

ROMA AND EU FUNDS GRANT PROPOSAL

PROJECT SUMMARY

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| Lead/Implementing organization: | University of Sevilla |
| Partner organization(s): | Fakali |
| Title of the project: | A Multi-Level Advocacy Framework to Implement the NRIS' Health Component in At-risk Local Contexts in Spain |
| Location of project: | Spain |
| Lead organization contact: | University of Sevilla |
| Project contact: | +34 954 55 78 08, magarcia@us.es |
| Project period: | 09/01/2016 – 09/01/2018 |
| Total project budget: | 129,259 USD |
| Grant amount requested: | 129,259 USD |
| Priority area: | PRIORITY AREA 1: Advocating for the improved absorption of EU assistance in order to support inclusive reforms at the institutional and systemic levels and to bring meaningful changes to the lives of Roma. Partnerships and participation. |
| Advocacy target(s): | At-risk Roma neighbors, health professionals, organizational managers, policymakers, Roma NGOs |

Executive Summary

This project seeks to promote advocacy processes among multiple levels and stakeholders—policymakers, health professionals, organizational managers, Roma NGOs and Roma neighbors—to ensure the implementation of the National Roma Integration Strategies-Health component (NRIS-H) in at-risk local contexts with a high Roma population. To achieve this, the first objective is to map Roma sensitivity, accessibility and connectivity of health assets and resources in at-risk local contexts. The second and third objectives aim is to build NRIS-H advocacy capacity among health professionals and managers and Roma neighbors. Both advocacy groups will respectively redefine needs and actions in line with the NRIS-H, and propel transformative changes within their organizations and communities. The fourth objective pursues to achieve and sustain NRIS-H implementation by building stakeholder partnerships where health organization and community advocacy groups come together in a position of equality to confront institutional discrimination, allowing for systems change to occur. In order to measure the fair implementation of the NRIS-H, the fifth objective seeks to develop evaluation processes that assess the success of the implemented advocacy processes, assuring accountability. The sixth objective is to disseminate project findings at local and European levels.

Problem/Issue Definition and Analysis

The lack of engagement and influence of the Roma population has been identified as a key challenge to overcome the health inequities suffered by them. In this direction, the European Commission developed a framework for National Roma Integration Strategies-Health component (NRIS-H) to ensure that Roma would benefit from the Health 2020 agenda¹. Within this framework, the health domain is understood not only in regard to healthcare but also to environmental, occupational, housing, and personal health and wellbeing. To achieve the NRIS-H's goals, member states committed to complement and reinforce the EU's equality legislation by monitoring, sharing and strengthening Roma approaches in policies, as well as to create networks led by Roma to promote local health governance. Governance for health allows assessing power asymmetries in "the distribution of economic, intellectual, normative, and political resources" and its effect on health².

Despite these efforts, in 2014, the latest Spanish survey comparing non-Roma and Roma's health show that the health status of the latter remains virtually unchanged, thus maintaining a significant gap in regard to the large society³. Some of the reasons for this lack of policy impact are due to the lack of engagement of Roma in the development and implementation of policies and actions. As a consequence, there exist a low implementation of agreed measures, scarce resources and the inadequate use of funds, as well as deficient support, commitment of institutions and stakeholders involved⁴.

Amidst this landscape, the 9th meeting of the EU Platform for Roma Inclusion in 2015⁵ offered an ideal framework for achieving change in ensuring the effective implementation of the NRIS-H at local levels. The Spanish NRIS-H and its Operational Plan are in line with the conclusions of this meeting^{6,7}. By setting up multi-stakeholders platforms at local level, policy advocacy is promoted through building effective partnerships between local, national and European actors to develop evidence- and narrative-based policies, practices and tools. Advocacy processes are required as organized attempts to transformative change policies, practices and attitudes by presenting arguments for how and why change should happen^{8,9}. Strengthening advocacy processes in Roma health governance would ensure the implementation of the NRIS-H by (a) adopting a strong commitment to intersectional—in regard to gender—and intersectoral approaches and locally-oriented policies and actions, (b) releasing and building collaborative capacity between stakeholder partnerships, (c) ensuring sustainability through transparent monitoring and empowering evaluation, and (d) dismantling systemic and institutional discrimination. Advocators are key figures at multiple levels, not only among Roma but also among professionals within health organizations and policy-makers.

