

HEALTH EQUITY-2020 PROJECT REDUCING HEALTH INEQUALITIES PREPARATION FOR REGIONAL ACTION PLANS

RESULTS OF NEEDS ASSESSMENT AND ACTION PLAN

STARA ZAGORA REGION, BULGARIA

*Authors: [Zlatina Naneva, Regional Health Inspectorate – Stara Zagora]
[Elena Kaneva, Regional Health Inspectorate – Stara Zagora]
[Svetla Karastoyanova, Regional Health Inspectorate – Stara Zagora]
[Vanya Krasteva, Regional Health Inspectorate – Stara Zagora]
[Tanya Perchemlieva, Regional Health Inspectorate – Stara Zagora]
[Aneta Vladimirova, Regional Health Inspectorate – Stara Zagora]
[Sasha Chakarova, Regional Health Inspectorate – Stara Zagora]*

[20.11.2015, Stara Zagora, Bulgaria]

This document arises from the project HEALTH EQUITY-2020 which has received funding from the European Union, in the framework of the Health Programme.



Content

Overview	3
PART 1 WHAT DOES THE EVIDENCE for your region SAY?.....	4
<i>Introduction to Part 1</i>	<i>4</i>
<i>Phase 1 Carrying out the NEEDS ASSESSMENT.....</i>	<i>5</i>
1.1 <i>Introduction.....</i>	<i>5</i>
1.2 <i>Regional profile.....</i>	<i>5</i>
1.3 <i>Socioeconomic inequalities in health</i>	<i>6</i>
1.4 <i>Socioeconomic inequalities in health determinants</i>	<i>7</i>
1.5 <i>Economic consequences of health inequalities.....</i>	<i>8</i>
<i>Phase 2 Conducting a CAPACITY ASSESSMENT.....</i>	<i>8</i>
<i>Phase 3 Setting the potential ENTRY POINTS for action</i>	<i>10</i>
1.6 <i>Setting priorities.....</i>	<i>10</i>
1.7 <i>Choosing actions</i>	<i>11</i>
1.8 <i>Translating actions into regional action plans.....</i>	<i>12</i>
<i>Phase 4 The IMPACT ASSESSMENT.....</i>	<i>12</i>
1.9 <i>Any other information related to building your evidence-base</i>	<i>13</i>
PART 2 Action plan to TACKLE HEALTH INEQUALITIES	14
<i>Introduction to Part 2</i>	<i>14</i>
<i>Translating HE2020 actions into regional action plans.....</i>	<i>14</i>
2.1 <i>Main questions to answer by an action plan.....</i>	<i>14</i>
2.2 <i>Recommended key steps.....</i>	<i>15</i>
2.3 <i>Integrated planning.....</i>	<i>16</i>
2.4 <i>Monitoring and evaluation of the implementation of the Action Plan.....</i>	<i>16</i>
2.5 <i>Financial appraisal.....</i>	<i>16</i>
<i>Action Plan.....</i>	<i>17</i>
2.6 <i>General context</i>	<i>17</i>
2.7 <i>List of partner organisations.....</i>	<i>18</i>
2.8 <i>List of supporting documents</i>	<i>18</i>
2.9 <i>Action Plan table.....</i>	<i>19</i>
2.10 <i>Additional support.....</i>	<i>30</i>
PART 3 DEVELOPING THE ACTION PLAN: the process.....	31
<i>Introduction to Part 3.....</i>	<i>31</i>
3.1 <i>General overview of the process.....</i>	<i>31</i>
3.2 <i>Using an evidence-based approach</i>	<i>31</i>
3.3 <i>A community & intersectoral approach.....</i>	<i>32</i>
3.4 <i>Building Support</i>	<i>33</i>
3.5 <i>Typology of the region</i>	<i>33</i>
3.6 <i>Challenges.....</i>	<i>34</i>
3.7 <i>Validating the regional Action Plan – Integrated planning.....</i>	<i>34</i>
3.8 <i>Financing the Action Plan</i>	<i>34</i>
3.9 <i>Benefits for the region, lessons learnt, good practices</i>	<i>36</i>
3.10 <i>Cascade learning into other regions.....</i>	<i>36</i>
3.11 <i>Annex – Information on the Regional Action Group.....</i>	<i>37</i>

Overview

This report is summarizing the work of the regions in the framework of the Action Learning and Capacity Building programmes of the HealthEquity-2020 project. This document consists of 3 interrelated parts:

Part 1: Developing the regional action plan. What does the evidence say?

Part 1 summarises the work that has been done in relation to testing the HE2020 Toolkit. The regions went through on different phases to collect the necessary evidence providing step-by-step guidance in designing evidence-based action plans: (i) conducting a needs assessment, (ii) a capacity assessment, (iii) selecting entry points, (iv) carrying out an impact assessment. Based on the Toolkit this template helps the regions summarize the data and information collected during the process of assessing and addressing socioeconomic health inequalities.

Part 2: Regional Action Plan to tackle health inequalities

Part 2 is the main output of the work of the regions. The key activity of the HE2020 project is that participating regions prepare region-specific action plans that are evidence-based and are integrated with regional development plans & that have appraised financial options including ESIF. The provided information and template help develop the regional Action Plan.

Part 3: Developing the regional Action Pan: The process

The HE2020 Action Learning and Capacity building programmes put a strong emphasis on the process of learning, developing, and sharing. Part 3 helps thinking through the action planning process in the project and documenting it. It summarises the context in which the regional team works, the used approach, what has been achieved and how, as well as the opportunities and challenges encountered.

PART 1 WHAT DOES THE EVIDENCE for your region SAY?

Introduction to Part 1

The aim of the HealthEquity-2020 project was to assist regions in Europe in drawing up evidence-based action plans to address socioeconomic health inequalities. Having an evidence-based approach is important as it provides a rational, rigorous, and systematic approach to: setting up interventions, designing policies, programmes, and projects. The rationale is that well-informed decisions will produce better outcomes.

A key product of the project is the HE2020 Toolkit providing step-by-step guidance in designing evidence based action plans: (i) conducting a needs assessment, (ii) a capacity assessment, (iii) selecting entry points, (iv) carrying an impact assessment. Following the Toolkit structure this template helps regions document the data and information collected during the course of the process of assessing and addressing socioeconomic health inequalities.

