Roma access to quality, inclusive and affordable health and long-term care in Spain

FAGiC – Federación de Asociaciones Gitanas de Cataluña (Federation of Roma Associations in Catalonia) is an umbrella organisation created in 1991 and brings together 96 local Roma associations from all over Catalonia, making it the most representative Roma organisation in Catalonia. FAGiC was created with the aim of defending and promoting the rights of the Roma within the Catalan society and to react and denounce any form of xenophobia or discrimination towards Roma population. Its main purpose is to improve actions aimed at the Roma, gather information about their aspirations and concerns, and establish a communication channel between the Roma and the rest of the Catalan society (www.fagic.org)

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According to the information of the first Spanish Strategy Framework for Roma Inclusion 2012 – 2020, "the Roma population has been present in Spain since the fifteenth century and its historical trajectory has been marked, as in the rest of Europe, by persecution, assimilation attempts and processes of social exclusion.

Currently, the Spanish Roma population is estimated at around 725,000-750,000 people, these being the figures for Spain that the European institutions have used in their calculations on the Roma population for Europe as a whole. However, some caution must be maintained with respect to this data, since the real size of this population is not known exactly, and the approximations to the total figures have been carried out through various methods (temporary projections of previous studies, aggregates of local data calculated in different ways, studies on housing conditions that did not take into account Roma people who do not live in predominantly Roma neighbourhoods, etc.). Thus, the calculations and approximations can range between 500,000 and 1,000,000 people".

Regarding the main socio-economic indicators, according to report made by ISEAK Foundation for the Fundación Secretariado Gitano (2019)[1], the figures are:

- The majority of the Roma population suffers from strong inequality and lack of protection in access to economic and social rights. Poverty and exclusion affect more than 80% of the Roma population and have a great impact on minors.

[1] *Author: Fundación Secretariado Gitano; made by: Fundación ISEAK; Equipo, Sara de la Rica (dir.) [et al.] Editorial: Fundación Secretariado Gitano, 2019.*

- The educational level is, by far, the main determinant for employment and, therefore, for the socioeconomic inequality of the Roma population. Only 17% of the Roma population over the age of 16 have completed ESO (Secondary Mandatory School – until 16 years old) or higher, compared to almost 80% of the general population.
- The labour situation of the Spanish Roma population is characterized by low labour inclusion, by a low employment rate, by high unemployment rates, and by highly precarious working conditions and weak protection.
- The situation of Roma women is very unequal and worse than that of Roma men, and worse than that of non-Roma women. The inequality gap affects all areas: in the employment situation, in educational levels, in family responsibilities and even in low expectations and few possibilities of projection and promotion.
- Entry into the labour market is highly determined by social and sociodemographic factors, but also by discrimination and other cultural factors.
- In addition, it is a demographically very young population, which today in our society means a very vulnerable socioeconomic status. 66% of Roma people are under thirty years of age.

The methodology used for the case study in Spain is a mixed methodology, such as desk research and using the main studies/reports on Roma and Health and other reports on Roma, also the information we got from the Roma families, especially women, who are part of our Health programme and especially from the knowledge of our responsible of the Health Area, Esther Fernández. Esther, Roma woman herself, is the responsible of the Health and Woman Area of FAGiC in the last 6/7 years and during all this time she gained a wide knowledge of the health situation on Roma from the own families, especially by talking with Roma women. She is our representative in the National Roma Network on Health "Red Equi-Sastipen" which is a network of different Roma NGOs which work on health issues and also experts on health, sociologies, nurses, professionals of health, etc… This network meets few times per year and it is continuing shared knowledge network. The members (persons) who belong or participate in the network also receive training from experts in different topics and participate in the different researches/reports done in Spain about Roma and Health.

✓ *Social determinants of Roma health*

Currently, significant inequalities persist in the Roma population with respect to the general population and a significant percentage of this population continues to be a victim of discrimination, intolerance and social exclusion. The disadvantages of the Roma are especially evident in school and residential segregation, in the persistence of the risk of poverty, in the low rates of self-perceived health status, in the difficulties in accessing the labour market -especially among Roma youth-, the digital divide/gap, substandard housing and cases of discrimination and antigypsyism in the different dimensions of political, economic, social and cultural life.

