle inequalities in Europe www.dh.gov.uk/eupresidency 	<p style="text-align: right;"></p> <h3>Health Determinants</h3> <ul style="list-style-type: none"> ■ Strategies and measures, including public awareness, on life-style related HD, such as <ul style="list-style-type: none"> ■ nutrition, physical activity, tobacco, alcohol, drugs and other substances and on mental health, including measures to take in all Community policies and age- and gender-specific strategies ■ Analysing the situation and developing strategies on social and economic determinants in order to <ul style="list-style-type: none"> ■ identify and combat inequalities in health and to assess the impact of social and economic factors on health ■ Analysing the situation and developing strategies on HD related to <ul style="list-style-type: none"> ■ the environment and contributing to the identification and assessment of the health consequences of environmental factors
<p style="text-align: right;"></p> <h3>Health Determinants</h3> <ul style="list-style-type: none"> ■ Analysing the situation and exchange information on genetic determinants and the use of genetic screening ■ Developing methods to evaluate quality and efficiency of health promotion strategies and measures ■ Encouraging relevant training and capacity activities related to the above measures 	<p style="text-align: right;"></p> <h3>Public health programme 2006 Workplan</h3> <h4 style="text-align: center;">Health Determinants</h4> <p style="text-align: center;">2006</p>
<p style="text-align: right;"></p> <h3>Cross-cutting points and general principles</h3> <ul style="list-style-type: none"> ■ Link actions to policy priorities: Link to thematic strategies and policies on health determinants, with a specific focus on health inequalities and wider socio-economic determinants ■ Address children and young people as a specific target group across health determinants ■ Good practice, cross-cutting and integrative approaches, promote, and network stimulate country efforts 	<p style="text-align: right;"></p> <h3>Addictive Substances – Tobacco, Alcohol, Drugs</h3> <p>Tobacco</p> <ul style="list-style-type: none"> ■ Tobacco cessation strategies – young people and women ■ De-normalisation, reducing exposure to tobacco smoke ■ Implement FCTC requirements <p>Alcohol</p> <ul style="list-style-type: none"> ■ Networking ■ Inventory of country-based experiences ■ Economic and health impact analyses <p>Drugs</p> <ul style="list-style-type: none"> ■ Emerging trends on psychoactive substances ■ Integrated approaches to prevention ■ Inventory of good practice in treatment/reintegration
<p style="text-align: right;"></p> <h3>Lifestyles and sexual health</h3> <p>Lifestyles</p> <ul style="list-style-type: none"> ■ Best practice: school meals and nutritional education ■ Collaborative multi-stakeholder initiatives ■ Effectiveness of education and campaigns ■ Effective interventions to change behaviour ■ Good practice in architecture and urban development <p>Sexual and reproductive health, HIV/AIDS</p> <ul style="list-style-type: none"> ■ Risk taking behaviours among young people ■ HIV/AIDS: high risk populations, prisons ■ Low risk group approaches: maintain awareness ■ Comprehensive service package <p>Mental health</p> <ul style="list-style-type: none"> ■ Good practice on intersectoral work among vulnerable groups ■ Residents in health or social care institutions ■ Good practice on post traumatic stress treatment 	<p style="text-align: right;"></p> <h3>Wider determinants of health</h3> <p>Social determinants</p> <ul style="list-style-type: none"> ■ Comprehensive policy approaches to address health inequalities ■ Social determinant focus in health promotion/disease prevention ■ Health/social services for migrants, immigrants and minorities ■ Economic analysis <p>Environmental determinants</p> <ul style="list-style-type: none"> ■ Indoor air quality ■ Training for health professionals ■ Risk communication/awareness raising



Disease prevention Capacity building



Disease prevention

- Guidelines/recommendations for relevant diseases (e.g. CVD, cancer, diabetes, respiratory diseases)

Capacity building

- Training:** courses and curricula; professionals dealing with HIV/AIDS and target populations
- Capacity development:** Short term support to develop networks, in particular in HIV/AIDS

Call for Proposals 2006 Evaluation

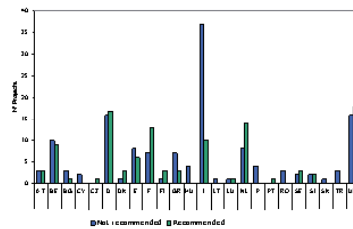


Statistical evaluation of the Call for Proposals 2006

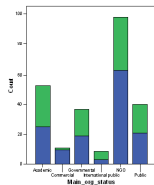


	Number of proposals				Co-funding requested (million €)		
	Received	Evaluated	Recommended for co-funding	On reserve list	Accepted	Reserve list	Total
HI	121	112	23	18	13,96	8,99	22,95
HT	18	16	12	9	7,44	0,00	7,44
HD	142	120	32	23	17,58	9,26	26,84
TOTAL	281	248	67	41	38,98	18,25	57,23

Participation per MS



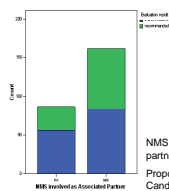
Projects recommended for co-funding by type organisation of the coordinator



Organisation type	not recommended		recommended	
	Count	%	Count	%
Public	22	52.4%	20	47.6%
Academic	28	50.9%	27	49.1%
NGO	36	62.4%	25	37.6%
government	19	50.0%	19	50.0%
commercial	10	100.0%	1	10.0%
international	1	33.3%	2	66.7%

The largest number of proposals is submitted by NGO's, followed by academic, public and governmental organisations

Recommendation for funding with and without NMS as associated partners

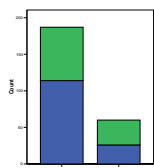


	NMS Involved as Associated Partner			
	no		yes	
	Count	%	Count	%
not recommended	56	64.4%	84	52.2%
recommended	31	35.6%	76	47.8%
Total	87	100.0%	160	100.0%

NMS and/or Candidate countries are involved as associated partners in 65% of the proposals

Proposals with associated partners from NMS and/or Candidate countries have a higher probability to be recommended for funding ($p = .043$)
The number of associated partners from NMS is *inversely* related to recommendation to fund

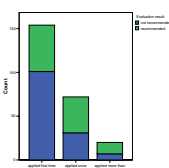
Projects recommended for funding, by info day participation



	Info Day			
	no participation		participation	
	Count	Call %	Count	Call %
not recommended	114	41.0%	26	43.3%
recommended	73	39.0%	34	56.7%

Organisations who attended the info day have better quality proposals and a higher probability of being recommended for funding

Projects recommended for funding, by the main applicant's experience with CFP



	Main Applicant's Experience with CFP					
	applied first time 2006		applied once before		applied more than once before	
	Count	%	Count	%	Count	%
not recommended	101	45.6	21	42.1	7	25.0
recommended	53	34.4	41	56.9	13	65.0

Organisations who applied previously have higher quality proposals and more chance of being recommended for funding, but this is not increased by more extensive experience



<p>Health determinants – covered topics in CfP 2006</p> <p></p> <ul style="list-style-type: none"> ■ 5 projects in social determinants <ul style="list-style-type: none"> ■ comprehensive policy approach to address health inequalities ■ good practice on including a SD focus in strategies to address determinants of a healthy lifestyle ■ Good practice in health and social services for migrants 	<p>Health determinants – areas not covered in CfP 2006</p> <p></p> <ul style="list-style-type: none"> ■ Economic analysis to quantify the cost and benefits of tackling health inequalities.
<p>Conclusions</p> <p></p> <ul style="list-style-type: none"> ■ Proposals coming from the EU 15 have a greater success rate than those coming from new MS ■ Great variation between the types of organisation applying for the call for proposals ■ The experience of the applicants impacts in better quality proposals and greater success rate ■ The evaluators show a sufficient degree of scoring variability ■ The evaluation process have been fair and coherent 	<p>Recommendations</p> <p></p> <ul style="list-style-type: none"> ■ Reduce barriers to access to projects (technical, networking) ■ Organise a National Focal Point network ■ Increase information days (use more locations and invite more interested parties) ■ Targeted actions to mobilise partners in critical areas so to deliver more high-quality project submissions ■ Promote the knowledge about the Work Plan and Call of proposals 2007 http://ec.europa.eu/health/ph_programme/howtoapply/call_for_propal_en.htm
<p>General advice</p> <p></p> <ul style="list-style-type: none"> ■ Submit as early as you can ■ Follow 2007 work plan ■ Ensure proposal corresponds to <i>"General principles and criteria for selection and funding"</i> ■ Read carefully guide for applicants ■ Use site: http://europa.eu.int/comm/health/ph_programme/howtoapply/call_for_propal_en.htm 	<p>2007 call for proposals</p> <p></p> <ul style="list-style-type: none"> ■ PHEA will help <ul style="list-style-type: none"> ■ Organise the National focal points (NFP) network ■ Reduce barriers to access to projects (technical, networking) ■ Increase information days (use more locations and invite more interested parties) ■ Targeted actions to mobilise partners in critical areas so to deliver more high-quality project submissions ■ Promote the knowledge about the Work Plan and Call of proposals 2007
<p>2007 call for proposals</p> <p></p> <ul style="list-style-type: none"> ■ Submission early 2007 ■ All necessary call information available on Europa: http://europa.eu.int/comm/health/ph_programme/howtoapply/call_for_propal_en.htm ■ Helpdesk: sanco-php-calls@cec.eu.int 	<p>Future Health Programme 2008-2013</p> <p></p> <ul style="list-style-type: none"> ■ Merge current Consumer programme with Public health <ul style="list-style-type: none"> ■ Common objectives: place EU citizen at heart of EU policy ■ Simpler procedures, joint topics ■ Facilitate mainstreaming in other policies ■ Add strands for rapid reaction capacities, burden of diseases and health services



