European Commission

Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma

ADDITIONAL MODULE 1 TARGET GROUPS

Unit 1. ETHNIC MINORITY GROUPS INCLUDING ROMA AND SINTI COMMUNITIES, AMONG THEM THOSE WHO MIGRATE

Compiled by:

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Outline of contents

- Introduction
- Needs and frequent types of health problems of ethnic minorities
- Roma population
- Activity
- References

Council of Europe (undated) Defending Roma Human Rights in Europe. http://bit.ly/1nUJway
Stewart K. (2010). Human Development in Europe. New York, United Nations Development Programme (Human Development Research Paper 2010/7)

Introduction

- "Ethnic minority" covers a range of disparate groups; different views about what ethnicity is, which ethnic groups exist and who should be regarded as a member of .

- Ethnicity is associated with nationhood, language, religion, culture and shared behaviours. Research investigating "ethnic differences in health" is usually based either on country of origin or self-ascribed 'ethnic identity'.

- Not all ethnic minorities in Europe are disadvantaged and few are formally recognized by national legislation but many ethnic minorities are at risk of poverty and face discrimination.

- In terms of ethnic minorities the discussion should be adapted to national contexts.

Mock-Muñoz de Luna C, Ingleby D, Graval E, Krasnik A. (2015)
Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen.

Needs and frequent types of health problems of ethnic minorities.

- **Mortality and life expectancy**
- ✓ Death certificates are not a reliable indicator of the prevalence of specific illnesses

- **Non-communicable diseases**
- ✓ Differences found in CVD and cancer depend on the country of birth and the destination country

- **Communicable diseases**
- ✓ TB notifications rate are higher in foreign born population than in native born population in Europe

Bhopal, R. (2014). Migration, ethnicity, race, and health in multicultural societies. Oxford: Oxford University Press.p. 142; Mackenbach, J. P., Bos, V., Garssen, M. J., Kunst, A. E. (2005). Mortality among non-western migrants in The Netherlands. Nederlands Tijdschrift Geneeskunde, 149(17):917-23.;Ge, L. (2007). Saving mothers' lives: reviewing maternal deaths to make childbirth safer - 2003–2005. London: CEMACH.;Centre for Maternal and Child Enquiries (2011). Saving Mothers' Lives: Reviewing deaths to make motherhood safer: 2006–2008. BJOG, 118(s1):1–203.;Migrant and Ethnic Health Observatory (MEHO); Vandenheede, H. et al. (2012). Migrant mortality from diabetes mellitus across Europe: the importance of socio-economic change. European Journal of Epidemiology 27, 109–117; Ujcic-Voortman, J.K., Baan, C.A., Seidell, J.C., Verhoeff, A.P. (2012). Obesity and cardiovascular disease risk among Turkish and Moroccan migrant groups in Europe: a systematic review. Obesity Reviews 13, 2–16.; Bhopal RS, Rafnsson SB, Agyemang C, et al . (2011). Mortality from circulatory diseases by specific country of birth across six European countries: test of concept. Eur J Public Health 22:353-9.; Rafnsson, S.B., Bhopal, R.S., Agyemang, C., Fagot-Campagna, A., Harding, S., Hammar, N., Kunst, A.E. et al. (2013). Sizable variations in circulatory disease mortality by region and country of birth in six European countries. Eur J Public Health , 23 (4) 594 – 605; Karlsen , S., & Nazroo, J. Y. (2010). Religious and ethnic differences in health: Evidence from the Health Surveys for England 1999 and 2004. Ethnicity & Health, 15(6), 549-568. Cited in Matrix Knowledge. (2014); Mock-Muñoz de Luna C, Ingleby D, Graval E, Krasnik A. Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen, 2015; Gushulak B, Pace P, Weekers J (2010). Migration and health of migrants. In: Poverty and social exclusion in the WHO European Region: health systems respond. Copenhagen, WHO Regional Office for Europe; Bhugra, D., Gupta, S. (eds.) (2006). Migration and Mental Health. London and New York: Cambridge University Press)

- **Live style**

✓ Higher **smoking prevalence** is found in disadvantaged socio-demographic groups

- **Mental health**

Cultures vary in the way they conceptualise mental problems, the types that they recognise and the way distress and disability is expressed.

