



UNIVERSITY OF PÉCS MEDICAL SCHOOL
MIGRANT HEALTH PROGRAMS



Hungary and Roma experiences

Prof. Dr. István Szilárd

University of Pécs, Medical School, Hungary

'THE ROLE OF PHYSICIANS AND NATIONAL MEDICAL ASSOCIATIONS IN
ADDRESSING THE SOCIAL DETERMINANTS OF HEALTH AND HEALTH EQUITY'
Global Symposium

BMA House, London – 24-25 March 2015

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Overview

- **General introduction of the health conditions of the Roma population in Hungary**
- **The need for health promotion interventions for Roma communities**
- **University of Pécs endowers in building human resource capacity in this field**
- **The message of WHO Europe and University of Pécs joint European-level Expert Symposium on Healthy Ageing of Roma Communities**



© Zoltan Balogh:
Children in a poor district in Budapest, Hungary, 2007
http://www.who.int/social_determinants/en/



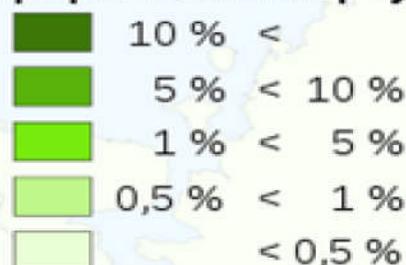
Les Roms en Europe en 2007

Estimation haute
Total : 9 175 000

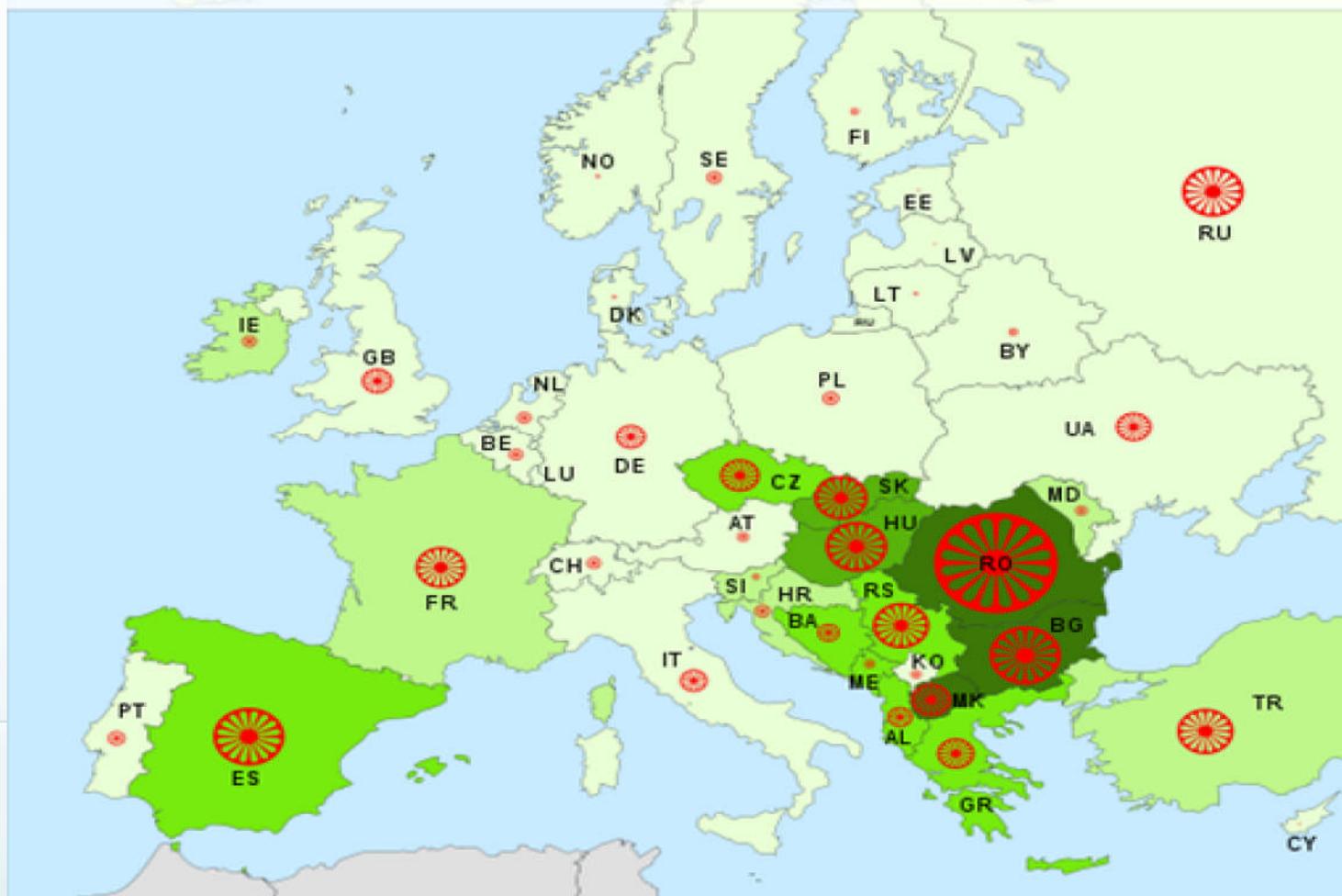
Nombre de Roms par pays (en milliers)



