

# TOWARDS EQUITY IN HEALTH

CLOSING THE GAP IN A GENERATION IN THE ROMA COMMUNITY





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# TOWARDS EQUITY IN HEALTH

## CLOSING THE GAP IN A GENERATION IN THE ROMA COMMUNITY

Personal health depends on many factors and reflects many influences: belonging to an ethnic group, one's position in society, daily environment... they all are determining elements in the set of strengths that shape our health condition and our life expectancy. In 2006, the Spanish Ministry of Health and Consumption and the Spanish organization Fundación Secretariado Gitano, decided to carry out the first Health Survey on the Roma Population in Spain, making it possible to take a picture of these citizens' health. Citizens that have seen their lives conditioned by a big obstacle across the centuries: inequality.

The worse an individual's social and economical situation is, the worse the state of their health. Referring to the Spanish Roma community, their social conditions have been worse than that of the mainstream population. This situation suggests that health should be protected and improved by transversal policies and others. In order to reach a general improvement in health, it is essential to get involved in fields such as housing, job, social integration or participation fostering. The Roma community represents between 1.8% and 2.1% of Spain's population: It is very difficult to give exact figures about Roma living in Spain due to their special characteristics and to the ethical and legal impossibility in including ethnic classification in population studies. Taking into account the barriers to providing an acute census, estimates point that the Spanish Roma population is bigger than some of the seventeen Spanish Autonomous Communities. In spite of the Roma

community's significance in our country, it has been invisible to different National Health Surveys that have been carried out in the last 25 years. As a consequence, it has been unfeasible to know in depth the health conditions of Spanish Roma.

In the Health Survey questionnaire of the Roma population, the questions were the same as those in the Spanish National Health Surveys in 2003 and 2006. Acting this way, it has been possible to obtain, for the first time in Spain, a direct comparative study about health in Roma community compared to the population as a whole. It can be inferred from all data gathered that Spanish Roma have a worse health condition than the mainstream population. Nevertheless, it is necessary to specify that it is not a homogeneous community and that results in this study represent only a general picture.

The study is centred in three core themes: health condition, lifestyle and use of health services. The Roma population have a different structure in terms of age and sex with respect to the whole general population: it is a younger population. Furthermore, they have less favourable levels of income, education, housing and economic welfare than the mainstream population. The level of development of a country has a decisive influence in every area of life, especially in health. Health inequalities are crucial in the development, duration and quality of life of those who suffer from them. These inequalities are a form of social injustice that is very difficult to excuse.

Six decades ago, Spain was a country with a level of development much lower than today. From 1950, two generations have passed: a period of time during which there have been drastic improvements in housing conditions, recognition of the universal right to health care and education, obvious improvements in employment, available income and workers' rights, as well as the implementation of a full democratic system. In a context where social changes were tremendous, Spanish Roma have not been able to reduce inequalities with the rest of the population. This is especially due to the continuance of precarious employment and the fragile economical and social situation. In short, in some cases, Roma continue to suffer from social exploitation and alienation combined with ethnic domination and discrimination by the general population.

### MAIN PRIORITY

The main target is to solve health inequalities in the Roma population in one generation. This target can be reached with adequate orientation in all public policies that influence in health, especially health care policies and those related to sectors like employment, housing, education, town planning and others.

### SOCIAL CLASS CLASSIFICATION

*In 1995, the Spanish Society of Epidemiology launched a proposal of class indicators for use in Spanish public health research and practice.*

*This table has been used in this survey to compare different health conditions in different social classes.*

- I Public Administrators and managers of companies with more than 10 employees. Professions related to post-graduate degrees.*
- II Managers of companies with less than 10 employees. Professions related to undergraduate degrees or technical degrees. Professional assistants. Artists and athletes.*
- IIIa Administrative employees. Professionals assisting administrative and financial management. Personal services workers and security workers.*
- IIIb Freelancers*
- IIIc Supervisors of manual workers*
- IVa Qualified manual workers*
- IVb Semi-qualified manual workers*
- V Unqualified workers*
- VI Unknown*

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The National Health Survey refers to the period from June 2006 to June 2007, divided in four three-monthly rounds. Nevertheless, the whole of the interviews of the Health Survey of the Roma population in Spain was carried out between September and November 2006. Data of the Roma population survey are in the middle term, between the first and the second three-month period of the National Health Survey. As some of the indicators employed in the analysis are subject to variations depending on the season, it is possible that in some cases the differences or similarities in results between populations compared may reflect this seasonal bias.