¹ European Commission (2011). An EU Framework for National Roma Integration Strategies up to 2020. Retrieved from: <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52011DC0173&from=en>

² Ottersen, O.P. et al., (2014). The political origins of health inequity: Prospects for change. *The Lancet*, 383, 630-667.

³ La Parra and Gil-González (2015). Sastipen Aj Rroma Encuesta Nacional de Salud a Población Gitana 2013-2014. Desigualdades en salud. Retrieved from: http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/Presentacion_DanielLaParra_DianaGil.pdf

⁴ Open Society Foundations (2011). *Roma health mediators. Successes and challenges*. Retrieved from <https://www.opensocietyfoundations.org/sites/default/files/roma-health-mediators-2011022.pdf>

⁵ European Commission (2015). European Platform for Roma Inclusion 2015: The Way Forward http://ec.europa.eu/justice/events/roma-platform-2015/files/romaplatform2015report_en.pdf

⁶ Ministerio de Sanidad, Política Social e Igualdad (2012). *National Roma Integration Strategy in Spain 2012-2020*. Available from: http://ec.europa.eu/justice/discrimination/files/roma_spain_strategy_en.pdf

⁷ Ministerio de Sanidad, Política Social e Igualdad (2014). *Estrategia Nacional para la Inclusión de la Población Gitana 2012-2020: Plan Operativo 2014-2016* <http://www.msssi.gob.es/ssi/familiasInfancia/inclusionSocial/poblacionGitana/docs/PlanOperativoPoblacionGitana2014-2016.pdf>

⁸ Aicher, R., Napier, F., & Pickard, R. (2010). *Evidence, messages, change! An introductory guide to successful advocacy*. Open Society Foundations. Retrieved from <https://www.opensocietyfoundations.org/sites/default/files/guide-to-successful-advocacy-20100101.pdf>

⁹ Nelson, G. (2013). Community Psychology and Transformative Policy Change in the Neo-liberal Era. *American Journal of Community Psychology*, 52:211-223.

This project will be implemented in the Healthcare District Sevilla in Seville, Spain, in three at-risk local contexts with high Roma population: Torreblanca de los Caños, Polígono Sur-Las Vegas and Polígono Norte-El Vacie. All of them share a location on the outskirts of the city and are characterized for self-built houses or shanties, high levels of illiteracy, and high rates of school drop-outs, unemployment and underemployment. These unfair living conditions have consequences for Roma's health. They have a life expectancy 10 to 15 years lower than non-Roma population, high rates of silent and chronic diseases (e.g., diabetes, cardiovascular), obesity, worse sexual and reproductive health, deficient and unbalanced diet, high prevalence of mental health problems, etc.¹⁰ These oppressive circumstances feed the vicious circle of institutional and community discrimination that prevent them from accessing responsive health services or demanding an improvement of their social and health conditions.

Both CESPYPD and FAKALI have ample experience in advocating for ethnic minority populations at-risk of exclusion from a social determinants perspective. CESPYPD has worked for over a decade in advocacy and community empowerment processes with ethnic migrant minorities in the south of Spain¹¹, minorities with disabilities in the United States¹², as well as native minorities in Peruvian Amazons¹³. However, CESPYPD has limited experience working with the Roma population, working with Roma health policy evaluation and good practices. However, the support for Roma communities at risk of vulnerability is limited. Meanwhile, Fakali is an organization of Roma women university graduates, pioneers in implementing health advocacy processes within communities, especially health related issues with women and children. However, their capacity to disseminate and systematize their work is limited. Our partnership would unite scientific knowledge to tacit knowledge of the Roma community.

Definition of Project Objective(s)

The goal of this project is to build a University-Roma Community framework to promote advocacy processes among multiple stakeholders—health professionals, organizational managers and Roma neighbors—to ensure the implementation of the NRIS-H in at-risk local contexts through transformative policy changes. These changes will entail framing the problem, empowering and engaging all stakeholders, and the fair allocation of resources¹⁴. The following objectives include the strategic elements to achieve this initiative's goal (see Figure 1):

Objective 1. To map Roma sensitivity, accessibility and connectivity of health assets and resources in at-risk local contexts to ensure the NRIS-H implementation.