✓ Take into account relevant **cross-cultural variations**

✓ perceived discrimination or racism can increase rates of common mental disorders

- **Maternal and child health**

✓ Rates of stillbirth and neonatal mortality vary between different countries of destination

✓ Screening rates among different ethnic minority groups vary significantly

✓ Poverty limits access to reproductive health services and health prevention and promotion programs

Matrix Knowledge. Identifying best practice in actions on tobacco smoking to reduce health Inequalities. European Union, 2014.; Bhugra, D., Gupta, S. (eds.) (2006). Migration and Mental Health. London and New York: Cambridge University Press; Horwitz, A.V., Wakefield, J.C. (2006). The epidemic in mental illness: clinical fact or survey artifact? Contexts, 5(1): 19-23. Karlsen, S. et al. (2005). Racism, psychosis and common mental disorder among ethnic minority groups in England. Psychological Medicine, 35:12:1795–1803; Villadsen, S.F., et al (2010). Cross-country variation in stillbirth and neonatal mortality in offspring of Turkish migrants in northern Europe. European Journal of Public Health, 20(5):530–535; Gushulak B, Pace P, Weekers J (2010). Migration and health of migrants. In: Poverty and social exclusion in the WHO European Region: health systems respond. Copenhagen, WHO Regional Office for Europe.

- Descendants of migrants

✓ Limited amount of research into the 'second generation', most concerning the educational and employment outcomes.

✓ There are some findings regarding:

  - Blood pressure
  - Mental health
  - Risky behaviour
  - Physical activity
  - Self-perceived health

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- National ethnic minorities

✓ Limited research on national ethnic minorities apart from Roma.

✓ SAMINOR project about **Sami** (indigenous minority group in the north of Norway, Finland and Sweden) reported:

  - **Worst self-perceived health** than Norwegian respondents, and Sami women worst than men.
  - Experiences of **discrimination in encounters with health services** (especially reported by Sami women)
  - **Language** barriers.
  - Risk factor associated to **their livelihood** (reindeer herding)

Mock-Muñoz de Luna C, Ingleby D, Graval E, Krasnik A. (2015). Synthesis Report. MEM-TP, Training packages for health professionals to improve access and quality of health services for migrants and ethnic minorities, including the Roma. Granada, Copenhagen: Andalusian School of Public Health, University of Copenhagen; Veling, W., Selten, J. P., Veen, N., Laan, W., Blom, J. D. & Hoek, H. W. (2006). Incidence of schizophrenia among ethnic minorities in the Netherlands: a four-year first-contact study. Schizophr.Res, 86, 189-193.; Selten, J. P., Laan, W., Kupka, R., Smeets, H. & van Os, J. (2011). Meer kans op depressie en psychose bij allochtonen. Ned Tijdschr Geneeskd, 155; Singhammer, J. et al (2008). Etniske minoriteters sundhed. Partnerskabet for undersøgelse av etniske minoriteters sundhed, Center for Folkesundhed; Hansen, K., Melhus, M., Lund, E. (2010). Ethnicity, self-reported health, discrimination and socioeconomic status: a study of Sami and non-Sami Norwegian populations. International Journal of Circumpolar Health, North America, 69; Sjölander, P. (2009). What is known about the health and living conditions of the indigenous people of northern Scandinavia, the Sami? Global health Action 4.