## HEALTH STATUS

In all Health Surveys, questions about perception of one's health were made. Answers to this simple question have a great epidemiological value as they made it possible to draw some conclusions. For example, those who answer that their health status is good or very good, are those who least use the health services, they have fewer accumulated health problems and they have lesser chance of dying in upcoming years. The health condition perceived is deeply related to social position, educational level, socioeconomic background and ethnical group people belong to. In general, the Roma community perception about their own health is very similar to that of the general population. Nevertheless, the data may lead to the wrong conclusion as the Roma population is younger than average Spanish citizens.

Roma men younger than 35 have a very similar perception of their own health when compared to the general population. From that age on, the percentage of Roma men stating that their health is bad or very bad increases in a considerable way: at the age of 55 only 33.4% defines his health as good, while within the general population this percentage reaches 52.3%. In Roma women an increase in negative values can also be observed from the age of 35. Only 10.2% of Roma women older than 55 think their health is good, whereas, when talking about the whole group of women, this percentage rises to 38.5%. Among the Roma population older than 16 years, 41.4% of women state that their health is bad, while in men, this percentage is 28.1%. This tendency starts from childhood: 14% of Roma girls under 16 years old say that they have a bad health, compared to 11.7% of Roma boys in the same age range.



One's level of education is another important variable that influences people's health. Roma men with a better level of education say that their health status is better than those with less education. Among Roma women, those who were able to access higher levels of education are the ones who state that they have better health. 37.8% of Roma men that do not read or write think their health is good, while 19% of Roma women are in the same situation. Among the Roma population that could have access to a higher level of education, this tendency reappears but in a less acute way: 75% of Roma women with primary

education think their health is good, while 79.5% of Roma men. 84.5% of the male Roma population with secondary or higher education say they are in good health, compared to 82.1% of Roma women with the same education.

Housing conditions represent another variable to take into account: while in Roma men the kind of accommodation has less impact on their health, for Roma women, living in a house in bad conditions has a very negative effect in their own perception of their health. Only 27.2% of women of the Roma community living in a house with poor living conditions affirm that her health is good, compared to 71.7% of Roma men living in similar conditions.

### MAIN PRIORITY

Roma women believe their health is worse than men's. They were showing more signs of perceiving the passing of time and the consequences of living in a house that does not have good conditions. Therefore, it is important to intervene in the Roma community's health from childhood, paying special attention to women and to take action to reduce the fast aging of Roma men and women.

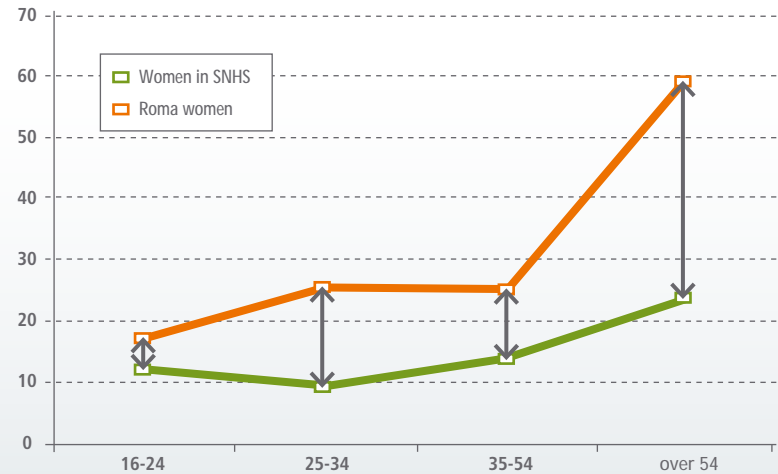
## HEALTH PROBLEMS

All health studies try to assess the frequency of different illness and more common health problems that affect the population. When comparing these parameters in the Roma population and the general population, a differing characteristic must be taken into account: their youth. Despite being a younger population, health problems are more frequent than in the mainstream population.

In Roma men, more problems such as high cholesterol, asthma, bronchitis, emphysema, allergy, depression, mental illness, severe headaches, blood circulatory problems and hernias can be found. Among Roma women, high presence of some illnesses as stomach ulcers, allergies, depression, mental illnesses, bad circulation and problems arising from the menopause stand out. Among young Roma children, frequency of some illnesses such as asthma, bronchitis, emphysema and severe headaches appear to be higher than in the general population. Roma men say more often than the general population that they have some form of health problem or chronic illness, especially when they are over 35. Roma women over 35 also relate with greater frequency than the general population to suffer from illnesses. Even the youngest women refer to problems as depression, severe headaches and poor blood circulation.

One of the main consequences of suffering more from certain illnesses is that the Roma community have limited activity. Limited activity means the reduction or impossibility of doing usual activities due to some form of health problem.

