



Association for Culture, Education and Communication

PROGRAMME: HEALTHY COMMUNITIES

Inequalities: Fieldwork with Roma population as an example

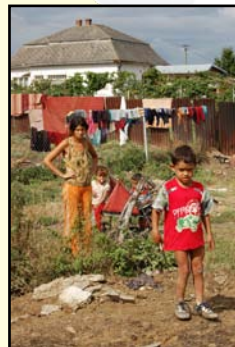


Ľubomíra Slušná
President
ACEC



SLOVAKIA

- Slovakia, along with Romania, Bulgaria and Hungary, has one of the largest relative Roma populations
- 8% out of a total population of 5 400 000 are Roma (350 000 - 420 000)
- 2/3 of the Roma population live in Eastern and South Central Slovakia



SOCIO-ECONOMIC AND POLICY CONTEXT

- 50% of the Roma population are integrated into the majority population
- 50% live in Roma settlements

Settlements are:

- geographically isolated

and lack:

- infrastructure
- hygienic amenities
- social and health services

**DUE TO THESE AND OTHER FACTORS, EMPLOYMENT RATES,
EDUCATIONAL ATTAINMENT, AND HEALTH LITERACY ARE
ESPECIALLY LOW IN ROMA SETTLEMENTS.**

SOCIO-ECONOMIC AND POLICY CONTEXT

- 36,6% finish only primary education
- 35 % over the age of 25 DO NOT finish primary education
- 15,4% attend high-school or further education

Ministry of Labour, Social Affairs and Family, 2006

The main problem that causes the high unemployment rate in the Slovak Republic (13,5% in 2006), is the lack of jobs for people with lower qualification and the need for structural reform of the curriculum in accordance with labour market demands.

Ministry of Labour, Social Affairs and Family, 2006

12% of the population live in relative poverty

Eurostat, 2006

SOCIO-ECONOMIC AND POLICY CONTEXT

The residential systems separated from villages, but located within their territories are considered 'segregated settlements'. Segregated settlements create an individual urban unit, which is physically separated from the village.

A. Mušinka, 2002



Hermanovce, 2008



Chminianske Jakubovany, 2008

Poor living conditions and socio-economic exclusion directly influence the health status of settlement inhabitants.

SOCIO-ECONOMIC AND POLICY CONTEXT

Approximately 1/3 of the dwellings in Roma settlements are informal (legal property rights are unclear). These dwellings generally consist of shacks made of scavenged materials, prefabricated dwellings, non-residential buildings, and occasionally houses.



The infrastructure in the settlements is insufficient:

91% have electricity

81% lack sewage systems, compromising hygiene and contributing to the spread of disease