Efxini Poli. Greece
Dr. Nikolaos Krimnianiotis
General Director



FIRST EXPERIENCES GAINED FROM THE OPERATION OF HEALTH & SOCIAL CARE CENTRES FOR ROMA IN GREECE

EFXINI POLI – NETWORK OF LOCAL AUTHORITIES FOR SOCIAL, CULTURAL, TOURIST, ENVIRONMENTAL AND AGRICULTURAL DEVELOPMENT

EMPOWERMENT OF HEALTH & SOCIAL CARE CENTRES FOR ROMA WITH SASTIPEN PRODUCTS

- Information
- Know how (Manuals, Leaflets, etc.)
- NETWORKING of the H. & S. C. Centres
- TRAININGS and SUPPORT
- SENSITIZATION (Staff and Health Personnel of mainstream services)

Role of Health & Social Care Centres for Roma:

- COUNSELLING
- MEDIATION between Roma Community and Health & Social Mainstream Services
- PROMOTION of access to Health & Social Services
- LOCAL LEVEL Actions

Health & Social Care Centres DO NOT REPLACE Mainstream Services

- Easier Access to Health & Social Mainstream Services
- Emphasis on HEALTH – Quality of Life
- Combating Inequalities
- Contribution to Social Inclusion

Health & Social Care Centres for Roma

Personnel Of Health & Social Care Centres:

- Coordinator
- Social Worker
- Roma Mediator
- Educator
- Doctor
- Nurse
- Psychologist
- Trainer



Support in Resolution of Civil Issues



Primary Health Care





EDUCATION & VOCATIONAL TRAINING



SCHOOLING – Teaching Assistance, Supervision





CREATIVE WORK - SPORTS



COOPERATION AND VOLUNTEERS





NETWORKING



- ### EXPECTED RESULTS
- Easier Access of Roma People to Mainstream Health Services
 - Access to Social Goods (Education, Employment, Housing)
 - Combating Stereotypes and Prejudices

- ### We Want to Achieve:
- Description of Needs & Special Characteristics: New Approach
 - Tracing of Sanitary & Social Problems
 - Sensitization & Information
 - Access & Effective Use of Mainstream Health Services
 - Self-confidence of Roma
 - Access to the Labour Market
 - Access to Decision Making Processes

- ### EXPECTATIONS:
- Evolution of Health & Social Care Centres to Institutions Open to All Socially Excluded Groups
 - Networking of Staff for Provision of Better Quality Services
 - Staff Certification



Rede Europea Antipobreza Portugal.
Ms. M^a Jose Vicente
Project Coordinator



Health and Roma Community in Portugal

In Portugal Roma population is one of the most vulnerable groups to poverty and social exclusion and is the target of multiple prejudices and stereotypes. Thus, it is important in any intervention or action to take into account the cultural economic and social specificities of these communities. The poor housing conditions, low professional and school qualifications and the uneasy access to the main goods and health care services, employment, education and training, among other needs, mark the daily life of these communities where poverty tends to be persistent and to pass on from generation to generation.

1. The contact that REAPN has been established over the years with the Roma population and the entities that work directly with these communities, it's possible to withdraw some conclusions on this area:
 - **Among Roma communities we found a high incidence of disease, deficient eating habits and nutrition, and infant mortality.**
 - **Preventive medicine is still very little used by the Roma families** being vaccination the most accepted by a higher number of Roma.
 - **Deficient or inadequate eating habits and nutrition** convert into a low immunization which in turn gives room to serious diseases that were already eradicated from the majority society.
 - **Regarding vaccination**, and despite the improvements and progresses obtained in this area, we still have to take into account the references found on the lack of vaccination, the fear and the lack of information on the importance of vaccines, in some Roma communities.
 - **Men are not aware of diseases prevention**, since the requests of the Roma communities are oriented for the immediate cure of diseases.
 - The **tradition of street trading**, the contact with **marginalized sectors of society**, the **social and economic conditions and the difficulty to access information** seem to explain the **vulnerability and the increase of drug trafficking and use within Roma communities.**



- **HIV infection** comes up secondarily or in parallel with process of prevention and treatment of drug addition.
- **Health care services** – for its standardized functioning, they have difficulties in reaching these ethnic minority groups and have more repressive behaviours, increasing this way the mutual distrust.
- **Difficulties on articulating with the health services** that are shown by dissatisfaction with the functioning or capacity of reply of the services and with the non usage or inadequate use of the health resources by the Roma population. From the health services side, we can see that these **do not take into account the specificities and characteristics of these communities** – distant relationship.
- Although **some families already have a family practitioner** and had been seen by him/her at the health care centre, **they still prefer to have resort to hospitals** on emergencies or in any other situation.
- **Low awareness of the importance of the health education.**
- **And finally, Solidarity, unity and social cohesion** – when members of Roma communities stay in hospital the rest of the family enter in a mourning status which ends when the patient returns home and is fully recovered.

Analysing specifically the health of Roma women, special mention should be made of the incidence of certain diseases. The following relevant characteristics deserve particular attention:

- **High fertility rate with pregnancies and births starting very early and without medical follow-up during pregnancy and after birth**
 - **A high number of childbirths without medical assistance**
 - **The use of birth control methods is a common practice**, especially among younger women. The **lack of immediate medical care and pre-natal care** is a reality which shows once again an unconcern and lack of interest regarding health
 - **Very little gynaecological disease prevention (sexually transmitted diseases)** and in some cases there isn't **family planning**. Some birth control methods are not used because they are unknown and also because a number of myths and confused ideas still persist.
2. Now, I'm going to present one experience that exist in Portugal, where it is enhance the importance of the intercultural mediation in health care.



The experience of the **Dona Estefânia Paediatric Hospital** describes the importance of an intercultural mediator to establish a bridge between health professionals and the Roma communities' members: **doctors and nurses feel misunderstood and in Roma communities there isn't an understanding of the doctor's role".**

In the presence of scepticism and diffidence of the health care units this figure is important to facilitate the communication between the health professionals and the Roma communities and consequently, their access to the existing health care services diminishing the cultural barriers and the increase of the knowledge of the needs felt by these communities.

Through Bruno Oliveira's statement (he is the mediator in hospital) we can realize that intercultural mediation in the area of health care is a value added in the promotion of equal access to health care and in the establishment of relationships between health providers and the members of Roma communities. Thus, the work carried out by him has proved to be positive and relevant since it promotes the link between Roma families and the hospital, reinforcing the dialogue between both sides. This situation can only reinforce the importance and utility of the cultural mediator, where the knowledge of the codes and cultural conducts is a crucial element for the quality of the service provided and for changes in the behaviours. The benefits of intercultural mediation filter down to health care service providers as well as to the Roma population as users.

At the **health professional level** the benefits fall upon the following elements:

- Enhanced inter-personal relations by breaking down communication barriers.
- Improved interpretation and comprehension of some cultural guidelines.
- Prevents the emergence of conflicts in certain situations (e.g. the death of a Roma person).
- Leads to better results in medical treatment and prescriptions.
- Makes prevention and health promotion programmes more effective.

For **the Roma population**, mediation allows:

- A better understanding of diagnoses and therapeutic treatment increasing the success rate in the treatment and "healing" of disease.



- Greater understanding of the rules and procedures of the health care system.
- The standardization in the use of health care services.
- A feeling of greater safety and trust in relation to health care institutions and their health providers.

Mediation seeks to be the development of a negotiation process that can contribute with new variables and dynamics for the integration the Roma communities.

This fact is an important requirement to promote the access of Roma persons to services, goods and resources that otherwise would be unreachable. The mediators own experience and action serve as reference model facilitating the relationships of neighbourly and trust. Their “authority” lies down on their personal credibleness and in the level of trust that is conferred to them by the Roma communities.



Partners for democratic change. Slovakia
Ms. Katarina Hulanska.
Head of Department of Community Health
Public Health Authority of Slovak Republic.



<p style="text-align: center;">Health promotion program for disadvantaged communities</p> <p style="text-align: center;">(Proposal)</p> <p style="text-align: right;">1</p>	<ol style="list-style-type: none"> 1. Public Health Authority of the Slovak Republic 2. Health Promotion Program for Disadvantaged Communities: System creation <p style="text-align: right;">2</p>
<p>1. Public Health Authority of the Slovak Republic</p> <p>Public Health is part of the health care system concerned with the health of the population and ways of preventing diseases, protecting health and promoting health with the aim to extend lifespan and to improve health through organized efforts of society that apply methods of health evaluation, evaluation of health determinants, and public health inspection methods. The implementation of the public health measures is carried out in accordance with the 126/2006 Public Health Law.</p> <p style="text-align: right;">3</p>	<p style="text-align: center;">Slovak Republic</p> <p style="text-align: center;">Ministry of Health of the SR</p> <p style="text-align: center;">↓</p> <p style="text-align: center;">Public Health Authority of the SR</p> <p style="text-align: center;">Health protection Health promotion</p> <p style="text-align: right;">4</p>
<p style="text-align: center;">Sídla <u>regionálnych</u> úradov verejného zdravotníctva</p> <p style="text-align: right;">6</p>	<p>Starting points</p> <ul style="list-style-type: none"> • One of the public health priorities is to reduce health inequalities. • Population groups at risk of inequalities ordered by endangerment of health and risk of occurrence of severe medical problems can currently be determined only by statistics on mortality, or by estimate. There is a lack of basic statistical indicators on the number and health status of the population groups that are at risk. <p style="text-align: right;">6</p>



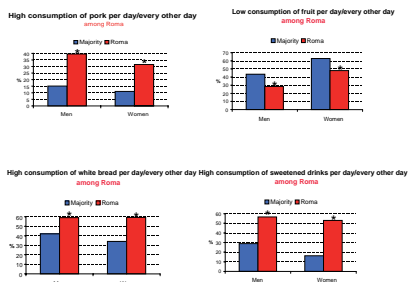
Major health determinants

- Lower education level which may give rise to insufficient level of health and social awareness,
- Low standards of personal hygiene,
- Low standards of communal hygiene,
- Low standards of housing and ecological hazards related to polluted and devastated environment,
- Unhealthy eating habits, improper nutrition,
- Increasing use of alcohol and tobacco including during pregnancy,
- Spreading drug addiction causing increased risk of HIV and hepatitis B and C virus infection.