Women. Limitation of principal activity (Percentages)



Despite the Roma population being younger, it can be observed that Roma adults, men and women alike, have had some limitation in their daily activity during the last month, stating it with greater frequency than the general population. Even within the Roma population, it has been confirmed that women over 16 see themselves more affected in their activities than men. 24.5% of Roma women between the ages of 25 and 34 stated that they have had to limit their activities within the last month as a consequence of some form of health problem, while in the whole group of women, 9.6% stated the same situation.



In the same age range, 19.3% of Roma men had to limit their activities because of health reasons in the past month, compared with 8.3% in the general population. 22.8% of the female population over 55 had their activity limited due to their health condition, compared with 58.6% of Roma women. Regarding men in the same age range, 15.6% of the general population had a health problem that limited their activity in the past month, compared with 30.3% of Roma men overall. A greater presence of diverse health problems in the Roma community is emphasized from the age of 35 onwards, and it is especially relevant in women over this age.

#### MAIN PRIORITY

It is necessary to invest in Roma children's health to bring about changes in their living standards. Otherwise, with time, a lot of pathologies will affect them more intensively in comparison with the mainstream population. It is vital to keep this problem under control, especially in older Roma women. Health policies and others will have to stress the socioeconomic conditions, education and improvement of quality of housing and environment in the Roma population.



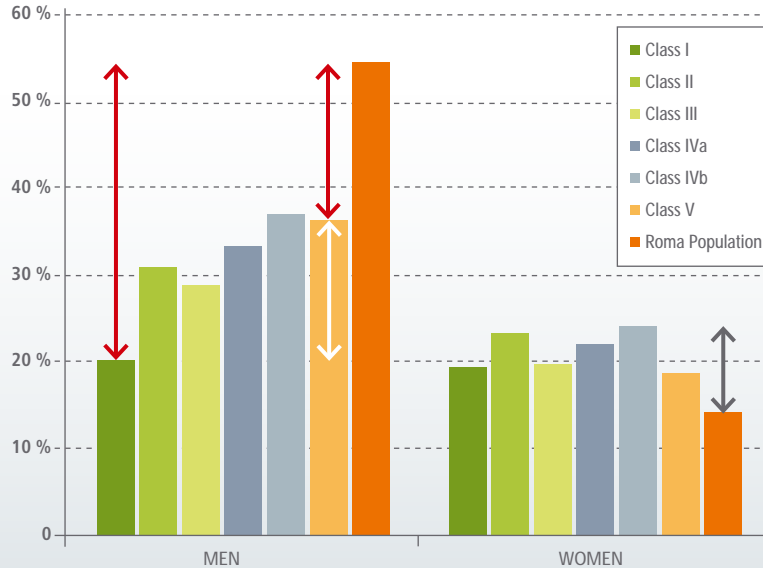


## TOBACCO AND ALCOHOLIC BEVERAGES CONSUMPTION

Consumption of alcoholic beverages and tobacco is considered one of the most severe health problems. Due to cultural influences, tobacco consumption in the Roma community varies enormously depending on gender: 54.9% of men smoke compared with 14.7% of women. In the general population, there are also differences, as 31.6% of men are smokers whereas in women the percentage is 21.5%. Among Roma men, the percentage of everyday smokers is much higher than in the general population. 31.5% of Roma men between 16 and 24 years old have never smoked, in comparison to 11% of men over 55 years. 56.2% of young Roma men smoke everyday in contrast to 25% of all young people. Roma women over 55 years smoke the least: 91.5% of them have never smoked, in comparison to 74.4% among those between 16 and 24. The study concludes that Roma men smoke more than men in the mainstream population and Roma men start smoking earlier: on the other hand, Roma women smoke less, although young Roma women smoke more than the adult ones.

Consumption of alcoholic beverages is also gender conditioned. This difference is more acute in the case of the Roma community: 24.8% of Roma men are teetotal in comparison to 31.3% of the general male population. In contrast, 62.1% of Roma women are teetotal, while in the general population we will find 55.9% of teetotal women.

Percentage of smoking people. Over 15 years old.



In young Roma this tendency is more acute: 76% of Roma boys between 16 and 24 years consume alcoholic beverages, compared to 43.3% of Roma girls in the same age range. 58.2% of young men of the general population consume alcoholic beverages compared to 45.2% of women of this group. 75.5% of Roma woman over 55 are teetotal, compared to 67.9% of women in the mainstream population. 47.2% of Roma men belonging to the same age range is teetotal while 34.2% of men in the general population.

The average age that Roma young men start smoking is earlier than in the general population group. Young Roma start smoking at the age of 14.4 whereas in the mainstream population, the average age for starting is 17 years. For young women, the average starting ages for smoking are very similar: 16.7 years in the case of the Roma and 17.8 reported in the global Spanish population. The first experience with drinking alcohol beverages also happens at an early average age: Roma men start drinking alcohol beverages at 16, in comparison to men in the population as a whole, who were reported to start at the age of 17.8. On the other hand, women start drinking alcohol beverages at 18.6 while in the mainstream population they were found to start at the age of 19.4.

