Who are the Roma in Europe?

- Germany: Sinti/Zigeuner
- Bulgaria, Romania: Tsigan
- Italy: Zingari
- Hungary: Cigány
- Spain: Gitano
- France: Manoush/Bohemian
- Britain: Tinker/Tinkler
- World Romani Congress: Roma (1971)
- Largest minority population (~6-12 million)
- Sizeable groups in Spain, France, & CEE
- Major problems: socio-economic & health disadvantages, discrimination

Who are the Roma in Hungary?

~ 5-6.5% of the population
- Educational level & literacy lower than average
- High unemployment, low income
- Many live in unfavorable conditions in segregated settlements (colonies)
- Life expectancy lower, infant mortality higher than Hungarian average

Difficulties of data collection on Roma / minorities

- Identification by mother tongue
- Self-reporting
  - Internal identity
  - Expressed identity
- Observer reporting
  - External identity
- Invisible groups: w/o documentation, illegal immigrants
Roma people in Hungary according to census and research projects

<table>
<thead>
<tr>
<th>Ethnic identification</th>
<th>Census 1</th>
<th>CSO 2</th>
<th>NAS 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>by mother tongue</td>
<td>by self</td>
<td>by interviewer (non-Gypsy)</td>
<td>by interviewer (non-Gypsy)</td>
</tr>
<tr>
<td>1949</td>
<td>21 387</td>
<td>37 598</td>
<td></td>
</tr>
<tr>
<td>1960</td>
<td>25 633</td>
<td>56 121</td>
<td></td>
</tr>
<tr>
<td>1970</td>
<td>34 957</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>1980</td>
<td>27 915</td>
<td>6 404</td>
<td></td>
</tr>
<tr>
<td>1990</td>
<td>48 072</td>
<td>142 684</td>
<td>394 000</td>
</tr>
<tr>
<td>2001</td>
<td>48 685</td>
<td>190 046</td>
<td>-</td>
</tr>
</tbody>
</table>


Studies on Roma health and related topics at the Faculty of Public Health

2. Health and health behaviour of Roma people: 2006-
   - Health behaviour survey of colony dwellers
   - Mortality and location of colonies
   - Health impact assessment
3. Community development projects 2003-

Proportion of Roma among colony dwellers by county

- 758 colonies in 19 counties
- 133-134,000 persons
- 20-26% of Hungarian Roma population

Most frequent environmental problems in colonies

- Lack of electricity
- Access to paved road > 30 minutes
- Walls are not constructed from brick
- Carcass deposit
- Lack of water mains
- Waterlogged area
- Garbage deposit
- More than 50 inhabitants
- Lack of gas mains
- Lack of sewage

Studies on Roma health and related topics at the Faculty of Public Health

2. Health and health behaviour of Roma people: 2006-2010
   - Health behaviour survey of colony dwellers
   - Mortality and location of colonies
   - Health impact assessment
3. Community development projects 2003-

Health of the inhabitants of Roma settlements in Hungary - a comparative health survey

- Self-reported health & functional limitation: ~2x higher in 18-44 year-old Roma settlement dwellers
  → Fully explained by socio-economic status
- Heavy smoking: 2.1-4.9 x higher in settlement dwellers
- Fruit & vegetable consumption: 1.5-3 x lower in settlement dwellers
  → Only partially explained by socio-economic status
- Health care: discrimination, lower access to care
- Social exclusion → health status
- Complex health needs → imaginative solutions

Studies on Roma health and related topics at the Faculty of Public Health

2. Health and health behaviour of Roma people: 2006-
   - Health behaviour survey of colony dwellers
   - Mortality and location of colonies
   - Health impact assessment
3. Community development projects 2003-

Vakó Z. et al, J Epidemiol Community Health 2009
What are the greatest needs?

- Housing
- Unemployment
- Poverty
- Education
- Substance use
- Strifes within the community
- Health problems

How have the needs been tackled?

