

Introduction

Research has shown that Travellers do not share similar health status to the settled population. The 1996 Population Census showed that only 1.3% of Travellers were over 65 years compared to 11.4% of the general population while 75% of the Traveller population was aged under 25 years. This compares to an age pyramid of a developing country. Other alarming statistics of note include:

- Traveller men live on average 10 years less than settled men;
- Traveller women live on average 12 years less than settled women;
- Infant mortality rate is 18.1 per 1000 live births compared to 7.4 per 1000 live births in the settled population;
- The still birth rate in the Travelling Community is twice the national average;
- The Sudden Infant Death rate is 12 times the national average.

Thus, Travellers are now only reaching the life expectancy that settled Irish people reached in the 1940s.

The importance of improving the health status of Travellers in Ireland has been placed high on the government's agenda with the recent publication by the Department of Health and Children of 'Traveller Health - A National Strategy 2002-2005'. While past government policy has advocated assimilation of Travellers into the settled community, this resulted in a culturally inappropriate health service to meet the substantial health needs of Travellers. The new national strategy provides a new approach to dealing with Traveller health which is based on a community development approach which aims to empower Travellers to look after their health.

Objective

The key strategic objective of the Mid-Western Health Board's Action Plan is to improve the health and social gain of Travellers in the Mid-West region comparable to that of the general population.

Methodology

The Action Plan was based on a consultative process which took place over a period of six months (July-December 2002). The following three key groups were consulted for their perspectives:

i) Travellers and local Traveller Organisations

The Traveller Groups consisted of both men's and women's groups which varied in size from 3-16. Consultation took place via group sessions which were jointly facilitated by the local Community Development Worker and the Research Officer both of the Mid-Western Health Board. Ten Traveller Groups were consulted in each of the three main geographical areas of the Mid-Western Health Board region. One-to-one interviews were also conducted with managers, facilitators and co-ordinators of local Travellers groups.

ii) Service providers in the Mid-Western Health Board

Service providers were consulted across the disciplines and these were either nominated by their head of discipline or volunteered to offer some of their time to discuss their experiences of providing services to Travellers. Fifty service providers in the Mid-Western Health Board (MWHB) who deliver services to Travellers were consulted individually or within a group.

iii) Services providers employed by agencies external to the Mid-Western Health Board

Eight service providers employed by agencies external to the health board who deliver services to Travellers were also consulted. These agencies included Limerick County Council, Limerick County VEC, two Senior Training Centres for Travellers, the Visiting Teacher for Travellers Service and a Women's Refuge.

Findings

Research showed that many successful initiatives had been developed since the Traveller Health Unit of the Mid-Western Health Board was established in 1998. Thus, the Mid-West Regional Action Plan for Traveller Health builds on these initiatives and is focused on four main areas that have proved to be beneficial in helping to meet the health needs of Travellers:

i) Complementary health services

This includes a special annual Triage Clinic in Rathkeale, Co. Limerick during the Christmas season to complement local General Practitioner services. As this has proved so successful over the last few years this will continue to form part of the Mid-West's Action Plan for Traveller Health. Rathkeale is an area that has the highest number of Travellers in the region with many more relatives visiting the town during the Christmas period.

ii) Appointment of designated workers

Three Community Development Workers have been appointed for each of the three catchment areas in the Mid-Western Health Board region to assist Travellers in identifying their health needs and developing responses to meet them.

Additionally there will be four designated Public Health Nurses for Travellers and one Family Support Worker for Travellers employed by the Mid-Western Health Board. The appointment of specially designated Public Health Nurses is in response to a recommendation contained in the National Traveller Health Strategy.

iii) Peer-led Initiatives

As noted in the introduction, the National Traveller Health Strategy promotes a community development approach to improving Traveller Health. To incorporate this into practice a permanent role has been developed for peer-led service provision. Training for Traveller women to deliver health services to their community has been established through the development of Primary Health Care Programmes in Limerick City and Roscrea, Co. Tipperary. Pre-development training has also been developed in areas where Primary Health Care Programmes have not yet been developed.

iv) Traveller Cultural Awareness and Sensitivity In-Service Training Programme

The Action Plan will continue to deliver a Traveller Cultural Awareness and Sensitivity Training Programme for all front-line staff delivering health services. A core group of Traveller women form part of the team who deliver training to the region.

Recommendations

While much has already been accomplished by the Traveller Health Unit in the past few years as noted in the on-going initiatives above, research demonstrated that further initiatives were needed in the following areas:

- the need for the development of local, county and regional Traveller Networks to enable informed and meaningful participation at Traveller Health Unit meetings;
- the need to develop accurate data collection methods around Travellers which would be greatly assisted by an ethnic identifier on medical records;
- the need for the development of a Dental health promotion initiative in line with National Traveller Health Strategy recommendations;
- further development of the Training for Trainers Programme in the areas of Violence Against Women and Alcohol/Substance Abuse for trainers working with Travellers;

- the need to develop a module for the Training of Trainers Programme on the appropriate use of health services by Travellers;
- the need to develop an information programme regarding Travellers accessing Mental Health Services;
- the need to develop links with Childcare services;
- the need to enhance inter-agency collaboration around issues such as accommodation, discrimination and illiteracy which impinge on Traveller Health.

Conclusions

Many improvements in Traveller Health have taken place since the Traveller Health Unit was established in 1998 especially regarding raising awareness around Traveller Health issues. The Mid-West region has met with success largely due to developing initiatives in successful partnership with Travellers and Traveller Organisations.

Finally, when considering Traveller health other complex determinants of health need to be considered which are currently outside the remit of the Mid-Western Health Board. Such factors include Traveller accommodation, literacy skills and discrimination which all need addressing through enhanced inter-agency collaboration especially as the National Traveller Health Strategy acknowledges the impact of these factors on Traveller health status.

Presented

At Traveller Health Unit Meeting in Glenbevan House, Limerick on March 6th, 2003 by Dr. Caroline Healy.