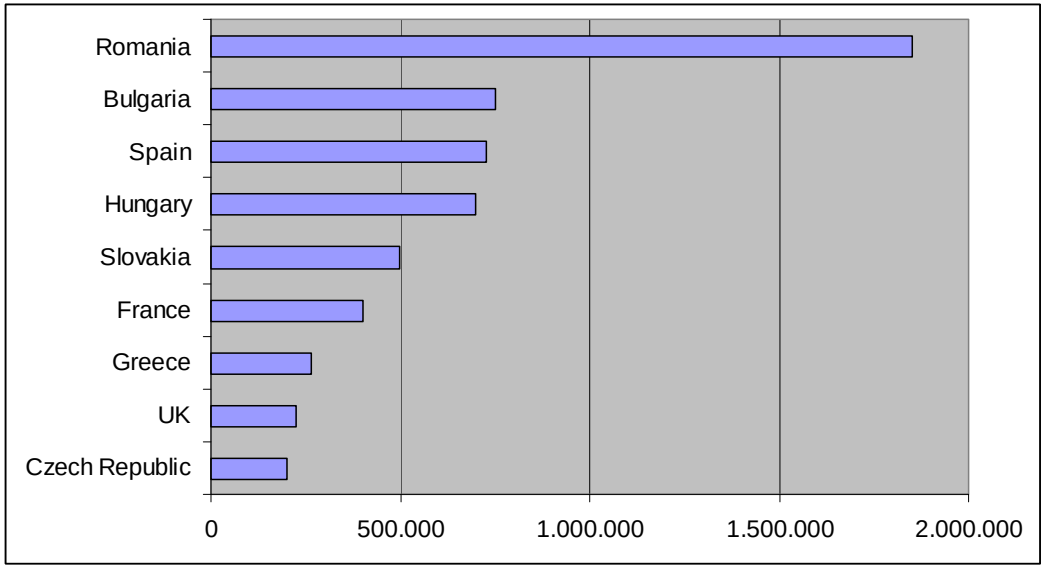
Roma population

- Roma population is **much larger than any other ethnic minority in Europe** (10-12 million).
- **"Mosaic of diverse groups"** considered to have descended from Northern India migrants from 11th century reaching Europe at the end of the 13th century.
- They have been subjected to **systematic persecution, enslavement and exclusion, 'ethnic cleansing' and genocide**.
- UNDP Human Development Report: "*the situation of Gypsy, Roma and Traveller groups must be seen as a scar on the human development record of European nations*".

Council of Europe (undated) Defending Roma Human Rights in Europe. http://bit.ly/1nUJway
Stewart K. (2010). Human Development in Europe. New York, United Nations Development Programme (Human Development Research Paper 2010/7)

- Obstacles in terms of **data collection** on Roma communities in Europe.
- The **greatest numbers** of Roma within the EU live in **Central Eastern Europe** (Romania, Slovakia, Bulgaria, Hungary and the former Yugoslavia).
- **Less than 20%** of Roma in Europe are **nomadic.**

Figure 1 EU member states with the largest Roma and Traveller populations



OSF. (2010). No Data—No Progress. Country Findings. Data Collection in Countries Participating in the Decade of Roma Inclusion, 2005–2015. Available at: http://osf.to/1uyswGX

