Background
The cardiovascular mortality is very high in Hungary, which is more extreme among socio-economically deprived groups, especially among Roma. It is raised that Hungarian primary health care (PHC) is unable to apply evidence-based preventions, and it may contribute to social and ethnic health inequalities. Our study investigated the underuse of PHC preventive services, and the risk factor role of Roma ethnicity.

Methods
Random sample of 4320 adults was surveyed in a nationwide cross-sectional study, which was implemented by a network of 165 GPs. Data on socio-demographic status, self-declared Roma ethnicity, and lifestyle, and history of recommended cardio-metabolic preventive service use were collected. Delivery rates were calculated for Roma and non-Roma adults, and the influence of Roma ethnicity was determined by calculating Roma to non-Roma delivery rate ratios (dRR), and comparing 95% confidence interval of ethnicity specific delivery rates.

Results
Participation rate was 97.3% (N = 4202). There was 325 Roma in the sample. The majority of delivery rates was far from 100%, and varied between 18.0% and 90.4% for non-Roma, and between 9.5% and 80.3% for Roma. Examination of atherosclerosis (dRR: 0.53), measurement of urinary creatinine (0.75), urinary protein (0.75), serum glucose (0.76) serum lipid parameters (0.76), and blood pressure (0.89) was significantly underused among Roma. Roma ethnicity has no influence on screening for alcohol misuse (0.77), measurement of body weight (0.88), waist circumference (0.92), assessment of family history (0.92), dietary habit (0.93), and smoking habit (1.05).

Conclusions
Hungarian PHC contributes to the high cardiovascular mortality by underproviding the cardio-metabolic prevention. This role is more pronounced among Roma, especially in the case of preventive services require laboratory investigation with relatively high resource need. This way, the Hungarian PHC contributes to the bad health status among the Roma.

Key messages:
- The Roma are poorly provided by cardio-metabolic preventive services by Hungarian primary health care
- The service underuse is more pronounced for investigations with higher costs