Reports on the health status of the Roma population in the EU and the monitoring of data collection in the area of Roma health in the Member States

Meeting of the EU Expert Group on Social Determinants and Health Inequalities

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Presentation outline

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Project objectives

- Preparing a report assessing the **health status** and health-related lifestyle attributes of the **Roma population**, with a particular focus on countries with large Roma populations (CZ, SK, HR, HU, BG, RO, GR, and ES) and on health status of the migrant Roma (particularly in FR, UK, IT).

- Providing a report on **Member States' current and future activities in data collection** and development of specific surveys aiming to monitor the progress in the implementation of the National Roma Inclusion Strategies in the area of health.

Research methods

Work Package 1:
31 Country report drafts

Work Package 2:
A Delphi survey with practitioners, policy makers and civil society stakeholders

Semi-structured interviews supported both WPs

The project's health indicators

1. Mortality and life expectancy
2. Prevalence of major infectious diseases
3. Healthy lifestyles and related behaviours
4. Access and use of health services and prevention programmes
5. Prevalence of major chronic disease
6. Health factors related to the role of women in Roma communities
7. Environmental & other socioeconomic factors

Research challenges

Lack of comprehensive data, lack of comparable data

- *Although sufficient data on Roma exist to evidence social and economic exclusion, and poor health, there are vast gaps in Roma health data.*
- *Lack of comparable data between Roma and non-Roma populations are not systematically collected and data are partly old, patchy and does not allow for extrapolation.*
- *There are also indications that not all data collected are fully utilised.*

Favourable factors

- *Exchange of data and verification by grassroots organisations and NGOs.*
- *Commitment of Roma organisations to the objectives of the study.*
- *The importance of small-scale studies alongside international surveys.*

Project findings WP1

Mortality and life expectancy

Data: The most common data source for this indicator is the Council of Europe. There is very limited national data, limited regional data and most data are based upon estimates.

Health: There is an average ten-year difference in life expectancy between Roma and non-Roma with broad consistency regarding gender differences. The study can confirm that there is evidence of links between social conditions and life expectancy which are also highlighted in the 2013 Commission report on Health inequalities.

Change in trends: Recent evidence of a fall in birth rates for Roma could suggest change in social trends within Roma populations.

Project findings WP1

Prevalence of major infectious diseases

Data: Across the indicator, there is a lack of comprehensive and comparable data on infectious diseases (Hepatitis A, B and C, HIV/Aids, Measles, and Tuberculosis), however there is sufficient data to show that despite the Roma population being a heterogeneous population, they are disproportionately affected by communicable diseases.

Similarly, there is a lack of data on immunisation levels. However where data are available, the Roma population, with a few exceptions, tend to have lower or much lower vaccination rates. This is particularly true for migrant Roma. Hungary and the Czech Republic (children) have both achieved high immunisation rates for their Roma communities.

Health: Available data demonstrates higher prevalence of infectious diseases among Roma, a trend which is most visible in segregated and migrant Roma communities.

Change in trends: Evidence of a shift in policy focus within Member States from infectious disease to chronic conditions.

Project findings WP1

Healthy life styles and related behaviours

Data: The most amount of data can be found on smoking prevalence. Notable lack of mental health studies on Roma and non-Roma. There are social determinants links (poor diet, stress and low incomes).

Health: Smoking prevalence levels consistently higher than non-Roma communities. Alcohol consumption appear to be of variable risk to Roma communities. More generally, the FRA/UNDP surveys suggest that the real health problems of Roma are only perceived once they reach acute forms.

Change in trends: No major trends uncovered.

Project findings WP1

Access and use of health services and prevention programmes

Data: Numerous barriers to health care exist across the majority of countries. However, small-scale studies provide contradictory evidence regarding levels of access and type of access which discounts the ability to make generalisations.

Health: Barriers identified in this study have been evidenced in other studies too and they are largely linked to social exclusion factors.

Change in trends: There is evidence that the economic crisis is disproportionately impacting on the Roma population's access to health care.

Project findings WP1

Prevalence of major chronic diseases

Data: Demographic trends such as a younger population and higher mortality rates mask significantly higher levels of a range of chronic diseases amongst Roma.

Health: A range of small scale studies highlight dramatically higher chronic ill health amongst Roma across a range of European countries (including FI, ES, the UK).

There are strong and widespread links between chronic ill health and living conditions.

Change in trends: A number of studies again highlight the disproportionate impact of the economic crisis on Roma populations.

Project findings WP1

Health factors related to the role of women in the Roma community

Data: Data tends to be anecdotal or stem from international surveys (the FRA/UNDP).

Health: Available data and small-scale studies both highlight a range of additional barriers to improved health amongst Roma women. Poor maternal health is a particular risk for Roma women. Spain provided a single example of how the position of Roma women had improved as a result in part of lower birth rates.

Change in trends: Mediation programmes appear to offer a potentially effective means to engage with Roma women about health issues.

Project findings WP1

Environmental and other socio-economic factors

Data: European institutions publish the most comprehensive data on environmental and other socio-economic factors.

Health: The housing situation of Roma families is worse than the housing situation of non-Roma citizens.

Roma usually have a lower level of education than non-Roma. Roma women usually have a lower level of education than Roma men.

In all Member States that have statistics on employment, unemployment rates of Roma are higher than those of non-Roma.

Change in trends: No trends uncovered.

Project findings WP2 I

Findings: current and future activities in data collection aiming to monitor the progress in the implementation of the NRIS

- National collection of data is normally organised through a bottom–up system with regional and local authorities gathering data which are then aggregated nationally.

- Timeliness and comparability of data collected are the two foremost concerns raised by survey respondents.

- The use of surveys have to some extent overcome the deficiencies in disaggregated data by providing data on ethnic minorities. The role of local institutions and NGOs has been essential to implement actions to collect data.

Project findings WP2 II

Findings: current and future activities in data collection aiming to monitor the progress in the implementation of the NRIS

- The survey results confirm issues previously raised regarding (a general lack of) monitoring systems and limited Roma stakeholder involvement.

- In 12 countries institutions at domestic central level have carried out quantitative studies to monitor Roma health that might constitute a starting point to evaluate and monitoring the national strategy for Roma in the future.

- The need to establish a robust and consistent European baseline has been reinforced by this study.

Next steps

- Comments welcome from the EU Expert Group on Health Inequalities

- Final report due in December

Thank you

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