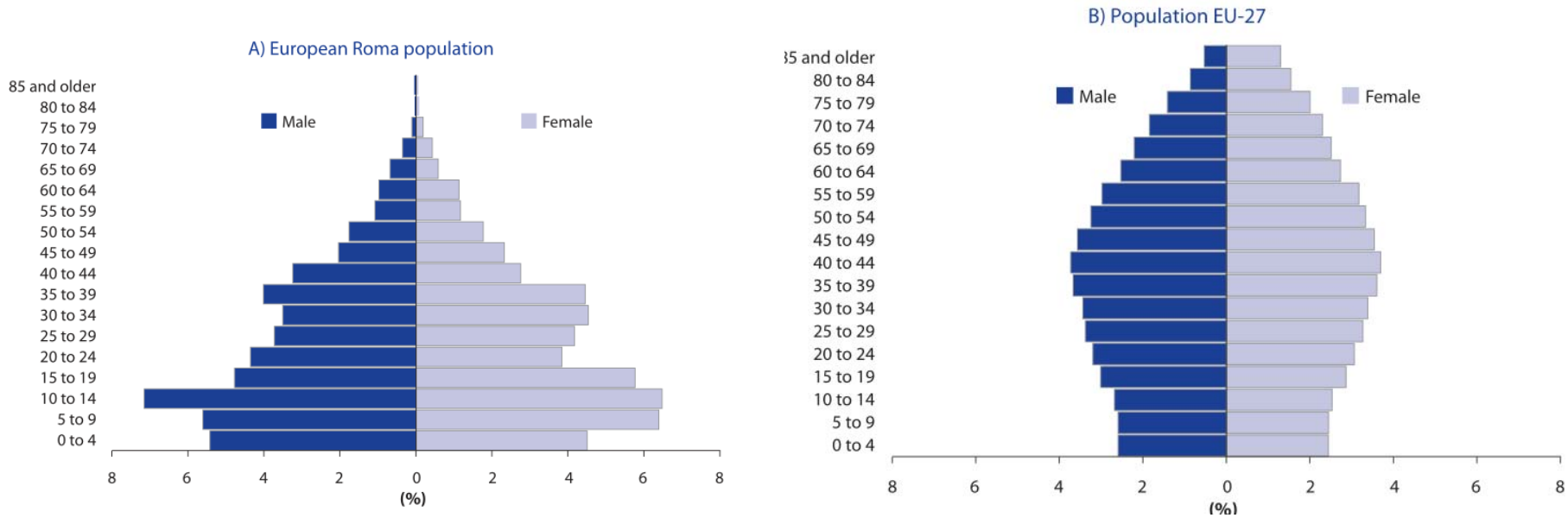
Figure 2 Mortality and life expectancy

Key Findings

- The Roma population is demographically different from the majority European populations insofar as it is noticeably younger – and consistently so across Europe.
- Life expectancy data is very limited on a national and regional level. Most data are based upon estimates. The most widely cited data stems from the Council of Europe.
- Roma experience substantially lower life expectancy compared to non-Roma (up to 20 fewer years).
- Some evidence exists suggesting that shorter life expectancy in Roma populations occurs as a result of the broader environmental conditions they experience.
- Higher rates of infant mortality are reported in some Roma populations (those living in poor housing, with low educational levels and migrant Roma) compared to non-Roma in countries including Bulgaria, the Czech Republic, Hungary, Italy and Slovakia.

Roma Health Report. European Commission, Health and Consumers. Available at: http://ec.europa.eu/chafea/documents/health/roma-health-report-2014_en.pdf

Figure 3 Population pyramids in Europe: Roma community and the European Union



Roma Health Report. European Commission, Health and Consumers. Available at: http://ec.europa.eu/chafea/documents/health/roma-health-report-2014_en.pdf

Roma Health Status

- ✓ *One third of Roma respondents aged 35 to 54 reported health problems limiting their daily activities.*
- ✓ *Approximately 20 percent of Roma respondents were not covered by medical insurance or did not know if they were covered.*
- ✓ *66 percent of Roma said they could not afford prescription drugs compared to 29 percent of the majority population.*
- ✓ *15 percent of Roma children under the age of 14 are not vaccinated compared to four pe cent of children from non-Roma households.*
- ✓ *The adult Roma population (over age 15) has a worse perception of their own health status than the general EU-27 population.*

Kallayova, D., Bosak, L. (2012). Improvements of health services for Roma communities in Slovakia. In: Ingleby, D. et al (eds.) Inequalities in Health Care for Migrants and Ethnic Minorities. COST Series on Health and Diversity. Antwerpen: Garant Publishers.

Rechel, B. et al. (2009). Access to health care for Roma children in Central and Eastern Europe: findings from a qualitative study in Bulgaria. International Journal for Equity in Health, 8: 24.

Health and the Roma Community, analysis of the situation in Europe. (2009). Bulgaria, Czech Republic, Greece, Portugal, Romania, Slovakia, Spain report. Fundación Secretariado General Gitano.