59% lack gas

37% lack plumbing

The Government Plenipotentiary Office for Romani Communities, 2004

Svinia, 2008

HEALTHY COMMUNITIES

11 settlements in 2003

67 settlements in 2007



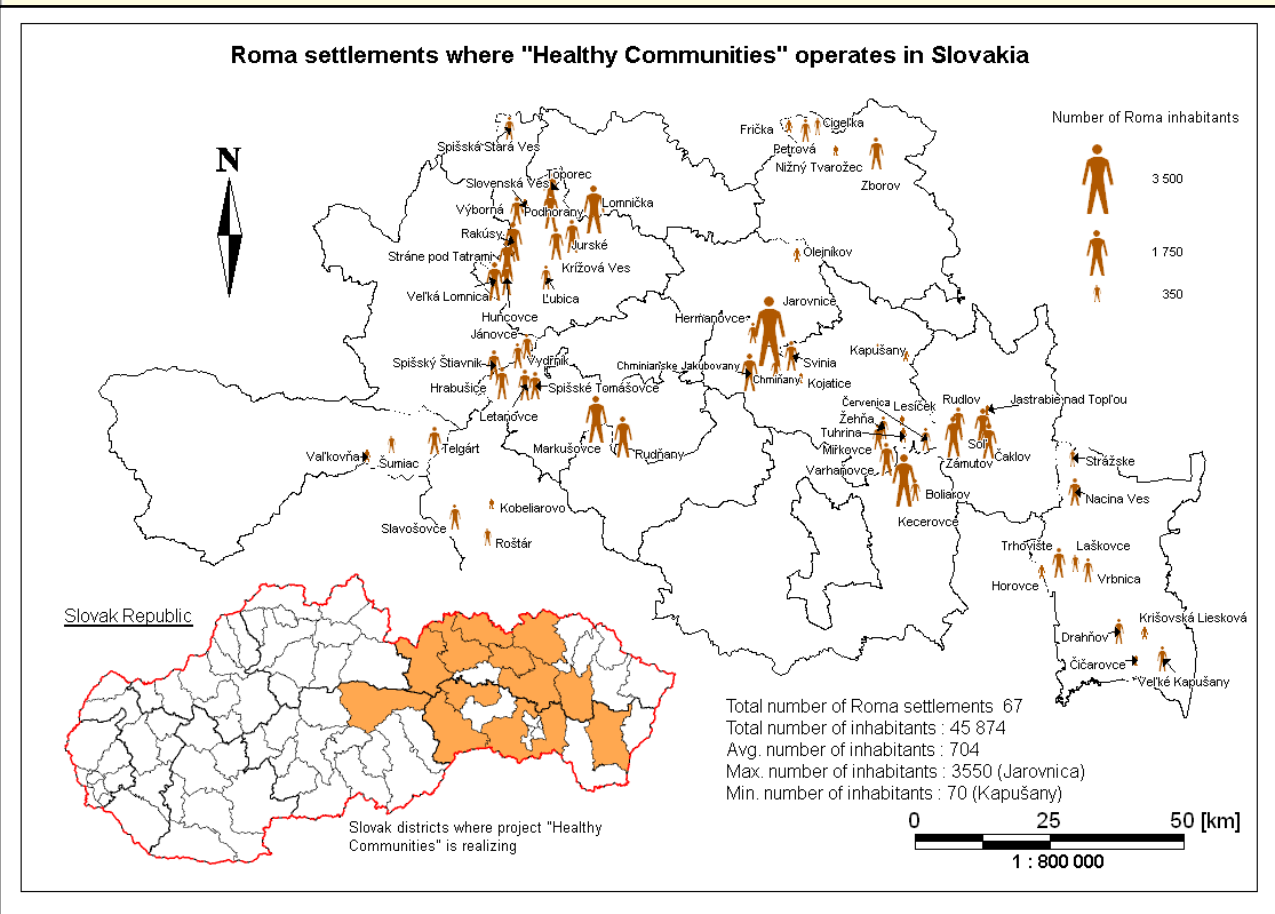
Hranovnica, 2008

**HEALTHY COMMUNITIES IS CURRENTLY THE LARGEST
INITIATIVE TO IMPROVE ROMA HEALTH IN SLOVAKIA**

In order to facilitate the development of additional programmes, part of ACEC's attempt is aims, in collaboration with the Ministry of Health and the Office of the Plenipotentiary for Roma, to provide a database and trained pool of personnel that can be used to implement other Roma health programmes.

HEALTHY COMMUNITIES

67 Roma settlements with a total population exceeding 40 000.



Data on the number of inhabitants in the settlements was provided by Health Assistants in cooperation with the mayors of villages

(ACEC survey from December 2007)



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HEALTHY COMMUNITIES

The program team:

- 4 ACEC managers
- 4 Coordinators
- 88 Health assistants
- 18 volunteers

In cooperation with:

- 102 general practitioners and paediatricians
- specialist doctors as required
- regional branches of the Slovak Red Cross
- the Emergency Service Operation Centre
- elementary school teachers
- local government authorities



Training of Health assistants in Michalovce, 2008



SPECIAL GOALS AND ACTIVITIES:

- Improve human resource capacity
- Increase health literacy
- Increase health care access
- Increase assessment of Roma health
- Establish contacts and improve communication among paediatricians, general practitioners, local councils, and the Roma community
- Improve personal and communal hygiene in settlements
- Increase sexual health awareness



Rudňany, 2008





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TRAINING, EDUCATION AND COMMUNICATION

March 2008

Health assistants:

76,1% directly from the settlements in which they operate

23,9% don't live directly in the settlements, they live in the same area

Coordinators:

100% of Coordinators are from the communities they serve

ACEC established the **Community Worker – implementation of knowledge and skills in working with the Roma community** training programme, which was accredited by the Ministry of Education in 2004.



