

HEALTH SERVICES OF THE UNPRIVILEGED COMMUNITIES INCLUDING THE RROMA ETHNY OF THE COUNTY OF ILFOV (II)

MINERVA GHINESCU

Ph.D. candidate The "Lucian Blaga" University of Sibiu

Abstract: *The assessment was made within the 20 communities included in the programme. The purpose of the evaluation was the analysis of the efficacy of the community medical assistance programme and the formulation of conclusions and recommendations which would form the basis for the implementation of a pilot programme for the development and consolidation of the community health teams within the Rroma communities.*

Keywords: *community medical assistance, sanitary mediator, access to health services.*

Rezumat: *Evaluarea din această cercetare am realizat-o în cele 20 comunități incluse în program. Scopul evaluării este analiza eficacității programului de asistență medicală comunitară la nivelul comunităților și formularea unor concluzii și recomandări care vor sta la baza implementării unui program pilot de dezvoltare și consolidare a echipelor de asistență comunitară în comunitățile de rromi*

Cuvinte cheie: *asistență medicală comunitară, mediator sanitar, acces la servicii de sănătate*

CONTEXT AND RESEARCH MOTIVATION

Starting with 1990, the health system of Romania has been submitted to a continuous process of change, with a view to improve the quality and the efficiency of the health services and to adapt these services to the population's needs.

The structural reform took place in 1998 by the introduction of the health social insurance which radically changed the financing, the organization and the supply of the medical services. This reform did not solve the significant discrepancy regarding the access to the primary basic health services of the population within the urban and rural environment in the detriment of the rural. Although, the difference also existed before 1990, we can say that the access of the rural population decreased, especially the access of the uninsured unprivileged population, including the Rroma ethny. This is due to the social economic difficulties of the transition period and to the occurrence of the family doctor as a liberal activity, to the changes in their payment modality, to the disappearance of certain professions at Community level: safety assistant, midwife, hygiene assistant etc.

Within the county of Ilfov, the system was initiated in the year 2003, the county being a pilot county of

implementation. If in the year 2003, 4 communities were included in the programme, in 2006 the number of the communities benefiting from Community medical assistance was of 20 (Afumați, Buftea, Balotești, Brănești, Cernica, Chitila, Cornetu, Găneasa, Clinceni, Măgurele, Mogoșoaia, Pantelimon, Domnești, Glina, 1 Decembrie, Jilava, Vidrea, Ștefăneștii de Jos, Gruiu and Nuci).

The programme of Rroma sanitary mediators began in the county of Ilfov in 2002, when as a result of the issuance of the Order No. 619/2002 by the Ministry of Family and Health in partnership with the RomaniCRISS – the approval of the functioning of the sanitary mediator occupation and the ethnic norms on the organisation, functioning and financing of the activity of the Rroma sanitary mediators, the action made part of the objectives of the National Programme 3 – Child and woman's health promotion at Community level, together with the community medical assistants. In the county of Ilfov, between 2002 and 2006, a number of 20 sanitary mediators were employed in the Rroma communities.

The purpose of this programme is to contribute to the improvement of the Rroma population health state within the county of Ilfov, to facilitate the doctor-Rroma patients' relationship and the increase of the access to the preventive and curative health services.

During the programme development, the sanitary mediators of the county of Ilfov succeeded in supporting the Rroma population's access to the health services and in informing the health authorities about the health problems of the respective communities, including reporting the discrimination cases, contributing to the general improvement of the Rroma situation, especially of those in poverty and under the subsistence level.

The communication between the community's members and the medical personnel has been improved, as well as the relation between the Rroma community and the local authorities, identifying the Rroma health problems by constant visiting and monitoring the individuals with socio-medical risk.

Regarding this research, we assessed 20 communities included in the programme. The purpose of the assessment consisted in the analysis of the efficiency of the community medical assistance at each community level and the formulation of new conclusions and recommendations which will form the basis for the

implementation of the pilot development and consolidation programme of the community assistance teams within Rroma communities.

Purposes of the research:

- Contribution of the community medical assistant and of the sanitary mediator to the increase of the access of the unprivileged population, including the Rroma ethny to primary health services, within the communities where this system was implemented;
- The interaction of the community medical assistants and of the sanitary mediators with the other collaborators at community level: family doctor, social assistants, mayor of the Community assistance system.