These circumstances have been made even more complex by the crisis caused by Covid-19, which widened the existing inequality gaps, revealing the high levels of vulnerability, marginalization and social exclusion to which Roma people in Spain and Europe are exposed.

In the case of the health dimension, despite having a public and universal health system in Spain, we find that the Roma population has worse health indicators even compared to the lower social classes. The most relevant factors that influence these results are the social determinants that affect the entire Roma population in a high proportion, as well as the health services that are not covered by social security and that entail a separate expense; such as oral/dental and eye health. So, tooth decay and lack of vision is a significant problem within the Roma population in Spain, as well as a setback in childhood obesity, due to the crisis derived from the pandemic, lack of economic resources to buy fresh and healthy food, aggravated by sedentary lifestyle forced by confinement.

So, taking into consideration the mail social determinants of health such as: income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours, access to health services, biology and genetic endowment, gender, culture, minority ethnic background or racism, Roma population are at the lower status and this is transferred to their health.

For most of the health indicators analysed, it is observed that the Spanish Roma population presents worse results than the whole of the Spanish population. In addition, in multiple indicators, an important social gradient in health is observed, that is, a worsening of the state of health depending on the socioeconomic position.

Regarding the health problems or chronic diseases that they declare to suffer from, compared to men in the general population of Spain in 2012, Roma men in 2014 declares greater problems of osteoarthritis, COPD – Chronic Obstructive Pulmonary Disease, diabetes, depression, mental health problems and migraine than more advantaged groups in the general population.

Roma women report a higher prevalence than women in the most favoured social groups of the general population in indicators such as high blood pressure, osteoarthritis, asthma, diabetes, cholesterol, depression, mental health problems, migraine and problems related to menopause.

For most problems, women have equal or higher prevalence than men, with the exception of lung diseases and ulcers. For most of the problems analysed, an association is observed as the level of education, household income, quality of housing and the better the situation in childhood increases.

Health problems related to services partially covered by the public health system, especially in visual, hearing and oral/dental health, present significant inequalities in terms of prevalence of health problems and access to the services and treatments themselves, including prosthesis.

Infant mortality is significantly higher than the national average and life expectancy for the Roma population is 8 to 9 years below the average. In situations of accentuated marginality, it is estimated that life expectancy is 10 years less than the average.

In the Spanish political tradition, Roma have been the object of persecution, if we look at the historical course of public actions during the more than 500 years of documented presence of the Roma, with the Roma identity itself being the object of prohibition and opposition to itself a mechanism for the construction of national identity.

This context of ethnic domination explains the lack of participation in macroeconomic policies (such as, for example, fiscal policy) or how the Roma population participates in the labour market: occupying more temporary jobs, unemployment, with low presence in the public sector, low salary rate and high weight of family businesses. This implies the development of an ethnic economy, as can be seen in the concentration in sectors such as street vending (street/flea markets), where fiscal mechanisms, varying provisions between municipalities and bureaucratic mechanisms can set up significant barriers for the Roma population.

The Roma population has participated in the policies of the welfare state during the last decades from a minority position. Thus, the programs to eradicate slums have given rise to neighbourhoods with a concentration of the Roma population and ghetto schools; the educational system produces a high level of school failure in the Roma population (without also recognizing the cultural, social and historical elements of this minority in the school curriculum).

For their part, public institutions lack, depending on the case, the development, implementation or provision of resources for specific protection systems against situations of discrimination and racism (despite the new antigypsyism law of 2020 in Catalonia and the recently approved in the Spanish Parliament).

When it comes to culture and values, antigypsyism is deeply rooted in Spanish society. In the survey on the perception of discrimination in Spain in 2013, 35% admit that it would bother them to have Roma people as neighbours, being the group that receives the most rejection. These attitudes and stereotypes are widespread in the majority population as a whole, which surely includes part of the health personnel, although it is not a subject that has been the object of study.