- **Strifes within the community**: regular community meetings, weekend retreats – skills development, summer camps
- **Education, unemployment, poverty**: literacy & training courses
- **Health problems**: Organized visits & referrals to health care specialists
- **Substance use**: community development
- **Housing**: Health impact assessment, visit of housing program (Kiskunhalas), lobbying for support w/ community members, writing grants, media campaign, creating an NGO, creating a consortium
How have the needs been tackled?

- **Strifes within the community**: regular community meetings, weekend retreats – skills development, summer camps
- **Education, unemployment, poverty**: literacy & training courses
- **Health problems**: Organized visits & referrals to health care specialists
- **Substance use**: community development
- **Housing**: Health impact assessment, visit of housing program (Kiskunhalas), lobbying for support w/ community members, writing grants, media campaign, creating an NGO, creating a consortium

### Health impact assessment: evacuation vs housing project

<table>
<thead>
<tr>
<th></th>
<th>Impact of solution</th>
<th>Impact of housing project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Public Health</td>
<td>Community project</td>
<td>Community project</td>
</tr>
<tr>
<td>Local primary school</td>
<td>65% of children</td>
<td>100% of children</td>
</tr>
<tr>
<td>Local kindergarten</td>
<td>will have kindergarten</td>
<td>will have kindergarten</td>
</tr>
<tr>
<td>Family help service</td>
<td>Community leaves,</td>
<td>Community leaves,</td>
</tr>
<tr>
<td>Child help service</td>
<td>other families will</td>
<td>other families will</td>
</tr>
</tbody>
</table>

**Decision-makers**

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>Impact of solution</th>
<th>Impact of housing project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Services</td>
<td>None</td>
<td>None</td>
</tr>
<tr>
<td>Direct expenses</td>
<td>$15,000 USD per year</td>
<td>$15,000 USD per year</td>
</tr>
<tr>
<td>Indirect expenses</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>

**Municipal government**

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>Impact of solution</th>
<th>Impact of housing project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefits</td>
<td>Service &amp; benefits must be provided to persons in need</td>
<td>Service &amp; benefits must be maintained</td>
</tr>
<tr>
<td>Benefits</td>
<td>Social inclusion &amp; community development</td>
<td>Social inclusion &amp; community development</td>
</tr>
<tr>
<td>Services</td>
<td>Costs of evacuation</td>
<td>Costs of evacuation</td>
</tr>
</tbody>
</table>

Kósa K. et al., J Epidemiol Community Health 2007
Visit of the Kiskunhalas Housing Project

- Initiated in 1998 by the Albert Schweitzer Family Help Foundation
- 10 Roma families & 10 non-Roma families selected from over 90 applications
- 20 new homes were built
- Families were involved in the building process: worked together to make adobe bricks used
- 2010: 8 roma and 9 Non-roma families still live in these homes

Visit of the Kiskunhalas Housing Project

All new homes built with the most basic amenities possible for an inhabitancy permit:
- Small stove, sink
- Tub, toilet
- Wood stove
- Concrete floors

Lobbying for support

- Member of local government
- City Property Management Company of Debrecen
- Member of parliament
- Mayor of Debrecen
- Minister of Equal Opportunities
- Govermental Commissioner of Roma Affairs
- European Roma Rights Centre
- EU representative of Hungary
- Director of Habitat for Humanity, Hungary
- Hungarian Reformed Church
- Presbyterian Church of the United States of America

Creating an NGO:

Opre Roma Association

- Civil organization established in 2006 w/ help from the Faculty of Public Health
- Leaders are Roma
- Seat: University of Debrecen
- Major aim is to improve quality of life of Roma
- Most members are Roma living in a segregated part of Debrecen
- http://www.opreromadmk.hu/
Creating a consortium
for the promotion of health of the Roma population in Debrecen