Health determinants:

- *Processes of social exclusion is the major cause of health inequalities.*
- *Health as health care, but also disease prevention, health promotion and a wide range of heath areas (nutrition, physical activities, alcohol, and tobacco) as well as other policy sectors (employment, housing and environment)*

- ✓ Roma have **low levels of education** and skills, often leading to **long-term unemployment** and increasing levels of poverty
- ✓ Many lack **adequate living conditions**, having **overcrowded accommodation**
- ✓ Many are found to live in **marginalised communities** with **limited access to basic services**

WHO Regional Office for Europe (2008). The Tallinn Charter "Health Systems for Health and Wealth". Copenhagen, WHO Regional Office for Europe. Roma Health Report. European Commission, Health and Consumers (2014); Kallayova, D., Bosak, L. (2012). Improvements of health services for Roma communities in Slovakia. In: Ingleby, D. et al (eds.) Inequalities in Health Care for Migrants and Ethnic Minorities. COST Series on Health and Diversity. Antwerpen: Garant Publishers; Rechel, B. et al (2009). Access to health care for Roma children in Central and Eastern Europe: findings from a qualitative study in Bulgaria. International Journal for Equity in Health, 8: 24.

- Prevalence of major infectious diseases & immunisation uptake:

  “Poor hygiene and sanitation continue to be viewed to be the main causes of the relatively high rates of infectious disease in Roma.”

- ✓ Lower vaccination level as a result of more difficult access to general health service.
- ✓ Limited inclusion in prevention programmes such as immunisation programmes.
- ✓ Entrenched discrimination.
- ✓ Health perceptions and life style.
- ✓ Impact of evictions of Roma settlements.
- ✓ Poor living conditions related to disease and ill health.

Masseria et al. The socio-economic determinants of the health status of Roma in comparison with non-Roma in Bulgaria, Hungary and Romania, European Journal of Public Health , 2010, Vol. 20, No. 5, 549–554. Available at http://eurpub.oxfordjournals.org/content/20/5/549.full.pdf+html

Handbook for Action in the Area of Health Services with the Roma Community. Fundación Secretariado General Gitano [2006]

Figure 4 Recent measles outbreaks among the Roma

Country	Percentage of Roma
Bulgaria 2009-2011	About 90%
Croatia 2008	41% (among "migrant" Roma)
England (Irish Travellers)2007	100% of probable cases
Germany 2008-2009	"several" in Hamburg "many" in Lower Saxony
Greece 2006	55%
Greece 2010	29% Bulgarian Roma; 33% Greek Roma
Italy 2006-2007	23%
Poland 2008-2009	79%
Romania 2010	37.5% of laboratory-confirmed cases
Romania 2011	About 50%

Sources: *Mankertz et al., 2011; Pervanidou et al, 2010; Cohuet et al., 2007; Stanescu et al., 2010; Spadea et al., 2011; Orlikova et al., 2010; Stanescu et al., 2011, Rogalska et al., 2010; Kaic et al., 2008; Stefanoff, et al., 2010; Georgakopoulu, et al., 2006. In the case of Bulgaria, the figures were reported by unpublished sources. Tsolova, Svetla, personal communication with the author of data from National Centre for Infectious and Parasitic Diseases, 20 November 2011, and Danielsson, Niklas, personal communication with the author, 19 November 2011.*

Dinca, I. (2011). Vaccine preventable diseases and the Roma. European Centre for Disease Prevention and Control.

- Prevalence of major chronic diseases:

  - ✓ Data suggest that the prevalence of **cardiovascular disease**, **diabetes**, **asthma**, **hypertension and obesity** is higher in the Roma populations.

  - ✓ **Links between** these higher rates of chronic disease, and higher prevalence of risk factors, poor access to and uptake of primary care and preventive health programmes among Roma.

  - ✓ Roma **women** experiencing a higher prevalence of some of these health problems than Roma men.

  - ✓ **Links between** low Socioeconomic Status (SES) of Roma and its negative impact on mental health, as well as the impact of discrimination and racism on mental health.