Regions are advised to fill in this template as much as possible with the information gathered and assessments made along the development of the project by testing the Toolkit. What is important is providing the best available evidence that can: (i) explain the health gaps between people and the corresponding socio-economic determinants leading to the inequalities; (ii) assess the capacities (existing/missing) to implement actions to address inequalities; (iii) show how the entry points for actions/policies or interventions were chosen; and (iv) assess the policy impact of the interventions chosen.

In practice this summary can serve as an annex to a regional Action Plan or any wider strategy. It can also be used by regions to (i) draw policy makers` attention to a policy issue; (ii) monitor policy implementation; and (iii) evaluate the outcomes of the interventions.

The full HE2020Toolkit is available at this link:

<https://survey.erasmusmc.nl/he2020/>

Additional support for the completion of this template can be found at:

<http://wiki.euregio3.eu/display/HE2020EU10/Home>

Phase 1 Carrying out the NEEDS ASSESSMENT

Assessing the magnitude and determinants of socioeconomic health inequalities

1.1 Introduction

[Insert here a short introduction on why a needs assessment was undertaken. Please describe the overall process: what methods and sources you used to obtain the data, how the data was edited or analysed, was there any action undertaken to improve data availability through conducting additional surveys or improving monitoring of data.]

A Needs Assessment was undertaken by the Regional Health Inspectorate – Stara Zagora under the Health Equity 2020 Project.

The purpose was to make an overview of the current situation in the region with respect to health, health inequalities, health determinants and health consequences. The information about the determinants of socioeconomic inequalities in health assisted us in the process of identifying entry points for action that would improve health and reduce socioeconomic inequalities in health.

The needed data was collected by sources of available data.

The sources we used include:

National Statistical Institute and Regional Statistical Office – Stara Zagora – Available statistical data of 2012;

2011 census data.

Regional Health Inspectorate – Stara Zagora – processed data.

Data of CINDI Health Monitoring 2007.

The availability of data was improved through conducting an additional survey organized by NGO "World without borders" among 200 people from focus groups from compact Roma population living in the town of Stara Zagora.

The aim of the survey was to collect information about the access to health services. A questionnaire was used and it included 21 questions distributed in five main groups: Access to General practice; Access to Emergency medical aid; Access to hospital; Child Health and Women health.

1.2 Regional profile

[Please provide a short description of the region. You can refer to aspects such as: population size and density, distribution of the population by age and gender, distribution of indicators of socioeconomic position, degree and distribution of urbanity.]

Population size - Number at 31.12.2012 - 329 864; Male - 48.7%; Female – 51.3%; The persons aged 65 and over - 20.2%; Children up to 15 years of age - 14%;

In urban areas live 71.7% and in rural – 28.3%.

Activity rate population aged 15-64 years – 67.6%; population aged 15 years and over – 52.2%.

Employment rate persons aged 15 - 64 years - 62.8%; persons aged 15 years and over – 48.5%.

Unemployment rate (age group 15-64 years) - 7.1%.

1.3 Socioeconomic inequalities in health

Mortality and life-expectancy

[Describe here the socioeconomic inequalities in mortality or life expectancy.]

Mortality Rate - 15.6‰ (15.0‰ average for the country).

Mortality among male - 16.7‰; Mortality among female – 14.5‰

Mortality rate in urban areas - 12.5‰; Mortality rate in rural areas - 23.4‰

Life expectancy 2010 - 2012 - 73.7 years (74.0 years average for the country).

Infant mortality rate - 7.7‰ (7.8‰ average for the country)

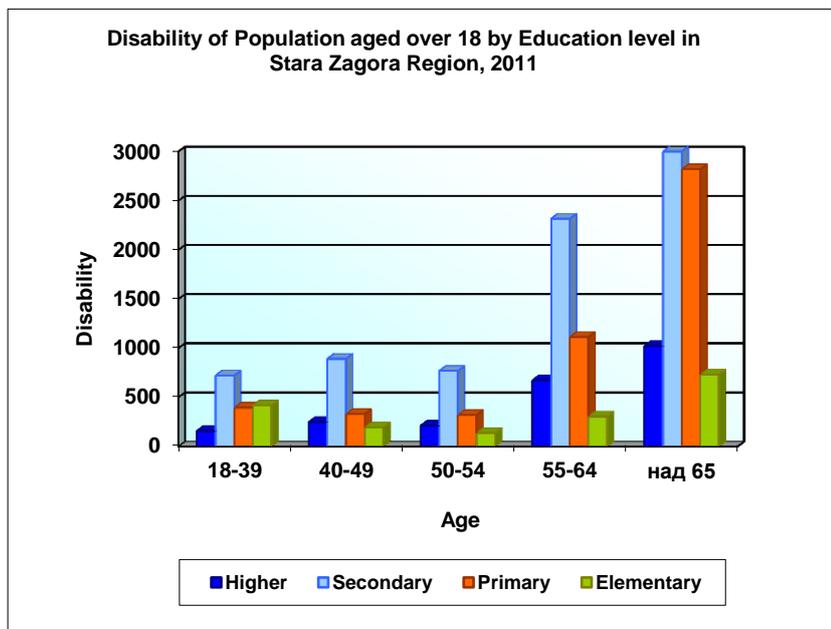
Infant mortality rate among boys - 7.9‰; Infant mortality rate among girls - 7.5‰

Infant mortality rate in rural areas - 12.2‰; Infant mortality rate in urban areas - 6.0‰

Health during life

[Also during life, health inequalities can exist. Describe them for a few of the main indicators such as disabilities, prevalence of certain chronic diseases and self-reported health.]

The data for Disability of the population aged over 18 in Stara Zagora Region by age groups and per educational group is received from the regional statistic office in Stara Zagora and it is processed data of the 2011 census of the population. The coloured vertical bars show the disability at a certain age for a certain educational group. The gradients in each of the age clusters represent the *educational inequalities in disability*.

