



Health impact assessment and evaluation of a Roma housing project in Hungary

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ABSTRACT

An outstanding feature of marginalized Roma communities is their severely substandard living conditions, which contribute to their worse health status compared to the majority. However, health consequences of international and local-level housing initiatives in most cases fail to be assessed prospectively or evaluated after implementation. This paper summarizes the result of a retrospective health impact assessment of a Roma housing project in Hungary in comparison with the outcome evaluation of the same project. Positive impacts on education, in- and outdoor conditions were noted, but negative impacts on social networks, housing expenses and maintenance, neighbourhood satisfaction and no sustained change in health status or employment were identified. Recommendations are made to improve efficiency and sustainability of housing development initiatives among disadvantaged populations.

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1. Introduction

1.1. The Roma population in Europe

The number of European Roma is estimated anywhere between 10 and 12 million, around 4 million of whom live in Central and Eastern European member states of the European Union (European Commission (EC), 2010; Ringold et al., 2005). The largest proportion of Roma lives in Bulgaria, Hungary, Romania and Slovakia, representing over 5% of the population of these countries (Council of Europe, 2002; Bernát, 2009). Scientific studies of Roma are hindered by a number of issues such as methodological problems the most serious being the definition of who is Roma and who is not; and ethical problems, namely historically based distrust of Roma towards 'official' data collection and means to overcome it.

Nevertheless, a number of studies described serious inequalities in health status between Roma and non-Roma to which social exclusion, poverty, unemployment, low educational level as well as ethnicity, discrimination and racism all contribute in various degrees (Hajioff and McKee, 2000; Revenga et al., 2002; European Roma Rights Centre (ERRC), 2006; EC, 2007; Kósa and

Ádány, 2007). Housing and settlement issues are closely related with all of these areas and are of particular significance for Roma. A large proportion of Roma have been identified as living in colonies or settlements, that is, segregated habitats characterized by severely substandard conditions (EC, 2004).

The situation of Roma in the European Union was addressed by numerous international and EU-level documents aimed at the protection of minority rights, equal opportunities and efforts to improve their situation. The governments of nine Central and South-Eastern European countries agreed to launch a large-scale integration programme titled "Decade of Roma Inclusion" in 2005 (to which two more countries joined since), and expressed unprecedented political commitment to improve the welfare of Roma in the areas of education, employment, housing and health (Decade of Roma Inclusion, 2005).

Half of the Decade of Roma Inclusion has already passed, justifying a close look at the achievements of this international initiative. The question of whether the measures taken by these countries have indeed been efficient should be answered. Progress reviews of the Decade of Roma Inclusion investigated whether there are measures, programmes and policies in place, not whether they work (Tashev and Hrabanova, 2007). A gap between commitments and implementation as well as lack of monitoring and evaluation of policies and programmes were noted by the International Steering Committee (Decade of Roma Inclusion, 2008).

Health, in general, is not a cross-cutting issue within the Decade of Roma Inclusion but a separate field of action focusing on access to health care. Available documents regarding the

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outcomes of the housing component of the Decade of Roma Inclusion in Hungary described output and process rather than impacts on health and quality of life (Hungarian Ministry of Youth, Family, Social Affairs and Equal Opportunities, 2006).

Health impact assessment (HIA) could be an appropriate tool to systematically explore probable health consequences of initiatives and implemented practices building on which policies can be modified to optimize the health gains of populations according to the Health in All Policies approach (Stahl et al., 2006). However, only one published health impact assessment (HIA) was identified that specifically targeted Roma people (Kósa et al., 2007). That study assessed the health impacts of a housing project against eviction of a Hungarian Roma community.

An EU-funded project titled “Health Impact Assessment in New Member States and Pre-Accession Countries” (HIA-NMAC) was launched in 2005 with the aim of collecting information and building capacity related to HIA for new member states of the EU. One workgroup within the project was specifically charged with the aim of conducting pilot studies on the applicability of health impact assessment in planning programmes for vulnerable populations. Four HIA case studies from 4 Central Eastern European countries (Bulgaria, Hungary, Lithuania and Slovakia which have also been involved in the Decade of Roma Inclusion with the exception of Lithuania) were planned to be carried out in order to integrate experiences with HIA related to Roma housing policies in these countries. 2 of these countries (Bulgaria and Slovakia) carried out prospective HIAs of national level housing programmes, whereas Lithuania – not having a national housing policy for Roma – completed a prospective HIA of a programme at municipality level. Hungary launched a comprehensive national programme in the framework of the Decade of Roma Inclusion to improve the quality of life in segregated Roma habitats in 2005. The Hungarian case study included a retrospective HIA of this programme at one location (Hencida) in 2006, and a subsequent evaluation of long-term health outcomes at the same location from 2009.

