Overcoming Health Inequities of Hidden Roma from a Social Justice Perspective

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CESPYD – University of Seville

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Hidden, forgotten and silent





European Roma health inequities

HEALTH INEQUITIES

General

- Lower life expectancy (up to 15 years lower)
- Negative view of health
- Worse eye and ear health
- More accidents

Adults

- Silent diseases (cardiovascular, bone, joint and chronic diseases)
- Infectious diseases (TB, hepatitis and skin diseases)
- High prevalence of alcohol and drug abuse
- Mental disorders (x6)

Children

- Higher rate of infant mortality
- Low rate of vaccinations
- Low regular paediatric check-ups
- Malnutrition
- Inadequate child growth Women
- Obesity
- Low gynaecological prevention (early pregnancy)
- Mental health problems
- Teenage pregnancies

Hajioff, S., and McKee, M. (2000). The health of the Roma people: a review of the published literature. *Journal of Epidemiology and Community Health*, 54:864-869 Parekh, N., and Rose, T. (2011). Health inequalities of the Roma in Europe. *Central European Journal Public Health*, 19(3):139-42.



Objective

- To show how Roma suffer from health inequities due to their condition as hidden community.
- To present Liberation Psychology as a social justice alternative to this challenge.



Content

- The Roma: a sistematically hidden community
- The consequences of being hidden
- Unveiling the Roma from a social justice perspective
- The experience in Polígono Sur, Seville, Spain



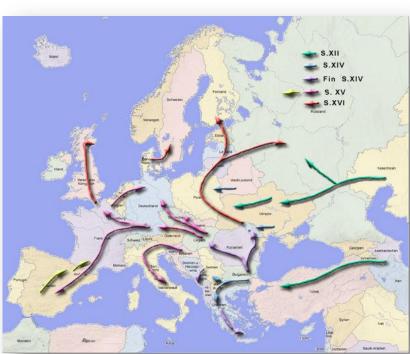
The Roma: A sistematically hidden community



A history of thriving against rejection





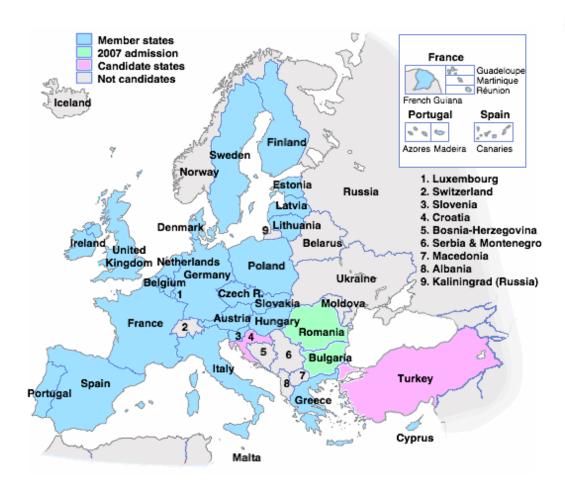






SCREAM

Nothing has changed





García-Ramírez, M. Escobar-Ballesta, M., & Lizana, T. (2015). Progress report of the implementation of the NRIS in the field of health in Spain. International Organization for Migrations. <u>https://publications.iom.int/es/system/files/pdf/nris_spain.pdf</u>

Viktor Orban, President of Hungary



Loved and hidden in Spain

The Roma are the main ethnic minority in Spain

Spanish population: 47,129,783 Estimated Roma: 700,000 – 900,000







Fundación FOESSA (2008). I Informe sobre la exclusión y desarrollo social en España. Madrid: FOESSA. García-Ramírez, M. Escobar-Ballesta, M., & Lizana, T. (2015). Progress report of the implementation of the NRIS in the field of health in Spain. International Organization for Migrations.



The consequences of being sistematically hidden



Consequences of being hidden - and hid

A mutual process that occurs in the Roma and non-Roma (us Vs. them)

- Homogenized social cohesion and sense of community
- Infrahumanized
- Invisible
- Target of stereotypes and legitimized myths
- Interiorized oppresion



Haslam, N., & Loughnan, S. (2014). Dehumanization and infrahumanization. *Annual review of psychology, 65,* 399-423. Kelly, J. G., Azelton, L. S., Burzette, R. G., & Mock, L. O. (1994). Creating social settings for diversity: An ecological thesis.



