

Meeting the health care needs of the community in low resource settings

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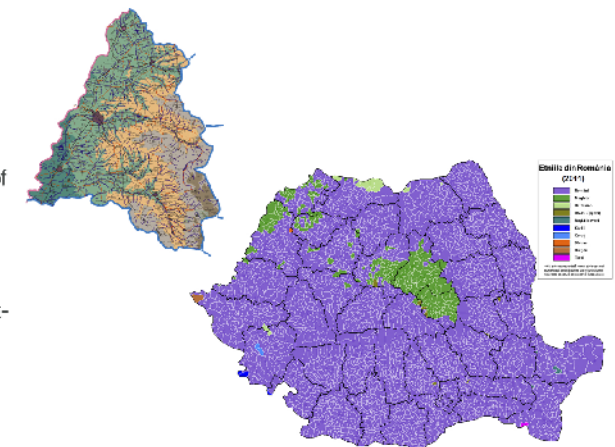
Purpose

- to assess the role of integrated local service delivery and multidisciplinary team work in improving health indicators and increasing participation in disadvantaged groups
- to find efficient health care interventions meeting the needs of rural communities
- to identify best practices adapted to primary care for building partnership between different health service providers and communities



Methods

- collaborative project between primary care providers, NGOs and local authorities in a multiethnic rural settlement in north-west Romania, aimed to deliver local health services and pro-active approach in order to achieve better outcomes in the population's health status and to enhance community participation
- total nr. of population 2300, people without health insurance: 12.4 %
- the target population is formed by the socially underprivileged inhabitants of a rural area served by our primary care centre
- the health centre provides integrated services based on the needs of the community, widely accepted by the majority of population and showing good outcomes
- we explored the target group's concerns and expectations about participating in our existing prevention programs and educational activities. We used face to face interviews and group meetings with the leaders of their community.



Discussion

Risk factors arising from socio-economic determinants in the target population: unemployment, low and irregular income, poor education, poor housing, non-compliance due to cultural differences, etc.

Results of the population based survey:

- when actively approached, the group will engage well and they are willing to build partnership
 - patient centeredness, respect towards their views and beliefs are of major importance in sustaining achievements
 - local service delivery, continuity, interdisciplinary approach are key elements to build the trust and participation of this population
- Local delivery of integrated health care services in disadvantaged groups will result in better health indicators and more responsible population.

Statements

1. Health services, health promotion and education programmes are sustainable and efficient in the low resource settings when the interventions are accessible continuous, patient centered and adapted to specific community needs
2. In order to provide cost-effectiveness and good participation the service has to be ongoing and reliable
3. The rural clinic model is viable and sustainable as it uses local resources and is based on a partnership between different actors in the community
4. With professionalism this local initiative based on the core function of primary health care team as a coordinator of the activities is competent to assure sustainability, tackle health inequalities and minimise the effect of socio-economic determinants of health