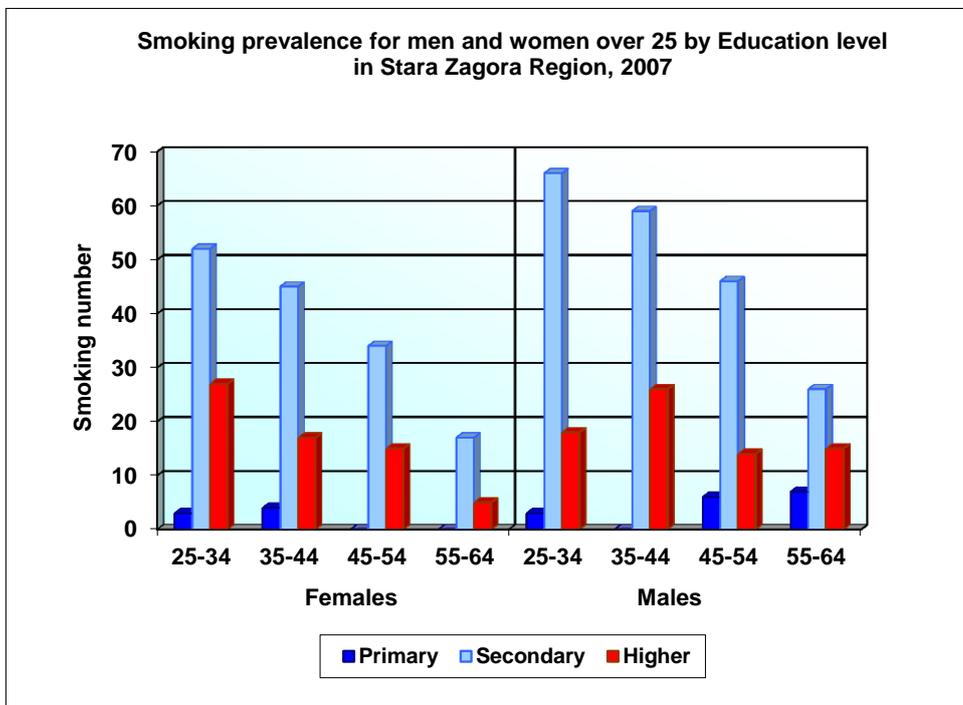


1.4 Socioeconomic inequalities in health determinants

Health behaviours

[Describe the socioeconomic inequalities in health behaviours like: smoking, physical inactivity, alcohol consumption or diet.]

The data of Smoking prevalence is on the base of CINDI Health Monitoring, 2007, a survey among 1600 people in Stara Zagora city, 800 women and 800 men, divided in 4 equal age groups – 25-34, 35-44, 45-54, 55-64.



Working & living conditions

[Present inequalities in social conditions, such as social support and demand-control imbalance, as well as physical conditions, such as housing quality, traffic safety, and exposure to noise.]

No available data

Access and use of health services

[Describe inequalities in access to and use of health care and preventive services such as general practitioners, medical specialists, hospitals, dental care, screening, vaccination programs, and maternal and prenatal care. Consider both the geographical access as well as the financial barriers.]

Well-developed healthcare network:

4.8 hospitals per 100 000 population (4.6 for the country);
74.5 hospital beds per 10 000 population (66.3 for the country);
42.4 physicians per 10 000 population (39.3 for the country);
71.5 medical specialists on health care per 10 000 population (65.6 for the country)
Frequency of visits to GP – 1.96
Frequency of visits to specialists – 1.37
Frequency of visits to a dentist – 0.52
Frequency of hospital admissions – 0.19
Length of stay in a hospital – 4.8 days

1.5 Economic consequences of health inequalities

Labour related indicators

[Describe here labour related consequences of health inequalities (ill health), such as labour participation, sickness leave, and labour productivity.]

No available data

Direct costs related indicators

[Describe here costs of health inequalities (ill health), such as healthcare costs and costs of social security benefits.]

No available data

Phase 2 Conducting a CAPACITY ASSESSMENT

Introduction

[Please describe the overall process of conducting the capacity audit in your region (what data was used, did you conduct interviews, during what period of time?)

During the process of working on the project we chose partner organizations which we worked with and we knew in time - we knew their capacity and possibilities for development.

Findings

[What are the findings with regards to the main domains of the capacity audit? Please refer to weaknesses as well as strengths and opportunities for development.]

No information provided.

Organizational development

[You can talk about: organizational structures, policies and procedures/strategic directions, management support, recognition and reward systems, information systems, quality improvement systems, informal culture.]

No information provided.

Resource allocation

[You can talk about: financial and human resources, time, access to information, specialist advice, decision making tools and models, administrative support, physical resources.]

No information provided.

Workforce development

[You can talk about: workforce learning, external courses, professional development opportunities, undergraduate/graduate degrees, professional support and supervision, performance management systems.]

No information provided.

Leadership

[You can talk about: interpersonal skills, technical skills, personal qualities, strategic visioning, systems thinking, visioning of the future, organizational management.]

No information provided.

<p>Partnerships <i>[You can talk about: shared goals, relationships, planning, implementation, evaluation, sustained outcomes.]</i></p>
<p><i>No information provided.</i></p>

Phase 3 Setting the potential ENTRY POINTS for action

1.6 Setting priorities

[What are the health inequalities that raised concerns in your region? Why?

How did you choose a/ between priorities? Explain it by taking into account factors like: impact, changeability, acceptability, resource feasibility.

Talk about European regional priority setting! European Structural and Investment Funds are a potential source for funding actions but they also set up the political agenda in terms of developing priorities. Have you managed to relate your priorities set up for your region/country to the European level?]

The focus of Stara Zagora Region Action Plan is directed towards Health Inequalities of Roma Population in the region.

The Roma population according to their voluntary declaration during the latest 2011 census data forms 7.26% of the population of the region (4.9% average level for the country). This ethnic group is the second largest one after the group of individuals, who declared as Bulgarian ethnic group.

The Roma population has the lowest level of education and highest level of unemployment rate in Stara Zagora region.

Different surveys in Bulgaria show that the health status of people belonging to ethnic minorities, especially the Roma population, is much lower.

This fact combined with low cultural integration, illiteracy and social isolation of Roma population puts them among the groups at the highest risk in Bulgarian society.

The data about the access to health services was collected through conducting an additional survey among 200 people from focus groups from compact Roma population living in the town of Stara Zagora.

The Regional action plan fits within the Action plan for implementation of the Health Strategy for people in disadvantaged position, belonging to ethnic minorities.

It will be integrated with the Regional Roma Integration Strategy of Stara Zagora Region (2013-2020)

1.7 Choosing actions

[What are the actions you can take to address this health inequality?

Talk about the mechanism chosen! (e.g. (a) reducing the inequalities in socioeconomic position itself (education, income, or wealth); (b) improving health determinants prevalent among lower socioeconomic groups (living and working conditions, health behaviours, accessibility to and quality of health care and preventive services) ; (c) reducing the negative social and economic effects of ill health (school drop-out, lost job opportunities and reduced income)

Talk about the strategy chosen: e.g. (a) a targeted approach; (b) a whole population approach; (c) a life-course perspective; (d) tackling wider social determinants of health.

