ASSESSMENT OF PUBLIC PERCEPTION ABOUT PUBLIC HEALTH POLICIES

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Abstract: *A descriptive cross-sectional study that presents the analysis in a focus group conducted with the beneficiaries of health policies in order to complete a questionnaire for assessing the knowledge, attitudes and practices regarding their knowledge and perception of the utility of the most important policies in the health system. Results showed that there are differences in the use of health services according to the level of awareness and understanding of the usefulness of these policies, and differences according to personal characteristics. The conclusions support the need for a system to increase the degree of public participation in developing and implementing public health policies.*

INTRODUCTION

World Health Organization (WHO) European Strategy "Health 2020", adopted by the end of year 2012 identified as one of strategic areas of intervention and improving the leadership and governance of the health system by highlighting the importance of participating in the implementation of policies as a fundamental means to achieve the objective of health for all in the 21st century health.(1) Subsequently, the new national strategy "Health for prosperity" identified as one of the specific objectives of the priority area "Public Health" the improved access to health services through the implementation of national health programmes that meet the needs of the population.(2) Health policies represent one of the determinants of health that are less visible and less explored compared to classical determinants. They are a prerequisite for the effectiveness and sustainability of interventions on all the other determinants of health.(3) Health policies set targets and thresholds to be reached and create implementation mechanisms for everything pertaining to health, but also tools for measuring how the system achieves its objectives. The process of health policies include procedures within institutions (especially the Government), which define priorities and parameters for action in response to health needs and available resources.(4) However, the policymakers and the policies that they are determined to put on the public agenda are in turn influenced by the currents of opinion created within the population, or among representatives of groups of influence.(5) Thus, public's dissatisfaction with the existing policies can be an important vehicle for changing them. Therefore, knowing the perception of the beneficiaries, professionals and policy makers on health care is an important step to transform them into powerful / effective system tools, dedicated to fulfil the mission of public health, and to enable all beneficiaries, decision makers, and professionals alike, to participate in the construction of health for future generations / populations.

PURPOSE

Analysis of beneficiary perception on health related public policies as mechanism for enhancing services utilization, in order to formulate the directions of intervention for improving the elaboration and implementation of national health policies.

The focus group conversations expected results will support identification and better understanding of the issues of importance for health policies implementation. The study objectives: identify the main features that influence health policy utilization from the beneficiary perspective and identifying policies and strategies positively perceived from heath system beneficiaries in present and for the future.

MATERIALS AND METHODS

Descriptive study that analyzes the results of one of the three focus groups carried out during March - April 2015 with three categories of stakeholders: population, professionals and decision makers in order to elaborate the instrument for data collection related to knowledge, attitudes and practices of the groups of beneficiaries of the health care system. A total of 27 people participated in the focus groups. Each focus group involved a small number of individuals in order to hold a constructive dialogue with a given stakeholder group. The sessions ranged from eight to ten participants. The group consisted of 8 people, recruited on a voluntary basis and who did not know each other. The selection criteria aimed to ensure the homogeneity of the group. None of these people were part of the health system, or had training in this area. Five of the eight participants were women aged between 28 and 67 years old, and 3 were men aged between 25 and 65 years old. All were informed about the purpose of the research. Group members were invited into a special space type "round table". The discussion was focused on the participants' perception of the public health policies in Romania, especially on some "issues"/questions. The questions regarded socio-demographic characteristics of the respondents, as well as information sources and the use of transparent decision-making mechanism.

The meeting was conducted by the PhD student who facilitated discussions and posed the following questions:

7. What are the most visible health related policies/programmes?
8. What are the main mechanisms influencing the policy making agenda?
9. What are the main institutional barriers that influence health policy implementation:
10. What are the existing most important health policies/programmes for your personnel health status?

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Table no. 1. The socio-demographic characteristics of the respondents

	C. C	M.T	M.L	O.D	G.S	V.R	E.F	A.T
Monthly expenses for health	-	-	50	-	-	100	-	-
Age	28	31	37	44	67	65	25	36
Gen	F	F	F	F	F	M	M	M
Civil Status married	no	yes	yes	yes	yes	yes	no	Yes
Higher Educational Level	higher	higher	secondary	higher	secondary	Higher	secondary	Higher
Perception health condition	good	good	Satisfying	good	Satisfying	good	good	good
Average monthly income	800	1200	900	1700	1200	1500	1000	2200

11. What are the main direction of future policies and health programmes that should be developed by the Ministry of Health (MoH) in the future?
12. What are the main barriers for effective health policies and programmes implementation?