The Spanish Roma population is subject to higher rates of poverty, long-term poverty, deprivation in various dimensions (often called social exclusion), confined to neighbourhoods or ghettos with poorer urban quality, greater police pressure and fewer services (for example, commerce or transport), where even today situations of shantytowns and substandard housing continue to be found and in which families have to compensate for the deficits of our welfare system (overload of responsibility for caring for children and dependents on women). The situation of the Roma population tends to be worse than that of the majority population for most of the health indicators analysed.

Inequality in health does not occur in specific or isolated indicators because it is the result of a comprehensive, broad, generalized system of ethnic domination that can be called an anti-Gypsy system of domination. In accordance with this, the resolution of social inequalities in health, in line with what is proposed by the World Health Organization, must be approached from a perspective that addresses the set of social determinants of health, without being limited to exclusively health field.

✓ *Health insurance coverage of the Roma*

In principle, the Spanish Roma population has the same access to public healthcare as the rest of the population. Even so, we found significant differences in both access and treatments.

The Roma population, regardless of their sex or age, declare higher frequency rates than the general population, in line with the worse state of health found.

Practically the entire Roma population usually attends medical consultations provided by the public health system (96.1% of Roma men and 96.9% of Roma women).

The use of emergency services corresponds to the health status of the different social groups compared: the worse the health status, the greater the use of this type of service.

Health problems related to services partially covered by the public health system, especially in visual, hearing and oral/dental health, present significant inequalities in terms of prevalence of health problems and access to the services and treatments themselves, including prosthesis.

In principle, all Spanish people have health coverage, it is a right. It doesn't matter your work conditions (employed or unemployed), in principle Spain offers public/free health coverage to all its citizens (oral/dental health is limited – no full coverage). Subsequently, all Spanish Roma (should) have documentation (ID cards, etc), so full health insurance coverage.

People (Roma and non-Roma) who do not have papers/documentation (regular/legal situation) can access healthcare through the procedure ALTA CON CODIGO DAR[2] (REGISTRATION WITH CODE DAR)

"If you find yourself without papers(documentation), there is a way to be able to go to the health centre, have an assigned doctor, paediatrician, and nurse, and also discount prescriptions and referrals to specialists and hospitals. This is what they call "register DAR". It is a way of entering your data into the health centre's computer, and it is a way created by the Madrid Health Service itself. If you are discharged DAR, you will not have bills for the care received and you will be able to have discounted prescriptions like other people."

The problem is that each autonomous community (region of Spain) works in a different way, therefore, it would be necessary for all of them to be guided by the same regulations, and that CODE DAR could be used. Health is a topic decentralised in Spain, so the government of each region is Spain is responsible for it. But, the common rule is that health is universally free to all the citizens.

Migrant Roma face more obstacles than Spanish Roma, especially those without documentation (ID, passport, etc): firstly, because they don't have access to basic resources such as social services, school, health, employment, etc and secondly, because of the lack of knowledge. The important thing is to know if migrant Roma are EU citizens, we should first ask ourselves, why they are in a "not regular (legal) situation" in order to support them. If Roma, migrant Roma, are in a regular/legal situation they should have access to health coverage as Spanish citizens. Full coverage is for Spaniards and people who are in regular/legal situation in Spain.

To increase the health coverage of the Roma population, the coverage of public services in general should be improved, especially those related to visual, hearing and oral/dental health. As well as improving the intercultural skills of health professionals and eradicating the persistent historical antigypsyism. The main obstacles lie in the fact that the political and economic measures aimed at the welfare of the population as a whole are insufficient, in addition to continually being cut back, to the detriment of the continuous increase in the arms and war budget.

✓ *Access to health and long-term in Roma communities*

Gender and territory determine health inequalities in Spain. In rural areas there is a lack of services that affects, above all, specialized medical care, concentrated in cities that are often far from the most depopulated areas. Just as the technology itself has also generated limitations in older patients.

[2] https://yosisanidaduniversal.net/materiales/exclusion-sermas/el-alta-con-codigo-dar

Although these data are not specific to the Roma population, they reflect the reality of the population as a whole, therefore, the Roma population is equally affected; surely if we include antigypsyism and access to economic resources, it can be deduced that the Roma population in rural areas has serious problems of access to the health system.

In principle, Roma have access to social security and a family doctor like the rest of the population, but as we have mentioned before, there are obstacles that can generate inequalities in both access and medical treatment.