Part des Roms dans la population des pays



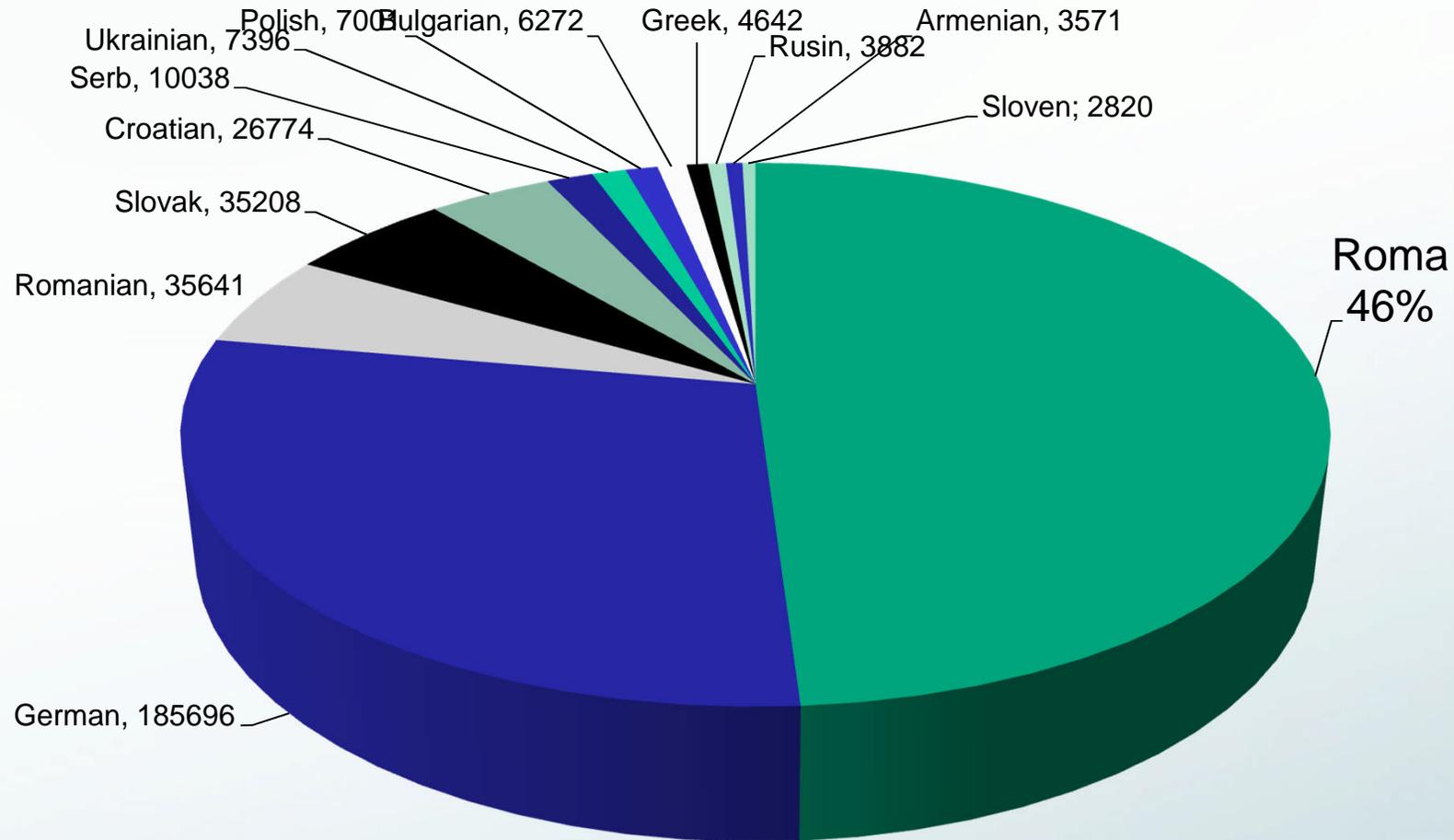
AL	Albanie	100 000
AT	Autriche	25 000
BA	Bosnie-Herzégovine	80 000
BE	Belgique	35 000
BG	Bulgarie	800 000
BY	Biélorussie	15 000
CH	Suisse	35 000
CY	Chypre	1 500
CZ	Tchéquie	250 000
DE	Allemagne	140 000
DK	Danemark	4 000
EE	Estonie	1 500
ES	Espagne	800 000
FI	Finlande	12 000
FR	France	400 000
GB	Royaume-Uni	150 000
GR	Grèce	220 000
HR	Croatie	40 000
HU	Hongrie	600 000
IE	Irlande	35 000
IT	Italie	120 000
KO	Kosovo	20 000
LT	Lituanie	4 000
LU	Luxembourg	150
LV	Lettonie	8 000
MD	Moldavie	25 000
ME	Monténégro	20 000
MK	Macédoine	250 000
NL	Pays-Bas	35 000
NO	Norvège	4 000
PL	Pologne	45 000
PT	Portugal	50 000
RO	Roumanie	2 400 000
RS	Serbie	500 000
RU	Russie	600 000
SE	Suède	40 000
SI	Slovénie	10 000
SK	Slovaquie	450 000
TR	Turquie	500 000
UA	Ukraine	200 000



