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Mind the gap: Reducing inequalities in health and health care

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How to improve health of the Roma? Challenges and interdisciplinary promises

C.1. Workshop Open Society Institute (Code: C1), Migrant and ethnic minority health

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Suffering from discrimination, poverty and social exclusion, the Roma present the most deprived ethnic minority in Central and Eastern Europe. Unsurprisingly, their health has been consistently found poorer than that of respective majority populations. Throughout Europe, the Roma people have difficulties accessing and using not only preventive, primary and specialised health services, but also labour markets and educational systems. Moreover, resulting health problems further deepen this complex disadvantage – entrapping Roma in a vicious circle. These are issues that we would like to review and discuss in our workshop.

Within our own current social-epidemiological research, when compared to the Slovak majority population health outcomes and accumulation of risk factors for Roma do not appear as dramatically worse as generally held and expected, especially in our studies concerning younger population. Thus, a question arises whether along and as part of targeting Roma exclusion interventions should not yet put more focus on promoting functional health-literacy and enabling healthier lifestyle among the young. Apart from health-related behaviour, another important practice affecting health of Roma seems to be that of the country's health-care system. Our studies indicate the relation here might be quite complex, encompassing both structural and socially constructed barriers with respect to both front-line practitioners as well as Roma themselves. Therefore, we would like to suggest that oversimplification of the relation by pointing exclusively to discrimination as a main explanation needs to be avoided here, too. Based on our qualitative research we will try to provide in-depth understanding of mechanisms which prevent on one hand health-care providers from becoming truly accessible, efficient and effective, and on the other hand segregated Roma themselves from beneficial utilizations of healthcare services. Last but not least, we wish to point the attention to the phenomenon of extremely high unemployment of Roma as an aspect of economic segregation and its entanglements with Roma health status. We have recently attempted to explore this nexus via a mixed-methods examination of a particularly successful case of a so called bottom-up approach to employment, based on multi-sectorial partnerships and collaborations devoted to a holistic and culturally sensitive approach.

We hope our inter-disciplinary contributions might provide deeper-than-usual insights into three crucial social determinants of Roma health: health-related behaviour, health-care system utilization, and economic segregation. Based on related discussions, we would like to put forward innovative methodological proposals aiming at better accounting – both practically and morally – for the complexity of these particular social determinants in future research.

- We will offer deeper insight into health-related behaviour, health-system utilization, and economic-segregation effects on health of Roma.
- Advantages and drawbacks of mixed-methods interdisciplinary approaches will be discussed.

Health, health-related behaviour and socioeconomic characteristics of population living in separated and segregated Roma settlements.

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Background: Roma are characterized by a strong accumulation of socioeconomic (SE) disadvantage and discrimination, what indeed have a negative impact on their health. As a result, a rather wide gap in health and cardiovascular diseases (CVD) risk factors may be expected, compared with the majority population. The aim of this study was to explore differences in health (self-reported health, obesity, metabolic syndrome), health-related behaviour (HRB, e.g. nutrition habits, physical activity, smoking, binge drinking) between the population living in Roma settlements and the majority population. Moreover, the study aimed to assess the contribution of selected SE characteristics and living conditions to health and HRB within the population living in Roma settlements.

Methods: We used data from the cross-sectional HepaMeta study conducted in 2011 in Slovakia. The final sample comprised 452 Roma (mean age=34.7; 35.2% men) and 403 (mean age=33.5; 45.9% men) non-Roma respondents.

Results: Roma people more often assessed their own health as poor compared to the majority (40.7% vs. 17.1%). We found that Roma had relatively unfavourable biological CVD risk factors compared to non-Roma regarding obesity and low HDL cholesterol. Significant differences were also found in the lifestyle of these groups. The population living in Roma settlements reported more frequently unhealthy eating habits, daily smoking, but less frequent engagement in leisure-time aerobic physical activity compared to the majority. Roma population from segregated settlements live in significantly worse SE conditions compared to the majority, they have significantly worse education and higher unemployment rate. Surprisingly, the study did not confirm any significant association between SE indicators and poor health, obesity, metabolic syndrome or HRB (with some exceptions in eating habits) within a Roma settlement.

Conclusions: Our study confirmed higher rates of some biological CVD risk factors, higher prevalence of unhealthy lifestyle and worse SE and living conditions in Roma compared with non-Roma. The deteriorating effect of living in Roma settlement on health and HRB seems to be immense regardless differences in SE characteristics or living condition within the settlement population.

Health care accessibility problems of Roma population living in separated and segregated Roma settlements.