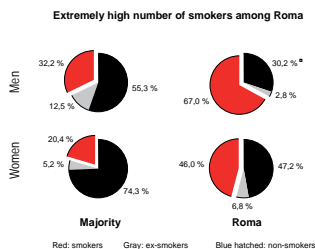
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Lifestyle affects health by 50-60% (WHO)

8



9



10

Increased consumption of alcoholic beverages among Roma

Ethnicity	Beer % positive answers		spirits % positive answers	
	1-2 x per week	Daily	1-2 x per week	daily
Majority	25.7	13.8	15.1	3.9
Roma	24.5	26.4	23.6	12.3

Source: UPAM, UNZ SR

Low physical activity

Ethnicity	gardening % positive answers		play sport % positive answers	
	daily	Never	daily	never
Majority	23	21	8	51
Roma	20	45	4	80

Source: UPAM, UNZ SR

11

2. System creation

- Implementation of the Health Promotion Program for Disadvantaged Communities

12

VISION – LONG TERM GOAL

- Promote health equality and fairness
- Improve health and lifestyle of disadvantaged communities in Slovakia
- Increase individual responsibility for own health

13

By degree of endangerment of health

- Roma community
- Homeless people
- Refugees

14

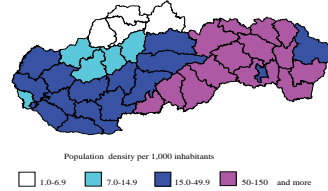


Program tools

- **SYSTEMIC**
 - Creation of a system of FIELD HEALTH WORKERS
 - Coordinators
 - Assistants to Coordinators
- **SPECIALIZED**
 - Survey of health status and health awareness among the target group including identification of risks and proposal of measures
 - Implementation of preventive health promotion programs

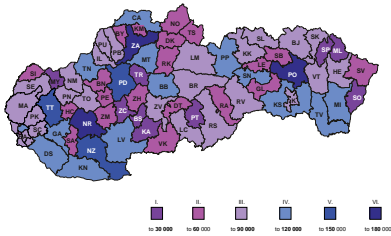
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Roma population density in Slovakia before 1990



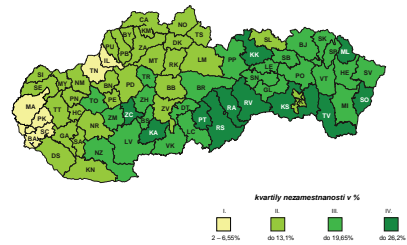
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Number of population of the Slovak Republic, 2004



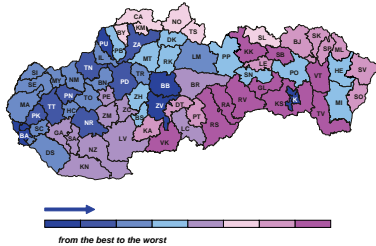
17

Unemployment in the Slovakia, 2004



18

Regional social – economic valuation, 2005



19

Field Health Workers COORDINATORS

- We propose making them part of the structure and personnel of Regional Public Health Authorities (R-PHA)
- In R-PHAs, or regions with the highest rate of unemployment (by the Slovak Statistical Office, 2005), lowest social-economic evaluation of the region, highest number of Roma population and poor health status.
- Coordinator supervises the **assistant to the field health worker**, defines and checks the assistant's performance of duties.
- The Coordinator is directed by the Head of the Department of Health Promotion of the competent Regional Public Health Authority.
- Methodical guidance, continuous training, preparation of programs at the national level and development of strategies as well as the overall supervision is provided for by the Slovak Republic Public Health Authority.

20

There are the following Regional Public Health Authorities in Slovakia:

- **1 field health worker – COORDINATOR /13 regions:**
Veľký Krtíš, Stará Ľubovňa, Vranov nad Topľou, Trebišov, Zvolen, Lučenec, Svidník, Humenné, Michalovce, Žiar nad Hronom, Nitra, Martin, Bratislava
- **2 field health workers – COORDINATORS / 8 regions:**
Spišská Nová Ves, Rožňava, Bardejov, Rimavská Sobota, Košice, Poprad, Prešov, Banská Bystrica

29 field health workers – COORDINATORS

21

Duties of Field Health Workers - Coordinator

- Supervises the assistant, defines and checks the assistant's performance of duties
- Application of preventive health promotion programs within the Roma community
- Organizational provision for the operation of the health counseling center under the competent regional public health authority within the Roma community.
- Provide for communication between the community and the doctor of first contact through assistants.
- Provide for awareness-raising within the community of health prevention, provision of health care and health insurance.
- Increasing own responsibility for health of individual members of the Roma community.
- Provide for regular monitoring of health status within the Roma community.
- Provide for awareness and information of patient rights among the Roma community.
- Continuous provision for feedback to evaluate quality and effectiveness.

22



<p>Field Health Workers ASSISTANTS to Coordinators</p> <ul style="list-style-type: none"> In cooperation with the Mayor of a municipality the Coordinator may ask for an assistant to the field health worker to carry out other tasks for the Coordinator and the municipality. <ul style="list-style-type: none"> The number of assistants depends on the specific regional problems related with health promotion within disadvantaged communities. The presumed number of assistants to field health workers is 150 (1 assistant per 600 Roma inhabitants) in Slovakia. <p style="text-align: right;">23</p>	<p>Duties of Field Health Workers – Assistant to Coordinator</p> <ul style="list-style-type: none"> Application of preventive health promotion programs within the Roma community according to Coordinator's instructions Raising health awareness within the community and provide information on health issues Raising responsibility of members of the Roma community for their own health Providing for communication between the community and the doctor of first contact. Improving access of Roma community to health care - increase awareness of health prevention, health care, health insurance and patient rights Providing for regular monitoring of health status within the Roma community according to the Coordinator's instructions. Participating in identifying risk factors and needs related to health of the Roma community. <p style="text-align: right;">24</p>
<p>Outputs</p> <ul style="list-style-type: none"> Improved health status Increased health awareness Increased own responsibility <ul style="list-style-type: none"> Supports integration Increases chances of getting a job Supports attaining higher education Increases quality of life and improves socio-economic status <p style="text-align: right;">25</p>	<p>Progress and growth of the economy of every State depends on good health of its inhabitants</p> <p style="text-align: right;">26</p>
<p style="text-align: center;">Thank you for your attention</p> <p style="text-align: center;">Katarína Hulanská, Dipl. Ing., MPH Public Health Authority of SR Department of Public Health hulanska@uvzsr.sk</p> <p style="text-align: right;">27</p>	



Drom Roma Centre. Czech Republic.
Ms. Ivana Simíková.
Coordinator.



**romské
středisko**



SASTIPEN CR – Health Social Assistants in Socially Excluded Areas

This project is funded from The European Social Fund
and the state budget of the Czech Republic

Implementation of the project



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fax: +420 545 574 346
e-mail: drom@drom.cz
www.drom.cz

National background and historical context

- Concept of the health assistant is negotiated on the governmental level from the 2000, following the idea of „Roma Adviser“ from the Ostrava’s Municipality, present Mrs. Polackova
- but only in February 2005 Establishing of the health assistant is supporting by the Resolution of the Government of the Czech Republic
- but through this resolution CR Government has „only“ recommended to the chief of The Council for Roma Community Affairs of the Government of the Czech Republic to inform the regional representatives and the NGO’s about possibility to fund these assistants from the European Social Fund and
- the Ministry of Health of the Czech Republic has issued the guideline also, where the scope of employment and requirement of competency of the health assistant are recommended

Implementation the institution of health assistants

- In 2005 Drom, Roma Center, with support of the Ministry of the Social and Labor Affairs, applied the project **SASTIPEN CR - Health Assistants in Socially Excluded Areas** in terms of Programme of the Development of Human Sources of the European Social Fund and it was successful
- The project has been implemented from September 2005 till August 2007
- It is the pilot project, through which the institution of the health assistant has been tested

Partial project's targets:

- Introducing the position of social and health assistants (HSA) and validating their inputs
- Employing HSA and creating work methodology and management of HSA
- Training HSA and creating training programme of HSA
- Monitoring and direct work with the target groups

Target group

- Individuals or families threatened by health threat as a result of :
 - risk behavior
 - lack of information
 - health care inaccessibility
- concentrated on so-called socially excluded areas which are mainly inhabited by members of Roma communities



