CASE study: SLOVAKIA



Roma Health Mediators in hospitals

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This material is part of a compilation of various case studies from across Europe that show different facets of early childhood development, and the types of policies and interventions that we are promoting through the 'First Years, First Priority' campaign.

Published in December 2020.

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Organisation background information

Healthy Regions[1] *is a contributory organisation of the* ***Ministry of Health (MoH)***[2] *in Slovakia. Healthy Regions' mission is to develop and regionally implement health policies and services aimed at alleviating health inequalities affecting marginalised Roma communities. Healthy Regions is also responsible for delivering several key activities of the country's* ***National Roma Integration Strategy 2020*** *in the area of 'Health'*[3]*. With 290 employees originating from and operating directly within the very targeted marginalised Roma communities across the whole country, the organisation runs one of the most extensive and advanced national Roma health mediation networks in the region.*[4] *At present, the organisation is also involved in the state's thus far rather successful effort to control the novel coronavirus pandemic via epidemiological surveillance, testing and tracking including directly within marginalised communities.*

SUMMARY

Despite the Roma population in Slovakia being relatively young (average age 25 years), its health status is consistently poorer than in the general population. The worst health outcomes are shown in physically segregated localities, which are home to almost half the Roma population in the country[5]. Health mediation has traditionally focused on improving health literacy and healthcare access, but increasingly addresses other key social determinants of health within marginalised Roma communities such as psychosocial burdens or substandard material conditions. Beginning in the early 2000s as a local "Healthy Communities" NGO project, by 2014 the concept was transformed into a national level programme financed by EU Structural Funds and since 2017 it has been directly under the MoH as part of the country's public health sector.

This case study focuses on a pilot initiative under the Healthy Region's national healthy communities' project, called "**Implementation of Roma health mediation in hospitals**" and focusing particularly on neonatology, gynecology-obstetrics, and pediatric departments. Healthy Regions partnered with three private and three state-run hospitals to employ eight Roma Health Mediators (RHM) who work on behalf of Roma from marginalised communities to help them as well as the services' staff to overcome some of the specific challenges related to hospital care provision for such patients. The pilot has been implemented since November 2017 and has taken a participatory approach. Both Roma health mediators and hospital professionals have been involved in the conception, development, monitoring as well as evaluation of the initiative.

1 Healthy Regions Website, Available in English
2 Ministry of Health of the Slovak Republic Website. Available in English
3 Strategy of the Slovak Republic for Integration of Roma up to 2020. Government Office of the Slovak Republic. Bratislava. December 2011 (Material was passed by the resolution no. 1/2012 of the Government of the Slovak Republic on 11 January 2012)
4 Belak et al. (2017). How Well Do Health-Mediation Programs Address the Determinants of the Poor Health Status of Roma? A Longitudinal Case Study. International Journal of Environmental Research and Public Health, 14, 1569.
5 Belak et al. (2017) Health-endangering everyday settings and practices in a rural segregated Roma settlement in Slovakia: A descriptive summary from an exploratory longitudinal case study, BMC Public Health, 17:128

ROMA HEALTH STATUS AND ITS DETERMINANTS IN SLOVAKIA

The first ancestors of present-day Roma settled in Slovak territory in the 14th century. In 2015, it was estimated that 500,000 Roma lived in Slovakia, representing 10% of the total population[6]. Around 60% of the Roma population live in the South-Eastern parts of the country[7]. As elsewhere, Roma in Slovakia do not represent a homogeneous group either in terms of their level of social integration/segregation or in cultural traits such as mother tongue. More than half of the local Roma population live dispersed within the majority non-Roma population. Due to a history of anti-Roma racism, however, the remaining Roma live mostly in segregated rural settlements as well as in city ghettos, i.e. in residential areas that typically lack both standard community and household infrastructure, as well as standard access to any kind of public services, including healthcare.[8] Consequently, compared to the general Slovak population Roma living in these places show much higher burdens of both communicable and non-communicable diseases across their life-course, much worse self-rated health, higher mortality rates as well as shorter life-spans.[9]

As indicated, on top of other adverse life conditions, the Roma in Slovakia also face less access to and poorer quality healthcare services. Article 40 of the Slovak Constitution grants all citizens '*the right to free health care and to medical supplies under conditions defined by law*[10]*'.* In practice, however, equal access is not available to everyone. According to the NGOs involved, the groups facing the most significant access barriers are:

1. young people over 18 years who are not working or studying at University;
2. long-term unemployed of all ages (implying also most segregated Roma);
3. people working without an official contract (implying also most segregated Roma);
4. uninsured pregnant women – it is not possible for them to visit pre-natal prophylactic check-ups (implying also most segregated Roma women)[11].