Country	Total population (World Bank 2010)	Official number (self-declared)	Census year	Minimum estimate	Maximum estimate	Average estimate (CoE used figure)	Average estimate as a % of total population
<i>Romania</i>	21,442,012	619,007	2011	1,200,000	2,500,000	1,850,000	8.63%
<i>Bulgaria</i>	7,543,325	325,343	2011	700,000	800,000	750,000	9.94%
<i>Hungary</i>	10,008,703	190,046	2001	500,000	1,000,000	750,000	7.49%
<i>Spain</i>	46,081,574	No data available		500,000	1,000,000	750,000	1.63%
<i>Slovak Republic</i>	5,433,456	89,920	2001	380,000	600,000	490,000	9.02%
<i>France</i>	64,876,618	No data available		300,000	500,000	400,000	0.62%
<i>United Kingdom</i>	62,218,761	No data available		150,000	300,000	225,000	0.36%
<i>Czech Republic</i>	10,525,090	11,718	2001	150,000	250,000	200,000	1.90%
<i>Greece</i>	11,319,048	No data available		50,000	300,000	175,000	1.55%
<i>Italy</i>	60,483,521	No data available		120,000	180,000	150,000	0.25%
<i>Germany</i>	81,702,329	No data available		70,000	140,000	105,000	0.13%
<i>Portugal</i>	10,642,841	No data available		34,000	70,000	52,000	0.49%
<i>Sweden</i>	9,379,116	No data available		35,000	65,000	50,000	0.53%
<i>the Netherlands</i>	16,612,213	No data available		32,000	48,000	40,000	0.24%
<i>Ireland</i>	4,481,430	22,435	2006	32,000	43,000	37,500	0.84%
<i>Austria</i>	8,384,745	6,273	2001	20,000	50,000	35,000	0.42%
<i>Poland</i>	38,187,488	12,731	2002	15,000	50,000	32,500	0.09%
<i>Belgium</i>	10,879,159	No data available		20,000	40,000	30,000	0.28%
<i>Latvia</i>	2,242,916	8,517	2011	9,000	16,000	12,500	0.56%
<i>Finland</i>	5,363,624	No data available		10,000	12,000	11,000	0.21%
<i>Slovenia</i>	2,052,821	3,246	2002	7,000	10,000	8,500	0.41%
<i>Lithuania</i>	3,320,656	2,571	2001	2,000	4,000	3,000	0.09%
<i>Denmark</i>	5,544,139	No data available		1,000	4,000	2,500	0.05%
<i>Cyprus</i>	1,103,647	502	1960	1,000	1,500	1,250	0.11%
<i>Estonia</i>	1,339,646	584	2009	600	1,500	1,050	0.08%
<i>Luxembourg</i>	505,831	No data available		100	500	300	0.06%
<i>Malta</i>	412,961	No data available		0	0	0	0.00%
Total in Ewope	502,087,670	1,292,893		4,338,700	7,985,500	6,162,100	1.36%
European Union (27)	502,087,670	1,292,893		4,338,700	7,985,500	6,162,100	1.18%