These obstacles include, firstly, antigypsyism. In most of the cases, Roma (just because they are Roma) receive a different (negative) treatment than non-Roma; also the knowledge/understanding with the doctor. Even if Spanish Roma speak Spanish, there is not "language understanding/comprehension" between the Roma families and the professionals of health. Speaking to Roma by looking to the eyes and face would improve the understanding and by explaining in a basic way the situation. Thirdly, lack of knowledge of how the health system works, where to go, etc. Lack access to information, paperwork bureaucracy are also obstacles which generate inequalities.

In Spain, the figure of intercultural health mediator does not officially exist, even so, depending on the region, they can allocate resources to create this figure on an unofficial basis. So these insufficient measures can generate even more inequalities depending on the region of residence of the Roma population.

Costs are a barrier for the vast majority of the Spanish Roma population. The persistent historical antigypsyism places a large percentage of the Roma population at risk of poverty and social exclusion, which translates into a subsistence economy that does not allow investment in a quality life.

The lack of resources affects access to the health system in every way, such as travel to the location of the health centre, the purchase of treatments that are not covered by social security, the lack of adequate food, etc.

Illiteracy is also a problem when it comes to accessing the health system, the lack of orientation and ability to understand can affect when following treatment, understanding hospital dynamics, etc.

But we believe that the biggest obstacle is the destruction of the welfare state, the cuts in health (budget reduction) and education in the annual budgets, with the consequent pauperization of the population in general, and of course aggravating the situation of the population that was already at levels of high social inequality, such as the Roma.

✓ *Roma with disabilities*

To date, there is no specific research on the situation of Roma with disabilities. Although if we look at the intersectional axes of social inequality, and therefore of health, surely the Roma population with physical or/and metal is in a situation of greater vulnerability compared to the rest of the population with the same problem. We (FAGiC) believe that a study would have to be done to be able to affirm with certainty.

Physical and mental disability are still a big taboo topic, especially mental disability. It is a big taboo among the Spanish society, but it is bigger among the Roma.

In principle, the Roma population has the same access to disability benefits as the rest of the population with disability. But as mentioned previously, there is no specific research on the situation of the Roma with disabilities. According to our experience, we believe that because of the taboo issue, it could be possible that many Roma are not accessing disability benefits.

This can be improved by tackling antigypsyism. In addition, we should think that Roma is the population with fewer resources, so extra help/support will be needed. We like to show the big difference between equality and equity (igualdad y equidad). In order to have equality, firstly equity is needed. So, it is important to consider opportunities for equality from EQUITY.

In general terms, there is no institutional approach to locking people up. There are specific centres, but they are private or almost private, this is why it's not this institutionalisation approach.

It exists what it is so-called in Spanish the "dependency help". The government gives it to the dependent, so the dependent can pay a family member, so they can stay at home and being looked after by a family member.

There are occupational centres for people with disabilities, so they can have some kind of independence. But as far as we know there are no Roma, because Roma are usually taken care of by their relatives. Stigma still exists today. So if affects Roma with more exclusion, invisibility of the problem, less access to resources.

Roma families prefer to care for their relatives with disabilities in their own home, providing them with the care and attention they require. They can have access to medical assistance, and occupational and respite centres, just like other citizens, but they prefer to take care themselves. Normally they do it this way due to "cultural issues", in which the values of respect and care within the family are usually very important, although not all families are guided by these values, or can care for their relatives with the necessary attention.

So, for some families, an important part of being Roma or a cultural aspect of being Roma is to take care for their relatives, even that the relatives can have access to specific assistance. Some families do this, because for them it is important and because they believe that the relative would be better within the family, some other family do because of what the other Roma would say if they don't take care of their own relatives (social/cultural pressure in some cases is possible). But it is important to highlight that not all Roma families follow this kind of values. But the lack of information and paperwork procedure also are important obstacles in these cases.

