HEALTH SERVICES OF THE UNPRIVILEGED COMMUNITIES INCLUDING THE RROMA ETHNY (I)

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Abstract: *The assessment is addressed to the 20 communities included in the programme. The purpose of the assessment is the analysis of the efficacy of the community medical assistance at community level and the formulation of conclusions and recommendations which will form the basis for the implementation of a pilot programme of development and consolidation of the community assistance teams.*

Keywords: *community assistance teams, implementation, pilot programme.*

Rezumat: *Evaluarea din această cercetare se adresează celor 20 comunităţi incluse în program. Scopul evaluării este analiza eficacităţii programului de asistenţă medicală comunitară la nivelul comunităţilor şi formularea unor concluzii şi recomandări care vor sta la baza implementării unui program pilot de dezvoltare şi consolidare a echipelor de asistenţă comunitară*

Cuvinte cheie: *echipe de asistenţă comunitară, implementare, program pilot.*

CONTEXT

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 this context, starting with 2002, the Ministry of Health introduced within the National Child and Mother Health Programme, the insertion called "The Promotion of the child and mother health at community level" – the development of the community medical assistance (CMA)". Through this programme, the medical assistance network was initiated and developed by promoting the services supplied by the community medical assistants and the Rroma sanitary mediators.

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 (Afumaţi, Buftea, Baloteşti, Brăneşti, Cernica, Chitila, Cornetu, Găneasa, Clinceni, Măgurele, Mogoşoaia, Pantelimon, Domneşti, Glina, 1 Decembrie, Jilava, Vidrea , Ştefăneştii 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' relation 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 people 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's level: family doctor, social assistants, mayor within 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. The questionnaires were pretested within the periodical training at the level of ASPJ Ilfov.

Qualitative analysis

The semistructured interview guide was elaborated for the programme benefiting persons, containing sections of questions which should correspond to the purpose of our research. The research instrument was used on 42 individuals of 4 communities included in the study: Buftea, Vidra, Jilava and Mogoşoaia.

Quantitative analysis

Regarding the quantitative analysis, a set of questionnaires was used for: the community medical assistant, sanitary mediator, family doctor and for the mayor. The questionnaires for the community medical assistants and for the sanitary mediators were applied on the occasion of their monthly meeting with the ASPJ Ilfov coordinator. The questionnaires for the family doctors were applied on the occasion of the reporting made to the ASPJ Ilfov in October 2007, and the questionnaires for the mayors were applied within the meeting of the "League of the Mayors of the County of Ilfov", in November 2007.

The questionnaires (annex 3.2.) comprised a large number of open questions, bringing about the prolongation of the answers analysis.

RESULTS

QUALITATIVE ANALYSIS

Purpose: The contribution of the activity 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 the primary health services within the communities where the system was implemented.

The research aimed firstly at the opinions gathering of the direct beneficiaries – individuals belonging to the unprivileged communities, including the Rroma ethny, regarding the results and the importance of the activity of the community medical assistants and of the sanitary mediators within the communities included in the study. The perception of the beneficiaries was investigated regarding the results of the activity of the community medical assistants and of the sanitary mediators within the communities included in the assessment. The majority of those interviewed mentioned that the activity of the community medical assistants and of the sanitary mediators registered positive results on the population health state, on the improvement of the medical services access at community level and on the social protection of the less-favoured families, including the Rroma ethny, as well.

1. Population mapping of the unprivileged communities, including the Rroma ethny corroborated with the mentioning of the socio-medical needs produced the active identification of the families with socio-medical risk.
2. The population informing activities regarding the medical assistance within the health social insurances together with the activities of supporting the population in their steps necessary for the drawing up of the files with a view to obtain the identity cards, the guaranteed minimum income, helped the population to be registered on the family doctors' lists.
3. Solving the situations which required emergency medical care by awarding the specific care services or the call for the ambulance brought about the improvement of the health state and the avoidance of certain premature deaths.
4. Due to the direct relation between the community medical assistants and the sanitary mediators and the ASP Ilfov local authorities, certain health problems within the community could be identified on time, in order to benefit from rapid measures meant for the community health protection.
5. The improvement of the access to the care system of certain category of persons: poor families with precarious living conditions, families with many children, the elderly having no one to look for them, the handicapped, physically or psychically, victims of the family violence, unregistered persons on the family doctors' lists.
6. The increase of the access to the services and activities of primary prevention and the promotion of health at the community level: support for the pregnant women, so that they could benefit from

prenatal check ups, inclusion of the children in the immunisation campaigns, activity of promoting the family planning, TBC surveillance and health promotion activities.