### MAIN PRIORITY

To act especially among the younger Roma population: in the case of men, avoiding the first experience with tobacco as an element of transit towards adult age. Referring to women, strongly encouraging them not to smoke. It is important to give priority to interventions in the youngest population to prevent an early starting age of drinking alcohol beverages and to reinforce abstinence in alcohol consumption in Roma women.



## I ACCIDENT INJURIES

Accidents are the main cause of disability and death in the youngest. In this chapter, several incidents are included, like traffic accidents, falls, job-related accidents, drownings, intoxications, accidents in the home, etc. All of them have a common characteristic: they can be prevented. One of the main scenarios for accidents is the home. Therefore, a substantial improvement in housing conditions is a key factor to reduce the number and the seriousness of these events.

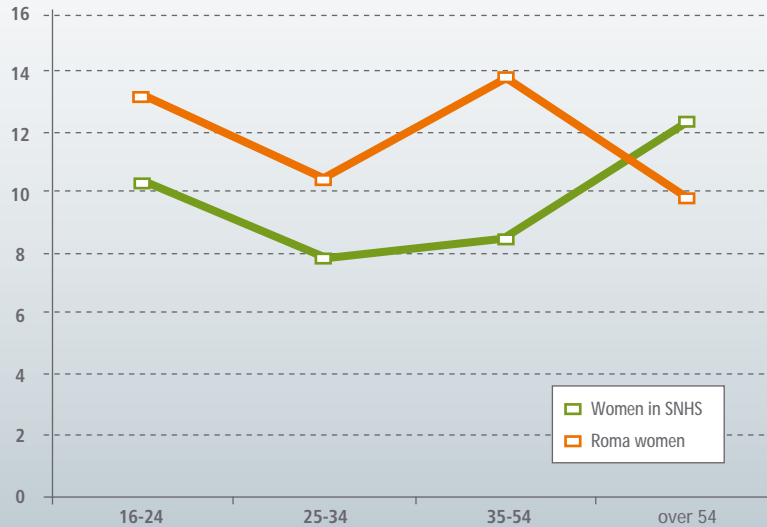
Other important group of accidents involves motor vehicles. It is believed that the Spanish Roma population is more vulnerable to traffic accidents. One of the reasons is the fact that they usually work in jobs that require more mobility. Data from the National Health Survey show that Roma men suffer from more accidents than the general population. In fact, 15.7% had an accident last year, while this rate goes down to 10.9% in the mainstream population.

The place where the accident occurs also reflects that social inequalities do have an impact on health. 35.1% of accidents suffered by men happened at work or at educational institutions. Only 13.9% of Roma men have had accidents at the place of work, this may be due to a lower occupation and educational rate. On the other hand, the higher unemployment rate in Roma women may explain that only 3.8% of accidents they suffer are at work or at educational institutions. Whereas this percentage is 11% in the global group of women.

Due to all these factors, the Roma population have greater possibility of suffering from a traffic accident: 41.6% of accidents within Roma men were due to this. On the other hand, general male population accidents were reported to be traffic accidents in 21.2% of cases. Roma women also suffer from more traffic accidents than global female population: 27.9% and 15.8%, respectively.

The quality of accommodation and the role played by Roma women are two fundamental issues when studying accidents in the home. In general, the Roma population have similar probabilities of having accidents than the whole Spanish population. Nevertheless, the risk of suffering from a traffic accident is higher for the Roma community than for the global population. More frequency in accidents in the home, especially among Roma female children, puts before us the challenge of improving housing conditions and urban environment where the Roma population live.

Women that had accidents. Percentages.



### MAIN PRIORITY

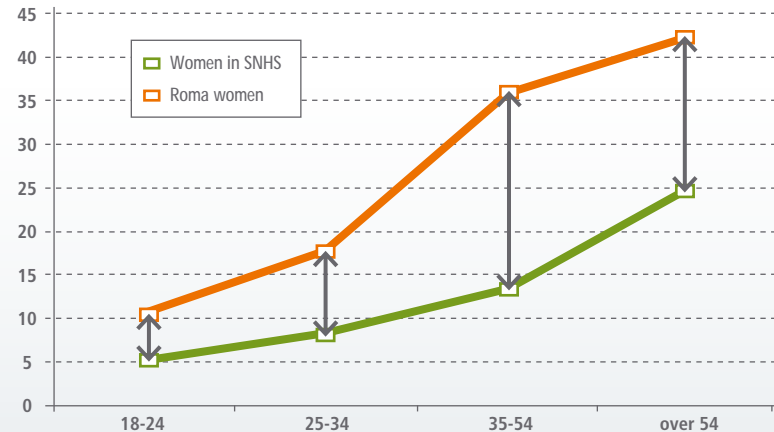
To analyze behaviour related to mobility in Roma population and security conditions of their vehicles in order to design specific measures leading to reduce traffic accidents. In the educational environment, preventive work has to be fostered. For example, by encouraging habits such as the use of the safety belt, making the relationship with fire safer and promoting actions that may improve perception of risk among the Roma community.