Direct work with target group

- describe problems thematically and geographically
- propose solutions of the found problems
- monitoring of institutions which can contribute to solving the problems (networking)
- inform target group about health risks and prevention
- bridge barriers between general health services and specific needs of Roma minority
- **improve target group's approach toward health care and their own health**

Scope of employment of HSA:

- contact the target group and active searching of individuals and groups threatened by health threat and
- ensure prevention
- education in the health field
- motivating the target group toward less risky lifestyle
- consultancy
- assistance
 - for target group on individual level
- mediation of the contact between clients and doctors, medical institutions and health institutes

Basic typology of the clients' problems which the HSA are solving

- medical problems (often as the result of untreated or neglected prevention)
- administrative problems (connected with the health care)
- social problems (which are often source of the medical problems), hygienical problems

The most frequent medical problems

- unhealthful food and the troubles with digestion (obesity)
- parasitic diseases
- infections („hepatitis“)
- children's diseases (frequently diseases, logopedical problems)
- chronicle diseases (diabetes, allergy)
- neglected prevention (in the field of gynecology)
- psychic problems (depression, sleeplessness)
- cardiovascular diseases, problems with locomotive organs, aspiratory problems)
- abusing (drugs, alcohol)

Social problems and hygienical problems

- low standard of housing
- material deprivation of the family
- illiteracy
- neglected health care
- children: truancy, neglected hygiene, violence

The locations of the actions of HSA

Lokality působnosti ZSP



Framework of the activities of the project

- 7 regions (from 14) of the Czech Republic
- 15 cities
- 18 Health Social Assistant



CNCA and Azienda USL 5. Italy.
Ms. Francesca Nucci
Project's Manager

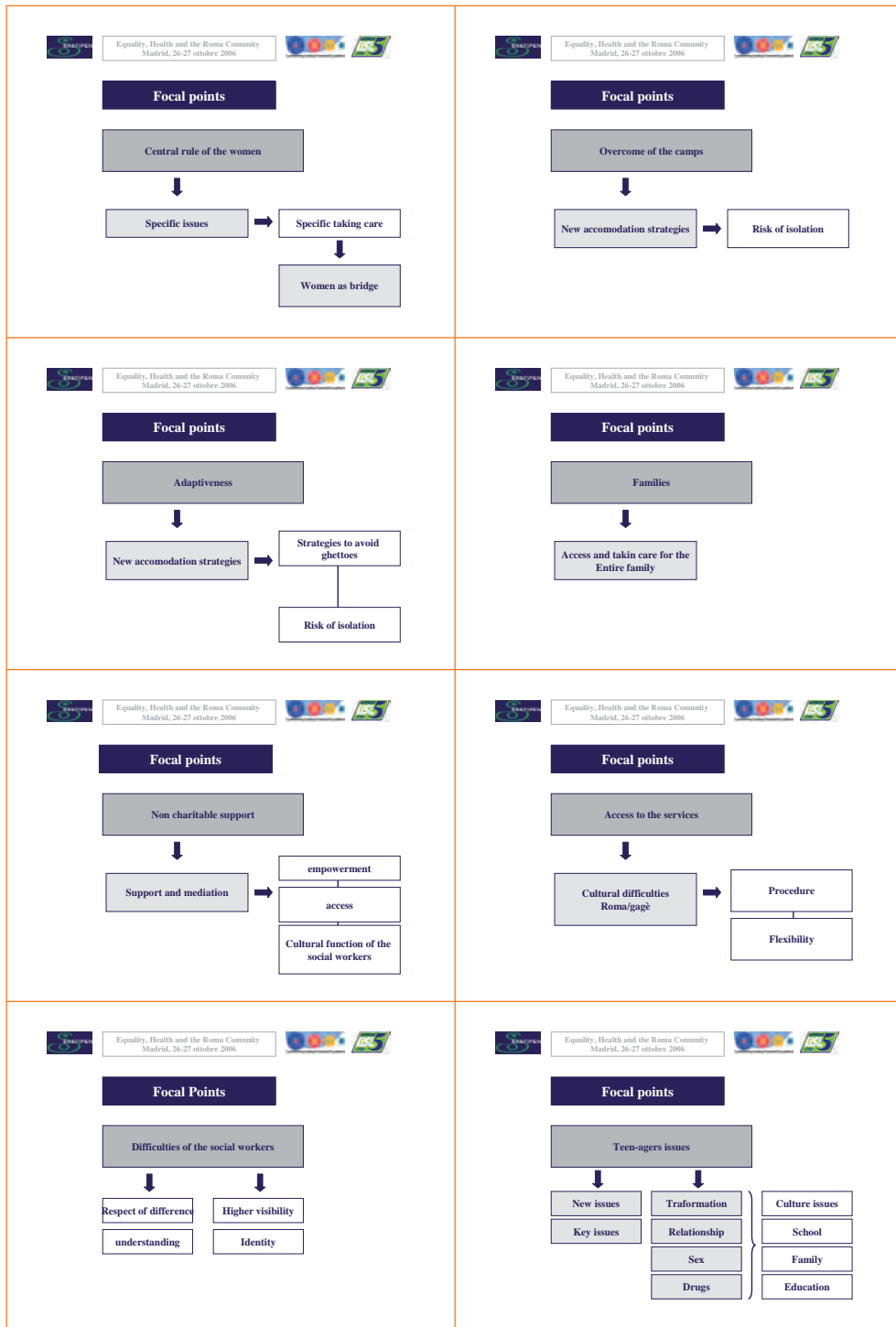


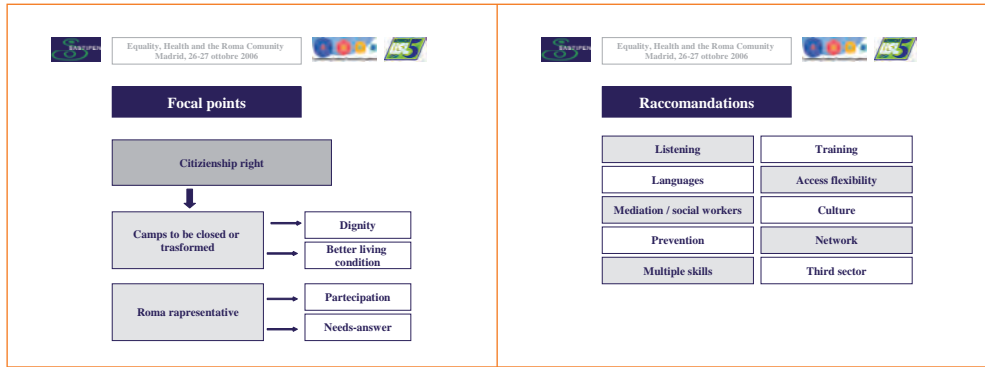
coordinamento nazionale comunità di accoglienza



<p>Equality, Health and the Roma Community Madrid, 26-27 ottobre 2006</p> <p>Italian Experience</p> <p>By Francesca Nucci, Stefano Benicetti e Annalisa Minghi</p>	<p>Equality, Health and the Roma Community Madrid, 26-27 ottobre 2006</p> <p>Partners</p> <p>CNCA →</p> <ul style="list-style-type: none"> CAI: social cooperative <ul style="list-style-type: none"> •Animation and education services for youngsters •School tutorials •Guidance to the services and consultancy •Work orientation •Prevention of drugs abuse •Working groups with roma female teen-agers and social workers CAPODARCO: social cooperative <ul style="list-style-type: none"> •Animation and education services for youngsters •School tutorials •Prevention of drugs abuse MAGLIANA 80: social cooperative <ul style="list-style-type: none"> •Prevention of drugs abuse •Guidance to the services and consultancy •Prisoners and former prisoners ARCOBALENO: charity <ul style="list-style-type: none"> •School tutorials
<p>Equality, Health and the Roma Community Madrid, 26-27 ottobre 2006</p> <p>Partners</p> <p>Local Public Health Organisation USL 5- Pisa →</p> <ul style="list-style-type: none"> •Accommodation for Roma families •Specific projects for the Roma families in the accommodation and mediation •Guidance to the services and consultancy •Helping desk •Animation and education services for youngsters •Supporting services for roma children at school •School tutorials •Projects for "romane" languages and roma culture 	<p>Equality, Health and the Roma Community Madrid, 26-27 ottobre 2006</p> <p>Roma in Italy</p> <p>0,23% → about 140.000</p> <p>90.000 → Italian citizenship → They are not A linguistic and Ethnic minority</p> <p>Foreings (ex jugoslavia e romania) → 40.000</p> <p>1960/1970 → 16.000</p> <p>after 1989 → 16.000</p> <p>Italian Roma → 40.000</p> <p>Sinti → 40.000</p> <p>Rom Harvati → 8.000</p>
<p>Equality, Health and the Roma Community Madrid, 26-27 ottobre 2006</p> <p>New issues</p> <p>Ghettos, discrimination, Policies → Extreme lack of integration Difficulties for the access to the services Residence permit</p> <p>↓</p> <p>Health Work School Accomodation</p>	<p>Equality, Health and the Roma Community Madrid, 26-27 ottobre 2006</p> <p>Health Issues</p> <p>Pregnancies, Diseases, Before and after deliveries, Home accidents, Risky behaviours, Personal Hygiene, food, STD, Vaccinations, Improper use and abuse of illegal drugs, Improper use of legal drugs, Psychiatric conditions</p>









**Romani Criss. Rumania.
Ms. Margareta Matache
Executive Director.**



Roma health policies in Romania:
between words and reality

Romani Criss
Magda Matache
Sastipen

**Human rights violation of Roma in Romania
resulting in ill health**

- Violence by the state representatives against women and children (especially abuse of the police)
- Discrimination and multiple discrimination faced by Romani women (negative attitudes of physicians, nurses and other representatives of the medical services towards Roma people, segregation of Romani women in maternities)
- Forced evictions and placing Roma in contaminated/polluted areas
- Reproductive and sexual rights (forced sterilisations of women)

Romani Criss

ABUSE OF POLICE

As a result of the Police and Special Forces' intervention in Reghin, Apalina neighborhood inhabited mainly by Roma on 7th of September 2006, there are 36 Roma and 1 non-Roma victims. Seventeen (17) of them are women and five (5) minors. Twenty-two (22) persons have been shot and 15 hit or gun threatened.