Perception of the direct beneficiaries within the community

The community medical assistants and the sanitary mediators were welcomed by the members of the community, especially due to the fact that all of them were living in the community and are members of the respective communities, of the communities with difficulties in accessing the medical services. The community medical assistants were already known in the community, they were an integrant part of the community, so that the entire community recognized their professional authority. The fact that the support came at the right time and place was very important for those interviewed. Discussions were carried with the beneficiary groups of the selected communities: Buftea, Mogoşoaia, Jilava and Vidra.

The beneficiaries told that the community medical assistants and the sanitary mediators informed them about every action developed in the medical office because "we cannot know what is going on there, water from wells was also taken to make analyses, those from the sanitary epidemiologic centre gave us powder for lice, the misses served us all, any time we called them, they just came".

Fig. 1. POTMENDERS RROMA SETTLEMENT VIDRA - SINTEŞTI

COMMUNITY MEDICAL ASSISTANCE BUFTEA TOWN – THE VILLAGE OF BUCIUMENI

Placed at the entry into the town of Buftea, at a distance of 6 km from the centre of the town and the nearest medical office, the village of Buciumeni counts almost 1100 inhabitants, the majority of them being of Rroma ethny. The streets are open, unarranged "for many times, not even the ambulance can reach us"; there is a large TBC incidence, pregnant women and babies are not registered on the family doctor's lists, precarious living conditions were also reported. All these brought about the selection of the community for its inclusion in the programme.

Fig. 2. RROMA HOUSEHOLD BUCIUMENI

THE COMMUNITY MEDICAL ASSISTANTS

Within the quantitative analysis, the assessment questionnaires (annex 3.1.) were applied to all the community medical assistants of the county of Ilfov, out of the 20 communities included in the programme. The questionnaires were pretested on a number of 5 community medical assistants and were accompanied by the operator's applying procedures. 20 community medical assistants working in the unprivileged communities, including the Rroma ethny were questioned. The application of the questionnaire lasted for almost an hour because of the open questions which required more time. The application of questionnaires took place at the registered office of the Family Health Centre of Buftea, in the presence of the coordinator sent from the part of the OAMMR.

Fig. 3. FAMILY HEALTH CENTRE OF BUFTEA

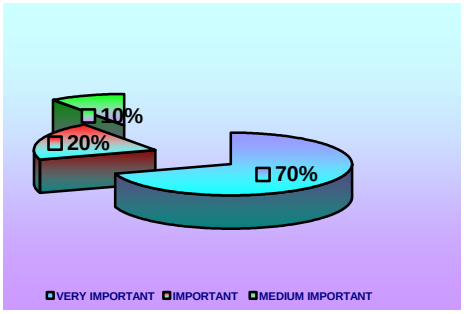
RESULTS

The results reveal the diversity of the activities developed in the community service, as well as the collaboration with the other players of the community medical social system.

a). 100% of the community medical assistants were living in the community where they developed their activity.

b). 70% of the community medical assistants consider that their activity is very important for the community.

Fig. 4. THE IMPORTANCE OF THE COMMUNITY MEDICAL ASSISTANT' S ACTIVITY



Only 45% of the community medical assistants are involved in the decisions taken regarding the community health, including that of the Rroma ethny.

Fig. 5. INVOLVEMENT OF THE COMMUNITY MEDICAL ASSISTANT IN THE COMMUNITY HEALTH

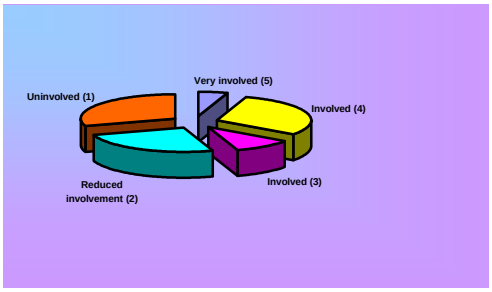
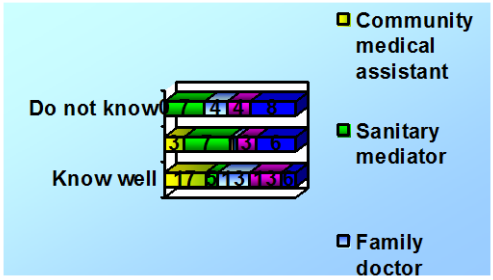
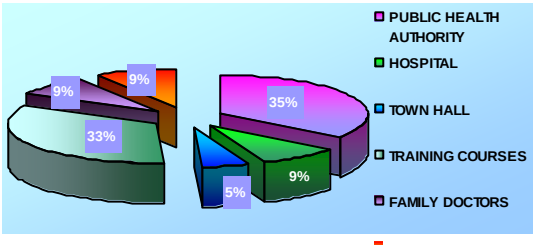