Roma are the largest minority in Hungary



Source: Central Statistical Office, 2011



Roma people related health concerns

Most Roma people face gross inequities in health and health care across Europe. Evidence shows poorer health and higher rates of illness and mortality among Roma than in majority populations. Poverty, segregation and communication barriers have been documented as the main factors preventing Roma from equitable access to health care and enforcement of their right to health. This situation is observed at both individual and community levels.



Limitations of fact based health concerns interpretation on Roma in Hungary

- **There is no countrywide systematic data collection on an ethnic bases**
- **Ethnicity is not present in health-care databases**
- **Data on the health status of minorities is based on isolated studies with different design, sample size, quality, etc.**
- **Recently, a few representative studies have been performed, as well**



Some examples only

- **Life expectancy at birth:**
 - **Shorter with 15 – 20 years**
 - **higher rates of infant mortality**
 - **Increased risk for some infectious diseases (e.g.: Hepatitis B)**
 - **Increased risk for noninfectious, health behaviour determined diseases, like CV, type2 Diabetes;**

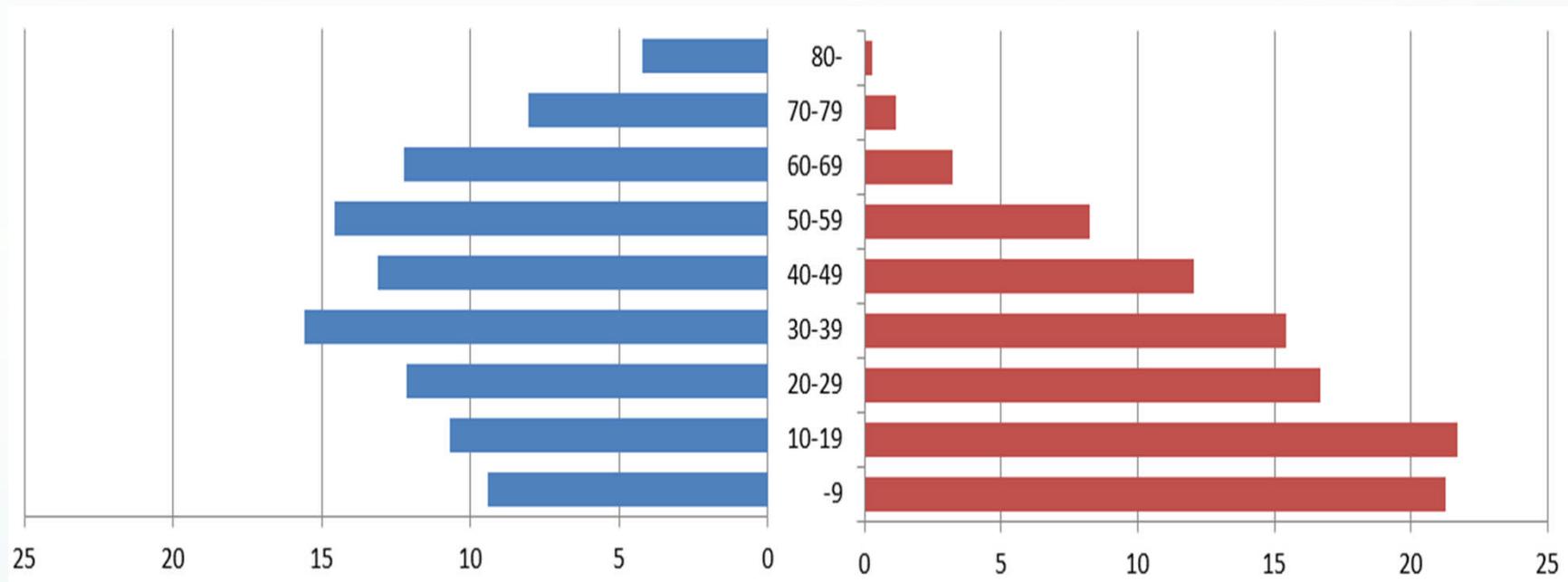
While =>

WHO and EU current health strategy is focusing on:

- **health inequalities and their social and cultural determinants, not speaking about EU Healthy ageing by 2020 program**



Age pyramide: Hungarian total and the Roma minorities

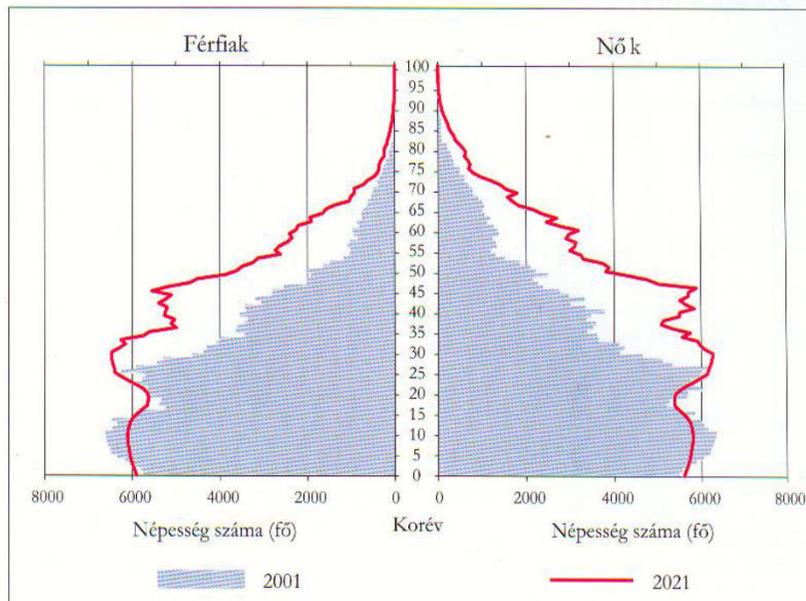




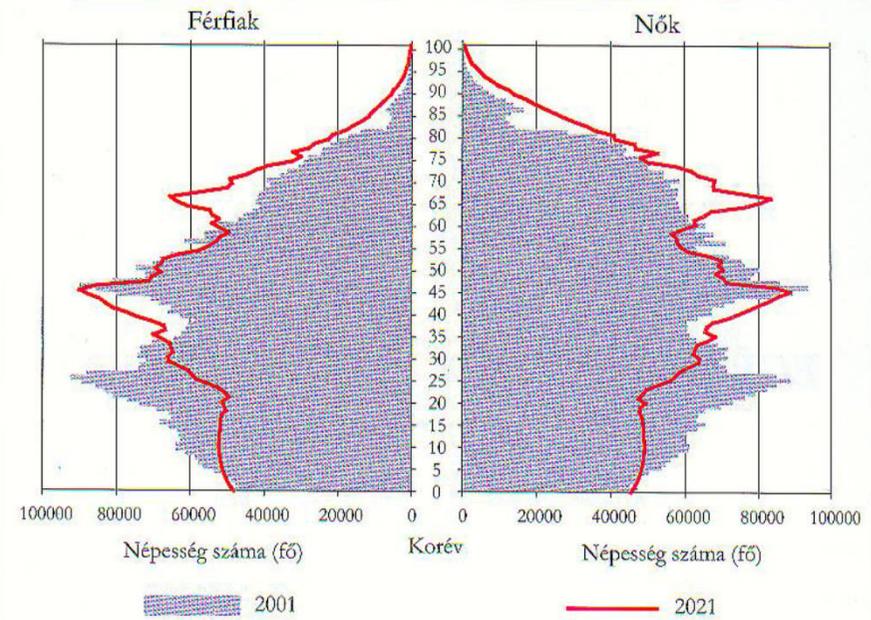
Forecasted changes of the age pyramid of the Roma and non Roma population in Hungary between 2001 - 2021