On the other hand, it must be considered that these services are more accessible and there are a greater number of centres in urban environments, in urban peripheries and in rural areas, all services are more scarce and precarious, (they allocate less budget). It must also be taken into account that access to information, procedures, etc. to access any service, it could be more complicated for illiterate people, with little social capital, that is, who do not have anyone close who can help them, or an environment that favours development)

✓ *Roma mental health*

Although there is no specific research on the mental health of the Roma population, we did find data in the second national survey of 2014 (specific on health and Roma), disaggregated by sex, where both declare a higher known prevalence of ill mental health than men and women in social groups more advantaged of the general population in indicators such as depression[3].

- Depression in Roma women reaches 17.6%, compared to 7.7% in the general population.
- While less than 5% of Spanish men suffer from depression, this pathology affects more than 10% of Roma men.
- High cholesterol affects more than 20% of Roma compared to 10% of the rest of the population; and hypertension is suffered by more than 15% of Roma, a percentage that doubles that of the rest of Spaniards.
- With respect to the citizenry as a whole, the Roma have a higher prevalence of suffering from chronic diseases, risk of accident and health-oral-dental problems, among other pathologies.
- With regard to Roma women, the study states that they are the ones who refer to a worse state of health. Obesity and overweight affect them mostly
- The study reveals that social determinants such as education, employment, housing, economic stability, affect the health indicators of the Roma people.

[3] https://www.sanidad.gob.es/va/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/docs/ENS2014PG.pdf

So, if social determinants affect the health indicators of the Roma, we can say that poverty and bad living conditions affect Roma physically and mentally and phenomena such as stress, anxiety and depression are more prevalent with the Roma because of the socio-economic situation.

In principle, the Spanish Roma population has the same access to mental health services as the rest of the majority population. But it is important to mention that even that mental health is covered by the public health system, majority of the population are going to private health because the saturation of the public system and the lack of professionals in this sector. For example, if I ask for a psychologist at the public health system, I have to wait for maybe 6 months, so if I need a regular treatment, it is impossible to get it in the public system. Of course, this affects Roma and non-Roma, but if the income is lower to the Roma population, Roma have no economic resources to pay a private psychologist.

It is also important to add the taboo topic, it means that many Roma who should take care of their mental health are not having any kind of treatment, so their health situation is worse than others.

✓ *Older Roma and their health needs*

The health situation of older Roma is the accumulation (comorbidity) of pathologies due to the most pronounced social determinants in the Roma population due to systemic historical antigypsyism. Greater use of emergencies, greater number of hospitalizations compared to non-Roma. Life expectancy 10 years lower, persisting since studies were carried out and it continues to be today. There is a lack of research on health among Roma, the more reliable studies are from 2006 and 2014 and one is planned for 2023.

Roma people reach old age with an accumulation of pathologies, therefore, poorer health and this makes them to go more often to visit “urgencies/emergencies” units in hospitals than non-Roma and their life expectancy is shorter. Older Roma are also more likely to be poor, because there are intersectional axes, such as gender, age, ethnicity, social class, place of residence (urban/rural/periphery), the sum of more axes makes you more vulnerable. Healthcare is free, but as we have already mentioned, social determinants, culture and discrimination contribute to inequalities in health.

Official trainings to professional of health about the history and culture/s of Roma are needed, so they would understand the “behaviour” of the Roma population. Currently, professionals do not understand the behaviour of Roma related to health. Even that they don’t want to discriminate, they have prejudices and stereotypes about Roma, so their action to Roma is inacceptable in many cases. For example, in Spain, in an elderly Roma and a community leader or Church leader is in a hospital, hundreds of Roma will go to the hospital. Non-Roma don’t understand this and they don’t like it.

As FAGiC, we believe that health Roma mediators are needed. Other communities have this professional figure, but Roma don't and it is important to have a professional Roma mediator, not to put a Roma person to deal for what the non-Roma think it is a "Roma problem".

It can also be improved by working with the Roma population itself to understand health. But you have to work from the social determinants, because the situation is difficult.

In addition, more resources for EQUITY are needed. Currently, the central and regional governments are doing all the contrary, they are reducing the resources. And it is also very important to use a "simple/easy language" in hospitals and looking to people eyes. Even that Roma and professionals are speaking the same language, it is not the same communicative language.

- ✓ ***Roma sexual and reproductive health and rights***

There are not studies about it and we believe that a study should be done as soon as possible. So, the information we are providing is according to our experience and knowledge taking from many Roma women testimonies.