Fig. 6. KNOWING THE COLLABORATORS' DUTIES (VISION OF THE CMA)



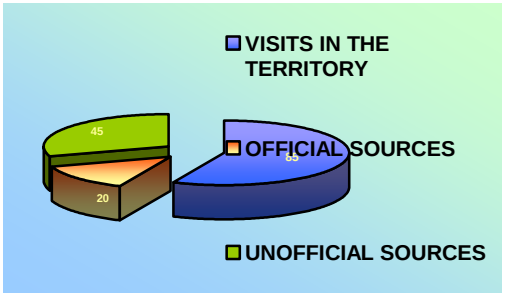
The information on their duties and tasks were provided by the Public Health Authority of the county of Ilfov, through workshops and training courses (95%), from the family doctors (20%), from colleagues (20%) and from the mayors (5%).

Fig. 7. TRAINING – VISION OF THE COMMUNITY MEDICAL ASSISTANT



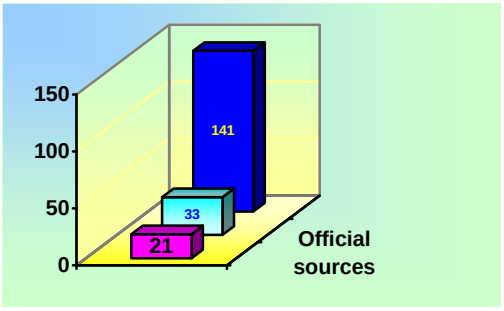
Within the communities where these people develop their activity, there is unregistered population on the family doctors' list. All the community medical assistants consider that they actively identify, supervise and facilitate the access to the medical services of the persons unregistered on the family doctors' list

Fig. 8. SOURCE OF INFORMATION OF THE COMMUNITY MEDICAL ASSISTANT



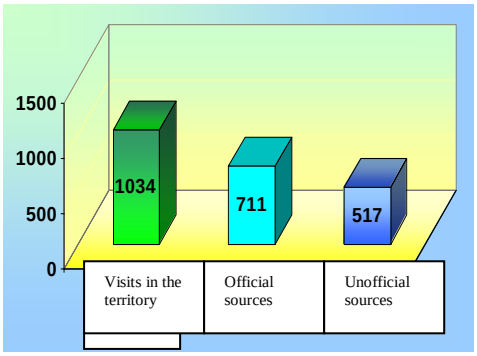
Regarding the communities within the county of Ilfov, where the community medical assistants developed their activity in the last year, 195 pregnant women were identified who did not befit from prenatal consultation and who were persuaded and guided towards specialized services.

Fig. 9. METHODS FOR THE IDENTIFICATION OF THE UNSUPERVISED PREGNANT WOMEN



In the last year, the community medical assistants identified a number of 1295 families with medical social risk, including the Rroma ethny; 80% of them were identified as a result of the activity on the ground (visits at the individuals' dwelling place), 35% corroborated with the information gathered from official sources and 40% from unofficial sources

Fig. 10. IDENTIFYING THE FAMILIES WITH MEDICAL SOCIAL RISK



The community medical assistants developed different kinds of activities at community level:

- Identifying the transmissible diseases;
- Activities in the transmissible diseases outbreaks (epidemiologic surveys);
- Inventory by category of population;
- Assistance for the elderly;
- Identifying the violence cases in families;
- Participating in extra vaccination campaigns;
- Promoting family planning methods;
- Activities for preventing the sexually transmitted diseases;
- TBC prevention, DOTS surveillance;
- Medical assistance in emergency cases, accidents;
- Health national programmes;
- Home treatment;