NEJ2004 – Szakértői Változat

A roma rész népesség korpiramisa, 2001, 2021



Magyarország népességének korpiramisa, 2001, 2021





Reported attitudes toward Romas in different levels of health-care

Hospital, outpatient care

Strongly discriminative 11.6 %

Discriminative 13.4 %

General practitioner

Strongly discriminative 6.4 %

Discriminative 20.0 %

DELPHOI
CONSULTING



Discrimination related to health service use (% of participants reporting discrimination)

	Roma	General population	General population, lowest income quartile
30-44 years	35 %	4.4 %	6.7 %

69 % of them attributed it to ethnicity or skin color, 18 % to social status



Comparison between Roma and non-Roma mothers of low birthweight and preterm newborns

	Roma (%)	Non-Roma (%)
Smoking during pregnancy	47.3	12.8
Environmental tobacco smoke exposure	77.1	35.3
Age (years)	24.2	29.3
Eating fresh fruits every day	48.0	79.2
Underweight	22.5	10.8
Living in deep poverty	86.3	27.6



Health determinants

Birth outcomes in the Roma and non-Roma infants.

	Non-Roma (n = 8938)	Roma (n = 1388)	p-value
Birth weight, g, mean (SD)	33442 (483)	2970 (522)	< 0.001
Gestational age, weeks, mean (SD)	39.6 (1.5)	38.7 (2.0)	< 0.001
Low birth weight (< 2500 g) (%)	3.6%	14.1%	< 0.001
Preterm birth (< 37 weeks) (%)	3.9%	9.9%	< 0.001
IUGR (< 10 th percentile)(%)	8.9%	22.2%	< 0.001

Bobak et al. BMC Public Health 2005 5:106 doi:10.1186/1471-2458-5-106



Available online at www.sciencedirect.com



Diabetes Research and Clinical Practice 62 (2003) 95–103

www.elsevier.com/locate/diabres

DIABETES RESEARCH
AND
CLINICAL PRACTICE

Higher prevalence of type 2 diabetes, metabolic syndrome and cardiovascular diseases in gypsies than in non-gypsies in Slovakia

Barbora Vozarova de Courten^{a,b,*}, Maximilian de Courten^c,
Robert L. Hanson^a, Alena Zahorakova^d, Henry P. Egyenes^d,
P. Antonio Tataranni^a, Peter H. Bennett^a, Juraj Vozar^d