We believe that there is "hidden eugenics" because majority of Roma women are sent to family planning. If we check all the health plans and goals related to Roma women are based towards family planning. But what is it or what does it mean? The prescription of very aggressive contraceptives (patches, injections, implants...) with "illegal consent", because they do not explain the effects or give them a choice. This is a very common practice to especially low-class populations and different skin colour (Roma, Muslim, Latin American, etc…). We say with "illegal consent" because they threaten to remove social aid and children if a woman refuses. This is what we have been told by many Romani women. **It is not the choice of the Roma women; the professionals decide for them.**

We also believe there is an obstetric violence: if you have too many children too soon or too late, they take away your ability to decide. Once again professionals oppress and dominate you (Roma women) from a supremacist paternalism perspective.

In Spain, the system encourages women to have children once they reach 40. Why? Because if women must study and have a professional career, there is not a real "family reconciliation". So, others (politicians) decide for women. They incapacitate women about their own decisions, especially towards Roma women (minorities). And the worst is that they feel legitimized to do that.

It is also very important to mention antigypsyism during the childbirth: insults, barbarism… Comments like: “it hurts you? You shouldn’t open your legs” and these kinds of comments. It is also important the “over” medicalization of pregnancy. Professionals have pathologize the pregnancy and many women are “over” medicalized. Regarding childbirth, many times professionals carry out practices without the consent of the woman (scheduled caesarean sections that are not necessary just because they want to go on vacation/holidays, cutting the vagina for the birth of the baby, etc).

A total revolution is needed in order to improve the situation, because the system oppresses women in general and racialized women in particular. We believe that it is essential to make this topic visible, because it is very hidden. Bring the narrative to the public debate to make it visible, because now it is “underground”. In the hospital you feel helpless. Aggravation with the pandemic and discrimination by vaccine.

We believe from cases and evidence from some testimonies that there has been a hidden sterilization that is very difficult to prove. Many Roma women do not know that they have received these practices, due to literacy, lack of resources, historical marginalization and people who find themselves in a vulnerable situation is even worse.

- ✓ ***Roma and Covid-19***

The political treatment of Covid-19 widened the existing inequality gaps, revealing the high levels of vulnerability, marginality and social exclusion to which Roma people in Spain are exposed. Poor living conditions played a very important role. Roma were/are more exposed to the pandemic because of poorer state of health and because of poorer living conditions: access to sanitation, overcrowded accommodation, etc. Thus, the health crisis has had a negative impact on the self-perception of the state of health worsened during lockdown, so that 17% of the Roma people surveyed considered it "bad" or "very bad" and 34.8% "regular". In addition, eight out of ten Roma reported suffering from other health problems other than Covid-19, with anxiety and depression being the most frequent response (82% of responses).

Regarding the measures, what FAGiC has done during the Covid-19 is the 100x100 campaign (crowdfunding/collecting money and give vouchers to Roma families so they can buy food or hygienic items), adapt our projects to new needs, food distribution, training on healthy menus, answering questions, information campaign on vaccination in neighbourhoods jointly with other entities and the health department of the Government of Catalonia, videos with questions and professionals answering, adapted infographics, translation of “white language” information to Roma (not Romani language, because Romani is not spoken in Spain), groups of Roma women and nurses for doubts on issues like children (going to school because of fear, etc…), health care by telephone (as regulations and normative were changing almost every day in a context of fear, so we were calling families and supporting families with doubts by telephone).

The government didn't take any specific measure targeting Roma during the Covid-19.

Roma are included to the same extent as the rest of the non-Roma population. The vaccination process in Spain was very open and targeting everybody. The goal was to get the maximum of the population vaccinated. So, it was more discrimination against those who didn't want the vaccine (due to different reasons such as fear, untrust, etc… not deniers) and majority of the legislation was to encourage and almost forcing people to vaccinate.

Regarding the vaccination, the Central Government (Spanish) did not have any specific initiative targeting specifically Roma.

But for example in Catalonia, FAGiC met several times with the responsible of health in Catalonia and the responsible of the vaccination campaign/Covid, etc… and FAGiC together with FSG – Catalonia and other smaller Roma NGOs such as Veus Gitanes or Fundación Pere Close came together with the Department of Health and together designed a campaign with information to Roma.