METHODOLOGY

The assessment used methods of qualitative and quantitative analysis based on the instruments we developed as a result of the conclusions which were drawn and presented in purpose no.1. We elaborated and applied the following research instruments: **questionnaires** addressed to the community medical assistants, to the sanitary mediators, family doctors and mayors of the communities benefiting from community medical assistance; the questionnaires were pre-tested (validity and reproducibility testing) on 5 family doctors, 5 community medical assistants and 5 sanitary mediators. The questionnaires comprised a set of questions about what caused the prolongation of the answers analysis. We issued and applied an individual and group **semistructured interview guide** for the programme beneficiaries; the guide contained questions that corresponded to the research purposes.

RESULTS

FAMILY DOCTORS OF THE UNPRIVILEGED COMMUNITIES INCLUDING THE RROMA ETHNY

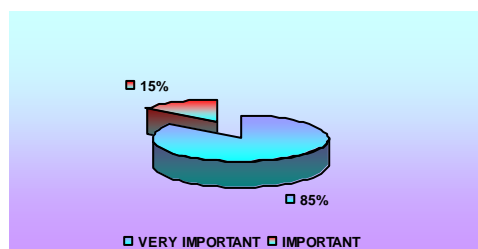
Within the quantitative research – component addressed to the family doctors, the questionnaire elaborated and supplied (annex 3), containing closed and open questions was self administered; a number of 73 questionnaires was distributed to the family doctors of the 20 communities included in the study. A number of 70 questionnaires was returned (response rate - 95%)

RESULTS

The most relevant results are:

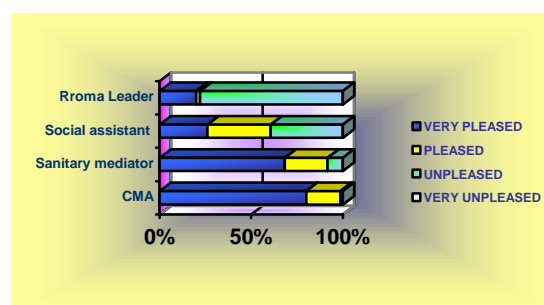
More than a half (57%) consider that the activity of the community medical assistant (CMA) and of the sanitary mediator (SM) within the municipality where they develop their activity is very important.

Fig. 1. IMPORTANCE OF THE CMA AND SM ACTIVITY (FAMILY DOCTOR'S VISION)



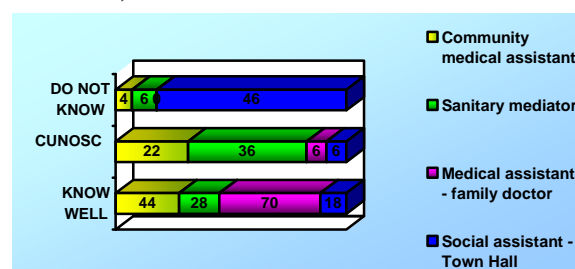
Regarding the collaboration relationship and the satisfaction towards the activity of the community medical assistant, of the sanitary mediator and of the social assistant, the family doctors consider that they have a very good and an excellent relation (85%) with the community medical assistants and sanitary mediators, but the collaboration relationship and the involvement of the mayor or of the social assistant in the community is considered good and very good only in percentage of 50%, respectively 21% for the social assistant.

Fig. 2. SATISFACTION OF THE FAMILY DOCTORS TOWARDS THE COMMUNITY SERVICES



The question which requires the family doctors to mention the knowledge level of duties and tasks of the collaborators at community level, less than a half knows the activity of these people very well.

Fig. 3. KNOWING THE ROLE OF THE COLLABORATORS (VISION OF THE FAMILY DOCTORS)

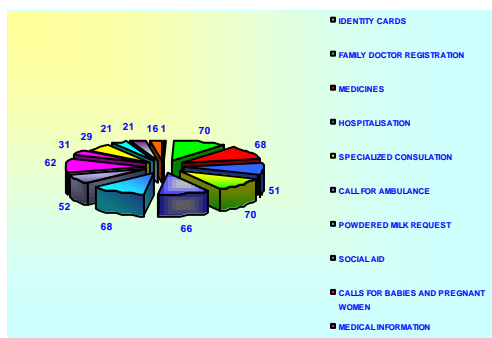


97,14% of the family doctors of the unprivileged communities consider that the partnership at services level is benefic, but their involvement in the decision taking regarding the community health is reduced, or 88% of them are not involved.