Fig. 11. ACTIVITIES OF THE COMMUNITY MEDICAL ASSISTANTS IN THE LAST YEAR

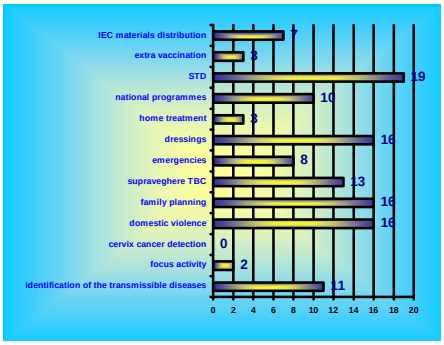
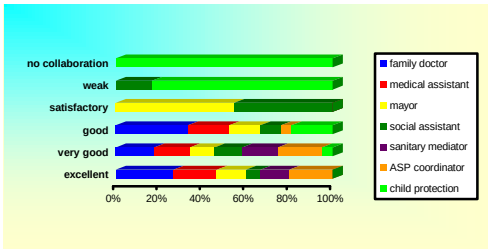
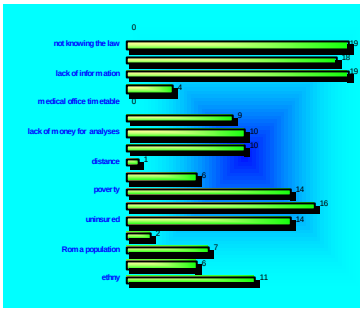


Fig. 12. COLLABORATION RELATION OF THE COMMUNITY MEDICAL ASSISTANT



The community medical assistants have different opinions regarding the medical services access of the Rroma ethny population. The majority of them – 70% consider that the unprivileged population, including the Rroma ethny does not have limited access to the health services. When they were asked to mention what could be the reasons for which the access was limited, the majority identified the following aspects: poverty, precarious hygiene, lack of the identity cards, Rroma ethny, non payment of the medical insurances, lack of information, not knowing the legislation.

Fig. 13 REASONS FOR THE REDUCED ACCESS TO THE HEALTH SERVICES (VISION OF THE CMA)



ROMA SANITARY MEDIATORS

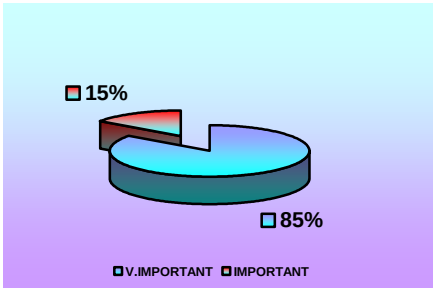
The designed questionnaires were applied on 20 sanitary mediators which activate within the mentioned Roma communities of the county of Ilfov. Out of the questionnaires analysis, the following results were synthesized, which are very illustrative for our research.

Today, all the sanitary mediators are living in the respective municipalities.

The number of the beneficiaries of their services varies between 650 and 1500 persons (annex 3. table).

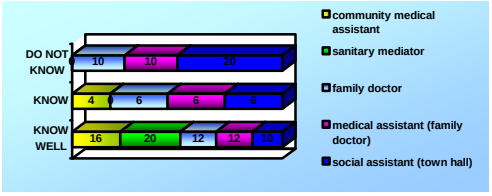
Regarding the importance of the sanitary mediation activity within the community, the sanitary mediators' perception is very important in proportion of (75%).

Fig.15 IMPORTANCE OF THE RROMA SANITARY MEDIATOR.



The success in building a good relation with the other collaborators at the community level is brought about knowing the tasks and duties of each and is directly related to the contribution perceived by the sanitary mediator, as a result of the training course. Understanding the roles and duties emphasizes that the sanitary mediators know very well their part in the community (90%), also they know the part of the community medical assistant they collaborate with (80%). The part of the family doctor, but especially the part of the social assistant is less known.

Fig. 15 KNOWING THE ROLE OF THE COLLABORATORS (VISION OF THE SANITARY MEDIATOR)



The initial training courses were provided by the RomaniCRISS and offered knowledge about legislation, communication, communication and mediation skills. The medical notions were provided by training courses by the ASPJ Ilfov and by permanent training made by the family doctors.