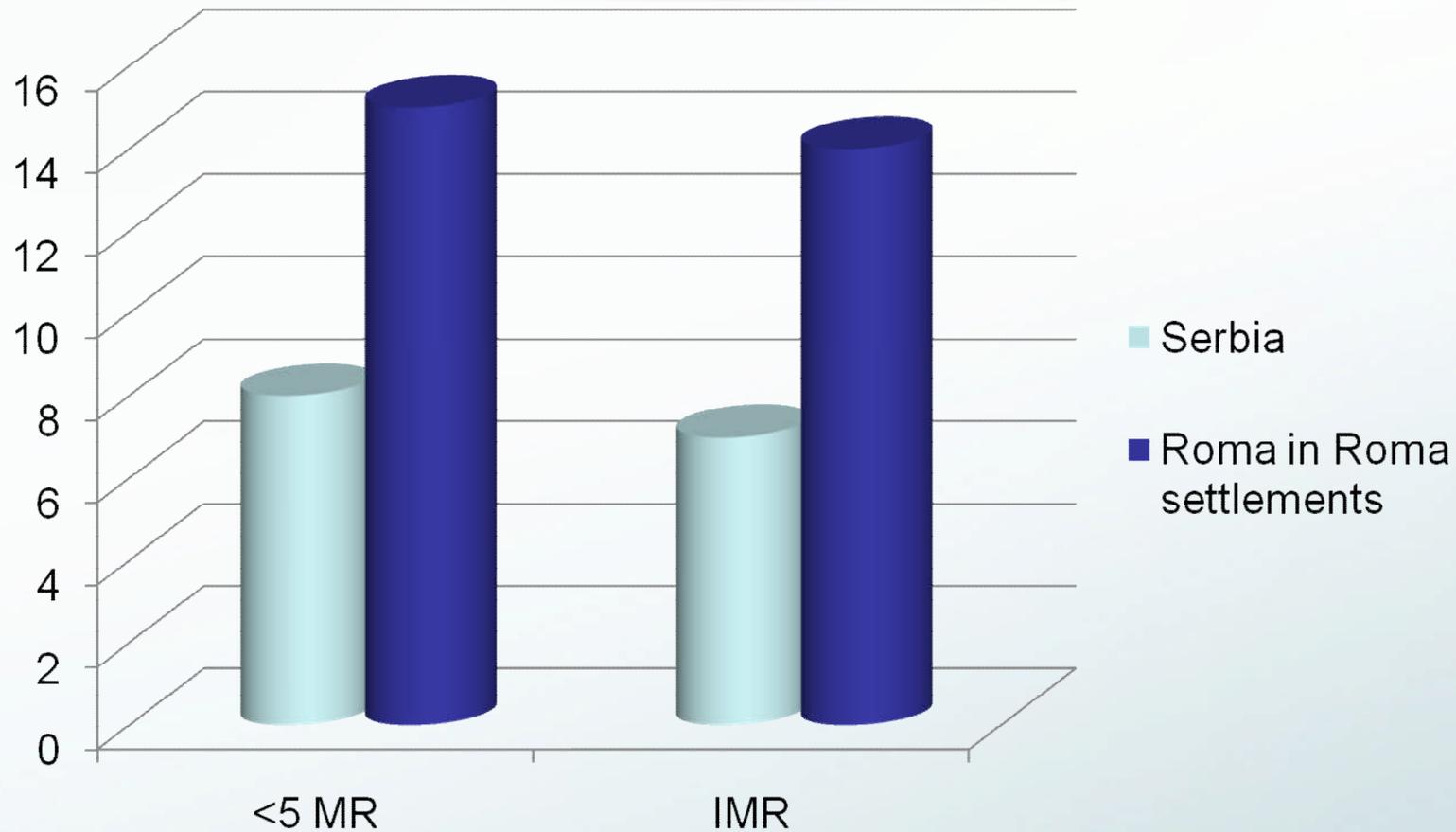


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Differences in under-five and infant mortality rate in Serbia

Source: MICS, Serbia 2012





While there is still a lack of comprehensive data on the health status of the Roma minority, certain statements can be made:

- **Average age and life expectancy of the Roma minority is significantly below the average**
- **Several diseases occur more frequently among Roma people than in the majority population**
- **Primarily not genetic factors are responsible for the bad health status of the Roma minority in Hungary**
- **There is a high prevalence of several lifestyle- and environmental risk factors in the Roma population**
- **There is an inequality in the access to health care, and discrimination is present in the health care system**
- **Socioeconomic factors do not seem to completely explain the Roma/non-Roma health differences**



Complexity of physical, environmental and social determinants of health

In addition to physical health problems, there is ***insufficient awareness*** of health issues (both physical and mental), **underdeveloped health literacy** among the Sinti & Roma, with preventive care or behaviour often completely ignored and health education/ health promotion non-existent.