Have these interventions already been proved successful in reducing inequalities in other regions or studies?]

The Stara Zagora Regional Action Plan addresses health inequalities of Roma population living in compact groups in Stara Zagora Region.

Main priority areas:

- Preventive motherhood and child care
- Improving the access to health care
- Health knowledge and awareness
- Improving health services

Objectives:

- Reduction of infant mortality rate
- Improvement of the medical care for new-borns and children at pre-school age
- Improvement of the prophylactic activities among the Roma population
- Providing equal access to health services for persons in disadvantaged position, belonging to ethnic minorities
- Raising the health awareness and ensuring access to health information
- Overcoming the cultural barriers in the communication as well as any forms of discrimination in healthcare

1.8 Translating actions into regional action plans

[For the actions chosen did you think about? (a) the reach of the action (the intended target population)?, (b) effectiveness/ efficacy of the action (the desired effect of the action) ?; (c) who will adopt the action?; (d) who should implement the action? (e) what type of maintenance of the action was required?]

The actions needed to be implemented in order to achieve the goals of the plan are intended for the Roma population living in compact groups in the region. The responsible party, others involved in completing the action, the timeline, the indicators for evaluation and the source of finances have been defined.

Phase 4 The IMPACT ASSESSMENT

Assessing the potential impact of actions on health and health inequalities

Screening

[Is the policy/ intervention likely to impact health/ determinants of health considerably? Which populations are currently relatively disadvantaged in the context of this policy or intervention? Does the policy enhance equity or increase inequity? What might be the unintended consequences?]

The intervention is intended to impact some determinants of health as infant mortality and to reduce the health inequalities of Roma population living in compact groups in the region, improving their access to health care, improving health services for them and increasing their health knowledge and awareness.

Scoping

[Which health outcomes or determinants of health outcomes does this impact assessment focus on? How was it carried out (literature reviews, quantitative modelling, qualitative analysis- expert consultations, interviews, focus groups)? What evidence was used to show how the health equity impact was identified?]

The impact assessment focuses on improving of the access of Roma population living in compact groups to health services and their health status with an accent to mother and child healthcare.

Impact assessment

[Quantify or describe potential, important health and health equity impacts.]

Higher level of Information for rights and obligations of the patient - Registration of children at GP

Higher level of knowledge, better healthy skills and behavior - Healthier Style of Life
Higher number of vaccinated children - lower risk of spreading of communicable diseases
Prevention of Tuberculosis, Sexually transmitted Infections and HIV/AIDS
Prevention of early marriage and early pregnancy
Prophylactic examinations for persons without health insurance – Taking due measures/precautions - improvement of health status
Trained Health Mediators – reaching more people
Higher level of adequate medical services

Decision making

[Provide recommendations to improve policy (evidence-based, practical, realistic and achievable measures that would reduce the negative and enhance the positive health equity impacts of the policy).]

The actions developed to achieve the general goal of the Action plan are specific, measurable, achievable, realistic and time-bound.

Monitoring & evaluation

[Talk about: the process evaluation (Was the impact assessment carried out successfully? Were there challenges or barriers?); the impact evaluation (will the recommendations of the impact assessment be adopted/implemented?); the outcome evaluation (How will you know if health inequities have been reduced in real life?)]

The monitoring of the achievement of the general goal of the action plan will be realized through conducting of surveys on the access to health services and health status of the Roma population living in compact groups, in the beginning and at the end of completing the actions, and processing and analyzing the data obtained through prophylactic examinations of that population.

1.9 Any other information related information to building your evidence-base

[If you had any difficulties with regards to the data collection and interpretation, please describe it here.]

No available statistical data about the determinants of socioeconomic inequalities in health.

PART 2 Action plan to TACKLE HEALTH INEQUALITIES

Introduction to Part 2

The key outputs of the Action Learning and Capacity Building programmes are the evidence-based regional Action Plans to address socioeconomic health inequalities.

There are many different types of action plans in practice: from simple to more complex. Ideally action plans are linked to a wider strategical plan and can be developed annually, biannually.

The HealthEquity-2020 project did not plan to introduce a particular action plan format as there are many factors in practice that can influence their particular design and content. The regions themselves are also differing in their priorities and objectives they want to focus on and achieve, their stakeholders and their institutional background, their political context, the mandate or role to be played as a strategic document for the region.

Nonetheless, this document aims to present the key characteristics of an action plan and provides some guidance on the most important elements that should be considered together with providing a simple template.

The regions are kindly asked to fill in this template based on their work, or use any other format that is also in line with the basic characteristics of an action plan and with the characteristics of their own local/national policy planning/action planning processes.

Whichever way the region chooses, the main point is to build the Action Plan on the data and knowledge gathered via the action learning process documented in Part 1.

Translating HE2020 actions into regional action plans

2.1 Main questions to answer by an action plan

An action plan is detailed plan related to a strategic document outlining:

1. **What** will be done (the steps or actions to be taken) and by **whom** (which organisation).
2. Time horizon: **when** will it be done (when the actions/steps will be done)
3. **Resource** allocation: what specific funds are available for specific activities.

In practice we can find various different kinds of documents that are called Action Plans with elements like vision, mission, aims, objectives, goals built on each other, and actions etc., but these documents are more likely should be considered as Strategies.

Within the HealthEquity-2020 project the idea was to look for (to develop) action plans to be integrated into regional development plans, national reform programmes etc. These

Action Plans should be aligned to these existing strategical documents' vision, mission, objectives etc.

2.2 Recommended key steps

Considering the special context of the HE2020 project and the steps already taken as part of the HE2020 Actin Learning programme, the following key steps are recommended to be taken to finalize your regional Action Plan.

2.2.1 *Bring together the different people/organizations/sectors to be involved in developing the Action Plan* to get various views in the planning work.

This group is ideally the Regional Action Group. While action planning can take place within single departments, organizations and sectors, the HealthEquity-2020 project encouraged cross-sectoral action planning.

2.2.2 *Review your data and information that you have collected with the help of the Toolkit.*

Regions assessed the magnitude and determinants of health inequalities in their region by conducting a needs assessment, assessed the capacities, formulated entry points, and some of them have taken to the impact assessment phase.