## OBEISITY, DIET AND PHYSICAL ACTIVITY

Obesity is the endemic problem of Western societies. This is a health problem that also affects the Roma community, especially women. Children under 4 years and adult women, from 25 years on, have weight problems in a much higher proportion than the general population. In the general population, among women over 18 years, 15.2% are obese, a rate that goes up to 26.4% among Roma women. In the male population over 18 years, 15.5% were reported to be obese while 18.2% of Roma men suffer from obesity. This difference is not significant, on the contrary to what happens with women. Roma community members aged less than 18 have more weight problems than the mainstream population: 16.1% and 10.2%, respectively. This data is especially worrying when talking about Roma girls aged less than 18 years: 22.9% are obese, compared with 10.2% in the general population.

The everyday diet is the most remarkable element to explain why a specific population have more obesity problems. If we observe the way the Roma population feed themselves, we will find that 5.5% of male children and 8.4% of female children do not have breakfast. These figures are five times higher than in the general population. 6.6% of adult Roma women do not have breakfast, in the mainstream population; this percentage is 2.3% for adult women. Moreover, Roma population eat less fruit when having breakfast, both in children and adults.

Percentage of obesity. Women over 18.



Roma community eat less fruit and green vegetables whereas animal fat and sugar are more present in their diet. Furthermore, the animal proteins that they intake come mostly from meat, sausages, cold cuts and eggs. The everyday diet in the Roma population is based on meat, eggs, pasta, rice potatoes, legumes, sausages, cold cuts and sweets. On the contrary, the general population eat more fresh fruit, bread, cereals, vegetables and dairy products. Pulse, pasta, rice and potato consumption is higher than in the mainstream population and it is also closer to recommendations affirming that these nourishments should be an essential part of daily diet.

Another fundamental factor that explains the greater presence of obesity, especially among Roma women, is the low rate of physical activity: 71.7 % of Roma women don't do any kind of physical activity, compared with 62.9% in the whole group of women. Among Roma boys aged less than 15, low levels of exercise during leisure time were observed; 30.9% of male children and 40.1% of female children among Roma community do no physical activity, although these numbers are similar in the global population group. Nonetheless, use of T.V., as a leisure activity is higher in Roma children: one out of four spends more than three hours a day watching T.V., while in the mainstream population it is one out of ten. All these elements, greater presence of obesity, deficits and excess of certain nourishments in the diet and low physical activity rate, bring excess weight as one of the main risk factors for Roma population's health.

### MAIN PRIORITY

To establish a strategy for promoting a healthy diet and physical activity in family, community, educational and health care environments as essential goal. On the other hand, to research characteristics of the Roma population diet, paying special attention to children's diet, from breastfeeding to the age of 9, and also to women's health, who have a very high risk of suffering from obesity in adult age.



## MEDICINE AND PREVENTIVE PRACTICES

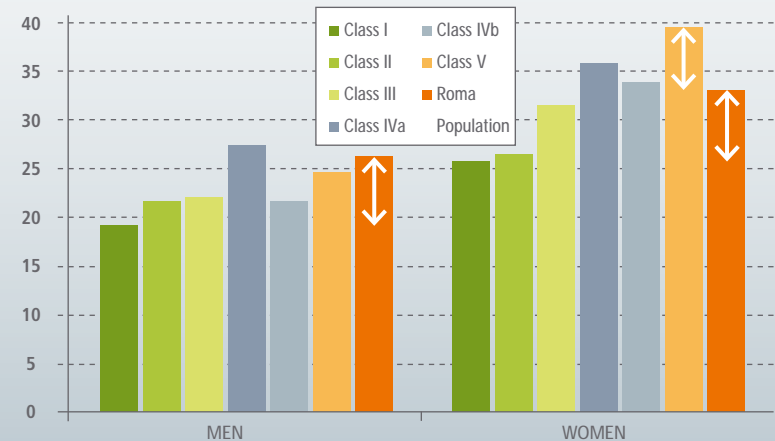
The entrance to Health System is proximity medicine: primary health care centres where medical and nurse consultations are provided. Among the Roma population frequency attending these primary health care services is similar to the general population: 33.5% and 33.4%, respectively, have attended health centres in the last 15 days. In both groups, it can be observed that women go more often to primary health care services than men. Referring to Roma children, the use of medical consultation is also similar to that reported in the global population group.