We had different information points in different neighbourhoods to give "right" information about vaccination to the Roma. We agreed in "not forcing" Roma to vaccinate, instead we agreed in giving the right/correct/true information, so Roma can decide what to do.

More information:

- https://www.facebook.com/fagic/photos/4642608105754532
- https://canalsalut.gencat.cat/web/.content/_A-Z/V/vacuna-covid-19/materials/faq-fagic.pdf?fbclid=IwAR1llvR4Uye1Y1SfpuQ3r1kXWQ5YItJIq3DxrKyJP4ILcVemYCPKcA8DX8s
- https://www.youtube.com/c/laFAGIC/videos (videos answering questions/doubts about the vaccine)

✓ *Discrimination and antigypsyism*

The impact of antigypsyism according to the indicators, it is observed that the results in the Roma population of Spain are more negative than those observed in the socioeconomic groups with less economic and social advantages of the whole of the population of Spain. Throughout the life course, the influence of the social determinants of health is cumulative, which translates into greater inequality in health in the older population, for most of the indicators collected in the survey. Likewise, both in the case of the Roma population and in the entire population of Spain, women report a worse state of health than men.

In principle there is attention, meaning that Roma received the same attention as the non-Roma, but the type of attention leaves much to be desired. Professionals have stereotypes given by the social context and they mix it with expectations, and they put everything with a cultural theme. They mix Roma culture with a culture of poverty. For professionals, "Gypsies" are like this and that, and it's not true. So, there is discrimination throughout this context. It is not discrimination because they do not attend to you, it is discrimination due to treatment that Roma receive. Roma are always considered as untrained people, uncivil, savages, who do not understand, illiterate, etc.

✓ *National Roma Framework*

Background: Action Plan for the Development of the Roma Population 2010-2012
National Strategy for the Inclusion of the Roma Population in Spain 2012-2020
National Strategy for Equality, Inclusion and Participation of the Roma People 2021-2030

This is what the Strategic framework says: "The evaluation process of the National Strategy for the social inclusion of the Roma population in Spain 2012-2020, quantified the fulfilment of the objectives set for 2020. Taking into account the weaknesses and strengths detected in the process and the challenges for the future, the planning of the National Strategy for the Equality, Inclusion and Participation of the Roma People 2021-2030 was marked, according to the objectives set as priorities by the European Programming Framework 2021-2030 for the Equality, Inclusion and Participation of the Population Roma and the 2030 Agenda.

This strategy is also aligned with the European Union Anti-Racism Action Plan (2020-2025), with the European Union Strategy on the Rights of Victims 2020-2025 and with the strategy of the European Union for Gender Equality and has been prepared with the participation of all the actors involved (General State Administration, autonomous communities, local entities, Roma Associative Movement and academia). Likewise, it consolidates the actions that were being carried out in the areas of education, employment, health and housing, but also affects the areas of social inclusion, equality and participation. It has a cross-cutting approach to the gender perspective and considers the diversity within the Roma population, in addition to broadening its scope, including the fight against discrimination and antigypsyism".

FAGiC is aware that it was not a real participation and it was very limited. Regarding the participation of the Roma movement, only the Roma organisations which are members of the Spanish Roma State Council participated but with limitations; many of the regional governments and local governments didn't participate (majority), they were not asked to participate. But regarding the health topic, a specific working group was created with experts, Roma organisations from the Roma health network Equi Sastipen and people from the academia. At the moment, we are still waiting for the operational plans.

The National Strategy for the Inclusion of the Roma Population in Spain 2012-2020 was the first explicit policy that sought to generate transformative impacts on the Roma population in the long term, giving continuity and deepening in the key areas for social inclusion: education, employment, housing and health. Although some progress was made in terms of Early Childhood Education and primary and secondary schooling, in increasing the salaried Roma population, in reducing substandard housing, in reducing smoking and improvements in oral/dental and gynaecological care. Significant challenges still persist to guarantee the social welfare, fairness, tolerance, equality and participation in conditions of equity, both in the public and private spheres of the Roma population in Spain.

