



INSTITUTIONAL RACISM AS A BARRIER TO HEALTH IN POLAND

IIPHRP Global Public Health Case Competition | Fall 2021



All characters, organizations, and plots described within the case narrative are fictional and bear no direct reflection to existing organizations or individuals. The case topic, however, is a true representation of circumstances in Poland. The case scenario is complex and does not necessarily have a correct or perfect solution, and thus encourages a judicious balance of creative yet perceptive approaches.

The authors have provided informative facts and figures within the case to help teams. The data provided are derived from independent sources, may have been adapted for use in this case, and are clearly cited such that teams can verify or contest the findings within their recommendations, if it is pertinent to do so. Teams are responsible for justifying the accuracy and validity of all data and calculations that are used in their presentations, as well as defending their assertions in front of a panel of knowledgeable judges representing different stakeholders.

The information and data given in the following text is meant as a suggestive guide but is not considered all-inclusive. Teams may choose any area(s) of approach that they deem impactful and feasible.

NARRATIVE

You are a healthcare administrator at a large hospital in Krakow, Poland. As the newest member of the administration, you have been tasked with reviewing the data for health outcomes of Roma patients accessing healthcare through your hospital. Generally, the Roma people tend to experience poorer health and disparate health outcomes than the majority population in Europe (Foldes and Covaci, 2012). The hospital leadership would like to be able to report to the Polish Government and the European Union Commission that it has enacted a new healthcare access initiative that will both increase access to healthcare and positive health outcomes in Roma people. However, you get the sense that this project is more for show and that leadership would rather not allocate more money into this project than necessary.

As you start to investigate the hospital data, you discover that health outcome data is lacking and informal observation from the medical care teams shows that the Roma people who do access care through your hospital are being admitted in significantly poorer health than other populations in Krakow experiencing similar health issues. As a result, you realize that increasing positive health outcomes is going to involve a data collection initiative that includes social determinants of health. Your task is to create a data collection initiative and intervention proposal that can be submitted to hospital leadership that will positively impact the health outcomes of Roma by addressing the social determinants of health of this population.

BACKGROUND ON POLAND AND THE ROMA PEOPLE

Poland is one of the largest nations in central Europe and has boundaries with 7 countries, including Russia and Germany. Just under 50% of the land is cultivated for agriculture and most of the population is concentrated in the south and center of the country near the largest cities – Krakow, Warsaw, and Lodz– which equates to an urban population of approximately 60% of the total population of the country (World Fact Book, 2021). The estimated population in 2021 is 38.2 million people. Within this population, 96.9% of people identify as ethnic Poles (World Fact Book, 2021). Religiously, the population is primarily Christian with 87.6% of households identifying as either Catholic, Orthodox, or Protestant (World Fact Book, 2021). Poland ratified the European Charter for Regional or Minority Languages in 2009 which recognized a number of regional, national minority, and ethnic minority languages spoken in Poland, including Romani (Polska Roma and Bergitka Roma) (World Fact Book, 2021).

According to the 2011 national census, 12,560 people lived in Poland registered as Roma. In actuality, that number is thought to be much larger, with some sources estimating as many as 50,000 Roma (Minority Rights Group International, 2018). The Roma people, also called Romani* or Gypsies¹, comprise an ethnic group that lives in countries around the world but is widely concentrated in Eastern and Central Europe (Britannica, 2021). Although they emigrated from northern India in the 11th Century, this community and culture is still widely associated with a migratory lifestyle and subject to continued prejudice and persecution in modern day Europe. (Britannica, 2021). As of 2019, Poland was also home to 9,870 refugees and 1,329 stateless persons (World Fact Book, 2021), but it's unknown how many of these are Roma.

BACKGROUND ON RACISM IN EUROPE

Although it is less readily acknowledged than racism in the U.S., racism exists in various complex forms across Europe and affects several minority populations, including the Roma people. According to the UN Chronicle (Gachet, 2013), institutional racism in Europe has been found to affect every aspect of life including: access to healthcare, social services, education, housing, and policy making. Additionally, Roma people are far less involved in civic participation or consultation with governing bodies across Europe (Open Society Foundations, 2019). General racism toward Roma populations has also

¹ Note: The term “gypsy” is considered pejorative or derogatory and will not be used again in this writing (Vivian & Dundes, 2004). The Council of Europe and other organizations consider that “Roma” is the correct term referring to all related groups, regardless of their country of origin and recommend that “Romani” be restricted to the language and culture (eg. Romani language, Romani culture, etc). (In Other Words, 2012).

manifested in more aggressive incidents, including human rights violations, hostility, use of slurs in political discourse, and incidents of hate crimes. While the European Union has acknowledged the freedom from racist oppression as a fundamental human right, the methods of enacting and protecting this right have varied across countries (Gachet 2013). Poland is one of five EU countries that has not fully codified this 2008 EU anti-racism law into their own statutes as of February 2021 (Agence France Presse 2021). While Poland's legal system does generally ban the practice of discrimination, the European Union Commission specified that Poland did not go far enough to identify and condemn the trivialization of crimes against all peoples, not just crimes against Poles (Agence France Presse 2021).