RESULTS AND DISCUSSIONS

In the first part of the discussion, study objectives were explained to the participants in the focus group, they were introduced to each other, and were encouraged to share personal experiences with public health policies. The socio-demographic characteristics of the respondents are detailed in table no. 1. Summarizing, the socio-demographic features of the respondents, the meeting was attended by eight people:

- 5 women (62.5%) and three men (37.5%).
- Age groups: 2 people in the age group 25-29 years, one person in the age group 30-34 years, 2 people in the age group 35-39 years, one person in the age group 40-44 years, two people in the age group 65-69 years.
- 6 married (75%), two unmarried (25%)
- 5 with children or people in care (62.5%)
- 3(37.5%) have secondary education and higher education 5.
- 2 (25%) income per month < 1000 RON/ month.
- 6 have a good perception of their health (75%), 2 only satisfying

In the second part of the discussion, attention has focused on the three discussion direction. The following issues were identified by the beneficiary stakeholder focus groups:

1. The most visible health related policies and programs of the MoH were identified as follows:

- *health reform law 95/2006* (most knew the changes in 2012 and have linked it to the debates in media "a lot of emission space consumed by this law and neither was voted in plenary");
- *hospital rationalization strategy* ("closed hospitals and left people without any medical assistance for tens of kilometres"; "I do not know what was then the algorithm, but I know that some of them work again");
- *framework contract for the provision of health services* (all agreed that we must know the provisions of the basic package, no one actually knew all the services available, "often modified component of basic package on what I heard on TV .... I'm not sure now … I do not know what it includes";
- *National Immunization Programme* ("most vaccines must be considered obligatory and not just recommended, "to be administered in due time to all the children", there were some opinions against vaccination "Internet is full of contraindications and side effects of vaccines ... the decision should be mine";
- *compensated and free medicines list* (not in our list but almost everyone knew of this document - following numerous debates that have been widely discussed in the press and on TV lately);
- *introducing the health card* (not in the list but everyone know about it, the latest scandals regarding the distribution, initialization and operation were discussed extensively in all media last month, "it was a necessity for transparency and control of healthcare expenditure");
- *screening programme for cervical cancer* - more than half of the participants knew of the existence of this programme, 2 people had benefited from it;
- *stop smoking programme* (the people in the focus group were not smokers, 3 of them had smoked at one time but no longer smoked in the last 5 years, but all consider it an important programme);
- *private health insurance* (all have heard of this type of insurance, three of the participants had private health insurance);
- *vice fee: alcohol, tobacco* (the issue of this fee has been widely debated in the focus group, most of the participants agreed with these charges).

2. According to beneficiary perspective the main mechanisms setting the Government/Ministry of Health policies agenda is represented by:

- *Report/scandals of the media* (almost all participants agreed that any project or proposal is based on a "scandal" reported by the media, "until you see some misfortune on the 5 o'clock news you do not know that you need "malpractice law", "only after a case is turned on all sides by the journalists do the health professionals begin to think about what they could do lest it happened again". The general conclusion was that media: constrain politics in democratic countries where press freedom is guaranteed; often sets the political agenda; is influenced more by risk perception rather than the actual risk;
- *the proposal lobbyists* ("backstage games" and "manipulation" were commonly used in discussion groups; the interests of public health policies were identified as the interests of health industries: pharmaceutical companies, pharmacists, manufacturers' equipment and medical devices). ("There are political interests for certain projects to succeed or not");
- *Existing regulation requirements at EU level* (half the group believes that the tendency is to take all that is required by the European Union, no one knows if these regulations are mandatory or recommended, but most of them just consider that if they were applied in European countries it means they are good for us, too);
- *all participants believe that policies should be based on present and predicted health needs of the population* ("if the laws were made based on needs, then the health system would work properly", "the priority should be those who benefit from the medical system now, and the future beneficiaries").

