



THE HEALTHY COMMUNITIES PROJECT

SECTOR

Health mediation, health and social services for people in vulnerable situations

COUNTRY

Slovakia

LEAD ORGANISATION

[Platform for Support of Health of Disadvantaged Groups](#) (PSHDG), member of the [European Public Health Alliance](#) (EPHA), Europe's leading NGO alliance advocating for better health

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DESCRIPTION

The goal of the Healthy Communities national project is to find a systemic and sustainable solution to the alarming state of health and social conditions of disadvantaged groups in Slovakia – particularly Roma communities – with a specific focus on women and children. The main aims are to promote access to health care and public health, including preventive health care and health education and to reduce the gap in health status between the Roma community and the majority population.

The health situation of numerous isolated Roma communities in Slovakia has been characterised by a high frequency of illnesses, chronic and infectious diseases, permanent reductions in physical and mental performance, and low life

expectancy. All this is caused by poor hygiene conditions, low education levels, and limited access to drinking water.

The project's mediation concept was originally developed in 2003 by the non-governmental organisation Association for Culture, Education and Communication (ACEC). At the core of this concept is the work of Health Mediators who are members of the Roma community they serve and in which they live. With the support of coordinators, Health Mediators are actively engaging with their local communities and informing local people of the services offered by the project. They invite clients for vaccinations and preventive check-ups, organise home visits and follow-up visits for mothers with newborns, and accompany patients to their doctor or to the hospital.

Health Mediators regularly host education sessions to raise awareness within the Roma community of the importance of hygiene and healthy habits, and risks linked to sexually transmitted diseases. With the support of coordinators, they are also responsible for presenting the project's services to the local authorities, general practitioners and other local doctors.

In 2012, ACEC helped to establish another association, the Platform for Support of Health of Disadvantaged Groups (PSHDG), through which the project spread from its original 68 locations to 108 locations throughout Slovakia. In 2014, the Slovak Ministry of Health assumed main responsibility for the project and together with PSHDG established the non-profit organisation Healthy Communities NPO. Now they are jointly responsible for the implementation of the Healthy Communities national project, which was co-financed by the European Social Fund in 2014-2015.

A SOCIAL INVESTMENT APPROACH

The innovative character of the programme is that it combines empowerment of Roma Health Mediators, service users, and the wider Roma community. The programme adopts an integrated approach; while aiming to improve Roma health conditions, it also generates positive effects on both education and employment.

Health Mediators and coordinators are the most important components of the programme. Health

Mediators are recruited and employed among people belonging to Roma communities. Formal education requirements were reduced to facilitate their employability, while motivation to do something beneficial for the community was given more importance. Targeted education and the personal and professional development of Health Mediators and coordinators are two specific objectives of the project. They are involved in the planning, implementation and monitoring of the project's education and training activities, as well as in the mediation work in the field.

Moreover, members of the community as a whole have also been empowered. Improving health conditions of Roma communities also contributes to reconnecting them with the labour market.

The project's success also stems from a wide partnership between different actors across public, civil society, and academic sectors. Health Mediators cooperate on a daily basis with general practitioners, paediatricians, hospitals, and nurses. Nowadays, the project counts on the collaboration of over 750 doctors. Doctors play a key role in order to connect clients with the health service. Other important stakeholders are local officials like mayors and the local authorities. With their cooperation, Health Mediators can resolve issues related to the social and health status of their clients. As families and children are two of the main target groups of the project, cooperation with schools is needed for

effective early detection of diseases and education on health and hygiene.

MAIN ACHIEVEMENTS

Over the years, the project has delivered concrete results. It has created 257 full-time jobs (234 Health Mediators and 23 coordinators) in the poorest regions of Slovakia, with 95% of Health Mediators being members of targeted groups. More than 67,000 people are registered with the project in 239 different locations, with an indirect impact on approximately 700,000 Slovakian residents, since the support provided to one community also improves the health situation in the wider area. In some regions, Roma Health Mediators managed to completely stop the spread of infectious diseases thanks to cooperation with doctors and state health organisation staff. The professional titles of Roma Health Mediator and Health Field Worker were recognised and certified by the Slovak Ministry of Education.

LOOKING FORWARD

This successful project could be scaled-up in the future, both geographically and in terms of the fields that are covered: it could be extended to cover social services, housing, and after-school education. The project could be transferred to other countries, by taking into account national or regional specificities. A similar programme is being successfully implemented in Bulgaria.