Fig. 16 TRAINING (VISION OF THE SANITARY MEDIATOR)

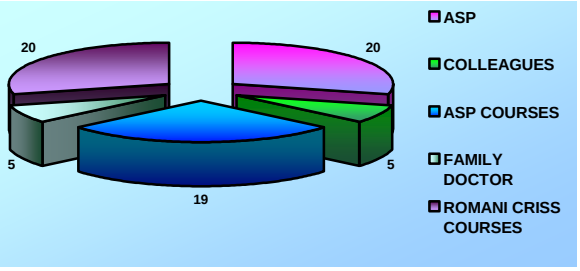


Fig. 17. CALLS OF THE SANITARY MEDIATOR FROM THE PART OF THE COMMUNITY

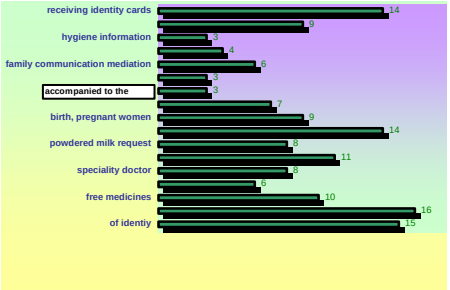
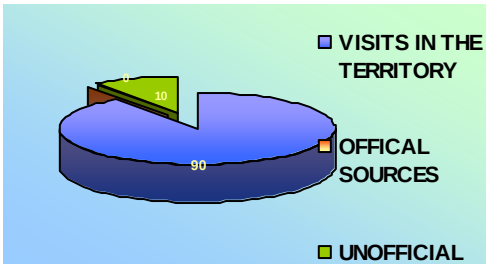


Fig. 18. SOURCE OF INFORMATION OF THE SANITARY MEDIATOR



The relation between the sanitary mediators and the beneficiaries is very good and depends on the type of the community where they develop their activity. Still, all the sanitary mediators consider that many of the activities should be accomplished in collaboration with other persons involved, such as: social assistant (town hall), community medical assistant, family doctor, hygiene assistant, the most important aspects being: facilitating the access of the uninsured population medical services, facilitating the registration process on the family doctors' lists, identifying the health needs, sanitary education activities and health promotion, identifying the certain social medical problems, especially providing the identity cards and facilitating the social aid acquiring process.

Fig. 19. METHODS FOR IDENTIFYING THE UNSUPERVISED PREGNANT WOMEN (VISION OF THE FAMILY DOCTOR)

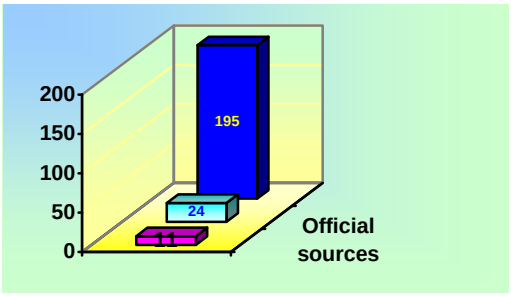
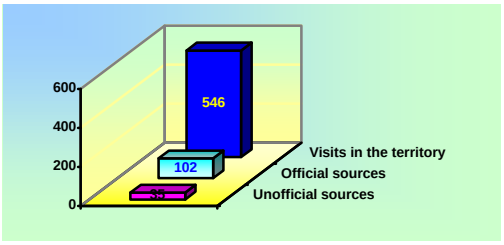


Fig. 20. METHODS FOR THE IDENTIFICATION OF THE RISK FAMILIES (VISION OF THE FAMILY DOCTOR)



At the level of the county of Ilfov, the ASP involvement is real in the daily activity: the monitorization of the sanitary mediator's activity, the centralization of the activity monthly reporting, the support in the relations between the family doctors and the local authorities; visits in the territory, guidance and evaluation of the mediators and the coordination of the training process, especially on medical issues.

Fig. 21. RELATION BETWEEN THE SANITARY MEDIATOR AND THE COLLABORATORS (VISION OF THE FAMILY DOCTOR)

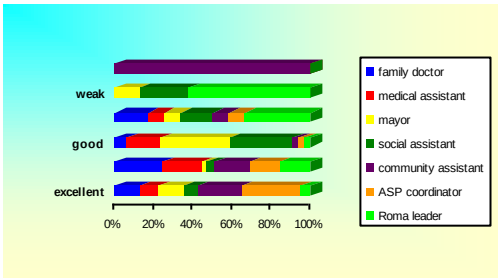
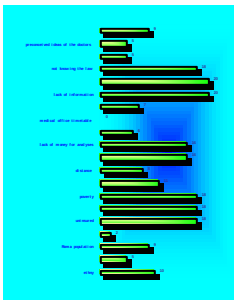


Fig. 22. REASONS FOR THE REDUCED ACCESS TO HEALTH SERVICES (VISION OF THE FAMILY DOCTORS)



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