Please review what you have learned about health inequalities, and what capacities you have to tackle that. Examine again the selected priorities based on the data, and the possible actions by which you can address the assessed inequalities. Critically evaluate the chosen strategy to tackle the problem. If data exist evaluate the potential impact of possible actions on health and health inequalities.

This information and careful analysis should provide the background and basis of your action plan; it is going to be the so called evidence-base of the Action Plan.

2.2.3 *Develop the action plan by*

3.1 *Presenting the general context* under which the action plan was developed.

- a) Explain why actions are needed, make a reference to the evidence collected by briefly summarizing the results of the health inequality assessment (key considerations, why these priorities/objectives have been selected)
- b) Briefly explain how this plan was developed
- c) Explain how the action plan fits within or linked to a wider development strategy or other document(s) (Operational Program/National Reform/Health or Social Strategy etc.)

3.2 Filling in the action plan table by identifying

- a) the key actions of the priority area/identified objective (you can also chose to prioritize actions if you want to bring focus on certain issues (essential; high; medium; low)
- b) the output/deliverable of the action
- c) the responsible parties
- d) other parties to involve
- e) the timeline
- f) key outcome indicators to measure success
- g) financial resources.

3.3 Listing the partner organisations contributing to the development of the Action Plan

3.4 Listing the supporting documents as annexes of the action plan (e.g. a more detailed review of the determinants of socioeconomic health inequalities in your region).

2.3 Integrated planning

A key element in the HealthEquity-2020 project is that the developed Action Plans should be integrated into regional development plans. Please describe in the General context to which regional or national strategical document your Action Plan can be linked to and how.

2.4 Monitoring and evaluation of the implementation of the Action Plan

Monitoring and evaluation is a key to demonstrate the results achieved to policy makers/ policy entrepreneurs/ decision makers/supporters/stakeholders and to generate financial or political/institutional support further on during/after the implementation stages of the action plan. However, building a monitoring and evaluation system requires special expertise, thus here you can focus only on listing a few key indicators measuring outcomes.

2.5 Financial appraisal

Getting financed the action plan is crucial for implementation. HE2020 puts an emphasis on the use of the European Structural and Investment Funds (ESIF) as an important source of funding for actions related to the inequalities area.

Please make a financial appraisal. A few points for consideration:

- What are the funds available for your region?

- Consult the Operational Program(s) that cover your region. Can you make a match with its priorities that can support the Action Plan? Are you eligible to apply for funding?
- Can you build synergies/partnerships with your stakeholders, officials, industry representatives and NGOs from your Regional Action Group to increase your profile?
- When the Calls for Proposals are organized and how does that fit with the implementation stages of the Action Plan?
- Funds are allocated to those projects that can demonstrate their ability to achieve the results in a measurable way relevant to the priorities mentioned in the Operational Programs. Can the evidence you collected in your assessments support this approach?
- Other sources of funding might also be available at national/regional level or within other frameworks (regional, national, or other international funds e.g. the Norwegian Grant). Have you considered them?

Action Plan

2.6 General context

[Please (i) Explain why actions are needed, (ii) Make a reference to the evidence collected by briefly summarizing the results of the health inequality assessment (key considerations, why these priorities/objectives have been selected), (iii) Briefly explain how this plan was developed, (iv) Explain how the Action Plan fits within or linked to a wider development strategy or other document(s) (Operational Program/National Reform/Health or Social Strategy etc.)]

The focus of Stara Zagora Region Action Plan is directed towards Health Inequalities of Roma Population in the region.

The Roma population according to their voluntary declaration during the latest 2011 census data forms 7.26% of the population of the region (4.9% average level for the country). This ethnic group is the second largest one after the group of individuals, who declared as Bulgarian ethnic group.

The Roma population has the lowest level of education and highest level of unemployment rate in Stara Zagora region.

Different surveys in Bulgaria show that the health status of people belonging to ethnic minorities, especially the Roma population, is much lower.

This fact combined with low cultural integration, illiteracy and social isolation of Roma population puts them among the groups at the highest risk in Bulgarian society.

The data about the access to health services was collected through conducting an additional survey among 200 people from focus groups from compact Roma population living in the town of Stara Zagora.

The Regional action plan fits within the Action plan for implementation of the Health Strategy for people in disadvantaged position, belonging to ethnic minorities.

It will be integrated with the Regional Roma Integration Strategy of Stara Zagora Region (2013-2020)

2.7 List of partner organisations

[Please list the partner organisations contributing to the development of the Action Plan]

Regional Action Group

Regional Health Inspectorate

Regional Health Insurance Fund

Regional Education Inspectorate - *Pedagogical advisers in Schools*

Regional and Local Authorities - The District Administration of Stara Zagora, Stara Zagora

Municipality, Maglizh Municipality, Nikolaevo municipality:

Medical Specialists in Kindergartens and Schools

Health Mediators working with Roma People

Regional Social Support Directorate – Stara Zagora - *Child Protection Department*

NGO working with Roma Population - “World without borders”

2.8 List of supporting documents

[Please list the supporting documents as annexes of the action plan (e.g. a more detailed review of the determinants of socioeconomic health inequalities in your region).]

2.9 Action Plan table

General objective: Reducing Health Inequalities of Roma population in Stara Zagora Region, Bulgaria

Actions	Output/ Deliverables	Responsible party	Others to involve to complete action	Timeline	Indicators	Financial resources
Preventive motherhood and child care						
Early registration of pregnant women, monitoring of pregnancy and timely admittance of women in childbirth in hospitals	Reduction of child mortality rate	Regional Health Inspectorate /RHI/ NGO “World without borders”	General practitioners, health mediators, National Health Insurance Fund (NHIF)	2015-2020	Medical examinations and consultations with gynecologists of pregnant women up to the 4 th month of pregnancy. Timely hospitalization of women in childbirth - at least 75 percent of women having given birth.	State budget
Organizing gynecological examinations by mobile teams in settlements with compact Roma population. Providing contraceptives to low income people willing	Increasing the percent of Roma covered by prophylactic gynecological examinations Ensuring early	Regional Health Inspectorate /RHI/ NGO “World without borders”	Specialists in obstetrics and gynecology, health mediators	2015-2020	At least 500 prophylactic examinations conducted by the mobile teams	State budget