Objective 2. To build NRIS-H advocacy capacity among health professionals and organizational managers.

Objective 3. To build NRIS-H advocacy capacity among Roma neighbours.

Objective 4. To achieve and sustain NRIS-H implementation by building stakeholder partnerships.

¹⁰ La Parra, D. (2009). Hacia la equidad en salud: Estudio comparativo de las encuestas nacionales de salud a población gitana y población general de España, 2006. Ministerio de Sanidad y Fundación Secretariado Gitano

¹¹ Paloma, V., Garcia-Ramirez, M., de la Mata, M., & Association AMAL-Andaluz (2010). Acculturative integration, self and citizenship construction: The experience of Amal-Andaluz, a grassroots organization of Moroccan women in Andalusia. *International Journal of Intercultural Relations*, 34, 101–113

¹² Balcazar, F.E., Suarez-Balcazar, Y., Bibiana Adames, S., Keys, C.B., Garcia-Ramirez, M., & Paloma, V. (2012). A case study of liberation among Latino immigrant families who have children with disabilities. *American Journal of Community Psychology*, 49, 283–293. doi:10.1007/s10464-011-9447-9

¹³ León-Montoyda, G., Albar M.J, León-Larios F. (in press) Community Based Public Health Practicum in the Region of Amazon in Peru: A Student Experience. *Journal of Intervention and Prevention in the Community*.

¹⁴ Nelson, G. (2013). Community Psychology and Transformative Policy Change in the Neo-liberal Era. *American Journal of Community Psychology*, 52:211–223.

Objective 5. To develop evaluation processes on the fair implementation of the NRIS-H.

Objective 6. To disseminate the project results at local and European levels.

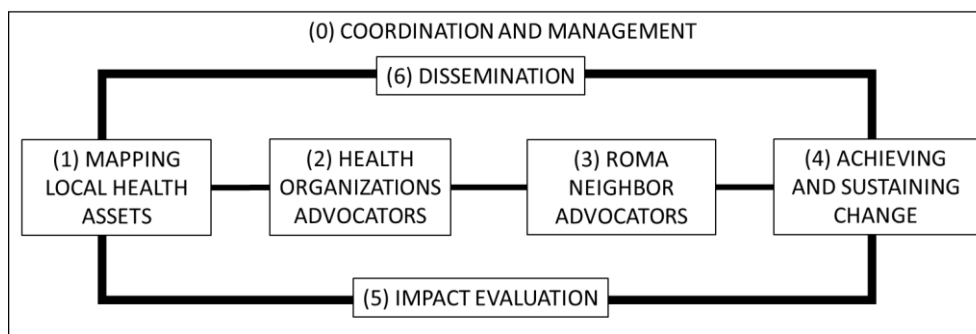


Figure 1. Advocacy model to ensure the NRIS-H implementation in at-risk local context

Description of Activities, Outcomes, and Their Impact

It is estimated that the duration of this project is two years (see Appendix 1)

Objective 0. Coordination and Management

Activities:

- Kick-off meeting with project members and key stakeholders.
- Development of literature reviews on relevant topics for the proposal (e.g., mapping, advocacy, equitable health standards, etc.)
- Monitoring meetings with project members and key stakeholders.
- Final meeting with project members and key stakeholders.
- Development of progress reports on the following dates: (1) 1st March 2017; (2) 1st September 2017; (3) 1st March 2018; and a final report (4) 1st October 2018

Objective 1. To map Roma sensitivity, accessibility and connectivity of health assets and resources in at-risk neighborhoods

It is imperative to know to which extent community assets and resources are sensitive to the specific health needs of the Roma population in order to improve the NRIS-H implementation in at-risk local contexts. Therefore, a tool will be developed to analyze the accessibility, sensitivity and connectivity of healthcare assets and resources towards the Roma.

Activities:

- Development of a tool to map, within the deeper tissue of at-risk local contexts, Roma sensitivity and accessibility of community assets, the use and access of Roma to these assets, and their connectivity to others assets. They include resources (e.g., services, public spaces), needs of Roma, pockets of marginality, key stakeholders (e.g., users of services, service providers, neighbors, policy-makers), organization and the neighborhood users of those services.
- Identification and contact with key stakeholders.
- Identification of resources through existing resource maps of local contexts.