According to related research, along with extremely **poor health literacy**, segregated Roma also face specific barriers to access such as **extreme financial hardships, combined with remoteness, ethnic discrimination within services** and in some places also **language barriers**.[12]

6 Roma communities in Slovak Republic. Slovak Republic: Council of Europe Website, Available in English
7 "Roma Early Childhood Inclusion+. Special Report on Roma Inclusion in Early Childhood Education and Care: Slovak Republic". RECI. June 2017, p.26
8 UNDP. (2012). The health situation of Roma communities: Analysis of the data from the UNDP/World Bank/EC Regional Roma Survey 2011. Bratislava; Belak et al. (2017) Health-endangering everyday settings and practices in a rural segregated Roma settlement in Slovakia: A descriptive summary from an exploratory longitudinal case study, BMC Public Health, 17:128
9 Belak, A., Madarasova Geckova, A., van Dijk, J.P., & Reijneveld, S.A. (2018). Why don't segregated Roma do more for their health? An explanatory framework from an ethnographic study in Slovakia. *International Journal of Public Health,* 63, 1123-1131.
10 The Constitution Of The Slovak Republic. Available in English
11 Health Legislation - Access to Health for Roma (in Slovakia). Euro Health Mediators: Association for Culture, Education and Communication. Available in English
12 Belak, A., Filakovska Bobakova, D., Madarasova Geckova, A., van Dijk, J.P., & Reijneveld, S.A. (2020). Why don't health care frontline professionals do more for segregated Roma? Exploring mechanisms supporting unequal care practices. Social Science & Medicine, 246, 112739.

HEALTH MEDIATION IN HOSPITALS

Since April 2018, Healthy Regions has developed partnerships with six hospitals in Eastern Slovakia, both private and state owned, to **employ eight Roma Health Mediators (RHMs)** in their gynaecology-obstetrics, neonatology and paediatric departments. As the job title suggests, the aim of RHMs is to raise awareness about health, act as mediators between Roma and health professionals and provide psychosocial support for patients/clients from disadvantaged environments. All RHMs are educated to at least secondary education, have previous experience working with vulnerable groups and speak the Roma language[13]. The pilot was developed in two phases: 1) Preparation phase (November 2017-March 2018) and 2) Implementation Phase (April 2018-December 2019).

The preparation phase consisted of:

- Establishing an interdisciplinary Working Group of professionals from academia with field expertise and patient-rights activists
- Selecting the hospitals and establishing partnership agreements
- Participatory preparation of job descriptions for RHMs
- Recruitment of RHMs
- Facilitating 'Introductory Training' for RHMs

TRAINING OF HOSPITAL-BASED RHM

The initial training for all RHMs was created in collaboration with public health experts in three key institutions in Košice: Louis Pasteur University Hospital, Children´s Faculty Hospital, and the Faculty of Medicine of Pavel Jozef Šafárik University. Mamila o.z., a civic association that provides assistance, counselling and support throughout the duration of breastfeeding was also involved in the training of RHMs. The initial training lasted two and a half days and the curriculum included:

- Understanding of the social determinants of health in segregated Roma enclaves
- Introduction to selected clinical departments (lectured by hospital staff)
- Healthy breastfeeding basics
- Patient support and conflict management
- Psychosocial support of patients
- Mitigation of discriminatory practices
- Child delivery
- Infectious diseases basics

RHMs continue to receive regular training in the areas of communication, mediation, health awareness raising methods and social psychology. The content of these trainings is developed in a participatory manner, based on RHM and hospital staff feedback.

13 Adamová, Marcela. "Health mediators in action in Slovak hospitals". EPHA. 19.03.2019

FUNDING AND STRUCTURE

The pilot was funded by the **ESF** and **ERDF** and managed by the MoH in Slovakia until December 2022. Healthy Regions employs a Manager to oversee the work of all eight RHMs and coordinate all activities. The pilot's evaluation is ongoing and will be carried out by external evaluators[14].

The pilot follows a participatory approach. It is managed by an interdisciplinary Working Group including senior officials from the MoH, academic experts from the Faculty of Medicine of Pavel Jozef Šafárik University, NGO staff working on patients' rights and the quality of healthcare, and most importantly, members of the Roma community. The Working Group met regularly throughout the preparation and implementation phase and is responsible for conceiving, managing and implementing the pilot activity.

Hospital staff, RHMs, Roma patients and members of the Working Group all played an active role in shaping this project by actively cooperating and implementing changes when necessary. All RHMs report to a contact person/manager in the hospital and one manager at the level of Healthy Regions. Regular cooperation and communication among the programme manager (Healthy Regions), the RHM and the hospital contact person is key the pilot's success.

Many studies show that professional day-to-day collaboration across ethnic divides is the most effective way of overcoming ethnic discrimination. RHMs and hospital staff were encouraged to collaborate to overcome the challenges many Roma face when hospitalised. RHM's mission was not to lobby for Roma rights or fight against the national healthcare system. This would have likely antagonised hospital staff and had the opposite of the desired effect.

