

More Roma healthcare professionals are needed to improve healthcare for Roma!

by

Marcela Adamova, EPHA Roma Health Fellow

**Andrej Belak, Institute of Ethnology and Social Anthropology,
Slovak Academy of Sciences**

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Executive Summary

In Slovakia, as elsewhere in Europe, segregated Roma face much greater difficulties accessing and receiving standard healthcare services compared to other citizens. At present, the Coronavirus pandemic further intensified these inequalities with many local Roma facing poorly organized quarantines. According to related research, the root driver of this inequality in care is structural antigypsyism. This specific form of racism renders Roma as a people with substandard capacities in various respects. Both directly and indirectly, it causes large proportions of Roma to live in ethnically segregated enclaves where standard opportunities, including standard infrastructure and services, are lacking. In such segregated places, suspicious and opportunistic attitudes towards outside society becomes a rational and popular choice. In local, everyday life, this structural tension bases and feeds a vicious circle of poor mutual understanding, communication, practices, experiences, emotions and stereotypes between segregated Roma and any outsider service providers – including within the healthcare systems.

In our country, the policy approach to this issue has been limited to the support of intensive community health work focused on health literacy within segregated Roma communities and, more recently, to the first attempts to increase cultural-competence skills of healthcare professionals. According to experience and evidence from elsewhere, while important, these efforts are highly unlikely to tackle the very root cause of difficulties in accessing healthcare –antigypsyist ideas and convictions on the part of most involved people. Meanwhile, what has been shown to work against racism most effectively in similar cases – increasing the number of minority professionals, including doctors, nurses, midwives, dentists, pharmacists, etc. – continues to be completely missing from the related policy agenda. With respect to the current Corona crisis, too, one has to wonder: would state control of the epidemic in segregated Roma enclaves lead to equally dubious quarantines if Roma epidemiologists with intimate knowledge of the settings were included?

We therefore urge the responsible institutions to start explicitly aiming to increase the disproportionately low number of Roma healthcare professionals in Slovakia. More specifically, to ensure implementation of this measure nationally, we recommend it is included as one of the goals in the action plan of the health section of the Slovak Republic's National Strategy for Roma Integration after 2020.

About the Roma Health Fellowship Programme

The Roma Health Fellowship Programme ran from 2012-2019. It aimed to empower Roma advocates from Central and Eastern Europe to develop the necessary tools to engage with European policy makers and to increase the capacity of the Roma community for leadership on Roma health at EU level.

This programme received support from Open Society Foundations - more information about the programme can be found here: <https://epha.org/our-roma-fellows/>

I. Antigypsism also drives poorer healthcare for Roma, yet policies ignore this

According to research, racist ideas are likely to be the fundamental cause driving ethnic inequalities in health via varied discriminatory processes both outside and within healthcare systems. Racist beliefs, i.e. beliefs considering specific groups of people naturally less capable and worthy in specific respects, are the prime cause of ethnic health inequalities because they are the single constant force that continues to base and feed an otherwise constantly evolving plethora of conscious, unconscious, direct and indirect discriminatory pathways, leading to persistently poorer health outcomes on the part of ethnic minorities. [1-5] While most of the mediating pathways leading to poor health, such as discrimination in education or labour market, lie outside direct control of healthcare systems, many exist also within. Greater difficulties accessing and receiving quality healthcare services driven by racism are among the best researched and evidenced in the latter group. [6-9]

The Roma in the CEE region, including Slovakia, have been shown to face various forms of discrimination driven by racism within healthcare systems. Representative large-scale surveys have identified evidence showing poorer health care services for Roma, both in terms of access to and quality of services. [10-13] As socioeconomic discrepancies between patients mostly fail to explain all of these inequalities in care, researchers have increasingly started to question also the role of ethnic discrimination within the care systems. [14-20] In line with findings from surveys carried out by NGOs and others, various kinds of discrimination towards Roma within healthcare systems has been identified, including racial discrimination on ethnic grounds – antigypsism¹ - [21-25] Studies conducted in Slovakia count among those most comprehensively documenting the extent and driving role of racism behind such inequalities in care. [26-30]

Yet, the evidence on the crucial role of antigypsism as a driver behind the poor health status of the local Roma – including via discrimination within healthcare - has yet not been acknowledged in the country's related policies. There is no plan for combating it in our country.

Let's finally talk about antigypsism!