A 54 years old lady was sweeping in the front yard of her house when a Special Force policeman shot her in the back.

Everything has started with a simple invitation from the Police to two persons. Initially, the Police have stated they had gone in the community "to identify the people who physically abused a police officer", then that they had gone in the community "for investigations" and, later on, the reason was to "hand out citations".

Romani Criss



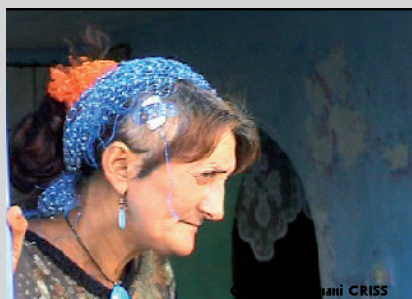
DISCRIMINATION

A practice of segregating Romani women in different rooms has been encountered in the Obstetrics - Gynaecology ward of County Hospital Constanta. In the above-mentioned ward, Romani women are placed in two rooms. Besides the fact that Roma women are separated of the rest of the non-Roma patients, the medical and extra-medical services (hygienic services, changing of sheets, etc) are not appropriate, according to the patients' declarations.

They are not satisfied with the fact they are placed in special rooms and that the medical services are visible different, in quality, in their wards, given that all patients there benefit of medical insurance from the National Health Insurance House.

The practice can be proved by the fact that Romani women are being systematically placed in these wards.

Romani Criss





Attitudes of health personnel perceived by the Roma

- They don't make a difference between people
- They treat me and advise me what to do
- They don't discriminate against
- They consult me and prescribe me a treatment
- They received me very well and explained me correctly
- They take care of us
- They speak on our language
- They don't ask me for money
- They speak un-nicely
- They threw me out of the consulting room
- They told me to find another doctor
- They don't come to the village
- They destroy the documents for social aid
- They are not serious
- When I asked for a certificate, they told me that us, Gypsies, asked all the time something
- They are malicious
- They refuse to treat me

FORCED EVICTIONS

In May 2004, 140 Roma persons have been evicted from a building located in the centre of Miercurea Ciuc locality and have been settled by the City hall at the outskirts of the town, in the very neighbourhood of the filtering station, in very precarious living conditions. Two children died here!

Romani CRISS



In such cases, the most affected categories of population are the children (children end up living in inhuman conditions, although they are the ones supposed to enjoy a special attention and protection from the State), women and older people, without any defense tools against such situations.

Romani CRISS

Other issues about Roma that the specialists agreed upon:

- The expectancy rates of life of Roma are much lower than the one of the majority population.
- The infant/children mortality rate of Roma is again much higher than the one of the majority population.
- Lack of access to health services and assurances- family doctors or denial of family doctors to accept Roma patients on their lists.
- The access of Roma to urgent health services is almost impossible due to big distance from the city, lack of phones or means of communication, lack of names of the streets, public transport, denial of emergency services to enter in Roma communities, etc.

Romani CRISS

PROGRESS

- So far, on the health political agenda we can mainly look at the health mediation process. The health mediator, appears in many documents, programs and strategies that aim to improve the Roma situation in Romania - essential condition undertaken by Romania in the process of accession to the EU.
- The institution of the health mediator has a significant impact on promoting women participation in matters pertaining to their own health.
- In communities where health mediators work there have been organised training sessions on different topics that raise awareness of Roma women in the field of health.

Romani CRISS

Conclusions:

- The health status of Roma is generally weak in Romania, and there is little information about the health needs and interests of Roma women.
- The institution of the health mediator has a significant impact on promoting women participation in matters pertaining to their own health.
- As long as the institutions do not tackle the weaknesses in the national system, about the links between forced evictions, violence against women and children and health, the full realisation of Roma rights to health in Romania cannot be accomplished.



Recommendations:

- To extend health-care services units (mobile or stationary), especially in the rural, isolated and underprivileged communities
- To change mentalities in terms of prioritizing the need of illness prevention, in the detriment of the curative aspect
- To initiate and implement programs and projects in the field of health for Roma, mainly women and children, bearing in mind their status of disadvantage due the extreme poverty and low level of education, as well as the inadaptability of the formal public health system to the cultural differences;
- To design programs in order to increase the degree of tolerance and acceptance of the doctors, the suppliers of medical services in general, and to change their attitudes towards Roma patients.

*"It is my aspiration that health will finally be seen not as a blessing to be wished for , but as a human right to be fought for" –
Kofi Annan*

ROMANI CRISS

www.romanicriss.org



Khetanipe for the Roma Unity Association. Hungary.
Mr. Jozsef Solymosy.
Msc. in Health Promotion.
National Institute for Health Development.



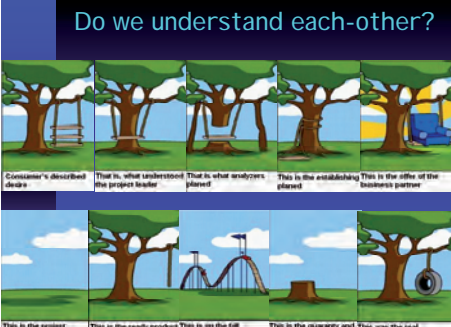
Health and Roma Population in Hungary

Health Status of the Roma Communities in Hungary



Bonifác József SOLYMOSY
MSc in Health Promotion

Do we understand each-other?



Consumer's described desire: That is, what understand the project leader: That is, what analyzes planned: This is the establishing planed: This is the offer of the business partner: This is the proper documentation: This is the ready product: This is in the fill: This is the guaranty and support for the product: This was the real expectation of consumer.

Roma Communities in Hungary - Different viewpoints

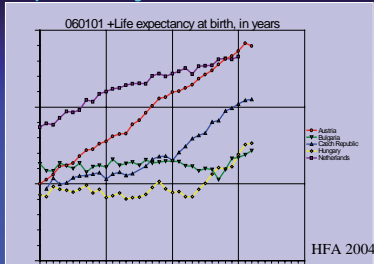
- By law – ethnic minority
- Officially – self-determination
- Practically – „it seems” to be
 - Target group of discrimination,
 - Subject of social exclusion

Hungarian citizens



Health in Hungary

Life expectancy at birth

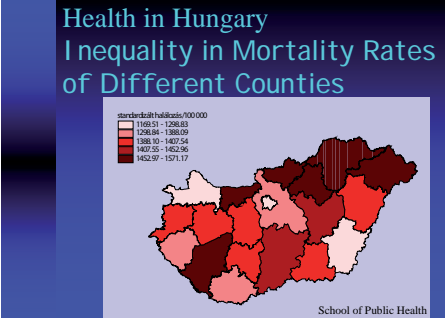


060101 +Life expectancy at birth, in years

HFA 2004

Health in Hungary

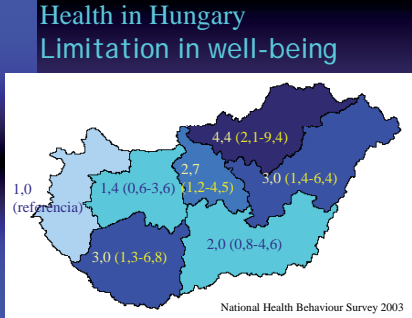
Inequality in Mortality Rates of Different Counties



School of Public Health University of Debrecen

Health in Hungary

Limitation in well-being



National Health Behaviour Survey 2003



Roma Communities in Hungary – Who they are and who they are not?

- No mother country
- No uniform language (culture)
- No homogeneity, territorial dispersion
- No migrants, Hungarian citizens

The generalized „gypsy data” never can give a real picture about a community or a person .

Description of Roma Communities in Hungary – Employment-unemployment

Distribution of economic activity (%)

	KSH* átlag	EU Min. roma kutatás 2001.**
Active pop.	53,5	20,7
Unemployed	6,4	21,0

Ministry of Health, 2001

Description of Roma Communities in Hungary – Education

5. táblázat (1.)
Iskolázottsági adatok 1993-2001

	Romák -	Nem roma- kutatók	EU Min. roma kutatók	Országos átlag* [átlag]**
0-7 általános	44	11	34	0
8 általános	46	36	52	86,2
Szakköznevelés	11	19	11	0
Felsőok.	1,61	24	2	34,7
Felsőfok.	0,24	9	1	12,1

* Nemzeti Statisztikai Hivatal
** KSH 2001, mestis iskolázottsági arányok (Az egyes oktatási szintekre jellemző nemzetközileg átlagos arányok és az országos átlag arányok)

Description of Roma Communities in Hungary – Health status –self determination

Self-rated health (%)

	Bad	fair	good	excellent
OEFK 2001 (N=1195)	28,2	33,7	30,8	6,9
BARANYA (N=2357)	14	45,9	35,3	4,8

Roma Communities in Hungary – Overrepresentation

- among those with low educational status
- among the unemployed
- among those living under poor housing conditions
- among those living with ill-health

Social inclusion?

