

Health Promotion among Navarre Ethnic Minorities programme, Navarra, Spain.

About Maria José Pérez Jarauta and Ana Hernandez

[▶ About Maria José Pérez Jarauta and Ana Hernandez](#)



Ana is a community health mediator and Maria José is responsible for the programme at the Public Health Institute.

[About the Health Promotion among Navarre Ethnic Minorities programme](#)



The programme activates collaboration between health, social and education service providers, Roma associations and Roma community health mediators.

[Interview – Roma health in Navarre and Spain](#)



Health services have difficulty in clearly differentiating between the cultural and socioeconomic aspects of the Roma health situation.

[Interview – The role of Roma mediators](#)



The Public Health Institute selects mediators based on criteria including the respect their own community grant them, their adaptability and initiative, and their commitment to promote health.

[National initiatives in Spain to improve the health of the Roma community](#)



The National Strategy for Health Equity for the Roma Population was launched in 2003.

[Acknowledgements](#)

Contributors and links for more information

About Maria José Pérez Jarauta and Ana Hernandez



Maria José Pérez Jarauta, second left, with the Gales delegation in Pamplona, Navarra, Spain. © Public Health Institute, Navarre's Health Service, 2005.

Maria José Pérez Jarauta

Maria José Pérez Jarauta is Chief of the Department of Health Promotion of the Public Health Institute, Navarre's Health Service in Spain. Among other tasks, she is responsible for the Health Promotion among Navarre Ethnic Minorities Programme, the objective of which is to improve the health of the Roma community.



Ana Hernandez is explaining the investigation done by the mediators on "Roma Women in Navarra" during an event at the Public Health Institute. © Public Health Institute, Navarre's Health Service, 2007.

Ana Hernandez

For the past eighteen years, Ana Hernandez has been working as a mediator for the Health Promotion among Navarre Ethnic Minorities programme. Whereas she attended formal basic education until age 15, she has since received considerable training on health issues through her involvement in the programme.

About the Health Promotion among Navarre Ethnic Minorities programme



Poster explaining services offered through the Health Promotion among Navarre Ethnic Minorities programme.
© Government of Navarre, 2007.

Background

In the 1980s, before the commencement of the Health Promotion among Navarre Ethnic Minorities programme, the Roma population in Spain and in the autonomous community of Navarre experienced poverty and social exclusion, unhealthy housing and environmental conditions, insufficient access to public services, prejudice, and discrimination. As a result, they incurred higher mortality, morbidity and prevalence of unhealthy behaviours.

Health consequences had more to do with lack of equity in life opportunities, access and use of resources than with genetic factors intrinsic to the Roma minority. All Roma people were not covered by the health system in Navarre. Their relationship with the health system and other service providers could limit access to needed services.

Responding to the above needs, the Health Promotion among Navarre Ethnic Minorities programme began in 1987. It was initiated by an NGO, the Saint Lucia Foundation Patronage, which initially coordinated it while requesting that it be incorporated into public services. The Health Department of Navarre obliged the request and placed its

coordination and management first in the Primary Health Care Direction and later in the Health Promotion Service of the Public Health Institute of Navarre, under the direction of a social worker.

In 1987, the programme started implementation in four basic health zones. By 2005, it had expanded to 15 zones (including Barañain, Burlada, Huarte, Villava, Tafalla, Estella, Tudela, San Adrian, Lodosa, Peralta, Carcastillo, and four in Pamplona) and had direct contact with more than half of the 6000-7000 Roma living in Navarre. It is implemented in the health zones with the largest Roma populations.

Objective

The programme's objective is to reduce health inequities by improving the health of the Roma community. It considers the strengths of the Roma community and uses an assets approach to improve health outcomes, address the socioeconomic and environmental determinants of health, and increase access to health services. It does this by coordinating health, social and education services and by using trained Roma mediators.

Partners

The Programme has at present twelve Roma health mediators and a coordinator, in addition to a professional from the Health Promotion Section responsible for the management of the Programme. All staff members work part-time. Funding comes entirely from the Public Health Institute, Navarre's Health Service / Osasunbidea, Regional Government of Navarre.

The programme has three main partners, listed below, which represent the central level of coordination.

- *Public Health Institute.* At the Department of Health Promotion, a social worker, with other technicians of the Department provides technical and coordination support for social and health workers and Roma from implementation health zones; ensures selection and training of mediators (e.g., ensures weekly contacts for training); assesses needs; and does general monitoring and evaluation. The Institute is also responsible for financing activities, and contracting and training mediators.
- *Gaz Kaló.* A Roma association that brings together Roma associations of Navarre, Gaz Kaló shares responsibility for training and providing technical support to mediators.
- *Central Health, Social, and Education Services.* The Central Health, Social, and Education Services handle central health services including Foral Plan for Drug Dependency, and the Directorate for Primary Health Care.