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Background: Living in a Roma settlements indicates an accumulation of socio-economic disadvantages like segregation or poor housing, and these communities experience generational poverty, a high prevalence of long-term unemployment, a low educational level and high risk of discrimination, violence and usury. Problematic access to good quality health care, as result of institutional and intrapersonal discrimination of Roma, affects their health therefore factors which affect health care accessibility of Roma are of high importance for public health and policy makers. The aim of our study was to explore the differences in distribution of particular health care accessibility problems among Roma and non-Roma. Furthermore we explored to what degree health care accessibility problems explain association between Roma ethnicity and poorer self-rated health status, the role of education in this association and how social support affect the association between health care accessibility problems and Roma ethnicity.

Methods: We used data from the cross-sectional HepaMeta study conducted in 2011 in Slovakia. The final sample comprised 452 Roma (mean age=34.7; 35.2% men) and 403 (mean age=33.5; 45.9% men) non-Roma respondents.

Results: Roma reported the lack of money for medication and transport and bad experience, fear or lack of trust to be the most common barriers they perceive. Perception of health care accessibility problems increased the likelihood of reporting poor self-rated health and health care accessibility problems explain 23,5% of this association. The undesirable effect of living in Roma settlements and having low education cumulate and significantly contribute to gap in health between Roma and non Roma population. Our results also indicate an increasing effect of ethnicity on health care accessibility problems with decreasing levels of social support.

Conclusions: Roma perceive significantly more barriers in accessing health services compared with non-Roma. Worse health in Roma is partially mediated by worse access to health services, apart from a large educational gap between Roma living in settlements and the majority population. Worse access to health care of Roma living in settlements seems to be partially mediated by social support.

Segregated Roma and health-care system professionals in Slovakia: A comparison of perspectives on Roma health

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Background: Methodological reviews suggest that across cultural boundaries, traditional social-epidemiological research on social determinants of health fails to deliver conclusive and instructive results. This seems to apply to research on enduring Roma health-disparities in Central and Eastern Europe, too. In order to transgress such difficulties, research on “cultural factors” is often being proposed. Results of two qualitative studies carried out in response to such proposals will be discussed: one on segregated Roma health-related behaviour in general and one on Roma utilization of health-care services.

Methods: The first study employed an applied medical-anthropological perspective and relied on ethnographic methods. Spanning over several years, the research involved author’s embedment within a segregated Roma settlement, long-term participant observation, and in-depth structured interviewing. Primary focus was on Roma health-related behaviour including utilization of health-care services. The second study took a narrower, more sociological, and areal approach, and combined features of ethnography with qualitative surveys. It focused on the types of differential limitations specifically with respect to Roma experienced by health-system professionals working on behalf of the minority incidentally.

Results: Apart from within multi-dimensional isolation, the logic of health-related practices of the settlement’s inhabitants revolved around ideals socially constructed in explicit moral opposition to local non-Roma ways. Unaware of this influence, sceptical about other explanations, and frustrated by related relative non-functionality of standard procedures, in their reasoning toward Roma, health-system professionals oscillated between partially functional racist pragmatism and resignation.

Conclusions: Perspectives of segregated Roma and health-professionals on Roma health-related behaviour and health-care services utilization seem to differ greatly, and sustain both practical and moral tensions in their everyday encounters. The different understandings seem to be maintained by different systematic everyday pressures on individuals on both sides which prevent opportunities to engage in negotiation of mutually meaningful forms of assistance to Roma health.

A Bottom-up Approach to Employment: Does it have an impact on health equity?

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Background: Economic disadvantage not only might cause health problems, but health problems can lead to further economic disadvantage. Unemployment is one clear example of a trigger event that may have crucial impacts on inequality levels. The Roma community is the largest ethnic minority in Europe and is characterized primarily by a situation of social exclusion and the wide-ranging poverty experienced by a significant proportion of its members. Moreover, Roma experience serious labor market hardships in all of Central and Eastern Europe. In Slovakia, Roma also represent one of the largest ethnic groups and moreover a disproportionately large portion of the unemployed belongs to the Roma minority. Within most communities of this socio-culturally specific subpopulation in Slovakia, the unemployment rate is extremely high.

Methods: A multi-perspective analysis was conducted with the aim of creating an overview of the Bottom-up approach to employment, and its presumed impact on health equity. Data were collected from related academic and grey literature, structured interviews and through focus groups using the concept mapping method.

Results: We identified four main areas of health improvement: hygiene, housing, prevention and mental health. Though, it seems there are some areas on which the project has not had a significant impact. Such as eating habits and the attitude toward health as a value or awareness of health, respectively, which has remained unchanged.

Conclusions: The examined approach has a rather positive effect on health inequalities as the project works with a major socioeconomic determinant – unemployment – and there is some assumption that programs increasing employment also have an impact on health. The second explanation might be that project is designed primarily for Roma, who are marginalized and vulnerable, and therefore are also considered to be hard-to-employ. In general, if the health of such a group is improved it certainly means also a decreasing of health inequalities, as it is the target group which opens the “scissors” of health inequalities.

The Bottom-up Approach to Employment is an interesting example of an unusually sensitive attempt to address the Roma social inequality issue with all of its economic and health consequences.