Given that the socioeconomic situation has an influence on health status, it is more than probable that people in the most disfavoured social status had attended consultation. This situation is similar in the Roma community and the mainstream population. The service that is used the most in both populations is the health centre. The importance of public health care assistance in the Roma community is especially remarkable because they barely use private health services or medical societies services. Therefore, a worsening in the National Health Service would have more repercussions in lower socioeconomic groups. When analyzing which are the most relevant health care practices, some differences can be observed between the Roma community and the population as a whole. In the Roma population, illness diagnosis and treatment are more relevant than preventive measures and health check-ups. In this section, it can

be observed that social determinants of health interfere in a more acute way: lower percentages of preventive practices correspond to the experience of the Roma population and it increases according to the improvement in social and economical conditions.

Gynaecological consultations and performance of mammography and smear tests are especially recommended to prevent illnesses such as breast or cervix cancer. Data revealed that 73.7% of Roma women and 82.4% of women in the general population have attended at least once gynaecological consultation.

Percentage of people going to consultation in the last two weeks. Adults.





Furthermore, a wide percentage of Roma women, 23.2% have never gone to a gynaecologist regarding something not related to pregnancy or childbirth. In the general population, this indicator goes down to 6.4%. Only 44.4% of Roma women go to for periodical gynaecological check-ups. In the general population, this percentage is 74.9%. Among Roma women, 30% have attended the specialist due to gynaecological illnesses, in comparison to 16.6% in the female general population.

In age groups where mammography is recommended, women between 50 and 64 years, Roma women are reported to do this test less often. 41.2% of Roma women between 35 and 54 years, compared to 59.9% in the global population group. If we look at Roma women over 55, we will notice that only 59.2% of them have had one mammography, whereas in the mainstream population 72.1% have done this test.

#### MAIN PRIORITY

To foster preventive function of primary health care services, taking into account that they should be oriented towards the community and that active recruitment should be used when necessary. In a parallel way, to improve the level of assistance in gynaecological consultations in Roma women of all age ranges to reduce inequalities in access to this service as a form of increasing preventive practices.





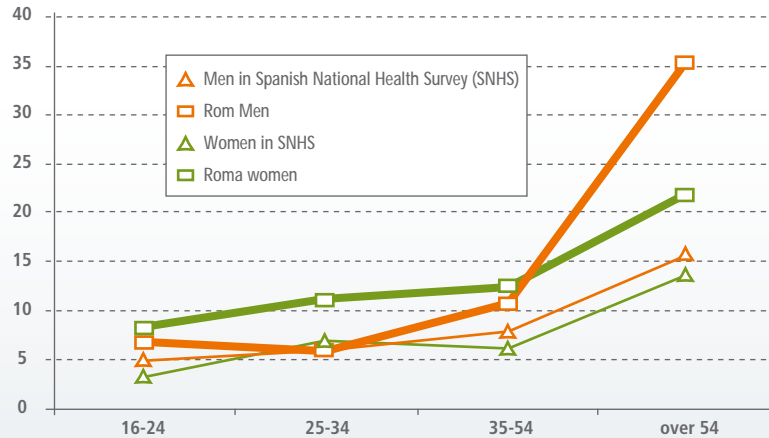
## HOSPITALIZATION AND USE OF EMERGENCY SERVICES

The number of medical hospitalizations and use of Emergency Services are linked to the general health status of the population and to the access that is established in each country. The Roma young female population, in spite of their youth, are reported to have more hospitalizations, 15.4%, than the whole women group, 10.5%. When talking about the male population, this difference is smaller, 11.6% in Roma men and 9.2 % among all men.

If we adjust the number of hospitalizations relating to childbirth, we will see that 12.2% of Roma women were hospitalized last year, compared with 8.6 % of all women. Age is another fundamental factor: 35.6% of Roma men over 55 years have been admitted into hospital in the last twelve months, compared to 15.5% in the general male population. Women in the same age range present similar behaviour: 21.5% of hospitalizations among Roma women and 14% in the whole female population.

The reasons for being admitted into hospital vary among Roma men and men in the mainstream population. While there is not a distinctive main cause for hospitalization in Roma men, in the general population, the principal reason for being admitted is surgical intervention. Referring to women, reasons are similar in both populations. Roma minors are more often admitted into hospital

Percentage of hospitalizations in the last year. Adults.



for non-surgical interventions and other medical performances. On the other hand, minors in the global population are admitted principally for being operated on. Hospitalization coverage in the whole general population is basically public and it is more relevant in the Roma community, especially among women and people under 15.