Zeljko, H.M. et al (2013) Age trends in prevalence of cardiovascular risk factors in Roma minority population of Croatia. Economics and Human Biology 11: 326-336. Skodova, Z. et al (2010) Psychosocial factors of coronary heart disease and quality of life among Roma coronary patients: a study matched by socioeconomic position. International Journal of Public Health; 55(5): 373-80; FRA (2013) FRANET Country thematic studies on the situation of Roma, Luxembourg, Publications Office ; Monteiro, A.P. et al (2013) Promotion of mental health in Roma people: social representations of mental health and wellbeing in a Roma community. European Psychiatry: Abstracts of the 21th European Congress of Psychiatry; Smith, D., Ruston, A. (2013) 'If you feel that nobody wants you you'll withdraw into your own': Gypsies/Travellers, networks and healthcare utilisation. Sociology of Health and Illness, Vol. 35; 8:1196-1210.

- **Life styles**: Roma have poorer health related lifestyles

  - ✓ **Poor diet** and life style the result of **unfavorable socioeconomic** factors; Healthy diet and physical activities are less common;
  - ✓ High frequency **of eye and dental problems**;
  - ✓ **Smoking** prevalence generally high, tobacco is becoming concentrated in lower socioeconomic groups.
  - ✓ **Drug consumption** by Roma youth does not differ much from that of their counterparts in the general population
  - ✓ Health education and promotion not sufficiently **diversity adapted** nor reaching out;
  - ✓ Prioritise **short-term over long-term** health considerations; **Distrust** of health professionals is common.

Matrix Knowledge (2014). Roma Health Report. European Commission, Health and Consumers; Health and the Roma Community, analysis of the situation in Europe. Bulgaria, Czech Republic, Greece, Portugal, Romania, Slovakia, Spain report. Fundación Secretariado General Gitano. (2009). SRAP Network. Understanding drug addiction in Roma and Sinti communities.

Access to and use of health services and prevention programmes

- ✓ Access and use of health services affected by level of marginalisation of Roma populations;

- ✓ Barriers to access are closely linked to social exclusion factors:
  - Language and literacy barriers,
  - linguistic and cultural differences,
  - racism and discrimination,
  - mistrust,
  - lack of documentation,
  - poor economic conditions.

- ✓ Patterns of health care utilisation among Roma differs from the general population

Roma Health Report. European Commission, Health and Consumers. Available at: http://ec.europa.eu/chafea/documents/health/roma-health-report-2014_en.pdf

Roma culture and Health

- Despite Roma diversity there is a series of commonly accepted elements that persist and form an essential part of the culture:
  - ✓ Social organisation
  - ✓ Prevalence of the group over the individual
  - ✓ Essential role of elders within the community
  - ✓ Decease and mourning
  - ✓ Role of women

Handbook for Action in the Area of Health Services with the Roma Community. (2006). Fundación Secretariado General Gitano

Migrant Roma

- Estimated to be 50,000 or above in United Kingdom, Greece, Germany, and Italy.
- Most are EU citizens from East/South East EU countries.
- Roma from TNC face additional legal barriers.
- Risking receiving inferior health care as a result of administrative and language barriers, different health practices, lack of empathy, lack of cultural sensitivity.
- For "irregular" migrants the situation is worst as in most EU they can only access emergency health services.

Health of Roma women

- Reported to suffer more health problems in comparison to Roma men and non-Roma women.
- Barriers for improving health amongst Roma women: expectations to fulfill traditional gender roles, limited educational and employment opportunities, physical and social isolation, and poor living conditions.

Video Roma Health Mediation

Equi-Health project to address Roma, migrant health issues in Europe. (2013).
FRA for the European Parliament Analysis of FRA Roma survey results by gender.