In each implementation zone, the programme is represented by an Intersectoral Commission. This local Commission analyses the community situation, records Roma requests and needs, monitors local activities and objectives, and evaluates the programme. A local Commission normally includes representatives from at least the following entities:

- Primary health care Centre (one social worker, responsible to the Commission and maintaining contact with the central-level coordinator);
- social services of the municipality (one technician);
- educational centres (one representative);
- a Roma association (one person);
- the Roma mediator of the implementation zone.

Activities

The activities and work strategies include:

1. health mediation using Roma mediators,
2. coordination and collaboration with local and central authorities,
3. peer education,
4. empowerment and participation of the Roma community,
5. exhaustive training of Roma mediators.

A model programme starts with a census - carried out by the mediator - of all families within the community, to assess their needs and requests. A confidential “history” of every family is created. It covers items such as vaccination status, eating habits and nutrition of children, family planning, and control of pregnancies. On the basis of this census, a work plan is elaborated. The social and health services responsible for the zone where the Roma community lives, and potentially also the schools attended by the children from the community, contribute to its elaboration.

During the first year, priority is given to children and women’s health and to continuous training of mediators. At the beginning, 50% of a mediator’s time is dedicated to individual or group training. As the years go by, this part of the mediator’s time is reduced to 30%. In later years, the mediator’s work is mainly to implement the workplan in conjunction with all necessary services.

Impact

Evaluations provide evidence that the programme has had an impact on the health of the Roma community in Navarre. The programme has contributed to higher levels of primary health care coverage, strengthened reproductive health of women and improved child health. It has increased participation of the Roma community in health education and disease prevention programmes. It also increased school attendance of Roma children aged under 12 years to 90%. In 2004, the Programme was recognized by Eurohealthnet as a European good practice model on equity in health.

Interview – Roma health in Navarre and Spain



Health education work underway by mediator Antonio Jimenez at a “Mercadillo” (small market place), where many Roma work and where the Roma population is a higher percentage of the total population. © Public Health Institute, Navarre’s Health Service, 2007.

Is there evidence of differences in health between the Roma population and the general population in Navarre?

Maria José:

Although available data is scarce in Navarre, there is evidence that the Roma population in Spain generally has worse health outcomes and health behaviour than the general population.

Life expectancy for the Roma population is below the national average. Infant mortality is higher than the national average. There can be a higher incidence of infectious disease and lower rates of health service use. There are generally inadequate follow-ups of prevention programmes, especially in socioeconomically disadvantaged areas. Moreover, there is higher prevalence of unhealthy behaviour, such as in the case of unhealthy eating habits, which can affect dental health particularly in the case of children; improper use of medications; and accidents and unintentional injuries such as burns, falls, pedestrian traffic accidents, bone fractures and cuts.

It should be noted, however, that this situation has evolved and improved in recent years.

What are some of the barriers to improving Roma health?

Maria José:

Historically, adverse socioeconomic conditions such as lower education levels, poverty, and unemployment have contributed to the worse health status of the Roma population. While there are changes for the better in these determinants of health, they still are very important contributing factors. In general, Roma do not perceive health as a priority: housing, finances or employment come before health in this group’s perceived needs.

A large percentage of Roma perceive health to be the absence of disease and perceive disease to be an incapacitating phenomenon linked to death. This perspective leads to immediateness in seeking help and to excessive use of emergency room services. It also leads to lack of strict compliance with treatment (suspending it when symptoms disappear) and the partial use of health services, where appointments are seldom made for consultations with doctors.

Health services have difficulty in clearly differentiating between the cultural and socioeconomic aspects of the Roma health situation. Moreover, health services are occasionally inflexible when confronting differences. For example, within the Roma community, the concepts of health and disease transcend the individual and extend to the group and community. Health service professionals can lack comprehension about the involvement of relatives.

Furthermore, health services may face communication and other barriers when it comes to Roma. These barriers include the vocabulary used by professionals, written communication of professionals versus oral communication of Roma, different criteria for quality assessment of treatment (for Roma: length of time, empathy, concern), and mutual prejudice.

These issues have steadily been addressed over the past years and the situation is getting better. This is made possible through collaboration with the Roma community and health services.

What kinds of assets for health does the Roma community pose that can be incorporated into strategies to improve their health?