There are, of course, also many indices outside scientific evidence pointing to racism being the “elephant in the room” with respect to the so-called “Roma issues”, including poorer health status of the group. Results from Eurobarometer show that Slovaks are one of the least tolerant nations towards ethnic minorities, especially Roma, and this seems to be a constant concern. The country as such has faced numerous prosecutions for ethnic discrimination towards the Roma, including within the healthcare system.

A recent report by the Slovak Ministry of Finance has confirmed that expenditures on Roma within healthcare are below standard. In 2015, the European Commission took infringement action against Slovakia for discrimination of Roma children in education. Yet, antigypsism has still not entered the public discourse as the crucial common denominator. Let's finally break this embarrassing tradition – let's follow-up on the latest European Commission call and start talking about antigypsism in Slovakia, too!

1. “Antigypsism is a historically constructed, persistent complex of customary racism against social groups identified under the stigma ‘gypsy’ or other related terms, and incorporates 1. a homogenizing and essentializing perception and description of these groups; 2. an attribution of specific characteristics to them; 3. discriminating social structures and violent practices that emerge against that background, which have a degrading and ostracizing effect and which reproduce structural disadvantages [40].” Antigypsism describes Roma as an ‘inferior’ and ‘intellectually retarded’ race. It supports and justifies attacks against Roma [41].

II. More minority care professionals might curb racism in care

Increasing the number of care professionals from minorities that face ethnic discrimination is one of the most effective interventions against racism in care services.

Over the last decades, at the forefront of the fight against ethnic discrimination within healthcare hopes have been placed largely on the increase of cultural-competence skills of healthcare staff. The discrimination perpetrators were expected to start treating their minority patients better once they learned – through related education and training – more about such patients’ alleged shared cultural characteristics. [31, 32] However, this was not the case. Approaches hoping to sensitise staff via education on “cultural traits” have struggled with finding such common traits and initiatives ignoring this often ended up strengthening, rather than curbing, ethnic stereotypes [33, 34]. Instead of such a rigid culturalist approach, experts therefore now call for training to enable healthcare professionals to recognize and follow-up on their individual patients’ structural vulnerabilities – including barriers faced due to, or as a result of, previous racial discrimination beyond and within the healthcare settings. [33-36] However, as the racist nature of ethnic discrimination is gradually becoming more covert and indirect, recognizing it requires self-critical awareness of both the local history of racism, as well as of its victims’ related experiences and perspectives. [35-38] What better motivation might there be than having a fellow colleague or a superior professional, who has themselves suffered discrimination? Indeed, further supporting the appropriateness of this trend, studies focusing on interventions against racism show that employing more professionals from disadvantaged minorities seems to have the best results. [2, 38, 39]

III. There are disproportionately fewer Roma healthcare professionals in Slovakia

Roma who reach university usually choose to study “soft fields” such as humanities, social sciences, and avoid “hard fields,” including healthcare studies. Studies reveal that this choice is related to lack of confidence, a shortage of role models and internalised racism. [47]

If we consider that, according to official data [44], the Roma minority comprises at least 8% of the total population in Slovakia and that the proportion of 25-34 years old with a tertiary education was 37 % in 2018 [42], then we can suppose that approximately 3% of these young people should be of Roma origin. However, a UNDP report states that Roma are in fact represented in universities much less [45]. The absence from medical professions was confirmed by the Roma Education Fund (REF), the largest tertiary scholarship provider for ethnic Roma in Central and Eastern Europe.[59] Every year, this non-governmental organisation financially supports between 60-80 Roma university students from Slovakia. In the academic year 2018/2019, there were only 5 medical students applicants (2 medicine, 2 nursing, 1 birth assistance) out of 165 of the REF Roma Memorial University Scholarship Programme. [58]

IV. Slovak anti-discrimination law provides a unique legal opportunity to combat antigypsim in healthcare and related education

Slovak anti-discrimination law adopted in 2013 provides a legal opportunity for “*public administration organs or other legal persons to adopt temporary equalization measures aimed at eliminating disadvantages that ensue from racial or ethnic origin, affiliation to a national minority or ethnic group, gender or sex, age or health handicap and ensuring equal opportunities in practice [52].*” It also clearly states that it cannot be perceived as discriminatory towards the members of the majority population.[52, 56]

Temporary equalization measures are:

- a) Aiming at **eliminating social or economic disadvantages** for members of disadvantaged groups,
- b) **Promoting employment, education, culture, healthcare and services** for disadvantaged
- c) groups,
- d) **Aiming at creating equal opportunities in accessing** employment, education, **healthcare** and housing, particularly through targeted preparatory programmes for members of disadvantaged groups, or by disseminating information about such programmes or about opportunities to apply for jobs or places in the education system. [52, 53 , 56]