- Faculty of Public Health, University of Debrecen
- Opre Roma Association
- City Government of Debrecen
- Roma Minority Government of Debrecen
- Hungarian Reformed Church
- North Plain Institute of the National Public Health Service
- North Plain Regional Centre of Labour Affairs
- Héra Family Help Service, Debrecen

DETERMINE model project
of Opre Roma:
Planning healthy and sustainable housing

Planning healthy and sustainable housing for a segregated Roma community in Hungary

**Aim of the project**
- Familiarize participants as to how public utilities (electricity, water, heating, sewage, garbage collection,) are provided
- Raise awareness of participants about alternative & low-energy housing options
- Increase eco-conscience
- Empower community to improve their living conditions

**Associated Hungarian partner** of DETERMINE:
- National Institute for Health Development (OEFI)

**Implementors** of Hungarian project:
- Opre Roma Association, Debrecen
- Faculty of Public Health, University of Debrecen in PPP

Community programs October 2008 - May 2009

1. **Community meetings:**
   - Starting and closing conference

2. **Visiting public utilities of Debrecen**
   - City Waterworks
   - Electric Power Station
   - Sewage regular and bio-treatment plant
   - Nyírerdő Forestry Company
   - AKSD Garbage Treatment Plant
Community programs October 2008 – May 2009

3. Visiting bio-villages:
- Galgahévíz
- Agostyán
- Gyűűrűfű

Quantitative improvements

Significant:
- Psychological stress
- Satisfaction with life

Non-significant:
- Sense of coherence
- Subjective health
- Control over health

No change:
attitude to saving water & electricity

Qualitative improvements

Participants
- learned new methods of saving energy & water
- learned new, low-cost methods of building
- became familiar with the workings of public utilities
- became aware of the importance of community efforts in improving housing
- showed improved tolerance towards each other at the end of the project

During & after DETERMINE

- Negotiations w/
  - City Property Management Company of Debrecen
  - Department of City Development of the Local Government of Debrecen
  identified a social housing complex (city property) for remodeling
- Architectural plans for remodeling were created
- Grant application to Habitat for Humanity for remodeling was submitted October 2009, preliminary assessment positive
- City Property Management Company agreed, Nov 2009
- Chief architect of the city refused support, Feb 2010
- Hungarian Radio is interviewing stakeholders, Oct 2010
**Berescu et al: Stepped Social Ascension Model**

- Objective improvement of living conditions cannot be completed in one jump
- Principle 1: No steps can be skipped
- Principle 2: Visibility
- Principle 3: Horizontal advancement

---

**If you want to start an intervention now...**

<table>
<thead>
<tr>
<th>Needs assessment:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communities should be directly involved</td>
</tr>
<tr>
<td>Housing:</td>
</tr>
<tr>
<td>Related social problems (education, employment, income) should also be addressed</td>
</tr>
<tr>
<td>Read Berescu - Building codes seriously limit social housing</td>
</tr>
<tr>
<td>Intervention:</td>
</tr>
<tr>
<td>Based on thorough analysis of local situation</td>
</tr>
<tr>
<td>Community members &amp; representatives should be involved from beginning</td>
</tr>
<tr>
<td>Sustainability should be key principle</td>
</tr>
<tr>
<td>Participants:</td>
</tr>
<tr>
<td>Should tolerate very high levels of frustration</td>
</tr>
</tbody>
</table>

**Participants**

**Faculty of Public Health:**
- Ádány R.
- Coons B.
- Csukás A.
- Kimmel Zs.
- Kovács D.
- Lénárt B.
- Makara P.
- Molnár Á.
- Nagy P.
- Rényes Zs.
- Vokó Z.

**Opre Roma Association:**
- I. Aba-Horváth
- Gy. Balogh
- A. Balogh
- H. Conway Morris
- G. Göré
- A. Jónás
- K. Lakatos
- M. Lakatos
- Z. Oláh
- E. Vadász
- M. Vadász
- L. Vadász