There are only 4 pages addressing health in the whole Roma Strategy, with only 2 main specific goals:
1. Improve health status and reduce social inequalities in health in the Roma population, throughout the life cycle, with special emphasis on Roma children and the elderly Roma population.
2. Reduce antigypsyism in the field of health.

Most measures are "advice" to local and regional governments, so each region has different way to implement policies. Some positive ones include: training of Roma people as community agents of health or health mediators (this is something FAGiC is asking for the last 10 years, but real training and real employment, because we did train Roma women, but then they didn't get employed), coordination between Roma organisations and health authorities to see the situation and adopt good solutions; training for health professionals on Roma culture(s) or understanding of health and intercultural methods (we are doing this since 2010 or before.... it is true that it is still needed, but it should be mandatory and not optional).

What is missing are references to long-term care and mental health (these 2 are very important). Also, people with special health needs are no mentioned. Regarding "Roma with disabilities", it says that the measures will be in the future plan of People with Disabilities. So, not measures at all in the Roma Strategy. What is also missing is gender equality, the fight against antigypsyism and discrimination and the participation of the Roma population be effectively fulfilled as key objectives to be pursued and described as a novelty in the 2021-2030 national strategy thanks to the State Council of the Roma[4] in Spain working groups. These axes must be an inherent approach to each of the actions to be implemented in the different areas of intervention.

[4] In Spain, governance systems, institutional frameworks, legal instruments and financing resources have been created focused on the recognition and guarantee of the rights of the Roma people, as part of the Spanish citizenship and society. As an example of these governance mechanisms and institutional frameworks, bodies and institutions that currently function as benchmarks at the regional and local levels are highlighted. At the national level, it is worth highlighting the case of the State Council of the Roma People, created by Royal Decree in 2005, and the Institute of Roma Culture, created in 2007.

In addition, real emphasis must be placed on the diversity of the Roma population and the different contexts and circumstances, so **it is recommended to address the specific needs of the different groups, taking into account intersectionality, for different reasons or causes, and identity aspects that generate multiple types of discrimination and increase the risk of social exclusion, affecting to some greater extent women, youth, children, migrants, stateless persons.**

✓ *Conclusions and recommendations*

It is important to take into consideration that the situation of health in a person, it goes with ethnicity, but also with the social class. Mass media do a lot of damage, and it damages life, mental health and affects how a Roma person relates to himself or herself and to others. Rural depopulation contributes to the shortage of doctors and health resources in these areas, therefore, to improve the quality of health care, the government should promote repopulation and face the emptied Spain. On the other hand, include in state budgets the improvement of socioeconomically depressed neighbourhoods, whether in rural areas or in cities, to increase quality health services, as well as promote street nurses and training for both professionals and citizens (as previously mentioned).

Recommendations:

- Specific measures targeting migrant Roma. Because they are much more excluded or totally excluded, they do not have the same health care. All the national, regional or local plans targeting Roma population are focused on the autochthonous/Spanish Roma and it is urgently to include migrant Roma.
- More knowledge about the Roma and their health problems due to social determinants and history of antigypsyism/exclusion – and recognize this situation.
- More inclusive and more universal health system, including everything that entails extra expense: oral/dental, hearing and visual health. Cover all extra expenses and emotional/mental health.
- Roma health mediators and Roma women health agents are needed, but not by contracting a local Roma to mediate between Roma and professionals of health. It is needed professional Roma health mediators and professional Roma women health agents, so official and paid figures as part of the health system, if not they will be treated as outsiders in the hospitals and health centres.

Unfortunately, there are not specific good practices for Roma in general terms and state – level, but there are some local practice or positive solutions such as the inclusion within the health centres the figure of official mediator in Madrid, Navarra and Asturias. These mediators are one more of the staff, not an external one that generates conflicts. So, this is a recommendation to all the regions and local municipalities.

Red Equi Sastipen[5] (Equi Sastipen Network): Roma entities that work with the ministry and working groups with specific priorities only on health issues. Within the network, surveys on health and Roma are done together between the Roma organisations and experts and universities. The staff from the Roma organisations receive specific training on the situation and how to work from their entity.

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