The right organization and use of Emergency Services favours equity, effectiveness, quality and efficiency of health systems. This service is very often used by the mainstream population, women using the services more than men. Among the Roma population over 16 years, 39% of women have gone to the Emergency Services, in comparison to 36% of men, similar percentages to those in the general population.

According to Roma female children, a similar use has been observed with respect to the general population: 40.4% and 36.4%, respectively. Nevertheless, male children show a different situation: 29.8% of Roma male children have been in Emergency Services, compared to 38.6% in the whole general population. Among the Roma community, people over 55 go more often to Emergency Services, both in women, 39.8%, and men, 46%. Other remarkable data is that a higher socioeconomic level means less use of Emergency Services: 23% of men and 24% of women of social class I have come used this service.

### MAIN PRIORITY

To improve the assisting process in primary health care services, specialized attention and Emergency Services taking into account sociocultural characteristics of different populations. To study in depth the reasons that bring about differences in the use of different services and to implement activities to encourage the right use of these services. To study Roma population's use of Emergency Services to distinguish the really urgent and cases from the wrong utilization of this kind of health care services.



## MEDICINE CONSUMPTION AND ORAL HEALTH

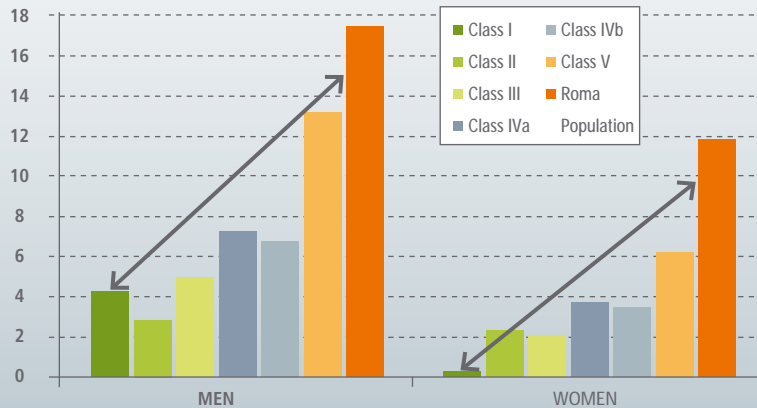
When comparing data about medicine consumption, it is observed that the Roma population use more medicine than the population as a whole. In the case of some specifics such as those to reduce pain, to reduce temperature, to fight colds, or those aimed to alleviate throat or respiratory pain, it is observed that Roma consume twice as much of these medicines as the mainstream population, even though the levels of self-medication are similar to those presented by the general population. In the case of Roma women, their consumption frequency is higher than in men, even though they present slightly lower self-medication rates. Roma children and teenagers under 15 years old, keep high levels of self-medication, especially for throat pain, cold, flu and respiratory illnesses in general.

Medicine consumption levels are also important for other indications: 11.7% of adult Roma have taken tranquilizers, relaxants or sleeping tablets, 10.3% have used antibiotics and 10.1% have bought medicine for blood pressure. It is estimated that 20% of the antibiotics used by the Roma population have been obtained without prescription, even though they receive more medicine prescriptions. The fact that the Roma consume more medicine than the general population, shows a higher morbidity and therefore it could be a sign of inequity that they suffer when accessing healthcare. It could also indicate a bad use of medicine or a lack of information about medicine use.

Another factor to be considered is the oral health within the Roma population, since good oral health is the reflection of good general health. The socioeconomic situation is a significant element in this field as in Spain, Dental Care is mainly provided by the Private Health, with a rare presence of these services in the Public Health System. The adult Roma population show a higher level of people who have never been to a dental surgery: if we compare the mainstream population rates, 6.8% in men and 6.2% in women, with those of the Roma Community, 17.4% in men and 12% in women, we can state that the Roma population's access to Oral Health is worse. This lack of access

to Oral Health makes the Roma population suffer from more illnesses and dental problems. For instance, the cavity rate within the female Roma population is 56.3%, versus 26.8% in the female general population. The social class has a decisive influence on this health aspect: for example, compared to V Class in the general population, the Roma children have double the number of cavities. The lack of public protection in dental health explains this health inequality, even though one out of five dental consultations provided to the adult Roma population takes place in the Public Health System. As a result of this inequity, the Roma receive fewer interventions to improve their oral health, such as tooth extractions, fillings, caps, prosthesis or false teeth.

Percentage of people who have never been to a dental surgery, dental hygienist or stomatologist. Adult population.



### MAIN PRIORITY

To develop educational campaigns about the treatment of different illnesses, such as respiratory illnesses, cold, flu, pain and temperature, stressing on the problems generated by self-medication, antibiotic indiscriminate use, as well as informing about the side effects of the different medicines. Also working to increase the oral health public protection, especially with the child population who are more affected by health social determinants.