Letanovce, 2007



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TRAINING, EDUCATION AND COMMUNICATION

The Health Assistants and coordinators attend three training sessions annually, focused on three areas:

- informative
- motivational
- specialisation

The educational is divided into three individual blocks:

- basic information, motivation and specialist training
- communication and use of the learnt communication skills within the programme, conflict resolution and model situation
- responsibility and motivation, planning of tasks, working habits





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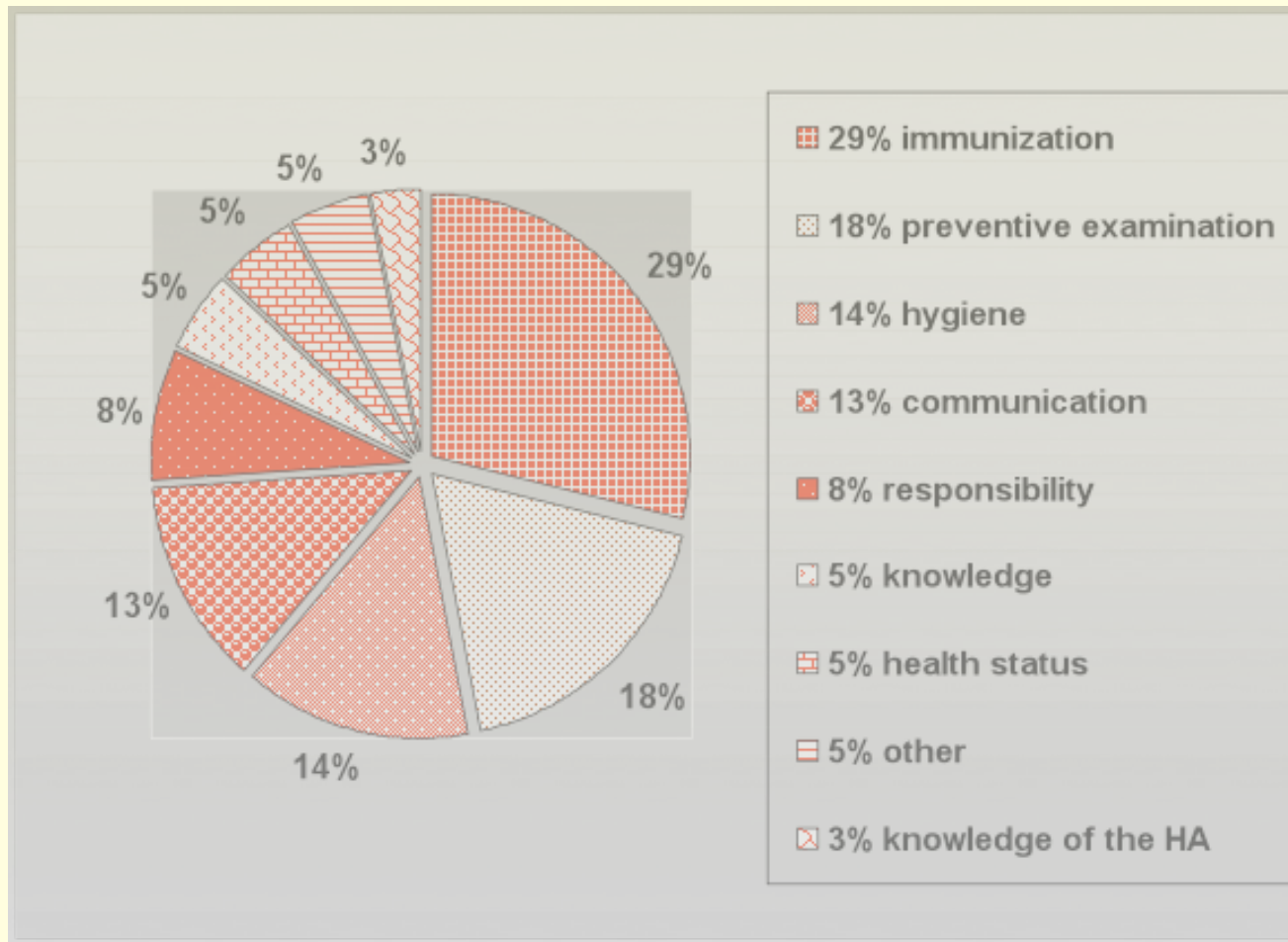
Results from the questionnaires: Number of respondents: 67 health assistants and coordinators

March 2008

1. Ratio of men and women	26,9%	:	73,1%
2. Implemented training program attendance	100%		
3. Significance of the Health assistants' work	43%	necessary	
	33%	high	
	24%	significant	
4. The measure of satisfaction with the training programs:	90%	very satisfied	
	8%	moderately satisfied	
	2%	moderately unsatisfied	
	0%	very unsatisfied	
5. Communication of Health Assistants with doctors and nurses	31%	excellent	
	30%	very good	
	38%	good	
	1%	not so good	
	0%	bad	