Governmental reaction: Institutional approach

- Patients' Rights Representative
- Ministry of Equal Opportunities
- Watch system for discrimination
- Involvement of the academic sector
- Roma Rights Organisations

Health and Roma population in Hungary

- Roma: too broad term for purposes of public health research
- No scientific evidence for **biological** causes of health inequalities between Roma and majorities
- Broad range of **socio-economic determinants** of health inequalities should be investigated - not only access & utilization of health care services



Health and Roma population in Hungary

Research:

- Survey of settlements (colonies)
- Health behaviour survey among colony dwellers

Intervention:

- Community development project
- Colony rehabilitation project

Research: Survey of disadvantaged settlements (colonies)

- Survey of housing conditions of segregated settlements → aimed at most vulnerable populations
- In all 19 counties of Hungary (except capital)
- Active involvement of Roma people in study design, fieldwork & recommendations
- 759 colonies identified, 75% of inhabitants are Roma

Research: Health behaviour survey among colony dwellers

- Survey among inhabitants of colony dwellers in 3 counties of Hungary
- Fieldwork (data collection) carried out by Roma persons
- Results:
 - ◆ Health behaviour of colony dwellers is less favourable than the least well-off stratum of general population (smoking, fruit&veg. consumption)
 - ◆ Access to primary health services is not less, access to secondary & tertiary care is

Intervention

Commun. Development

- Target: 1 colony in Debrecen
- Aim: improvement of housing conditions & health
- Funding: Ministry of Health, private donors
- Launch: 2003 April
- Results: trust, networking, no evacuation yet

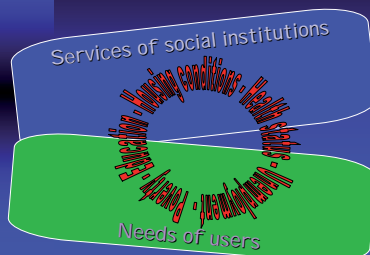
Colony rehabilitation

- Target: 10 Roma communities in Hungary
- Aim: improvement of housing conditions & employment
- Funding: Decade of Roma Inclusion 2005-2015
- Launch: 2005 May
- Results: have not been published yet

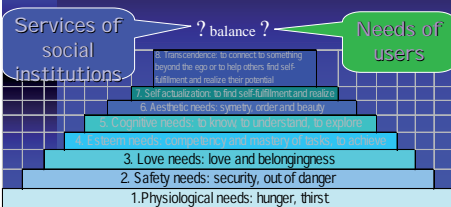
Intervention: Community development project, colony rehabilitation project

- NGOs can play important role: raise awareness, build network, exercise pressure on government, etc → eg. Khetanipe as part of network of Roma representatives
- Political decision makers
 - ◆ Must be continuously involved
 - ◆ Provide financial support
 - ◆ Provide permanent feedback to NGOs
- Competence-based intersectorial collaboration
- No Roma project without participatory involvement of Roma

General Characteristics of Challenges



Characteristics of General Problems



For the future: Complexity versus priorities





For the future:

- 1.) real citizens' rights and possibilities
- 2.) fulfilment of minority rights

Muchas gracias

Thank you for your
attention



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**Initiative for Health Foundation Bulgaria.
The Health of Romani People Foundation.
Ms. Elena Yankova.
Executive Director (IHF)
Mr. Ogniankamenov.
Deputy Chairman
(Health Problems of Minorities Foundation)**



 <h3>Health Inequalities in Roma Community in Bulgaria</h3> <p>Elena Yankova Rayna Dyankova Initiative for Health Foundation Sofia, Bulgaria www.initiativeforhealth.org</p>	<h3>Background</h3> <ul style="list-style-type: none">□ A working group within the project "Health Inequalities in Roma Community"□ 17 professionals□ 6 NGOs working on health interventions for Roma communities□ 4 GOs working on health policies□ AIM: to address policy makers
 <h3>Main areas and problems of analysis</h3> <ul style="list-style-type: none">□ Health<ul style="list-style-type: none">■ High infant mortality rate■ High rate of the so called poverty diseases■ Early pregnancies and births■ Diseases with heavy courses and complications	 <h3>Main areas and problems of analysis - II</h3> <ul style="list-style-type: none">□ Health care<ul style="list-style-type: none">■ Difficult access to health care■ Lack of social and administrative skills■ Difficult communication between doctors and patients■ Lack of adapted prophylactics programs
 <h3>Health: High infant mortality rate</h3> <p>Identified differences (inequalities) with the Bulgarian population, in regard to this problem:</p> <ul style="list-style-type: none">■ The pregnancy development of Roma women doesn't always go under doctor's surveillance■ Roma could not always ensure the necessary conditions of life for nurture■ Low health culture in the Roma community	 <h3>Health: High infant mortality rate</h3> <p>Identified reasons for the problem:</p> <ul style="list-style-type: none">□ Young age of mothers□ Pregnancy not under surveillance, because of the lack of health insurances□ Lack of pre-natal diagnostics and pregnancy surveillance□ Lack of doctors control of infants and lack of immunizations□ Improper nurture□ Patients are not able to buy the prescribed medication because of their low social status□ Poor social services network – lack of enough social workers to deal with concrete cases□ Late demand of doctor's help



<p>Health: High rate of the so called poverty diseases (poverty pathology)</p> <p>Identified differences (inequalities) with the Bulgarian population, in regard to this problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Main inequalities come from the difference in the living standard and the level of information (concerning prevention and treatment of diseases) <input type="checkbox"/> Lower health culture among Roma <input type="checkbox"/> Health is not considered a priority by Roma 	<p>Health: High rate of the so called poverty diseases (poverty pathology)</p> <p>Identified reasons for the problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of health insurances <input type="checkbox"/> Lack of alternatives for health care for those without health insurances <input type="checkbox"/> Low health culture <input type="checkbox"/> Health is not considered a priority by Roma <input type="checkbox"/> High spreading of the so called harmful habits (tobacco smoking, alcohol), which have a stronger consequences when combined with poverty <input type="checkbox"/> Involvement of under-aged children in socially unacceptable labor forms
<p>Health: Early pregnancies and births</p> <p>Identified differences (inequalities) with the Bulgarian population, in regard to this problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of family planning 	<p>Health: Early pregnancies and births</p> <p>Identified reasons for the problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prejudice against abortion and contraception, created by different religious movements <input type="checkbox"/> Presence of "taboo" topics, related to sexual education and safe sex <input type="checkbox"/> Poor family planning
<p>Health: Diseases with heavy courses and complications</p> <p>Identified differences (inequalities) with the Bulgarian population, in regard to this problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Roma prefer to try untraditional ways of treatment first <input type="checkbox"/> Roma are impatient in treatment – they require immediate effect; unable to follow long-term and complicated treatment scheme 	<p>Health: Diseases with heavy courses and complications</p> <p>Identified reasons for the problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Late demand of doctor's help
<p>Health care: Difficult access to health care</p> <p>Identified differences (inequalities) with the Bulgarian population, in regard to this problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Major part of Bulgarians have health insurances or are able to pay for medical help <input type="checkbox"/> For Bulgarian to be far away from the health care service is not a reason to abstain from demand of medical help 	<p>Health care: Difficult access to health care</p> <p>Identified reasons for the problem:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lack of health insurances <input type="checkbox"/> Remoteness of the neighborhoods from the health care services (sometimes hospitals are in a different town) <input type="checkbox"/> Lack of information for the necessary procedures <input type="checkbox"/> Limited social contacts <input type="checkbox"/> Unwillingness of doctors to provide care in the ghettos, because of the complicated situation (for instance communication problems)



Health care: Lack of social and administrative skills

Identified differences (inequalities) with the Bulgarian population, in regard to this problem:

- Difficult adaptation to changes – for example change in the “consumption attitude”
- Lack of knowledge and skills to deal with communication in different institutions

Health care: Lack of social and administrative skills

Identified reasons for the problem:

- Illiterateness
- Lack of specific knowledge about their rights
- Lack of motivation in specialists to train Roma in skill building
- Impatience and lack of stimulus in Roma to acquire skills

Health care: Difficult communication between doctors and patients

Identified differences (inequalities) with the Bulgarian population, in regard to this problem:

- Difficult to take anamnesis, due to cultural specificities of the community and low educational level
- Doctors' messages are not always understood - illiterateness, language barrier
- Breaking the limit doctor-patient from patient's side (familiarity with the doctor, who has helped)

Health care: Difficult communication between doctors and patients

Identified reasons for the problem:

- Language and emotional barrier
- Prejudice from both sides
- Lack of trust to doctors
- Uncompleted treatment – run away from hospitals

Health care: Lack of adapted prophylactics programs

Identified reasons for the problem:

- Difficulties to attract Roma to participate in prevention programs
- Lack and capacity and resource for implementation of such programs

Possible ways to overcome the problems / Recommendations

On governmental level

- Changes in legislation, related to health care (in particular health insurance)
- Development and implementation of strategies and plans for improvement of Roma health care
- Formulating the role of the mediators as a professional position
- Creation of alternatives for those without health insurance

Possible ways to overcome the problems / Recommendations

On local (municipal) level

- Municipal strategies and programs with local financial participation
- Creation of municipal (city) structures for coordination and control of these programs, involving NGOs