Maria José:

The Health Promotion among Navarre Ethnic Minorities programme tries to use an assets approach to improve Roma health. It builds on strengths of the Roma community including:

- Community support and cohesion, particularly through the extended family, which can provide a sense of security and serve as a protective factor for individuals. Strong Roma cultural identity is also an entry point for associative movements.
- Some norms of behaviour, customs and habits of the Roma population that can benefit health.
- The role women play, as caretakers and transmitters of knowledge, gives them leadership when it comes to health.
- Respect for the elderly has an influence on youth.

Interview – The role of Roma mediators



Roma health mediators (Flor Hernandez, Ana Hernandez, Angelines Hernandez, Juli Perez, Maravillas Echeverria, Carmen Carbonell, Sara Jimenez, Antonio Jimenez, Antonia Perez, Yolanda Amador y Laura Jimenez). © Public Health Institute, Navarre's Health Service, 2007

What is the role of mediators in the Health Promotion among Navarra Ethnic Minorities programme?

Ana:

The programme's most central actors are the mediators from the Roma community. There is one in each implementation zone. They work in the Intersectorial Commission, the latter of which is charged with overseeing activities in each implementation zone.

Their selection of mediators by the Public Health Institute is based on:

- a test of their educational level,
- the respect and value their own community grant them,
- their adaptability,
- their commitment to promote health,
- their initiative, and
- their respect for confidentiality.

The mediators are contracted by the Public Health Institute, which also ensures their continuous training afterwards.

What does mediator training comprise?

Ana:

When starting, mediators are trained in the following areas:

- know-how and tools for their professional activity, such as guidance on how to write a report, manage group dynamics and conduct interviews;
- personal empowerment aspects, such as dealing with stress, managing workloads, and increasing one's awareness about socioeconomic conditions facing the Roma community;
- functioning of other services used by the Roma community, such as social, education and housing and employment services;

- health education aspects, such as vaccination, programmes and resources for health, women's health, healthy habits and substance abuse.

Throughout implementation, continuous (once a week) training in aspects of health education is provided to mediators and corresponds to the needs of their communities.

What are some challenges and opportunities with regards to using mediators as part of the human resource base for health interventions?

Ana:

The role of the mediator carries some rewards, but it is also demanding. It is rewarding when mediators are recognized as professionals, as reference persons from the community, and as social and health professionals in the zone where they work. It is also a great responsibility: after eight hours of work, they cannot close an office and leave their work problems and worries behind. They live in the community with the people they help and are always available.

Mediators can face difficulties in being recognized as a professional by health professionals. Therefore, work should be done on this issue. The role of community mediator is important for ensuring responsive services for the diverse communities and cultures that characterize the places in which people live.

At the beginning of the programme, health professionals were more involved in educational events about Roma culture. This should be promoted again, together with a wider approach to developing social and interpersonal skills for health professionals during their pre-service training.



Weekly training session for the mediators at the Public Health Institute in the training room where each Monday sessions take place. © Public Health Institute, Navarre's Health Service, 2007

National initiatives in Spain to improve the health of the Roma community



Reference Document “Salud y Comunidad Gitana” (Health and the Roma Community). Fundación Secretariado Gitano - Ministry of Health and Consumer Affairs, 2003.

The Health Promotion among Navarre Ethnic Minorities programme began at a time in Spain when there was no other specific programme for the Roma population and when the concept of differential access to health services by the Roma population was not acknowledged. The programme has played a pioneering role in sharing lessons learned and in orienting the National Strategy for Health Equity for the Roma Population.

According to the Spanish Labour and Social Affairs Ministry, the Roma population in Spain is between 650 000 and 700 000 people, accounting for an estimated 1.6% of the total population of Spain (44 million). The Roma population arrived in Spain during pilgrimages to Santiago de Compostela. There is evidence of their residing in Spain since 1425.

The Spanish Constitution of 1978 prohibits discrimination on the basis of race, sex, beliefs/opinions or religion. In 1985, the First Plan for Roma Development (Primer Plan de Desarrollo Gitano) was approved. The Plan has received 3 million Euro annually since 1989 and is managed by the autonomous communities and the town councils. Also, in 1989, an initiative began to provide financial support to nongovernmental groups with projects that focus on life opportunities and social inclusion of the Roma population. This initiative receives an annual budget of an additional 3 million Euro.

Both of the streams of funding of the Plan for Roma Development are managed by social service administrations. Even though health is often among the issues addressed by financed projects, it is usually not the main objective. One exception, however, is the Health Promotion among Navarre Ethnic Minorities programme.