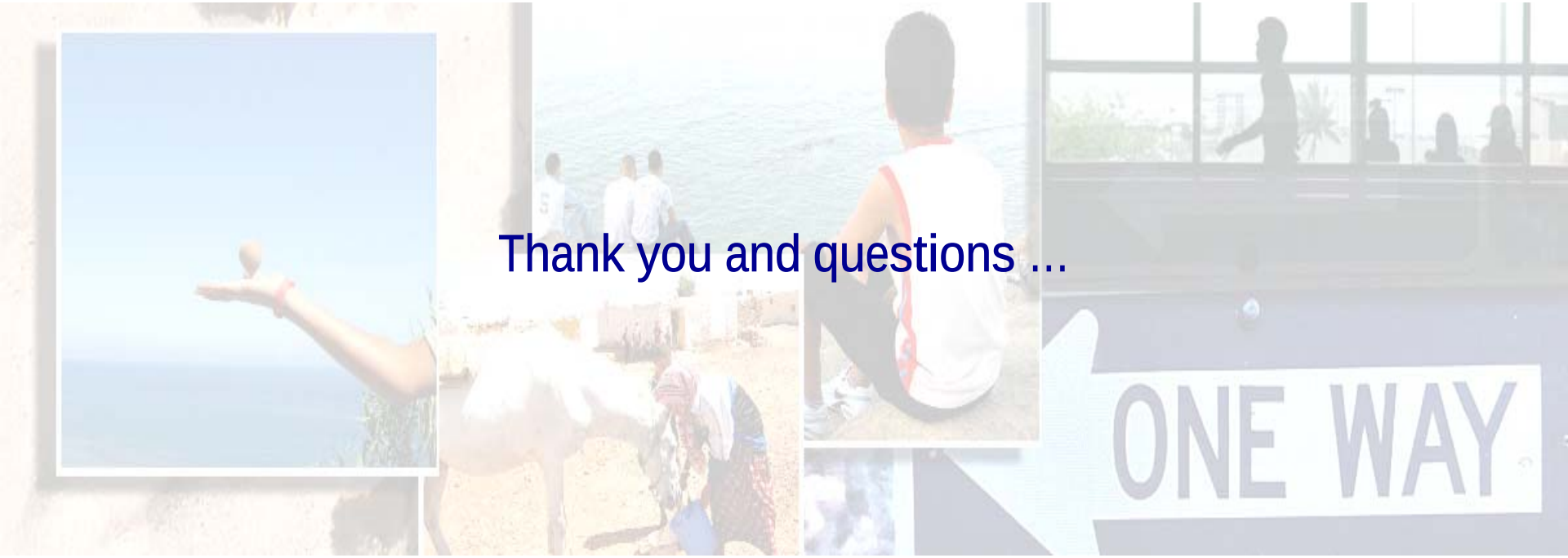
Community-based interventions with Roma population

- ✓ Higher level of involvement of the communities is necessary in order to **mobilize** their **inner resources** and to trigger the process of change.
- ✓ **To understand the community norms before** starting the intervention. The **needs of the community have to be identified and met.** .
- ✓ To involve members of the community in the **planning and implementation** of the intervention as **co-agents** (peer educators, leaders, mediators and peer researchers)
- ✓ To **gain the trust**
- ✓ **Long-term planning** (available funds and resources to guarantee sustainability)
- ✓ **Broader concept of health promotion** (paying attention to legal, social and cultural factor)

Antonova R, Lex S, Vassileva S, Salman R, Kalikov J, Blumberg S, Gangarova T, von Unger H, Dreezens-Fuhrke J. (2012). From Culturally Sensitive to Community-Based A Practical Manual on Effective Models of Participatory Community-Based HIV/STI Prevention in Migrants/Ethnic Minorities. Health and Social Development Foundation.

Activity:
Strategies for Improving Access to Health Care for Ethnic Minority Population

- Presentation of the methodology
- In small groups
  - ✓ Strategies for improving access to health care for ethnic minority population groups in your region / country.
  - ✓ Prioritization of strategies.
- In plenary
  - ✓ Summary of small group results.
  - ✓ Group discussion.



Thank you and questions ...

Pictures: Andalusian Childhood Observatory (OIA, Observatorio de la Infancia de Andalucía) 2014; Josefa Marín Vega 2014; RedIsir 2014; Morguefile 2014.

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Migrants & Ethnic Minorities Training Packages

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