to use such	diagnosing and screening for prevention of diseases					
Conducting discussions with young persons and their parents on the ways to prevent undesired and early pregnancy, the risks of early pregnancy for both mother and child; the risk of giving birth to babies with congenital anomalies and hereditary diseases and the appropriate prophylactics	Reducing the number of pregnancy in adolescence and prevention of congenital anomalies and hereditary diseases	Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, health mediators	2015-2020	At least 10 discussions conducted annually on the specified topics	State budget
Conducting consultations on genetic diseases and examination of affected families and communities	Prevention of congenital anomalies and hereditary diseases	Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, Genetic laboratory, health mediators	2015-2020	Regularly conducted genetic consultations and examinations. Number of prevented birth of babies with disabilities	State budget
Conducting prenatal diagnostics of pregnant women at risk	Prevention of congenital anomalies and hereditary diseases	Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, Genetic laboratory, Health mediators	2015-2020	Covering at least 75 percent of the pregnant women at risk with prenatal diagnostics	State budget
Timely registration of newborns with the GPs by	Improvement of the medical care for	Regional Health Inspectorate	GPs, Health mediators	2015-2020	At least 75% of the children	State budget

identifying children having no GPs and explaining to their parents how important it is to register them	newborns and children at pre-school age	/RHI/ NGO “World without borders”			registered with GPs in the settlements with mediators	
Delivering lectures for young mothers on the importance of immunization and motivating them to observe the requirements of the National immunization calendar	Increasing the number of children who have undergone the immunization according to the National immunization calendar for newborns and children under 7 years of age	Regional Health Inspectorate /RHI/ NGO “World without borders”	Health mediators	2015-2020	At least 10 lectures delivered per year on the indicated topic	State budget
Ensuring the immunization of Roma children by mobile teams in settlements without GPs		Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, Health mediators	2015-2020	90 per cent of children in settlements without GPs covered by the compulsory immunizations	State budget
Active searching by the GPs of babies born at home and immunizing them with the vaccines appropriate for their age		Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, health mediators	2015-2020	95 of babies born at home vaccinated	NHIF
Delivering lectures and disseminating information materials, organizing training for women engaged in rearing young children	Improving the awareness about healthy nutrition of newborns and young children	Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, health mediators	2015-2020	Delivering at least 10 lectures per year on the topic of healthy nutrition	State budget

	children					
Organizing pediatric examinations by mobile teams in settlements with compact Roma population.	Conducting prophylactic examinations by using mobile pediatric teams in neighborhoods with predominantly Roma population	Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, health mediators, medical establishments	2015-2020	At least 500 examinations made by the mobile pediatric team	State budget
Conducting an awareness campaign about the need for vaccinating the population with the compulsory immunizations according to the National Immunization Calendar	Increasing the percent of Roma covered by the National immunization calendar	Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, health mediators	2015-2020	At least 10 lectures delivered annually on the indicated topic	State budget
Organizing prophylactic examinations with mobile mammography equipment	Ensuring early diagnosing and screening for prevention of breast cancer	Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, health mediators, medical establishments	2015-2020	At least 500 examinations made by the mobile mammography equipment	State budget
Organizing prophylactic examinations by using mobile radiological units, ultrasound and laboratory equipment	Conducting early diagnosing and screening of blood pressure, cardiovascular diseases, pulmonary	Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, health mediators, medical establishments	2015-2020	Conducted at least 500 examinations by a therapeutic mobile team; 500 examinations by a mobile	State budget

	diseases, diabetes and dyslipidemias				radiological unit, 500 examinations with a mobile ultrasound unit and 500 laboratory tests by a mobile laboratories	
Conducting awareness campaigns among the Roma population about the importance of the prophylactic medical examinations	Increasing the percent of Roma covered by prophylactic examinations	Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, health mediators, medical establishments	2015-2020	Delivered at least 10 lectures on the indicated topic	State budget
Building capacity and working in the community for HIV prevention by referring Roma to anonymous and free tests for HIV and sexually transmitted infections; training; field work; social and health centers in the Roma communities; mobile medical teams	Prevention and control of HIV, tuberculosis and sexually transmitted infections (STI) among the vulnerable Roma communities	Regional Health Inspectorate /RHI/ with the Cabinets\ for anonymous and free testing for AIDS (CAFTA) NGO “World without borders”	Municipalities, medical establishments, Social Assistance Agency (SAA)	2015-2020	Number and percent of young Roma persons outreached with the full package of services for HIV prevention	National Program for Prevention and Control of HIV and STIs Program BUL-202-G01-H-00 „HIV/AIDS prevention and control” financed by the Global fund to fight AIDS, tuberculosis and malaria
Activities aimed at improving the control of					Number of Roma persons covered	National Program for

<p>tuberculosis in the Roma community by conducting screening for the risk, testing for tuberculosis; supporting the sick Roma in the treatment process</p>					<p>by the screening of the risk of tuberculosis. Number and percent of persons covered by the screening of the risk of tuberculosis, who pass medical examination through microscopic testing, X-ray examination and tuberculin skin test. Number of Roma patients with tuberculosis undergoing directly monitored treatment in continuous phase or with latent tuberculosis infection who receive support from key personnel</p>	<p>Prevention and Control of Tuberculosis Program BUL-607-G02-T „Improving the control of tuberculosis in Bulgaria”; Program BUL-809-G03-T „Enhancing the National Program for Prevention and Control of Tuberculosis In Bulgaria”, financed by the Global fund to fight AIDS, tuberculosis and malaria</p>
---	--	--	--	--	---	--



Actions	Output/ Deliverables	Responsible party	Others to involve to complete action	Timeline	Indicators	Financial resources
Improving the access to health care/ Providing equal access to health services for persons in disadvantaged position, belonging to ethnic minorities						
Bringing the practices for primary health care closer to the neighborhoods inhabited predominantly by Roma population	Improving the access to primary health care	Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, health mediators	2015-2020	Registered practices for primary health care closer to the neighborhoods inhabited predominantly by Roma population	State budget
Promoting the cooperation of GPs with the health mediators and the students of Roma origin studying medicine		Regional Health Inspectorate /RHI/ NGO “World without borders”	GPs, health mediators	2015-2020	Regular meetings – two times per year, reported results	State budget
Identifying the settlements which need health mediators and selecting the appropriate people for training		Regional Health Inspectorate /RHI/ NGO “World without borders”	Communities	2015-2020	Identified settlements	State budget