In 2003, available evidence showed that there were disparities between health system

usage of the Roma population and that of the population as a whole. These differences had more to do with lack of equity in life opportunities, access and use of resources than with genetic factors intrinsic to the Roma minority. In response, the National Strategy for Health Equity for the Roma Population was launched. The Ministry of Health and Consumer Affairs (Directorate-General for Public Health, Health Promotion Area) and the Fundación Secretariado Gitano, a nongovernmental organization that has been operating since the 1960s, collaborated for measures including the following:

- A service was created for assessing, mediating and building capacity for Roma health issues. It targets health professionals and administrators, as well as representatives of civil society.
- Training and awareness-raising of hundreds of health professionals throughout the country has occurred. To facilitate this process, the “Handbook for Action in the Area of Health Services with the Roma Community” (FSG, 2005) was created.
- Several national seminars on health services and the Roma community have taken place.
- The National Survey on the Health of the Roma Population was carried out and will be compared with the National Health Survey for the general population, the results of which will be published in 2008.

The Strategy has been endorsed and adapted by some of the autonomous communities, which have expanded its scope and increased its effectiveness. In the same vein, FSG is now coordinating a European-wide project inspired by the National Strategy for Health Equity for the Roma Population. It is called “Health and the Roma Community: Analysis of the Situation in Europe” and receives funding from the European Commission.

In 2005, the State Council of the Roma Community (Consejo Estatal del Pueblo Gitano) was created as a mechanism for consultation and assessment. The Council is composed of 40 members (50% from Roma associations and 50% from state-sector administrations, with representatives from employment, housing, health, education, culture, social affairs and other sectors).

Linked to the Council are working groups composed of representatives from Roma associations and state administrations, as well as other topic-specific experts. There is a working group on health, and it contributes to the National Strategy for Health Equity for the Roma Population, as well as undertakes complementary measures.

In this general context, in 2003 and in keeping with EU Directive 2000/43/CE (EC, 2000a) and Directive 2000/78/CE (EC, 2000b) related to the equal treatment of all persons independent of their ethnic affiliation or race, the Council for Equal Treatment/Against Discrimination (Consejo para la Promoción de la Igualdad de Trato y no Discriminación de las Personas por el Origen Racial o Étnico) was created. In 2005, the Institute of Roma Culture was inaugurated, to further increase awareness of Roma issues and foster appreciation of the Roma culture by the general population.

Acknowledgements

- Maria José Pérez Jarauta, Chief, Department of Health Promotion, Public Health Institute, Navarra's Health Service / Osasunbidea, Regional Government of Navarra, Spain
- Ana Hernandez, Community Health Mediator, La Majarí Association and Health Promotion among Navarre Ethnic Minorities programme
- Begoña Merino Merino, Chief, Department of Health Promotion, Ministry of Health and Consumer Affairs, Spain
- Angeloi Goya Arive, Technician of the Department of Health Promotion, Public Health Institute, Navarra's Health Service/ Osasunbidea, Regional Government of Navarra, Spain
- Maite Abaurrea Azcona, Social worker, Gaz Kaló Association
- Maria Pilar Marín Palacios, Pilar García Castellano and all Technicians of the Department of Health Promotion, Public Health Institute, Navarra's Health Service / Osasunbidea, Regional Government of Navarra, Spain
- Pilar Campos Esteban, Section Head, Department of Health Promotion, Ministry of Health and Consumer Affairs

Note: This Web feature is based on a case study produced through follow-up to Resolution EUR/RC52/R7 on poverty and health. The study was authored by Maria José Perez Jarauta, Maria Angeles Goya Arive and Begoña Merino Merino (see affiliations listed above), in collaboration with the WHO European Office for Investment for Health and Development.

Web-feature authors: [Theadora Koller](#), WHO European Office for Investment for Health and Development and [Fabrice Danjou](#), Department of Public Health, University of Cagliari, Italy;

Web production: [Andrea Bertola](#), WHO European Office for Investment for Health and Development and [Cristina Comunian](#), WHO European Office for Investment for Health and Development.

For further information

- [Public Health Institute, Navarra's Health Service / Osasunbidea, Regional Government of Navarra](#)
- [Fundación Secretariado Gitano](#)
- Reference Document in Spanish "[Salud y Comunidad Gitana](#)" (Health and the Roma Community). Fundación Secretariado Gitano - Ministry of Health and Consumer Affairs. 2003.
- Reference Document "[Handbook for Action in the Area of Health Services with the Roma Community](#)". Fundación Secretariado Gitano - Ministry of Health and Consumer Affairs. 2005.
- EC-funded project "Health and the Roma Community: Analysis of the Situation in Europe", coordinated by Fundación Secretariado Gitano
 - [Leaflet](#)
 - [Presentation](#)
- [Roma Magazine covering social issues](#) - Fundación Secretariado Gitano