Due to their dissimilarities with the other populations in Europe and the somewhat insulated nature of their customs, the Roma people have been common targets of discrimination around Europe for centuries (Talewicz-Kwiatkowska, 2019). The European Network Against Racism (ENAR) has recorded an increase in racially motivated hate crimes across Europe in their 2018 Report, with Poland having the highest number of recorded "antigypsyist" incidents in a four-year span (ENAR, 2018). Statistically, these types of crimes tend to go under- or unreported to authorities and police are less likely to take action against racially-motivated hate crimes (ENAR, 2018). Many EU countries have institutional obstacles that prevent the proper handling of these types of crimes, including insufficient police resources, lack of legal definitions, lack of specialization among government services, and racial and ethnic bias within the criminal justice system (ENAR, 2018).

SUMMARY OF THE ISSUE

Although the Roma people have lived in Europe for well over 1000 years, "antigypsyism" and severe negative stereotypes of the Roma and Romani culture is firmly entrenched in European society (Talewicz-Kwiatkowska, 2019; Petrova, 2003). These negative viewpoints resulted in the physical extermination of the Roma in concentrations camps during World War II and continues to manifest in heinous acts today. Roma people continue to be the victims of microaggressions, hate speech, discriminatory legislation, and violent hate crimes (Talewicz-Kwiatkowska, 2019; Zurawaski et al, 2014). With an increase in anti-Roma sentiment over the last 10 years, Roma populations in Poland have started to fear for their lives and are choosing to go without basic necessities like food and healthcare due to concerns about being alone in public spaces (Zurawaski et al, 2014). Generally, the Roma people tend to experience poorer health and disparate health outcomes than the majority population in Europe (Foldes and Covaci, 2012). This is due to a deficiency in a number of social determinants of health, contributed by practitioner bias, communication hurdles, geographic isolation and general exclusion from health policy (Foldes and Covaci, 2012).

While Roma people tend to experience generalized racism, Romani culture is not homogenous. Within Roma communities they refer to each other by a variety of names depending on their community's history, where they settled in Europe, what religion they identify with, and a number of other factors (Marsh, 2013). Most of these subcommunities do share a common language or dialect and adhere to a set of cultural norms and behavioral codes (Marsh, 2013). Romani have historically resisted assimilation in most of the countries in which they live and have developed into a highly insular culture as a means of protecting themselves from centuries-long persecution (Marsh, 2013; Vivian & Dundes, 2004). Common occupations for Roma people might include trading livestock, artisan goods and repairs, and healers and herbalists. All of which continue to be adaptable to the traditional Roma nomadic lifestyle (Marsh, 2013). As a result of their uniquely insular culture and practice of including herbal remedies in disease control, the Roma place a large emphasis on the type of care they receive and how medical intervention is approached and administered. Lack of understanding of the Romani culture by medical practitioners can lead to confusion and suspicion on the part of Roma patients. For example, a high body weight is considered good luck and good health in Romani culture, which is often met with confusion and frustration by healthcare workers who see the complications that can present in overweight patients (Vivian & Dundes, 2004). The influence and importance of family also impacts how Roma may decide to access care. The decision to seek out hospital care is often determined by an elder family member, including a father or mother-in-law (Vivian & Dundes, 2004).

Overall, the marginalization of the Roma people in Poland has led the Polish government to describe them as "one of the groups most at risk of discrimination and socio-economic exclusion" (Canada, 2012). Despite the fact that the Roma population in Poland is the smallest of all European nations, the Roma people are considered to be the group most discriminated against and most likely to experience hate crimes in Poland (Canada, 2012; Talewicz-Kwiatkowska, 2019). Poverty rates and unemployment rates within the Roma population remain high compared to their non-Roma counterparts in Poland, while education rates are low (Canada, 2012; Talewicz-Kwiatkowska, 2019). Sixty-two percent of Roma adults

living in Poland said they had experienced employment discrimination and 37% of Roma households reported that at least one individual went to bed hungry in the last month (Canada, 2012). By comparison, just 2.5% of the entire Polish population has reported living in hunger or food insecurity issues, and this number has remained consistent for more than two decades (Eaker, 2020). While the Polish government has created and funded integration and improvement programs in the past, including the Programme for the Roma Community in Poland – funding was found to be distributed unevenly by local authorities and outcomes and successes of these programs was undetermined (Canada, 2012).

POTENTIAL AREAS OF INTERVENTION AND COMPLICATIONS

As you work on your proposed data collection initiative and intervention, there are a number of areas you may want to consider in your research, including access and cultural attitude toward education, community engagement, women's roles in Roma society, and the attitude toward groups with multiple vulnerabilities, among others. Areas of possible complications and barriers may include the rise of nationalist politics in Poland, funding, data collection mechanisms, segregation, unconscious bias in healthcare professionals, and COVID-19, among others. It is your responsibility to ensure that your proposal can function within the realities and cultural norms of Poland and the Roma people.

CONCLUSION

After investigating the living conditions of Roma people in your country, you realize that the hospital will not be able to influence health outcomes for the Roma positively without addressing some of the systemic issues Roma are experiencing in their daily lives.

Your task is to create an intervention proposal to submit to hospital leadership that will positively impact the health outcomes of Roma by addressing the social determinants of health of this population. This intervention must be included, but is not limited to, the following:

1. A plan to efficiently and effectively collect and track health data for the Roma population,
2. A creative, yet feasible intervention plan to positively change health outcomes for the Roma people,
3. A plan to evaluate outcomes and an explanation of the return on investment for the hospital that is funding these new initiatives. (Note: This may require that you have a proposed budget included in your proposal.)

Your data collection and intervention proposal should be based on the realities of the culture and society of Poland and the Roma people, as well as the scope of influence of a single hospital. However, you are encouraged to think creatively and innovatively as you choose what tools to use and how to shape your intervention proposal.

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