An initial concern was that hiring RHMs would remove responsibility for improving services for Roma patients away from non-Roma staff. However, the pilot was designed to enhance the collaboration between Roma and non-Roma health practitioners, so that non-Roma staff could better understand the complex needs of structurally disadvantaged Roma patients. The Working Group has tried to pre-negotiate with the hospitals the possibility of career growth and eventual hiring of RHMs as full-time hospital staff, provided they have the required clinical education. In addition, Healthy Regions is advocating to the MoH to institutionalise the role of RHMs in Slovakia via the country's educational and public health systems.

14 EU funding for Roma integration. Roma integration in Slovakia: Funding, strategy, facts and figures and contact details for national Roma contact points in Slovakia. European Commission Website. Available in English

RESULTS OF 'ROMA HEALTH MEDIATORS IN HOSPITALS' PILOT INITIATIVE (JANUARY-APRIL 2019)

From January to April 2019, the hospital-based RHMs have served up to 6,077 Roma patients on a daily basis (20-40% of this figure are repeat patients): 64% women, 21% children, and 15% men.

Reviewing the pilot activity, successful elements could be identified along with remaining challenges, namely:

Successful elements

- Positive feedback from Roma patients and their families
- Positive feedback from hospital staff
- Direct assistance of some RHM in delivery rooms
- Sharing of good RHM practices among hospitals
- Systematic cooperation among RHM and another field workers targeting segregated Roma enclaves
- Participatory development of complex job descriptions, containing lists of varied interventions

Remaining challenges

- Both direct and indirect anti-Roma racism and discrimination on the part of some service providers
- Lack of advocacy work for the rights of Roma patients
- Lack of long-term financial sustainability

Lessons learnt and recommendations

While the pilot is still being implemented, it is possible to identify some best practices and lessons learned:

1. Use of a **participatory approach** involving all actors in all stages of the activity, for a shared ownership and responsibility as well as the utilisation of everybody's related practical knowledge.
2. Importance of **sustained close cooperation** between the Healthy Regions managers, the RHMs and the hospital contact persons.
3. Important personal and professional skills when recruiting RHMs:
   - **a)** Previous healthcare services-related education
   - **b)** Previous work experience in the healthcare/helping industry
   - **c)** Previous work experience both on behalf of segregated Roma and within a non-Roma team
   - **d)** Good communication skills, including being able to speak Romani
4. **Supervision and regular joint meetings of RHMs** with space for sharing experiences and helping each other in finding solutions for difficult situations during practice.
5. **Continuous training** to support and gain the skills necessary for health mediation.

"In Healthy Regions, we believe that the Roma health mediators working in hospitals will bring positive results for both Roma people and our partner hospitals, and that state authorities and society realise the benefits of having such a job position institutionalised. From a long term perspective we hope to see more Roma staff in the healthcare system not only as mediators but also as doctors, nurses, pharmacists, or physiotherapists[15]."

This material has been produced with the financial support of the European Programme for Employment and Social Innovation (EaSI) 2014-2020: http://ec.europa.eu/social/easi.
The views expressed by Eurochild do not necessarily reflect the position or opinion of the European Commission.

OPEN SOCIETY FOUNDATIONS

With support from Open Society Foundations.

The partnership

- **Eurochild** is a network of almost 200 member organisations from 35 European countries working with and for children throughout Europe, striving for a society that respects the rights of children. Eurochild influences policies to build internal capacities and facilitates mutual learning and exchange practice and research.

- **International Step by Step Association (ISSA)** is an early childhood regional network founded in 1999, which through its programs and services connects the early childhood practice, research, and policy to improve the quality of early childhood systems in Europe and Central Asia. More than 90 ISSA members from 43 countries implement programs and cooperate to ensure quality and equitable early childhood services for young children, especially the most vulnerable.

- **European Public Health Alliance (EPHA)** is Europe's leading NGO alliance advocating for better health. A member-led organization made up of public health NGOs, patient groups, health professionals, and disease groups, EPHA works to improve health, strengthen the voice of public health and combat health inequalities across Europe.

- **Roma Education Fund (REF)** was created in the framework of the Decade of Roma Inclusion in 2005. Its mission and the ultimate goal is to close the gap in educational outcomes between Roma and non-Roma. To achieve this goal, the organization supports policies and programs which ensure quality education for Roma, including the desegregation of education systems.

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National Coordinators: Pomoc Deci (Serbia), Plataforma de Infancia (Spain), Fundação Nossa Senhora do Bom Sucesso (Portugal), Central Union for Child Welfare (Finland), Family, Child, Youth Association (Hungary), Child Rights Alliance (Ireland), Trust for Social Achievement (Bulgaria), Step by Step Center for Education and Professional Development (Romania), Ensemble pour l'Éducation de la Petite Enfance (France).