## CONCLUSIONS AND RECOMMENDATIONS

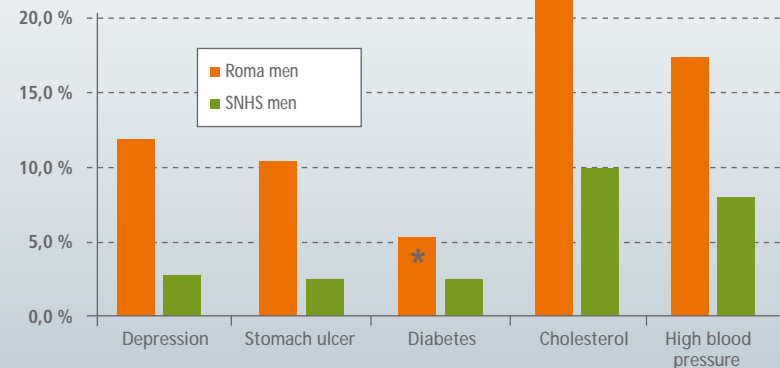
After processing the results obtained in this Health Survey, we can infer some conclusions that enable us to draw a picture on Roma community's health in Spain. The first and the most important of all, is that they are a community especially vulnerable to the interaction that social determinants have on people's health. The house conditions, the social precariousness, the type of jobs that some of the Roma population do and the greater difficulties for achieving a right level of education are some of the factors that make Roma community have more health problems and, thus, restrict many aspects of their everyday lives.

The health indicators are less favourable to the Roma community than to the mainstream population, in some cases even comparing them to those groups in the most vulnerable social and economic situation. In addition, Roma women show a worse health state than Roma men and the female population as a whole, and they present, in general, worse results for many of the studied indicators. With regard to the whole citizenry, the prevalence of chronic illnesses, the risk of accidents and the oral health problems tend to be higher in the Roma population. However, when analysing the lifestyles of the Roma population, it is observed that because of cultural reasons and others, the Roma women have a higher rate of abstention from consumption of alcoholic drinks and a lower percentage of smokers. Nevertheless, the consumption of tobacco in

Roma men is high compared to the rest of the population and the rate of abstention from alcohol consumption is lower. They start to smoke and drink alcohol earlier and the number of cigarettes they smoke is higher.

Another important aspect is being overweight and obesity, which is greater in the female Roma population when comparing them to the Roma men and to the women as a whole. Concerning eating habits, it is observed that in the adult population as well as in children and teenagers, there is a higher presence of non recommended eating habits in the Roma population, with a lower daily consumption of fruits and vegetables plus a higher consumption of sugar and animal fat. The increase in health services generally has promoted the access to this assistance for Roma population to be equivalent to the

Men between 35 and 54 years old. Health problems. Percentages.



(\*) Non significant

access of the mainstream population. However, the worse health conditions of the Roma community could involve, in some cases, a higher use of these services than in the general population and higher medicine consumption. On the other hand, when it is about services not covered by the National Health System or services aimed at prevention, the access levels are insufficient and inadequate. Some examples are the worse oral health, the lower frequency of preventive practices in women, and the lower level of access to technical resources such as hearing aid or sight aid devices.

Therefore, according to the stated results, it is considered a priority to act in the following fields:

- To increase the measures on health promotion and illness prevention in the National Health System and in other sectors.
- To promote healthy lifestyles, with improvements on eating habits, reduction in tobacco and alcohol consumption and increase of physical activity.
- To encourage Roma women to have mammograms and smear tests, to improve their access to obstetrical services and pregnancy monitoring.
- To enable the population to manage their health better, in order to reduce self-medication.
- To improve the monitoring of cardiovascular risk factors.
- To promote the access to aid devices and interventions to correct sight and hearing problems.

- To improve the access to oral health services.
- To avoid risk factors and conditions that enable illnesses to progress and to convert into chronic illnesses.

#### OTHER PRIORITY ACTIONS TO CONSIDER

- Roma community's participation in all intervention processes.
- Cross-sector work among all the people involved.
- To advance and go further in the research about Roma community's health.
- Training on attention to diversity for the Health staff.
- Promotion of intercultural mediation and peer education.
- Adaptation of teaching materials and launching of specifically designed information and awareness campaigns.
- To advance on health assistance universalisation.
- To influence the prevailing health concept in some sectors of the Roma community.
- Normalisation and stabilisation of the scheme that works towards Roma population's health.

*(Salud y Comunidad Gitana (Health and the Roma Community). Madrid: MSC-FSG (2005))*

*“The comparison of the Health National Surveys, the recommendations reached by consensus with the experts, as well as the national and international experiences aimed to gain health and reduce inequalities, show that the public policies can be refocused to achieve health equity within the Roma Community in one generation”*