Possible ways to overcome the problems / Recommendations

On community level

- Using key figures from the community (mediators)
- Involvement of churches and religious movements
- Adaptation of health programs to the specificities of the community
- Stimulating partnerships and networking



ENSURING MINORITY ACCESS TO HEALTH PROFILE

Demographic Peculiarities of the Roma Community and Their Impact on the Health Status

- ▶ youngest ethnic community in the country
- ▶ highest birth rate and earliest death in Bulgaria
- ▶ high mortality rate at middle age and considerably shorter life duration
- ▶ earliest marriages in the country (which as a rule, lead to early pregnancies and deliveries)
- ▶ preservation of the model of very early deliveries, particularly among the poorest groups and those with the lowest education

Demographic Peculiarities of the Roma Community and Their Impact on the Health Status

- ▶ early deliveries are a risk factor for premature birth of the foetus, serious congenital malformations of the baby, for high infant mortality during the first year of life and for mothers' mortality
- ▶ relative increase in the number of children especially in the group of the poorest Roma, having the least possibilities to rear them up
- ▶ the preservation of a very high infant mortality rate among the Roma
- ▶ increased mobility in their community

Social and Economic Problems of the Roma and Their Impact on the Health Status

- ▶ much larger Roma households
- ▶ ten times higher poverty among the Roma than among the Bulgarians
- ▶ the average amount of the annual income per capita in the household is 98 leva for the Bulgarians, 62 leva for the Turks and 38 leva for the Roma
- ▶ congenital poverty, aggravated by the mass prolonged unemployment

Social and Economic Problems of the Roma and Their Impact on the Health Status

- ▶ Roma never have their own land
- ▶ a considerable part of the Roma live in economically poorly developed regions and municipalities
- ▶ insufficient and poor-quality nutrition
- ▶ limited access to pure drinkable water and sewerage
- ▶ overpopulation and the poor hygienic conditions in the Roma neighbourhoods

Access to Health Care

- ▶ about half of the Roma have no health insurance
- ▶ inability to pay the medical fees and to buy medicines
- ▶ about two thirds of the Roma stated that they have to use self-treatment at times or frequently
- ▶ usage of alternative treatment methods
- ▶ bureaucratization of the medical services
- ▶ lack of confidence in the medical workers

SURVEY DESIGN

The work on the survey project includes the conducting of three researches – one qualitative and two quantitative ones.

Qualitative research - 10 focus groups.

Conducted have been 10 focus groups with the participation of General Practitioners, representatives of NGOs and the local authorities, officers in the Regional Health Insurance Funds in the towns of Vidin, Vratsa, Dobrich, Pazardzik, Plovdiv, St. Zagora, Targovishte, Haskovo, Shoumen and Yambol.



Quantitative researches

Problems of the health services for the Roma community

Research with Roma persons, living in the towns of Bourgas, Vidin, Vratsa, Dobrich, Lom, Pazardzik, Plovdiv, Silistra, Sliven, Sofia, St. Zagora, Targovishte, Haskovo, Shoumen and Yambol.

Quantitative researches

Observation and evaluation of the objective health status

Observation on the objective health status of the members of Roma households in the towns of Bourgas, Vidin, Vratsa, Dobrich, Lom, Pazardzik, Plovdiv, Silistra, Sliven, Sofia, St. Zagora, Targovishte, Haskovo, Shoumen and Yambol.

Living conditions, state of the lodgings, social status

- ▶ bad and unhealthy living environment
- ▶ ghetto-like neighbourhoods with concentrated Roma population
- ▶ illegally built houses
- ▶ problems with the infrastructure and with ensuring public utilities \
- ▶ lacking cable telephone network

Living conditions, state of the lodgings, social status

- ▶ narrow streets, inaccessible for automobile transport
- ▶ overcrowded lodgings
- ▶ lack of hygiene due to cleaning services neglect
- ▶ problems with the transport services

Living conditions, state of the lodgings, social status

- ▶ hampered communication with the health and emergency care units
- ▶ extremely high unemployment rate
- ▶ extremely small possibility for using medical care and for buying medicines
- ▶ low level of the education

Problems of the health care

- ▶ Above all, an established fact is the **aggravated health status of the Roma community**, basically stemming from the living conditions, the misery, the malnutrition, the stress of everyday life
- ▶ **formal covering the Roma community by the services of family GPs**
- ▶ **difficult access to specialized care**

Problems of the health care

- ▶ difficult access to the services for emergency care
- ▶ poverty
- ▶ language barrier
- ▶ inefficient prophylaxis activities
- ▶ lack of health knowledge and habits

Problems with being informed

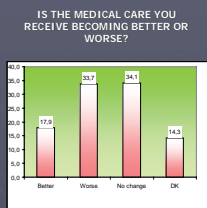
- ▶ low level of education (considerable share of practically illiterate persons)
- ▶ small potential of the text communication



Evaluation of the condition of the health care services, satisfaction and general attitudes

▶ Approximately 40 percent express the opinion that during the recent 1-2 years the health care services in the country have deteriorated

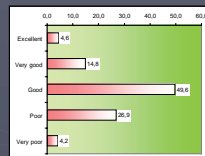
▶ differentiation of the health care services depending on the material condition and the financial status of the citizens



Health status

▶ Each third (31 %) of the interviewed Roma persons estimates his own health status as being **bad or very bad**

HOW DO YOU ESTIMATE YOUR HEALTH AT PRESENT?



Health status

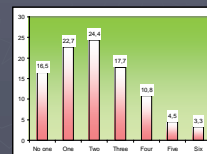
▶ As being **deteriorated** estimate their health about 20 percent of the young Roma (below 30 years of age), about 30 percent of those aged between 30 and 50, and about 50 percent of the interviewed aged over 50.

▶ The women are more concerned about their health status than the men.

Health status

▶ The observation on the **objective health status** registers a person with a **disease** in about 80 percent of the visited Roma households. In one third of the households the number of the persons with health problems is **3 or more**, and in 7-8 percent of the households with health problems that figure is **5 or more** people.

NUMBER OF THE PERSONS WITH HEALTH PROBLEMS IN THE VISITED HOUSEHOLDS



Health status

▶ **SHARE OF THE MOST FREQUENT CHRONIC DISEASES, REGISTERED BY THE MEDICAL TEAMS**

(as a percentage of all 8210 persons living in the visited households)

Arterial hypertension	7,6
Pneumonias	4,8
Discopathies	3,8
Pyelonephritis	3,3
Ischemia	2,8
Renal calculus disease	2,7
Viral hepatitis	2,4
Chronic bronchitis	2,4
Bronchial asthma	2,3
Duodenal ulcer	1,9

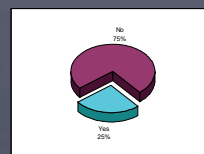
Health status

▶ in about 1 % of those living in the visited Roma households is registered **tuberculoses**

▶ in ¼ of the visited households is registered a **person with a certain degree of disability**

(as a rule we mean invalidation of 50% and more)

PRESENCE OF DISABILITY PERSONS IN THE HOUSEHOLD



Health status

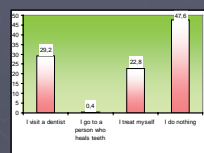
▶ As **diseases, which brought to a lethal end** a member of the households under observation, are quoted:

- the myocardial infarct (24 percent)
- the stroke (24 percent)
- the malignant diseases (22 percent)

Health status

▶ **Very limited access to stomatological care**

WHAT DO YOU DO MOST OFTEN WHEN YOU HAVE A PROBLEM WITH YOUR TEETH AND YOU NEED DENTIST'S ASSISTANCE?





Prevention Medicine

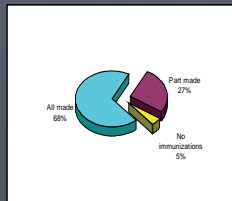
- ▶ Almost two thirds of the interviewed Roma (63 percent) confess that neither they, nor the other members of the household go for **prophylactic examinations**. Only about 10 percent say that they have them regularly

Immunizations

- ▶ According to the data collected by the medical teams, in about 65 percent of the visited Roma households, where there are children, **all immunizations** have already been made. In around 30 percent only a **part of the immunizations** have been made, and in about 4-5 percent **there are no immunizations**.

Immunizations

HAVE THE CHILDREN IN THE HOUSEHOLD PASSED THE COMPULSORY IMMUNIZATIONS ACCORDING TO THE IMMUNIZATION CALENDAR?



Specialized and Emergency Care

- ▶ For a period of one year about 60 percent of the interviewed have **used specialized care from medical doctors of the DCC**, and about 30 percent – **medical care in a hospital**
- ▶ 60 % of the Roma report often having problems connecting to the Emergency care services

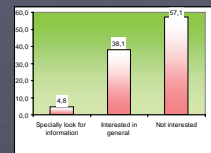
Knowledge and degree of awareness

- ▶ the interviewed Roma are relatively well informed about the amount of the user's fee
- ▶ Roma are well informed about the patient's rights
- ▶ low awareness related to the categories of citizens, who are exempt from paying that fee
- ▶ low awareness with respect to the obligations of the general practitioners
- ▶ low awareness concerning the procedures that should be observed when complaining of the personal GP and in case of desire to replace him
- ▶ low awareness about the diseases

Interest to health information

- ▶ The interviewed demonstrate **weak interest** to health and medical information

ARE YOU INTERESTED IN INFORMATION ABOUT MEDICAL CARE AND THE CONDITIONS FOR USING IT?