Training health mediators and supporting their work		Regional Health Inspectorate /RHI/ NGO “World without borders”	Health mediators	2015-2020	Trained health mediators	State budget
Actions	Output/ Deliverables	Responsible party	Others to involve to complete action	Timeline	Indicators	Financial resources
Health knowledge and awareness/Raising the health awareness and ensuring access to health information						
Training the Roma population in methods of prevention of the most frequent health troubles	Higher level of health knowledge and awareness of the Roma population	Regional Health Inspectorate /RHI/ NGO “World without borders”	Communities, health mediators	2015-2020	Number of discussions, radio and TV programs, video and audio clips	State budget
Conducting regular discussions on the dangers posed by the most widely spread risk factors – smoking, alcohol abuse, unhealthy diet and on the benefits of the healthy way of life; prophylactics and health insurance rights and obligations and their patient rights; health and sexual		Regional Health Inspectorate /RHI/ NGO “World without borders”	Communities, health mediators, health specialists Regional Education Inspectorate	2015-2020	At least 10 discussions conducted annually on the specified topics	State budget

education for Roma children in the schools with predominantly Roma students						
Increasing the number of radio and TV programs on the issues of prophylactics and health insurance		Regional Health Inspectorate /RHI/ NGO “World without borders”	Health mediators, health specialists, Media	2015-2020	At least 5 radio and TV broadcastings annually	State budget
Broadcasting video and audio clips on the issues of health, targeting the Roma population		Regional Health Inspectorate /RHI/ NGO “World without borders”	Health mediators, health specialists, communities, Regional Education Inspectorate	2015-2020	At least 20 broadcastings annually	State budget
Development and implementation of programs for prevention of trafficking in human beings and sexual abuse among persons of the Roma community		Regional Health Inspectorate /RHI/ NGO “World without borders”	Health mediators, health specialists, communities	2015-2020	At least 5 discussions conducted on the specified topics	State budget
Actions	Output/ Deliverables	Responsible party	Others to involve to complete action	Timeline	Indicators	Financial resources
Improving health services /Overcoming the cultural barriers in the communication as well as any forms of discrimination in healthcare						

Training the healthcare specialists to work efficiently in multiethnic environment Delivering seminars to familiarize the medical personnel, working in neighborhoods with compact Roma population, the medical specialists delivering emergency medical aid and prophylactic activities with the traditions of the Roma in order to be able to work with ethnic communities and in a multicultural environment	Improving Health Services	Regional Health Inspectorate /RHI/ NGO “World without borders”	Medical and Health Institutions	2015-2020	At least one seminar delivered per year	State budget
Actions	Output/ Deliverables	Responsible party	Others to involve to complete action	Timeline	Indicators	Financial resources
Evaluation of the Actions/Monitoring of the access to health services and preventive programs of the disadvantaged persons belonging to the ethnic minorities						
Conducting surveys on the access to health services and preventive programs of focus groups of compact Roma population	Monitoring	Regional Health Inspectorate /RHI/ NGO “World without borders”	Health mediators	2015	Conducted studies	State budget

Processing and analyzing the data obtained through prophylactic examinations	Monitoring	Regional Health Inspectorate /RHI/ NGO “World without borders”	Medical Institutions	2015-2020	Processed data and prepared annual analysis of the results of the prophylactic examinations conducted by the mobile units	State budget
--	------------	--	----------------------	-----------	---	--------------

2.10 Additional support

Additional support for different types and models of action plans can be found on the HE2020 Wiki Page under the section “Action Plans Examples”. These documents can be used as a source of inspiration and adapted according to the needs of the regions.

<http://wiki.euregio3.eu/display/HE2020EU10/Action+Plans+Examples>

Regions can also consult other sources or documentation on action planning like:

<http://ctb.ku.edu/en/table-of-contents/structure/strategic-planning>

<https://www.hitpages.com/doc/6289108800372736/1>

<http://www.open.edu/openlearnworks/mod/oucontent/view.php?id=53774§ion=1.4>]

For further information you can also consult:

The HE2020 Policy Matrix link at HE2020 wiki

The Regional Development Agency in your region:

http://ec.europa.eu/regional_policy/index.cfm/en/atlas/managing-authorities

A large database with successful projects available for review for the past period that can serve as inspiration:

http://ec.europa.eu/regional_policy/projects/stories/index_en.cfm

Other potentially relevant websites:

http://ec.europa.eu/regional_policy/en/checklist/

http://ec.europa.eu/regional_policy/en/atlas/

http://ec.europa.eu/health/health_structural_funds/used_for_health/index_en.htm

<http://www.esifforhealth.eu/>

<http://fundsforhealth.eu/>

PART 3 DEVELOPING THE ACTION PLAN: the process

Introduction to Part 3

Regions have different starting points in the action planning process and they also have region-specific development scenarios depending on their organizational background, institutional, political, and cultural context. The regions differ in their policy making processes, problem perceptions, and problem solving practices, as well as they work with various stakeholders.

This template helps thinking through the action planning process in the project and helps documenting it. It summarises the context in which the regional team works, the used approach, what has been achieved and how, as well as the opportunities and challenges encountered.

3.1 General overview of the process

[Please describe the overall process of developing the action plan throughout the HE2020 project. Please define the context.

How the process has started? Have you had dealt with the topic of health equity before within your region/country (in a direct or indirect way)? Have you built your work in the project on any earlier regional work/developments related to the inequities field? Have health/health equity/social determinants of health issues had been on the discussion table of policy makers before? How did this have an effect on the general process of developing the Action Plan as part of the project?]

We have not dealt with the topic of health equity before as under the project.

The process under the Project HE 2020 started with creating of a Regional action group – we chose partners of the Regional Health Inspectorate to develop the Regional Action Plan, to complete the actions and evaluate the deliverables.

The main activities include:

Needs assessment analysis using the toolkit phase 1

Entry points analysis using the toolkit phase 3

Impact assessment determination using the toolkit phase 4

Drafting a regional action plan addressing health inequalities of Roma population in Stara Zagora Region, which will be integrated with the Regional Roma Integration Strategy of Stara Zagora Region (2013-2020)

3.2 Using an evidence-based approach

[How much does evidence usually matter in decision making? Are strategies usually evidence-based in your region? Were there enough available (regional) data on health

status, social determinants of health to conduct the necessary needs assessments for designing this action plan?

Have you managed to build your Action Plan on the collected evidence? To what extent did the evidence gathered influenced: setting the priorities; choosing actions and interventions?]

Decision making in our health policy is based on evidence. The strategies in our region are evidence-based. They start with an overview of the current situation with respect to the problem which should be solved.