3. Identify the main institutional barriers that influence health policy implementation:

- *low budget* (almost all participants argue that MoH is assigned somewhere between 3 and 4% of GDP. "The health care system needs a minimum of 6% of GDP - I heard that this is the minimum necessary"; "It has been said repeatedly that Health and education are the priorities of the current government - still waiting for evidence in this regard. "In Romania, health is viewed as a "cost" not as an "investment");
- *mismanagement of funds* ("In Romania, everything is mismanaged, not only in health, it is done intentionally so that public money can be stolen", "management of funds is always

associated with fraud and corruption");

- *lack of information means for the patients about the available services:* almost all participants think they are not sufficiently informed about the available medical services for their needs ("no one knows how they can access that service, you do not know specifically what to ask and who to ask");
- *busy schedule of family doctors* (almost all participants were dissatisfied with the latest visit to the family doctor, "Even with appointment, they have not enough time to examine you, perhaps they can ask you a few questions .... Otherwise, family doctors fill in paperwork over paperwork";
- *low salaries in the system* (the perception of the majority is that as long as healthcare professionals are not paid better, any work done is not satisfactory, "health professionals tend to do only what is necessary without additional load with other tasks").

4. The answer on most important policies and health programmes do you think are important for protecting your health?

- *The framework contract for the provision of health services* (almost all agreed that "regular checks accompanied by the set of recommended tests are very useful", "I go to the doctor on my birth month and they refer me to do tests to find if there are or not alarm signals";
- *Screening programme for cervical cancer* ("Last year we did the Pap test and mammogram" ... "it's good that it has been recommended, I made it free and have received treatment for inflammation");
- *National Health Programmes* (most do not know what these programmes actually entail, but believe that their existence can protect their health if needed);
- *stop smoking Programme* (ban smoking in public places was considered by all a very good measure for health protection).

5. Answers on the main direction of future policies and health programmes that should be developed by the MoH in the future identified the following directions: Hypertension; Cancer early diagnostic and treatment, Diabetes, Geriatric Services, Mother and Child support and Obesity:

Most believe that in the future, the true challenge for the health system will be chronic diseases and therefore voted in particular those diseases: "I heard on TV that already is an "epidemic of obesity and diabetes"; "After an age it's almost impossible to not have hypertension or anything else on heart"; "I choose geriatric services because everybody gets older ,and old age comes with many diseases", "Romania is a country where there is a need for education campaigns and shift toward early diagnosis and prevention".

6. The main barriers for effective health policies and programs implementation were identified as following:

- *geographical barriers* (there were discussions mainly on the strategy of rationalization of hospitals, most have heard of the tragic cases that have emerged from the fact that the distances to the nearest health facility were very long, focus group participants residing in Bucharest and for them personally this barrier not exists, but are aware that for other people can be a key issue.)
- *Economic barriers* monthly expenses for health are not acknowledged by all, most participants include here the monthly taxation of wages with certain percentage "health fee", others believe that these expenses relate strictly to medication expenses;
- *Lack of time* all participants agreed that unless there is a serious health problem, they do not make time for preventive check-ups;
- *Lack of information,* all feel that they have enough information to access all health services available.

CONCLUSIONS

As a general feature, the participants have a moderate interest towards public health policies, so as "to know what is happening". We identify two categories: the most numerous are those who are interested in policy, but without investing time and special efforts; the second category consists of those who are paying attention to public health policy debates only occasionally - only in certain situations (campaigning, special event reported in media). Of those who exhibit a moderate interest for public health policies, many have pointed out that they are following political developments on projects according to their interest (those with chronic diseases). The most accessible and frequently used source of information is the internet plus various TV stations. Most public health policies are associated with the "fight for power", "scandal", "lobbyists" and all kinds of "games". Throughout the discussions we noticed an entire imaginary scenario related to everything that means public policies and backstage politicians' manoeuvres, who make legislative proposals according to their personal or political agenda. In Romania, politics in general is negatively valued, which makes most refuse to be involved in public debate, and accept any responsibility regarding the public health, and sometimes even the personal health ("it was meant to be", "I did not want to get sick"). In their view, public health policies are unprofessional, self-interest or group interest (pharmaceutical companies) prevails, and scandals reported in the media lead to "new ideas and proposals for draft laws".

As a trend, almost all participants occasionally express their opinions in public space, most often in the form of virtual comments, or blogs. They are not used to getting involved in debates and controversies in public spaces. They rarely take a stand against certain negative aspects in public places. Participants' responses indicate some reluctance to the exposure in public space; some of them stressed that they were quite "cautious" in this respect, especially when it involves the workplace. On the other hand, those who want to participate, even indirectly, in actions of civil society, are few; they also admit that volunteering and participating in the activities of the civil movements is not a "lifestyle" in Romania. Many participants emphasized the importance of civil society, stressing that they are neither sufficiently informed, nor trained to participate in such activities.

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