The activities which require collaboration and team work (annex 3) are mainly those mentioned by the community assistants and sanitary mediators.

Regarding the open question on the reasons for which the family doctors were called by the community medical assistant and by the sanitary mediator, in the last year, the joint answers were selected (annex 3 – table).

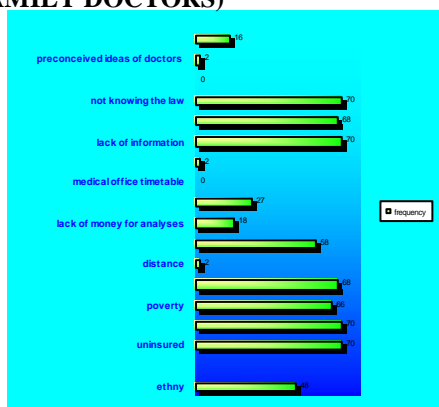
Fig. 4. CALLS OF THE FAMILY DOCTOR BY THE COMMUNITY MEDICAL ASSISTANT AND BY THE SANITARY MEDIATOR (IN THE LAST YEAR).



All family doctors did not identify or signal any infringement of the patients' rights or discrimination cases, in exchange 74,2% of the questioned doctors consider that the unprivileged population, including the Roma ethny has limited access to the health services. The absence of the medical insurance and of the identity cards makes the access to these services practically impossible, the ethny was mentioned in proportion of 68,5% .

In order to solve the medical social problems within the community, this has to be involved in expressing its opinions regarding the implementation of certain sanitary actions at the community level (90% of the doctors said YES to this question).

Fig. 5. REASONS FOR THE REDUCED ACCESS TO THE HEALTH SERVICES (VISION OF THE FAMILY DOCTORS)



Regarding the open question (mention in writing the methods of the population awareness regarding the community medical services), the family doctors mentioned:

1. Information campaign at community level regarding the rights, duties, opportunities, access method, responsibilities of each player;
2. The involvement of the local authorities in solving the problems regarding the lack of the identity cards;

3. Education for health – sustained campaigns and actions;

4. Making up joint working teams within the community in order to identify and formulate solutions to the medical social problems of the Roma ethny.

LOCAL AUTHORITIES – TOWN HALLS

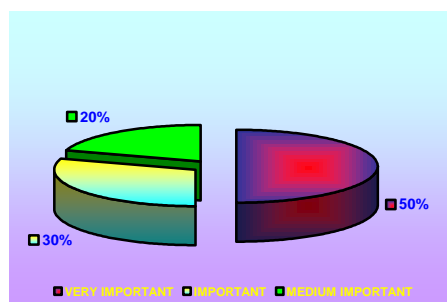
The mayors within the communities taken into consideration were considered as key persons for the assessment of the community assistance services of the municipality and for the problems identification, as well as for the possible formulation of solutions for the future programmes.

Within the quantitative analysis, we applied 20 of the elaborated questionnaires to the mayors within the communities where the community medical assistants and the sanitary mediators developed their activity. The questionnaires were handed in by the community medical assistants and by the sanitary mediators and the answers were sent stamped and signed by fax. All those 20 mayors provided answers (response rate – 100%).

RESULTS

The relevant results are mentioned below: 80% of the questioned mayors consider that the activity of the community medical services is important and very important.

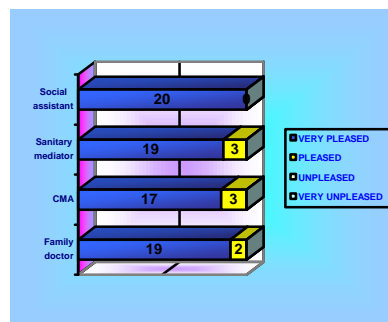
Fig. 6. IMPORTANCE OF THE COMMUNITY SANITARY ACTIVITY (VISION OF THE MAYORS)



All mayors consider that the medical social activities of the unprivileged communities including the Roma ethny should be developed in collaboration (annex 3).

The majority of the respondents are very pleased and pleased by the activity of the family doctor, community medical assistant and of the social assistant.

