COMMUNITY CARE FROM A PUBLIC HEALTH PERSPECTIVE

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Abstract: *Public health is the science and art of preventing disease, promoting health, and prolonging life among the population as a whole. Its activities aim at providing conditions in which people can be healthy and focus on entire populations, not on individual patients or diseases (World Health Organization). Thus, public health is concerned with the total system and not only the eradication of a particular disease. The three main public health functions are: the assessment and monitoring of the health of communities and populations at risk to identify health problems and priorities; the formulation of public policies designed to solve identified local and national health problems and priorities; to assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services. Community care requires involvement and social responsibility, commitment and devotion to people and their health. As a conclusion, the transition from the institutional care to the community care is undoubtedly the right decision that should be taken.*

To live in a community and be a part of it is a right guaranteed to all people. However, in European countries, this right exists only for about 1.2 million people with disabilities, 300 000 people with mental diseases and 150 000 children who are supposedly long-term residents in care institutions.(1)

The persistence of the institutional model of care is one of the major challenges that face the European social model.

Arguments for community care

There are strong arguments for community care, comparing with the institutional care, from the perspective of beneficiaries' experience, of human rights, social assistance value, but also from the quality-price ratio perspective.

The testimonies of former residents confirmed that, while institutional system provides physical security, food and shelter, it cannot provide a sense of well-being, resulting from the experience of being included in society, loved and appreciated by friends and relatives.

International human rights principles are also clear for community care. Respect for inherent dignity, individual autonomy and freedom to make their own choices are rights that no one should be deprived of, regardless of disability, age or mental state. The work in social assistance is based on respect and inalienable value of all people.(2)

Institutional care often takes away people's dignity, creates a strong hierarchy and forces residents to follow predetermined rules, whether or not they meet their needs. It is clear that the principles of social assistance are in favour of community services, that promote independence and participation of beneficiaries through networking with each person as an individual, with their own needs, preferences and skills.

The economic argument was limited by the perception of policy makers and service providers, according to which only large institutions are able to achieve economy at a proper scale, for care to be accessible. Evidence shows that community care is not necessarily more expensive than the institutional system. In fact, it seems to be even more profitable when its result is the increase of beneficiaries' quality of life.(3)

The first steps towards community care

The transition to community care cannot be successfully, unless it is based on a clear, shared vision of the residents and until it is promoted and developed by local, political and professional leadership.

To create a vision of de-institutionalization means to create a mental image of a community, in which people no longer live in an institutional system, but are cared at home, or in a family environment. Such a vision can be a powerful source of inspiration, that should support operational factors of decision, necessary for a successful development of community care.

The local leadership is needed to bring a change, to focus on people and not on structures! For this change, there are needed additional funds, to cover the institution's support during the transition and also investments in staff training and in facilities, as a central point for community interventions. The transition to community care requires a detailed planning and a careful management.

The de-institutionalization cannot succeed without the involvement of the beneficiaries, their families, the care staff and the community in which they must live.

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The European Reports contain a fundamental principle on the transition, from institutional to community care: "the beneficiaries (and their families) should be full partners in the transition process. They should be actively involved and consulted in the development, delivery and evaluation of the received services".(2)

The relatives of the residents have a key role in the success or failure of the deinstitutionalization projects. Staff should also be involved from an early stage of the process and should benefit from training opportunities in community care services. Success is also based on support from the community where former residents live. An open and welcoming community, made up of neighbours, business groups and civil society groups can lead to increased independence and social inclusion of former residents.

Implementation of community care

There are a number of key elements that must be sequenced, in order to ensure effective and coordinated provision of community care.

Needs strategic planning is a process of identifying the social and health needs of the population, arising from social-economic and quantitative data collected from the local population.

In the institutional models, strategic planning may not go beyond the issues of capacity and budget. In the community model, there may be a fundamental assessment of the degree to which services meet the needs and preferences of the citizens.

Information and counselling are essential for anyone who needs care and support. At first site, it may seem easier for an institution to promote itself, because there are some constant elements, like capacity, permanent employees, location and a portfolio of treatments. Furthermore, the building is often a local landmark, easy to find when needed.

Community services, on the other hand, tend to be more dispersed and less present in the consciousness of the community. They still have to learn to inspire confidence, safety and concern for improving the quality of life of beneficiaries. Individual needs assessment usually involves a specialist (or a multidisciplinary team) to work with the service customer (and his family), to identify needs and how they can be better satisfied, so to achieve an individualized care plan.

In the institutional system, needs assessment tends to be made by the institutional staff, assessing the needs of a person according to what the institution can offer.

A qualitative community service requires a complete assessment of an individual's needs and circumstances of his life and provides a variety of services.

The services capacity refers to the possibility of supply to meet the demand for services. The existence of waiting lists and disparities between urban and rural areas, in terms of capacity of services providing, can be the result of a failed strategic plan, or of an inadequate funding.

The capacity and availability of services should be evaluated regularly, by local authorities and other funding and planning services bodies, based on needs assessments and strategic planning.