- Three field visits to each local context.
- Interviews to 10 Roma and 10 non-Roma neighbors in each local context.
- Two focus groups with health professionals and managers to gather information in each local context.
- Creation of maps of local contexts as well as network analysis with the information collected¹⁵¹⁶.

Expected outcomes:

- A tool is developed to identify and evaluate Roma assets and resources in at-risk local contexts.
- Community assets are visualized on a virtual map that is flexible to change with new data throughout the process.
- Five health professionals and managers and 5 Roma neighbors are identified to participate in the advocacy group of each local context.

Objective 2. To build NRIS-H advocacy capacity among health professionals and organizational managers

Through the mapping, key health professionals and managers will be invited to create a Roma health advocacy group. Members will participate in weekly meetings that will propel changes within health organizations and will be the foundation to confront institutional discrimination. The training is based on a problem-based learning method¹⁷. This is an iterative and creative process where the content is based on dialogue, reflection and interactions among and between members, workshop facilitators and Roma mentors from FAKALI. This method promotes critical thinking and spaces for reflection, where participants are responsible to define complex problems in a group setting; thus ensuring that problem definitions are clearly identified from the Roma's perspective. Next, this method promotes capacities to act, step that requires the acquisition of necessary skills, such as advocacy mechanisms, in order to solve problems. Finally, actions are developed and implemented.

Activities:

- Invite 5 key health professionals and managers to be a part of an advocacy Roma health group in each local context.
- Development of an advocacy guideline for health professionals and managers to (a) raise awareness regarding the NRIS-H and Roma health; (b) assess and evaluate equity healthcare standards within the organizations; and (c) develop an action plan for the NRIS-H implementation within their organizations.
- Implementation of the advocacy process through 8-10 weekly meetings.

Expected outcomes:

- A guideline for NRIS-H advocacy capacity for health professionals and managers is developed.
- An advocacy Roma health group is organized in each health organization.
- Equity healthcare standards are ensured in health organizations.
- Changes in policies and practices are achieved within health organizations.

¹⁵Priebe, S., Matanov, A., Barros, H., Canavan, R., Gabor, E., Greacen, T., ...&Díaz-Olalla, J. M. (2012). Mental health-care provision for marginalized groups across Europe: findings from the PROMO study. *The European Journal of Public Health*, ckr214.

¹⁶Nicaise, P., Tulloch, S., Dubois, V., Matanov, A., Priebe, S., &Lorant, V. (2013). Using social network analysis for assessing mental health and social services inter-organisational collaboration: findings in deprived areas in Brussels and London. *Administration and Policy in Mental Health and Mental Health Services Research*, 40(4), 331-339.

¹⁷Hmelo, C. E., & Ferrari, M. (1997). The Problem-Based Learning Tutorial: Cultivating Higher Order Thinking Skills. *Journal for the Education of the Gifted*, 20(4), 401-22.

Objective 3. To build NRIS-H advocacy capacity among Roma neighbors

Similar to the above, 5 Roma neighbours will be invited to participate in an organized group for advocacy¹⁸. In order to be eligible to participate the neighbour must be (1) of Roma descent; (2) reside in the most excluded areas of the district (identified in mapping); (3) in previous contact with resources and institutions in the community; (4) demonstrate a capacity to lead and influence. The Roma neighbours' advocacy group will begin by participating in training workshops based on a problem-based learning method, following the same advocacy training of health professionals and managers in Objective 2¹⁹.

Activities:

- Invite 5 key Roma neighbors to be a part of an advocacy Roma health group in each local context.
- Development of an advocacy guideline for Roma neighbors.
- Implementation of the advocacy process through 8-10 weekly meetings.

Expected outcomes:

- A guideline for NRIS-H advocacy capacity for Roma neighbors is developed.
- An advocacy Roma health group is organized in each local context.
- Roma engagement in health governance is ensured in the local context.

Objective 4. To achieve and sustain the NRIS-H implementation by building stakeholder partnerships

After having reflected and discussed Roma health disparities separately, the caucus' objective is to consolidate common advocacy processes between both groups (Roma, health professional and managers) and to provide opportunities to discuss, plan, debate and solve problems embedded across multiple levels (community, organizations and policies) in positions of equality to confront institutional discrimination²⁰. This will entail analyzing common challenges from their own perspectives and committing themselves to implement shared solutions in regard to the NRIS-H.