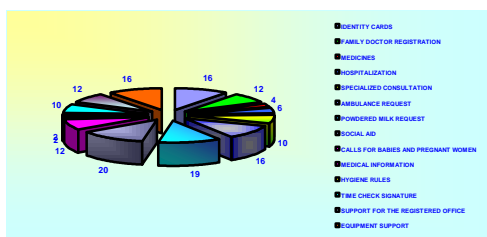
Fig. 7. SATISFACTION REGARDING THE COMMUNITY SERVICES (VISION OF THE MAYORS)



All the questioned mayors consider that the relation between the patients within the unprivileged communities, including the Roma ethny and the health services – family doctors, community medical assistant, sanitary mediator is excellent and very good.

The mayors consider that they are very involved and involved in the decisions regarding the medical and social medical activities within their community. In the last year, the mayors were called by the medical assistant and the sanitary mediator for the following issues:

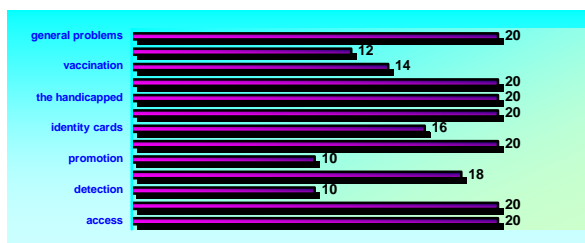
Fig.8. REQUESTS OF THE LOCAL AUTHORITIES FROM THE PART OF THE COMMUNITY MEDICAL ASSISTANT AND OF THE SANITARY MEDIATOR (LAST YEAR)



All mayors consider that the rights of their patients neither were infringed nor discrimination cases were reported.

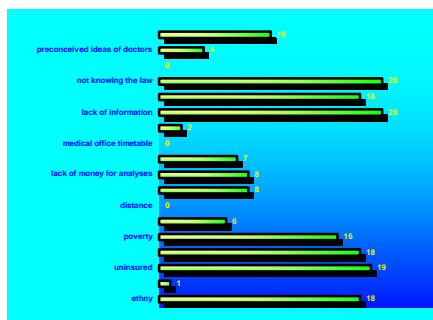
Although, the mayors consider that joint collaboration actions should be developed within the mentioned communities.

Fig.9. JOINT COLLABORATION ACTIONS (VISION OF THE MAYORS)



Regarding the medical services access of the unprivileged population, including the Roma ethny, half of the mayors considers that the access of this category of people is reduced, the most frequent cases being: ethny, the absence of the medical insurance, the lack of the identity cards, the lack of information, not knowing the rights and duties granted by the law.

Fig.10. REASONS FOR THE REDUCED ACCESS TO THE HEALTH SERVICES (VISION OF THE MAYORS)



Regarding the final question – do you think that the members of the unprivileged communities, including the Roma ethny should be involved in the decisions regarding the actions aiming at health? The majority said YES, but there is a percentage of 30% that consider that the decisions and the formulation of the solutions may be accomplished in partnership.

The main modalities for the members of the communities to be aware and involved in health actions are represented by:

- Health for education – sustained campaigns and actions
- The making up of joint working teams within the community in order to identify and formulate solutions to the Roma medical social problems.

BIBLIOGRAPHY

- Rotariu, Tilut. P 1997 Anchetă sociologică și sondajul de opinie (Sociologic inquiry and the opinion survey)
- Dandu D. 1992 Statistica în științele sociale (Statistics in social sciences)
- Zamfir C, Vlasceanu L 1993 Dicționar de Sociologie – Indicatori (Dictionary of Sociology – Indicators)
- Sandu D. 1992 Statistica în științele sociale (Statistics in social sciences)
- Miftode D. 1995 Metodologia sociologică. Metode și tehnici de cercetare sociologică (Sociologic methodology. Methods and techniques of sociologic research)
- Mărginean 2004 Proiectarea cercetării sociologice (Projection of the sociologic research)
- Adler P. A 1994 Observational techniques. Handbook of Qualitative Research
- Shaw. I 1999 Qualitative evaluation
- Silverman D. 1987 Communication and Medical Practice
- Silverman D. 1993 Interpreting Qualitative Data
- Silverman D. 1997 Qualitative Research
- Strauss A and Corbin 1994 Basics of Qualitative research
- Mooney, G. 1998. “Communitarianism and Health Care Economics”. In M. Barer, T Getzen and G. Stoddart, (eds.) Health, Health Care and Health Economics: Perspectives on Distribution. New York: John Wiley and Sons.