Interest to health information

- ▶ Despite the displayed weak interest to health information, **several topics have a certain potential and would attract their attention**. We mean **the patient's rights** (about 15 percent show an interest), **free medicines** (10 percent of all interviewed would like to learn something more about them), **medical information about various diseases** (5 percent), **the organization of health care in general** (5 percent)

Interest to health information

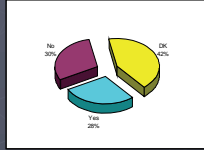
- ▶ As a **preferred source of health information** is most frequently mentioned **the television** (54 percent of all interviewed). Almost the same result have **the talks with the personal GP** (52 percent). Third come **the talks with relatives and acquaintances** (44 percent).



Interest to health information

- ▶ The interviewed Roma do not show particularly strong desire to **participate in courses and lectures with specialists**, who are to elucidate the nature of various diseases, the way of their distribution and the means of protection. Around 30 percent are those, who **would participate in such a form of health education**

WOULD YOU PARTICIPATE IN ANY COURSES OR LECTURES, WHERE MEDICAL DOCTORS GIVE INFORMATION ABOUT DISEASES, THEIR DISTRIBUTION AND PREVENTION?



ENSURING MINORITY ACCESS TO HEALTH: PERSPECTIVES

- ▶ Establishing Primary Health Services in the Roma neighborhoods of 15 towns
- ▶ Medical equipment of these services
- ▶ Training of GPs and nurses to work in these Primary Health Services
- ▶ Training of Roma health mediators representing the "bridge" between the Roma communities and the health and social services
- ▶ Public awareness campaign in Roma neighborhoods

Conclusions and Recommendations





Conclusions and Recommendations

As we have seen throughout this report, the Roma community, a socially and economically disadvantaged minority, is one of the population groups which is most susceptible to suffer from health deficits; life expectancy, for example, in Spain is 8 to 9 years less than that of the rest of the Spanish population. The Roma people are affected by many of the aforementioned health risk factors as a consequence of social exclusion and the fact that they are not able to take advantage of mainstream health resources on an equal footing and with the same rights as the rest of the population. Moreover, cultural aspects of the Roma population and health-care providers' ignorance of these means that said aspects frequently hinder access to the health-care system.

For all of the foregoing, public authorities must put a priority on implementing specific measures with the Roma community with a view to eliminating existing inequalities and creating a situation in which Roma men and women may enjoy the same opportunities as the majority population when it comes to taking care of their health and improving their standard of living. The health issue should be addressed from a bio-psycho-social point of view. In the past it was believed that health policy consisted basically in offering a series of medical services with little attention to anything else. While it is obviously important to strive towards universal access to health-care services, when addressing the subject of health, one cannot forget that economic and social conditions have a very significant influence on the health of the population in general. Poverty, social exclusion, housing, employment, education... are all factors contributing to a healthy life. Health policies cannot lose sight of the importance of also focusing on the social and economic factors which have a bearing on health.

Reducing this inequality has become one of the overarching objectives of all entities taking part in the seminar. In the case of Spain and more specifically of Fundacion Secretariado Gitano, this objective has been bolstered considerably with the signing of the 2003-2008 Collaboration Agreement with the Ministry of Health and Consumer Affairs. This Agreement is being successfully implemented and bears witness to the special sensitivity shown by this Ministry towards groups,



like the Roma community, which find themselves in vulnerable situations. The common goal of the actions set out in this Agreement is to improve the health and living standard of the Roma community and to encourage more pro-active social policies which compensate for the inequalities endured by this group in the area of health.

The International Seminar “Equality, Health and the Roma Community” is one of the awareness-raising activities within the framework of this Agreement and the European project Reduction of Health Inequalities in Roma Community.

Moreover, and in light of the fact that the Roma community is an ethnic-cultural group with transnational roots whose presence in Europe numbers in the vicinity of 8,000,000 (data from the Enlarged Europe), a large percentage of which finds itself in a situation of social exclusion and marked inequality in the area of health, it is of the essence to analyse the common factors, the strategies being applied in each country and possible cooperation mechanisms. That is why the FSG has coordinated the European Project Reduction of Health Inequalities in Roma Community, financed by the European Commission’s Health and Consumer Protection Directorate-General and co-financed by the Spanish Ministry of Health and Consumer Affairs, and has held this international seminar as one of the awareness-raising activities within the framework of the Agreement with the Ministry of Health and Consumer Affairs and the European project mentioned above.

The following could be highlighted as the conclusions and recommendations from the international seminar and therefore from the project, and mark future actions within the Sastipen Network:

1. Presentations and discussion gave evidence from all participated countries that the living conditions, social status and resulting health status of the Roma communities are dramatically lower than those in the mainstream population. One of the main reasons of this situation is long term social exclusion. This situation is relatively similar to the ones suffered by other vulnerable groups such as immigrants as it has been mentioned in some of the presentations from project’s partners. In this sense, the most disadvantaged socio-economic groups exhibit characteristics making them susceptible to poor health. Other variables such as gender, age, ethnic background, social class or geographical area are also risk factors when it comes to health.



The broad concept of health affecting different aspects of human life is gradually becoming more and more accepted: physical, psychological and socio-cultural aspects and not only absence of disease. When approaching health, it is therefore clear that we cannot do it separately from other areas, just from a biological approach. We need to work on health from a comprehensive approach and activities or programs should be part of general programs focusing on other aspects that are determinant to health such as housing, employment, education, etc. This is the only way we will be able to work effectively on the improvement of access to health system in particular, and the improvement of health situation in general.

2. Lack of data is another common problem when we refer to Roma community all over Europe and therefore this has to be worked on. It is important to carry out researchs which gives us data in regard to Roma community and health and confirms if the programs and projects that are being organized are adapted to the current situation and reality. Most of the entities and experts are working with hypothesis and these should be confirmed. Heterogeneity of Roma community, not between countries but also within the same country and regions should be had in mind. Generalization of data should be avoided.
3. It is very important to implement programs on health that are part of larger programs, that have a continuity and are evaluated with instruments that can be used to demonstrate the feasibility of these types of programmes and to make headway in improving their effectiveness. This observation does not refer exclusively to programmes implemented by government administrations but also to those launched by the associative world.

We already have good examples of long-standing programmes that are being carried out and serve as vehicles to raise awareness among professionals and other administrations. These programmes produce a group of trained and aware professionals thus providing an important opportunity for the furthering of specific actions in the area of health. We believe the administrations should have this in mind when allocating funds to the implementation of programs and we ask the European Commission and national administrations to help the continuation of projects such this.

4. The figure of the professional mediator or Roma mediator is not very widespread and the health system is quite unaware that it even exists. Their role as the link between the Roma community and mainstream health-



care resources is also an element that should be optimised. The presence of Roma mediators or Roma professionals working in other fields, at least somewhat related with health (medicine, social work, nursing, etc.), are an opportunity for an ongoing cumulative process contributing to a decrease in inequality in the area of health.

However there are some aspects that have to be taken in mind:

- Professional mediation is a resource bridging the gap between the Roma community and the majority society in order to promote constructive change in relations between the two. It is, therefore, a process and not a “fire extinguishing” tool to be used only when conflicts arise.
 - Training of mediators is anything but standardised. Some receive ample training before going out into the field while others may have only attended brief capacity-building courses. The topics covered at the different training initiatives also lack standardisation. Moreover, many mediators are also subject to precarious working conditions (part-time, seasonal, etc.) which has a negative influence on the quality of their efforts. These aspects should be improved for the benefit of all.
- 5.** In regard to the health care system the following has been stressed:
- flexibility of the system and ability to adapt to the “difference” is essential. Measures to achieve this should be taken. The essential challenge lies in including the consideration of difference in the organisation and operation of the health-care system, as well as in the laws and development or enforcement of regulations concerning health-care activities.
 - Mutual prejudice, between professionals and Roma community exists in many cases, which generally leads to a relationship based on defensiveness and mistrust. Actions in both directions should be taken, in order to overcome and prevent stereotypes and prejudices.
 - A lack of awareness on the part of health-care professionals is observed regarding the characteristics and culture of this minority and in many cases diversity characterizing the Roma community is overlooked. Regular training of professionals is a good practice to improve this situation. The trainings should include topics such as: Roma culture; how Roma community understand health; internal diversity of Roma community; etc. In this sense, it is important to mention that within the



project's frame, a manual addressed at healthcare professionals has been produced. The manual has been developed by all project's partners in each of the languages of the countries where the project has been implemented. The purpose of the manual is to provide the different healthcare providers with a series of sociocultural recommendations to help focus their intervention in everyday health care practice when dealing with patients from the Roma ethnic group.

- The lack of a "culture of health" in the Roma community is also visible, so it is important to work continually with this community on different aspects such as: health promotion/ prevention and to give them information on the functioning of health system.

6. Roma community has been victim of historic discrimination provided for under legal regulations for centuries. Unfortunately, in some countries more than other, Roma population is still victim of violence of its human rights. Some measures have to be taken into force, such as the new European Directive 2000/43/EC, which sets up a new legislative framework among member countries with respect to the enforcement of the principle of equal treatment among persons regardless of ethnic or racial origin should be a good starting point to fight against discrimination of Roma. This Directive, which presents an opportunity for the establishment of intervention strategies, the purpose of which is to diminish health inequalities affecting the Roma population. The transposition of this directive has special significance and scope for Roma.

Policies and actions have to be taken to fight against these discrimination actions. Equal treatment is an attempt to advance towards a more just society by means of greater legal guarantees and non-discrimination against minority ethnic groups.