Activities:

- Establishment of an advocacy caucus for Roma health in each local context composed of advocates from Roma neighborhoods and health organizations.
- Development of a guideline to work in the advocacy caucus.
- Development of 2-3 caucus workshops in each local context.

Expected outcomes:

- An advocacy caucus is established in each local context.
- An advocacy guideline is developed to work in the caucus.
- Realistic actions, protocols and policies that are sensitive to Roma needs within each local context redefined to ensure the NRIS-H implementation.

¹⁸Balcazar, F. E., Suarez-Balcazar, Y., Adames, S. B., Keys, C. B., García-Ramírez, M., & Paloma, V. (2012). A case study of liberation among Latino immigrant families who have children with disabilities. *American Journal of Community Psychology*, 49(1-2), 283-293.

¹⁹Hmelo, C. E., & Ferrari, M. (1997). The Problem-Based Learning Tutorial: Cultivating Higher Order Thinking Skills. *Journal for the Education of the Gifted*, 20(4), 401-22.

²⁰Griffith, D. M., Mason, M., Yonas, M., Eng, E., Jeffries, V., Plihcik, S., & Parks, B. (2007). Dismantling institutional racism: theory and action. *American journal of community psychology*, 39(3-4), 381-392.

Objective 5. To develop evaluation processes on the fair implementation of the NRIS-H

The success of these advocacy processes in the local implementation of the NRIS-H will be measured at three distinct times (month 6, month 13, month 20) through the following indicators:

- Number of connections between local health organizations.
- Number of new Roma users enrolled in health programs focused on NRIS-H targets
- Number of users accessing Roma health organizations
- Score obtained in the Standards for Roma Equity in Health Organizations.
- Satisfaction of service users.
- Number of health professionals and managers involved in advocacy processes.
- Number of Roma neighbors involved in advocacy processes.
- Number of new actions, protocols and policies focused on NRIS-H targets agreed and developed as a result of advocacy processes in organizations, neighborhoods, and caucuses.

Objective 6. To disseminate the project results at local and European levels.

Activities:

- Organization of a final project meeting with participants from the three local contexts to present results, share experiences and design future lines of action.
- Organization of a European workshop in Sevilla to disseminate the outcomes of the project and share experiences among participating countries in this Open Society Foundation's call for proposal.
- Participation in the 7th European Public Health Association Conference (EUPHA) in 2018.
- Publications of two scientific papers in international journals (e.g., *Health Policy, Health and Place, International Journal of Public Health*) and another one in a Spanish journal (e.g., *Gaceta Sanitaria, Revista Española de Salud Pública*).
- Publication of the advocacy guidelines for health professionals and managers, Roma neighbors and the caucus.
- Development of a cartographic viewer based on data gathered from developed network analysis tool.
- Disseminate results in the web-sites of CESPYPD, FAKALI and Open Society Foundation.

Implementing Organization, Partnerships, and Added Value

The project will be developed by a Spanish University-community partnership composed of CESPYPD-University of Sevilla and FAKALI which have an extensive history of collaboration.

The applicant, the Center of Community Research and Action at University of Sevilla (CESPYD, www.cespyd.es), has developed as national consultant the progress report on the implementation of the health branch of the NRIS-H in Spain from a multi-stakeholders perspective within the International Organization for Migration's project Equi-Health. This work allowed CESPYPD to be the promoter of the Roma Governance for Health Model and to develop a Roma health advocacy model based on grassroots organizations. Both models are now being piloted in the Equi-Health's follow-up case study on the Spanish NRIS-H' health component at a local context in Sevilla. Lessons learned from this pilot will be the starting point of the present initiative.