We did not have enough available regional statistical data about the determinants of socioeconomic inequalities in health. Anyway we managed to build our Action Plan on the collected evidence. The gathered evidence influenced setting the priorities, choosing actions and interventions to a great extent. Additionally we use the data of a survey as evidence.

3.3 A community & intersectoral approach

[Health inequalities is a cross-cutting issue. In dealing with health inequalities, it is important to implement a community/intersectoral approach to develop action. For this reason regions were encouraged to set up a Regional Action Group with stakeholders from various sectors/organizations who either directly or indirectly are dealing with the inequity problem. Please describe how you managed to set up the Regional Action Group. Please list the member organisations of your RAG in the Annex of this part of the document. Have you had already used an intersectoral approach before? Is this something that is part of your institutional/working culture or quite the opposite? If it was not possible to set up a Regional Action Group, please explain why not (e.g. no interest or support, reluctance in sharing information or competencies).]

The Regional Health Inspectorate uses the intersectoral approach in all activities on prevention of diseases and health promotion in Stara Zagora Region. It was not a problem to set up the Regional Action Group.

3.4 Building Support

[How would you describe the political/institutional support that you have received during your pursuit of developing an action plan to tackle health equity (either in the framework of a RAG discussed above or in any other forms)? Have key decision-making bodies (municipalities, local/regional governments, Ministry of Health, other professional bodies at the health and social field, European Structural and Investment Funds Managing Authorities, etc.) been involved in drafting/adopting/implementing the action plan? Have they been supportive?]

We have received institutional support during the process of collecting data for needs assessment, and drafting and implementing some activities included as actions to be completed during realizing of the Regional Action Plan. We had greatest support from the regional government, the local authorities of municipalities and NGO.

3.5 Typology of the region

[The characteristics of a region can have a strong influence on the process of developing an action plan at the local level. Is your region only an administrative/statistical reporting unit or an autonomous region with higher competences in designing policies at local level? What are the opportunities usually to develop actions for health/health equity at a regional level?]

Our region is an administrative reporting unit. Nevertheless the administration has the competency to design policies for development of the region and other strategies that fit into the national ones. Also Bulgaria is divided into 6 bigger regions for planning and designing policies. Stara Zagora District is included in the South – East Region of Bulgaria.

3.6 Challenges

[Describe the major challenges you encountered in the process of attaining your goals during the course of the action learning process (e.g. changes within the institutional context, lack of support from higher level authorities, weak collaboration or partnership with others sectors/stakeholders, lack of data to make the case of health inequalities, lack of financing or capacities to take forward actions)?]

The major challenge was lack of enough statistical data about the determinants of socioeconomic inequalities in health.

3.7 Validating the regional Action Plan – Integrated planning

[One guarantee of successful implementation of actions is taking an integrated approach by incorporating specific, health inequality focused action plans into wider regional and/or national development plans in order to promote and ensure synergies in decision making and funding. This means that higher-level decision-making processes can validate regional plans. However, getting those priorities integrated into a regional or even a national planning cycle is one of the biggest challenges in this work. What preparations have you made through your RAG or any other way to have the Action Plan join a more powerful process (regional planning, regional masterplan, national reform programme, etc.) or what opportunities exist for this?]

The Regional action plan (2015-2020) fits within the Action plan for implementation of the Health Strategy for people in disadvantaged position, belonging to ethnic minorities.

It will be integrated with the Regional Roma Integration Strategy of Stara Zagora Region (2013- 2020)

3.8 Financing the Action Plan

[Do you think you (your region) have enough knowledge about using European Structural and Investment Funds (ESIF) in your own country? How do you get the information? If no, why?

What investment opportunities have been identified for your region under ESIF? Are health/health equity issues compatible with them? Or are any of them health related?

Have your region had any opportunities to influence the drafting of the Operational Programs or the overall programming process?

What about your stakeholders? Do you have the possibility/competences/know-how/resources to access this type of funding?

If you think about the financial aspect of the developed action plan, what future actions are you planning to take to finance it? What resources do you have available for implementing the Action Plan? What resources do you think will be available in the future? Is there an opportunity to fund the Action Plan from ESIF? Please add into details that are not explained in the Action Plan.]

We have available financial resources of the Regional Health Inspectorate from the State budget for implementing most activities of the Action Plan.

We also have a Regional Information Centre in Stara Zagora which gives information and knowledge about using European Structural and Investment Funds. We shall look for opportunities for financing of our actions.

3.9 Benefits for the region, lessons learnt, good practices

[What do you think are the major achievements of your planning process? What main lessons your team learned during the course of developing/adopting the action plan? What are the main influencing factors and drivers for your success? What good practices or recommendations would you like to share with other regions? What helped you overcome some of your challenges, problems?]

We appreciate the training during the project. It helped us to pass through the four phases
Needs assessment analysis using the toolkit phase 1

Capacity audit using the toolkit phase 2

Entry points analysis using the toolkit phase 3 and

Impact assessment determination using the toolkit phase 4

Then we drafted the Regional Action Plan.

The training during the project at workshops and on line was the main influencing factor and driver for our success. We thank for that.

We might share with other regions the good practice of working with Roma population living in compact groups.

3.10 Cascade learning into other regions

[On of the objectives of HE2020 project is to cascade learning from HE2020 project into other regions. Have you managed to share your learning and experiences from the project with other regions (in your own country or with any other regions in the EU)? How important do you think for your region is to build working relationships nationally or internationally with other regions in order to exchange experiences and learn from each other?]

We shared our experience from the project at the thematic workshop on 15-16th June 2015 in Romania under the project Health Equity 2020.

3.11 Annex – Information on the Regional Action Group

Official name of the group: HE 2020 Regional Action Group Stara Zagora, Bulgaria

List of member organisations of the Regional Action Group

1. Regional Health Inspectorate
2. Regional Health Insurance Fund
3. Regional Education Inspectorate with *Pedagogical advisers in Schools*
4. Regional and Local Authorities - The District Administration of Stara Zagora, Stara Zagora Municipality, Maglizh Municipality, Nikolaevo Municipality - *Medical Specialists in Kindergartens and Schools; Health Mediators working with Roma People*
5. Regional Social Support Directorate – Stara Zagora - *Child Protection Department*
6. NGO working with Roma Population - “World without borders”.

[Any other information concerning the work of the RAG (e.g. working method, who is coordinating the group, responsibilities etc.)]