Health consequences for the hidden Roma



| Indicador | Datos 2006 (PG) (edad ajustada) | Datos 2014 (PG) (edad ajustada) | Mejor Salud (2006 vs 2014) | Reducción de la desigualdad en salud (PG vs población general) |
|--------------------------------|--|--|-------------------------------|--|
| ADULTOS | % | % | | |
| Autopercepción de salud | ď63.2 | ď65.3 | ೆ | ď |
| | Ŷ48.9 | \$55.5 | Ŷ | ç |
| Tabaco (consumidores) | ď51.6 | ď54.1 | ೆ | ਾ |
| Sobrepeso y Obesidad | Ŷ61.6 | Ŷ62.6 | ç | ç |
| Visitas ginecológicas | Ŷ24.4 | Ŷ16.4 | Ŷ | ę |
| NIÑOS | % | % | | |
| Sobrepeso y Obesidad | ď45.1 | ď58.5 | ೆ | ೆ |
| | Ŷ40.1 | Ŷ42.2 | ç | ç |
| Visitas al dentista (nunca) | ď17.4 | ď14.8 | ೆ | ď |
| | Ŷ10.5 | Ŷ11.8 | ç | ç |

Policies do not impact at local level since they cannot reach the most vulnerable Roma

La Parra, D. (2009). Towards Equity in Health: Comparative Study of National Health Surveys in the Roma Population and the General Population in Spain, 2006. MSSIS Ministerio de Sanidad, Servicios Sociales e Igualdad, DG Salud Pública. Segunda encuesta nacional de salud gitana, 2014. Madrid. 2016.



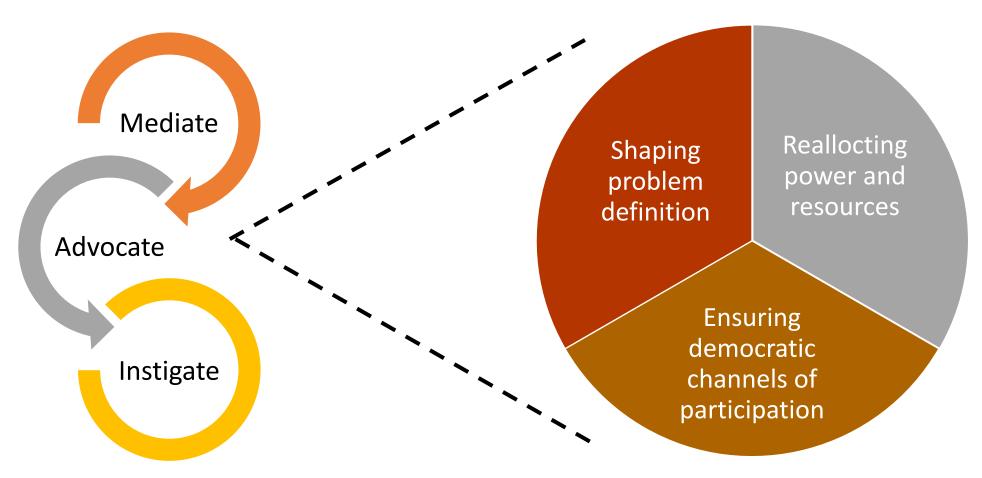




Liberation psychology

Giving the voice and power back to the the most silenced and invisible Roma so they can build their own vision of themselves, the world and their relationship with it outside from their hidden community.





Balcázar, Garate-Serafini & Keys (2004). The need for action when conducting intervention research: The multiple roles of community psychologists. American Journal of Community Psychology, 33, 243-54.

Nelson (2013). Community psychology and transformative policy change in the Neo-liberal era. American Journal of Community Psychology, 52, 211-223.



Identifying....

- > the mechanisms through which the Roma are hidden
- > the mechanisms to bring them to light



The experience in Polígono Sur, Seville, Spain



The district of Polígono Sur, Seville







A multilevel advocacy partnership





Assessing Roma responsiveness in local policies

> Are local policies, plans and programs Roma-sensitive?

Search of all health PPP in Polígono Sur and content analysis.

Instrument to assess Roma responsiveness.



Feedback from neighbors and policymakers in a meeting *ad hoc*

| Category | Indicator | | |
|-------------------|--|--|--|
| Entitlement | Components of health service | | |
| | Entitlement requirements | | |
| Accessibility | Utilization of at-risk Roma groups (type, context, provider, objectives, time) Accessibility barriers | | |
| | Identify Roma non-users of services | | |
| | , RP health mediator | | |
| Responsiveness | Health inequities identified by the NRIS-H's OP | | |
| | Health service satisfaction of at-risk RP | | |
| | Mechanisms to confront barriers and more sensitivity to Roma at-risk groups | | |
| | Mechanisms for professionals to adapt services for at-risk RP | | |
| | Mechanisms to adjust health services to respond to particular needs of | | |
| | Roma users | | |
| Achieving and | Participation of at-risk RP in the implementation of programs | | |
| Sustaining Change | Collaboration between stakeholders | | |

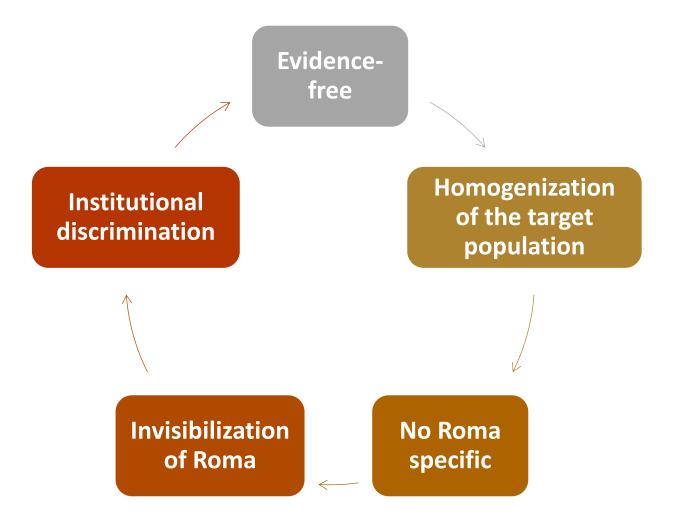


Assessing Roma responsiveness in local policies

Are local policies, plans and programs Roma-sensitive?