In the community care, choice is a broad concept. It involves not only choosing between different providers of the same service or of different services, but also the way a person chooses to live his/her life. On the other hand, the institutional choice can be thought as a choice of a facility that already exists. The idea that institutions offer more choices was dismissed in the 2009 European Report, which emphasizes that institutions tend to treat all residents in the same way, minimizing individual choice, in favour of a pre-established programme.

The transition from institutional to community care should aim at improving life quality of the beneficiaries' services, their full welfare, including all emotional, social and physical aspects of their personal lives.

In an institutional system, quality is often understood as an adaptation to the parameters set by the regulatory authority, such as the number of staff per resident, or the room area per person. Community care, contrary, is focused on the individuals, taking into account their wishes and needs and offering services that are more easily adapted to the wishes and preferences of the beneficiaries. This allows community services to perceive the individual as a whole person, with emotional, social and physical needs.

To be cared in an institutional setting means to be far away from home, often in another city or region, and to have a limited contact with the outside world, including family and friends; it keeps people away from each other, it isolates and labels them.

Community care aims at keeping people in the local community, at home or in a family environment for a period as long as possible, giving them the best chance for a full social inclusion. For this to be possible, community services must be coordinated and integrated, to meet both, basic and more complex needs.

Home care services are part of the vast category of the community care and they can be described as care and help offered at home - in families, for people who need that. The main purpose of this model of care is to make it possible for people to keep their independence and to continue living at home as much as possible.

Usually, the community nurse spends most of her time working at patients' home. Therefore, the volume of home care increased significantly, especially those of geriatric type, due to the percentage growth of elderly population, but also to an increased incidence of chronic diseases - especially cancer and cardiovascular disease, which provide a significant number of sequels and disabilities, requiring significant interventions for the rehabilitation and resocialization of the patients.(4)

The home care nurses are responsible for educating the patients, their family members and other people available / engaged in their daily care, to provide the necessary competence. To some extent', the home care nurse is responsible for the health of others, too. During the community intervention, the nurse may become responsible for the health of those entrusted in schools, clinics, industrial sites or other jobs.

Definitions of "home care"

1. Home care is a part of health care, where services are provided to families, to their places of residence, in order to promote, maintain or restore health, or to increase patients' autonomy, by reducing the effects of illness and disability.
   Services appropriate to the needs of the individual and his family are planned, coordinated and can be provided by health care providers, employees through contractual arrangements or agreements to provide care at home, using well-trained and professional staff.
2. Home care is a part of health care, in which home nursing, social assistance, therapies (occupational, physical and psychological) and first aid interventions are the main components.
   The home care services based on patient needs are a logical extension of the therapeutic responsibilities of the physician. By the recommendation and under the direction of the physician, home care is a team work, which involves a team assessment and a care plan development.

The role of the family

An important member in care interventions is the family, represented by any person in the family group, that

directly helps the home care or assists the patient in solving his needs alone, like personal hygiene, food preparation and medication administration. Their support is until or between the visits of specialized personnel.

Client goals are reported in primary care principles, in maximizing (increasing) the degree of his independence. Nurses who provide care at home assist the patient to function at the best possible level, to prevent addiction. This type of assistance consists in patient's training or in creating links between the patient and other community institutions that perform services that may be required for him to remain at home, non-institutionalized.

In addition, home care can prevent complications in people with chronic diseases, like reducing the risk of relapse. Complications that may occur when suffering is prolonged can be prevented by providing appropriate interventions at home. Terminal illness can also be monitored at home better than at the hospital, if this is accepted by the patient and his family.

The initial care plan may encounter a number of psychological resistances like:

- unconscious psychological defence mechanisms of the patient: denial, avoidance, rationalization, distortion, that makes him refuse the role of a sick, assisted person;
- passive refusal of implication, by depressive resignation; the patient is overwhelmed by the previous disease stress produced by psycho-traumatic events;
- the acute physical disease can go to regression, dependency, passivity towards the current pathological condition; also, in organic mental disorders, characterized by the deterioration of intellectual and emotional functions, the patient can neglect them as signs and consequences at different levels, such as legal guardianship need.

Failures

Stressful statements related to the inadequate response of the social protection system are bond with the complexity, lack of flexibility, inability to meet the needs and circumstances of each patient and his family. The large number of potentially contradictory factors positively or negatively involved in each system requires the development of special skills assessment and coordination of the actions of nursing care.

The transition from institutional to community care is undoubtedly the right decision. Beneficiaries talk about a life "like others and with others".(3) Professionals in social work understand that respect, dignity, ability to choose and the empowerment of beneficiaries are much better emphasized in the community care models. Human rights activists and other professionals, like lawyers remind us, that the Charter of Fundamental Rights of the European Union and several EU Conventions exist to protect the rights of vulnerable people, to decide where they want to live and to benefit from an adequate level of support. Finally, economists strongly claim, that community care is a better option in terms of cost-effectiveness, resulting in better value for money and in an improved quality of life of the beneficiaries. These vary and substantial arguments can clearly prove that the transition to community care is a decision that cannot be postponed.

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