WHO 2020 Strategy

***Health 2020 aim* - To significantly improve health and well-being of populations, to reduce health inequities and to ensure sustainable people-centred health systems.**

Improving the health of Roma and other socially excluded populations is strongly emphasized in the new European policy framework for health and well-being (Health 2020)



www.romahealthnet.org



ENGLISH



MAGYAR



ROMANI



BĀJĀS



RomaHealth
Network



OPEN SOCIETY
FOUNDATIONS



NEWS ▾

DATABASE

EVENTS

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ORGANIZATIONS

FORUM

CONTACT

NEWS

Changing the Narrative on Roma in the Context of Healthcare - Seminar Announcement

The Open Society Foundation's Health Media Initiative (HMI) is pleased to invite you to apply to participate in a special seminar on **Changing the Narrative on Roma in the Context of Healthcare**, to be held from October 26 to 31 at Schloss Arenberg in Salzburg, Austria. The seminar will be given in **English**.

The seminar will draw upon recent research undertaken on the attitudes of healthcare professionals towards Roma, as well as on the health rights of Roma in central Europe.

The seminar will also draw upon expertise in the emerging field of Narrative Medicine, which looks at the way in which narratives shape patients' experience of ill health and of the health care system, and can either encourage or stand in the way of empathy and understanding between clinician and patient. Through participatory exercises, participants will look at ways in which language used and stories told by health care workers shape and influence the way that Roma people are treated within and experience the health care system. Participants will learn about what recent communication research tells us about how to go about changing attitudes. Seminar attendees will also discuss the concept of human rights in patient care, and the responsibility this places on both patients and healthcare providers. As a group, we will begin to plot a way forward towards transforming narratives about Roma in the context of healthcare.

The format of the seminar will include both plenary and interactive workshop sessions.

SEARCH

GO

DATABASE

Sociology

Demography

Human Rights

Health / Epidemiology

Lifestyle / Prevention

Methodological Aspects



Healthy Ageing of Roma Communities: Endowers – Realities – Perspectives 27-29, October, 2014, Pécs, Hungary





PÉCS DECLARATION ON HEALTHY AGEING OF ROMA COMMUNITIES

We, the participants in the European-level Expert Symposium **Healthy Ageing of Roma Communities: Endowers – Realities – Perspectives**, organized by the University of Pécs Medical School, Hungary in cooperation with the WHO Regional Office for Europe and sponsored by the Hungarian State Secretariat for Social Affairs and Social Inclusion, held in Pécs on 27–29 October 2014, hereby endorse the following statement.

<http://www.euro.who.int/en/health-topics/health-determinants/roma-health/news/news/2014/11/european-experts-adopt-declaration-on-healthy-ageing-of-roma-communities>



PÉCS DECLARATION ON HEALTHY AGEING OF ROMA COMMUNITIES



- ❖ combat all forms of discrimination in health systems (direct and indirect, individual and institutional);
- ❖ develop mainstream policies at the national and local community levels that take into account diversity and counter discrimination and exclusion;
- ❖ remove administrative, financial and geographical barriers impeding access to health services;
- ❖ empower the Roma community to participate in all policy developments and their implementation;
- ❖ improve health literacy and health promotion for Roma communities;
- ❖ ensure that the training of workers in health and social services equips them with the knowledge, attitudes and skills necessary for coping with the diversity of service users;
- ❖ facilitate the visibility of older Roma in policy-making and research, which is gender-sensitive and multidisciplinary; and
- ❖ support nongovernmental organizations and Roma task groups that strive for better living conditions and health for the older Roma population



ROMA COMMUNITY HEALTH MENTOR TRAINING

Workshop on Roma Community Health Assistant training

Beremend, 9-10, May 2014





STRUCTURE OF THE ROMA COMMUNITY HEALTH MENTOR TRAINING PROGRAM

Period of the training program

- Theoretical lectures: 180 Contact Hours
 - of those practicals: 54 Hours
- Field work: 120 Hours
- TOTAL: 300 ConHrs



Training Modules (each lasts for 1-week)

1. Roma culture and history, Romas in Europe and in Hungary
2. Determinants of health and disease
3. Theory and practice of health education and health promotion
4. Community development, behavioural aspects of leading a community
5. Methods and practice of psychosocial assistance, conflict-management
6. The structure and functioning of the health care system in Hungary, health insurance, rights and duties concerning health care in Hungary



Thank you for your attention!