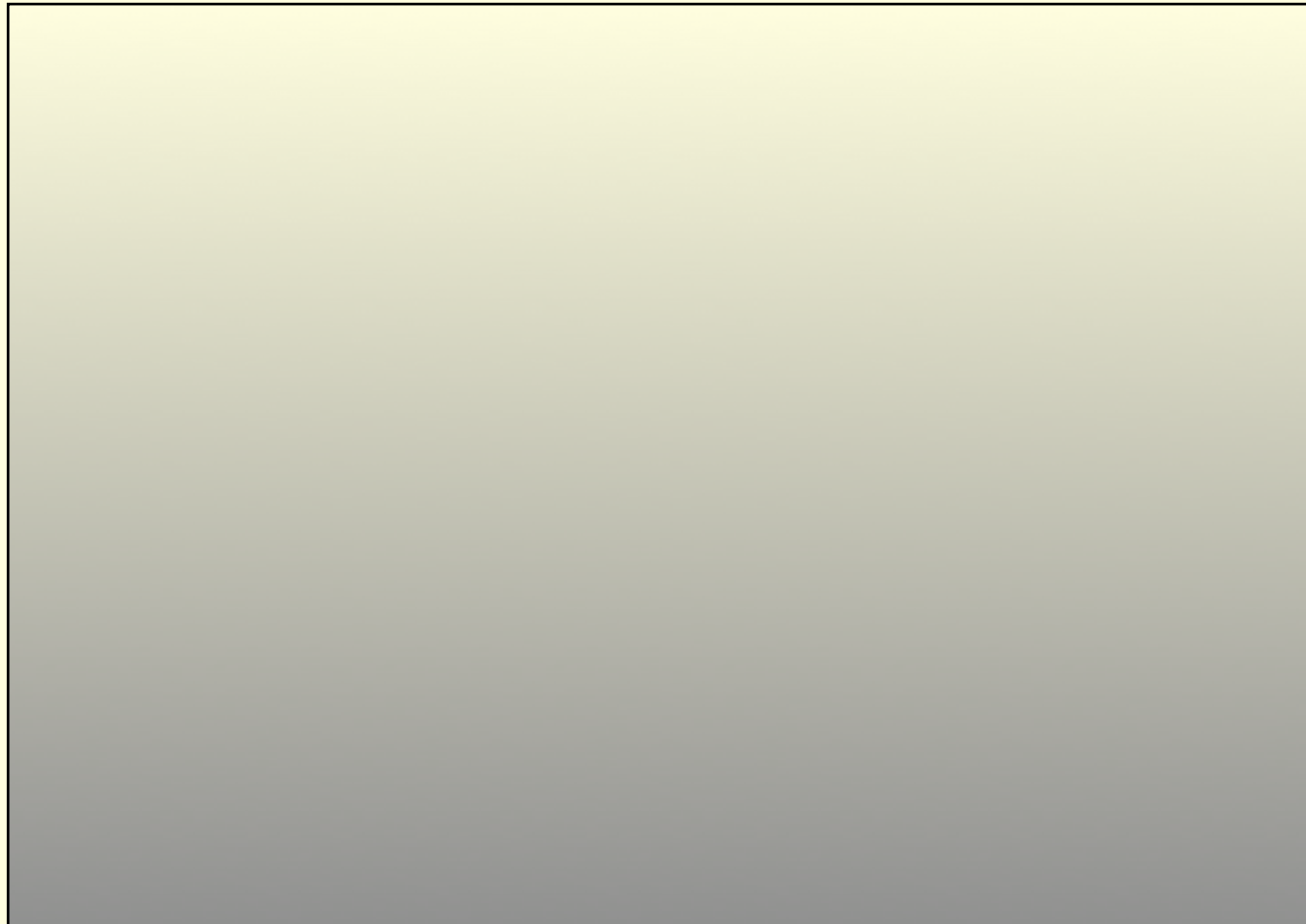
CHANGES AND IMPROVEMENTS SINCE THE COMMENCEMENT OF HEALTH ASSISTANTS' ACTIVITIES





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WHAT HAVE THE HEALTH ASSISTANTS LEARNED?



LESSONS LEARNED

- The empowerment of Health Assistants, Coordinators, and Volunteers from the target communities is essential to the longterm sustainability of the programme
- Motivation and commitment, particularly in Health Assistants, must be nurtured through the training and programme management approach
- Healthy Communities is supported by the private sector. This system of financing is flexible and independent of legislative amendments
- How to match human resources to health needs in Roma communities:

ACEC has noted the particularly low level of health literacy among settlement inhabitants. This is particularly the case for somewhat taboo health issues, such as sexual health, sexually transmitted infections, jaundice epidemic etc. Health Assistants receive adequate training deliver health education.



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Hranovnica, 2008

THANK YOU



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