The Hungarian case study of the HIA-NMAC project is the subject of this paper aiming to investigate whether HIA would be a useful tool to assess housing initiatives for vulnerable groups such as Roma and to evaluate the effectiveness of a housing project to relocate and integrate families within local communities.

1.2. The Roma population in Hungary

Roma constitute 1.9% of the population according to the last census of 2001, whereas research estimates this proportion ranging between 5.2 and 6.5% (Kertesi and Kézdi, 1998). An environmental survey of segregated habitats carried out between 2000 and 2005 in Hungary revealed that 16–25% of all Roma in Hungary live in 758 substandard, poorly serviced, segregated habitats (colonies) around the country (Kósa et al., 2009). As to their health status, 10% more of those over the age of 44 years who lived in colonies reported their health as bad or very bad compared to those in the lowest income quartile of the non-Roma general population. Of those who used any health services, Roma living in colonies experienced discrimination 8 times more often than those in the general population (Kósa et al., 2007).

Hungary has various governmental decrees aiming at the integration of Roma since 1997. A programme on Housing and Social Integration was adopted in 2005 reflecting the country's commitment to the Decade of Roma Inclusion (Hungarian Ministry of Youth, Family, Social Affairs and Equal Opportunities, 2006). The objectives of the programme were twofold: to improve housing conditions and social integration through improved

access to education, employment, social services and health care for those living in segregated areas. The first step of the programme was implemented through a governmental call for tenders inviting nine rural municipalities to apply which had large colonies in bad conditions, Hencida being one of them.

1.3. The integration of the Roma population of Hencida

The village of Hencida is located in a north-eastern county of Hungary in the Berettyóújfalu district, a highly disadvantaged area of Hungary in terms of socio-economic development. The village has 1325 inhabitants; the dependency ratio is more than 45%, well above the county average. The unemployment rate is 14%, nearly double the national average (among men 63%), of whom more than 26% are skilled workers and 74% are unskilled. This village was chosen for our case study based on previous results of an environmental survey of segregated habitats of Roma in Hungary that identified Hencida's Roma colony as one of the most disadvantaged based on the severity of unfavourable environmental and housing conditions (Kósa et al., 2009). 2 segregated colonies existed within the village of 1318 inhabitants in 2001, giving home to 6.6–7.5% of the local population, all Roma.

The municipal government was invited to propose and won a project with a budget of 224,000 euro to improve the conditions of the colonies and the quality of life of its inhabitants in 2005. The municipal government planned and carried out the project supported by a mentor and a project coordinator delegated by the Ministry of Social Affairs for the duration of the project. Roma were included in the project through the representative of the Roma self-government during the planning of the project. 12 families who had lived in life-threatening conditions were relocated to other houses 10 of which were existing houses purchased and remodelled from the project budget, whereas 2 new houses were built from the owners' money and project support. Selection of the beneficiaries for relocation was based on two principles: living in a house of life-threatening conditions, and families be legally documented owners of their house. Property rights to the remodelled houses were based on barter contracts (8 houses) or rental contracts (4 houses). In addition, 46 families had their houses renovated, mainly from the outside. Water pumps were installed in the gardens of 10 houses. Public places were renovated, fifty trees were planted. Streets were restored and pavements were built in 1.2 km length. Drainage ditches were constructed and existing ones were cleaned. Information technology infrastructure was developed in the primary school. 84% of the Hencida project budget was spent on the housing project approximately half of which was used for remodelling 46 houses, the other half for relocation of 12 families and rehabilitation of the settlement. 8.2% of the budget was allocated for management; 6.2% of the budget was spent on employment expenses mainly covering the employment of Roma public workers. 1.6% of the project budget was allocated to the local school for improving information technology. Subsequent to the project, a school integration programme was implemented and financed by the Roma Education Fund including several activities: assigning mentors to pupils, after school programmes, day-school and increased school supplies.

2. Methodology

2.1. Retrospective health impact assessment

Our health impact assessment is based on the broad model of health of the Ottawa Charter according to which basic prerequisites such as shelter, education, social justice and equity,

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