The Project Manager of this proposal is Prof. Dr. Manuel García-Ramírez, coordinator of CESPYPD (see CV in Appendix 2). Dr. García-Ramírez has continuously collaborated with the Center for Capacity Building on Minorities with Disabilities Research at University of Illinois at Chicago. As a result of this collaboration, he has developed an advocacy framework for Latino families living in

Chicago with children with disabilities²¹. Another remarkable outcome is the advocacy grassroots organization framework for Andalusian-Moroccan women²². Recently, he has also been a research member of the project “C2ME: Cultural Competence for Medical Education” funded by the Erasmus program, which objective was to increase cultural sensitivity of healthcare Universities staff and curricula. He is also a member of the task force “Standards for equity in health care for migrants and other vulnerable groups” funded by the Health Promoting Hospitals Network. Besides, he has participated in the COST Action ADAPT “Adapting European Health Systems to Diversity” and HOME “Health and social care for migrants and ethnic minorities in Europe”; both including sub-actions in Roma health.

The Consultant of University of Sevilla, Prof. Dr. María Jesús Albar, is also a member of CESPYPD and she has also participated in the research projects mentioned above (see CV in Appendix 3). Moreover, Dr. Albar has recently participated in an advocacy healthcare project with indigenous women in the Peruvian Amazonia²³. Between 1997 and 2011 she has been the responsible of the Research Unit at Hospital Macarena, which one of the missions was to advocate for the leadership of nurses in their work with minority populations²⁴.

The applicant partnership is also composed of FAKALI (www.fakali.org), a Roma community organization composed of 90% Roma women university graduates, which has been working for over a decade as advocates for full and equal development of Roma women. FAKALI participated as the expert organization in the Equi-Health progress report of the NRIS-H in Spain. Currently they are committed in developing actions to embed NRIS-H in local health policies in disenfranchised neighborhoods.

The FAKALI consultant, Maria Filigrana, is Vice President of the Association of University Roma Women of Andalusia, FAKALI (see CV in Appendix 4). Ms. Filigrana has a degree in Psychology and holds a Master in Social Science and Social Intervention. She is the project coordinator of ‘CADIAG program’, funded by the Department of Employment of the Andalusia Council under the European Social Funds. She is an expert in training of Roma people, with special attention to Roma girls to ensure they remain in school and continue to secondary school. She is responsible for a team of professionals who perform cultural, educational and family mediation in nearly all the cities of Andalusia. Finally, she is an advisor to the Education Commission of the State Council of the Roma and member of the advisory board of the Ministry of Health and Social Policy of the Spanish Government.

As added values, this initiative is proposed by a University-Roma Community partnership in which Roma women have an influential role. This kind of partnerships helps to overcome the lack of Roma women in lobbying health policies. Also, because this proposal addresses institutional discrimination through the implementation of equity standards in healthcare organizations, other minorities and other vulnerable groups will benefit from it, which responds to a challenge of European health systems in the current complex challenge of migrant flows.

²¹ Balcazar, F.E., Suarez-Balcazar, Y., Bibiana Adames, S., Keys, C.B., Garcia-Ramirez, M., & Paloma, V. (2012). A case study of liberation among Latino immigrant families who have children with disabilities. *American Journal of Community Psychology*, 49, 283-293. doi:10.1007/s10464-011-9447-9

²² Paloma, V., Garcia-Ramirez, M., de la Mata, M., & Association AMAL-Andaluza (2010). Acculturative integration, self and citizenship construction: The experience of Amal-Andaluza, a grassroots organization of Moroccan women in Andalusia. *International Journal of Intercultural Relations*, 34, 101-113

²³ León-Montoyda, G., Albar M.J., León-Larios F. (in press) Community Based Public Health Practicum in the Region of Amazon in Peru: A Student Experience. *Journal of Intervention and Prevention in the Community*.

²⁴ García-Ramírez, M., Hernández-Plaza, S., Albar, M.J., Luque-Ribelles, V., & Suárez-Balcázar, Y. (2012). Building healthcare stakeholder coalitions: A community psychology approach to user involvement for migrant populations. In David Ingleby, Antonio Chiarenza, Walter Devillé & Ioanna Kotsioni (Eds.) *Inequalities in health care for migrants and ethnic minorities*. Vol. 2. COST series on health and diversity. Antwerp/Apeldoorn : Garant.

Additionally, this proposal offers an added value to support the intersectoral view in the rest of the NRIS areas (housing, work and education) . Finally, our proposal will provide valid tools to ensure that people in at-risk contexts to benefit from the European Health 2020 agenda.