V. Endorsing more Roma professionals might have many benefits

Savings in healthcare

It is commonly recognised that racial health disparities impose direct healthcare costs and indirect costs such as loss of productivity. [50]

Increasingly, studies show the potential economic advantages of diversity in education and employment. These advantages do not only relate to improvements in the lifestyles of members of the disadvantaged groups but they also include benefits for the involved organisations, such as access to new approaches and views, innovations, better teamwork or capability to approach a wider clientele. [50, 51]

Moreover, whilst the general Slovak population ranks among those fastest aging in the OECD area, the share of the Roma population in the country is expected to increase to 14% by 2060 [42]. *Thus, any investment in Roma human capital might later be reflected in savings in healthcare.*

Fairer redistribution of power wealth and prestige

Considering that Slovakia belongs among the OECD countries with the lowest social mobility, it should also be in its interest to enhance the social structure of students to ensure that everyone benefits from economic growth including marginalised Roma. The potential role of tertiary education in fairer redistribution of power, wealth and prestige is great because it can offer life-changing opportunities . [42, 47]

Although Slovakia’s economy is growing fast, and the number of people in tertiary education has increased from 14.4% in 2006 to 28% in 2015, a 2019 OECD study shows that the probability for Roma born in a concentrated residential area to become unemployed or earn less than a minimum wage in irregular jobs is significantly higher than those from the poorest 5% of the general population. [42] *Thus, there are very good reasons to increase access to secondary and tertiary education specifically for socially disadvantaged Roma.*

Challenging general antigypsyism

Members of long-term disadvantaged groups in prestigious positions could serve as role models who challenge stereotypes about the “intellectual incapacity” of members of these groups and improve the confidence of other young Roma to move on to professions requiring higher formal qualifications. [43, 56]

Research shows that education in ethnically diverse environments not only provides individual economic and career benefits, but also delivers the following overall benefits:

- Improving relations between groups and interactions between students of different races
- Decreasing prejudices, stereotypes and discrimination
- Improving students' cognitive skills, critical thinking and self-confidence
- Improving students' civic engagement
- Supporting the development of skills necessary for professional life and leadership positions
- Improving class environments [56]

In the Roma context, more Roma healthcare professionals could thus effectively challenge all aspects of antigypsyism, both within the Roma community, and in outside society.

VI. An encouraging related experience from abroad

Numerous other countries have opted for affirmative action or positive action measures to assure equal opportunity and social justice for people in real life. These measures were also recommended to Slovakia in a recent OECD study directly. [42]

Research from the US has shown that health outcomes are improved when black patients have black doctors; they are more likely to go for treatment and be more satisfied with the care they receive. [55]

In our region, countries such as Romania, North Macedonia or Serbia have already adopted different forms of positive action measures in tertiary education at national level, too. For example, the Ethnic Minorities Health Problems Foundation in Bulgaria runs a pre-admission scheme that enables Roma to study for medical careers. It offers a preparatory training and mentoring programme to foster Roma talents and diversity within the healthcare professions. [57]

Another inspiration might come from a small Slovakian programme, established in partnership by Centre for the Research of Ethnicity and Culture (CVEK - non-governmental organisation) and the University of Economics in Bratislava. Based on experience from abroad but adapted to the Slovakian situation, it organises a university preparatory course for Roma who have successfully graduated from secondary school since 2014. The programme involves proactively disseminating information and motivating young Roma talents to study economic disciplines. If they are successfully admitted to university, they receive a full scholarship and mentoring during their studies. [56]

VII. Conclusion

More Roma healthcare professionals are required within the Slovak healthcare system to combat structural antigypsyism – the root driver of Roma health inequalities in the country. Slovak Anti-discrimination law provides a great legal opportunity to target the significant under-representation of Roma in the healthcare and other professions.

Considerable research on diversity in healthcare professions clearly indicates that the presence of more Roma health professionals would not only reap individual, but also many collective benefits, mainly savings in healthcare, fairer redistribution of power, wealth and prestige as well as challenging prejudices and racism against Roma overall.

Responsible institutions should follow the examples of other similar countries to target antigypsyism in healthcare through boosting the number of Roma health professionals in Slovakia. There is an urgency to ensure the implementation of such measures at national level e.g. via the action plan of the health section of the Slovak National Strategy for Roma Integration after 2020.

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