Although awareness on inequities, adaptation of resources, integral intervention and stakeholder collaboration

 No specific measures for the Roma (Equality over equity)





Mapping local Roma responsiveness

- Location of areas of high Roma density
- Location of Roma community health assets (Morgan & Ziglio, 2010)
- First contact and interview with key stakeholders
- Questionnaire professionals within organizations (n=40)
 - Values, adaptations, sensitivity
- Questionnaire Roma neighbors (n=200)
 - Residency, use of services, sensitivity of services

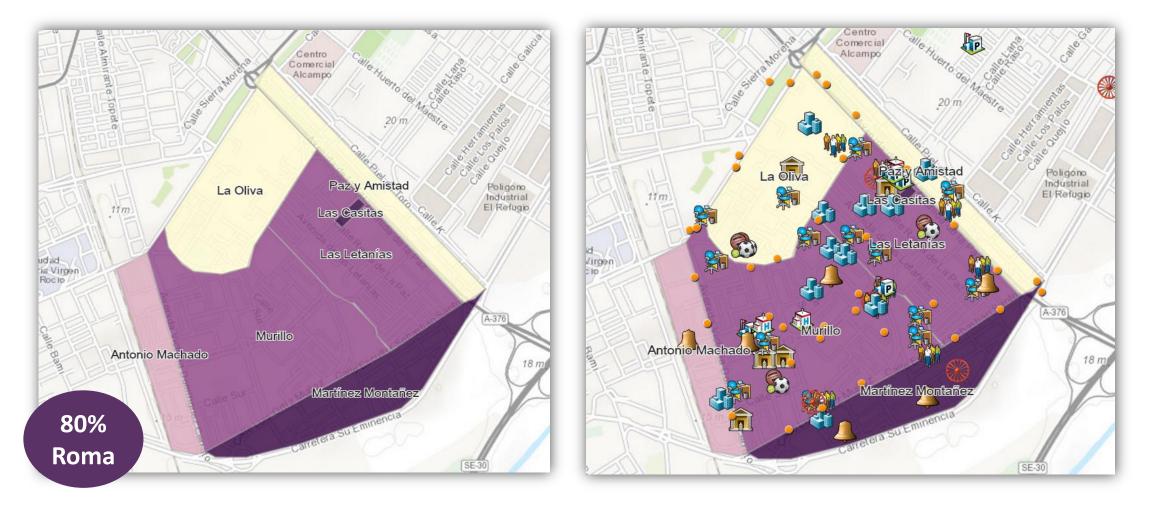


Morgan, A., & Ziglio, E. (2010). Revitalising the Public Health Evidence Base: An Asset Model. In Health Assets in a Global Context (pp. 3-16). Springer New York. Miranda, D., Oreja-Duran, I. & Escobar-Ballesta, M. (2016). Evaluación del Componente de Salud de la Estrategia Nacional de Integración de la Población Gitana en el Poligono Sur. International Organization for Migrations



The most excluded Roma are literally hidden

http://www.arcgis.com/apps/View/index.html?appid=820626892ce54d8db989fb187df4c05d



Miranda, D., Oreja-Duran, I. & Escobar-Ballesta, M. (2016). Evaluación del Componente de Salud de la Estrategia Nacional de Integración de la Población Gitana en el Poligono Sur. IOM.



Lessons learned and applicability



Lessons learned

Traditional research/policy-making have failed:

- **Opressive discursive** is seen/sold as liberating thus stealing hidden communities' voices and making them more hidden, more invisible. Vicious circle.
- Evidence-free policies that do not comply with distribution of power or resources to not be accountable for that (e.g., zero growth areas)
- Policies do not recognised neither social determinants of health nor cultural determinants.

Need for equitable policies that **acknowledge differences** and **evidence-based and participatory methods**. Liberation psychology allows this by:

- Giving their voices back
- Actively including them in working groups
- Advocating together



Applicability to other challenges

- **Paralellism** between the Roma and the refugees.
- Roma were refugees in Europe 1,000 years.
- Vulnerable groups within HC: trafficked women, unaccompanied minors, or nondeported people who are stranded.
- In order to survive, all HC develop strong, positive and negative sense of community, niches of resistance, strategies and behaviors. Living as undergrounds.
- **Consequences** for the rest of society
 - Public health issues
 - No compliance with rules

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