Vulnerable populations - how it is addressed in rural medicine - the voice of EURIPA IAB

Workshop Coordinators:
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Friday 16.11.2018, WP J, 10:30-11:30 AM


STOP


HEALTH FOR ALL
LA SANTÉ POUR TOUS
SALUD PARA TODOS
الصحة للجميع
HEALTH FOR ALL
منظمة الصحة العالمية
الحفاظ على سلامة العالم وتحسين
الصحة وخدمة الضعفاء
World Health Organization
Promote health, keep the world safe, serve the vulnerable
Organización Mundial de la Salud
Promover la salud, preservar la seguridad mundial
y servir a las poblaciones vulnerables

Background

- EURIPA is a representative network organisation founded by rural family doctors to address the health and wellbeing needs of rural communities and the professional needs of those serving them across Europe irrespective of location, culture or resource. It represents a growing network of rural practitioners and organisations across Europe working together to disseminate good practice, initiate research, develop rural education, and influence policy.
- The purpose of the IAB (International Advisory Board) is a direct contributor to EURIPA's main goals as well as to develop cooperation between rural family doctors and primary care experts across all European countries.
- By working together within EURIPA we support not only our members in their scientific projects, but also share practical information suitable for the everyday diagnosis and treatment of our rural patients as well as supporting our colleagues and their patients in the most remote areas.

Purpose of the Workshop

- To identify vulnerable individuals in rural and remote areas and to present the most urgent issues in terms of their care by EURIPA IAB members.

The organization of the workshop

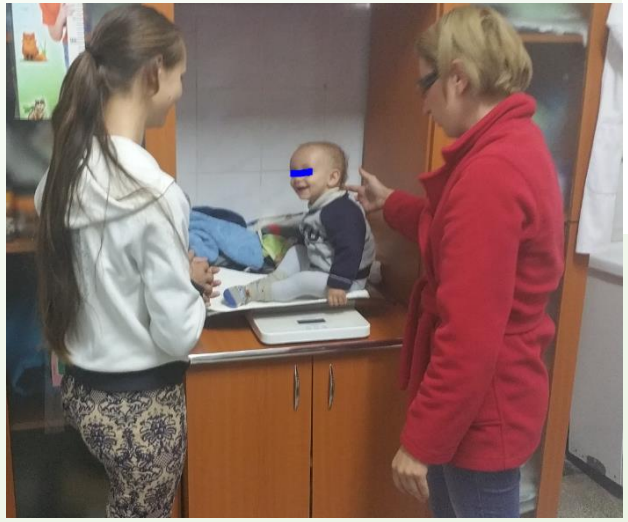
- The 5-minute presentations of EURIPA IAB members will be followed by a discussion panel which will be guided and summarised by moderators.
- Our WS should facilitate identification of problematic and common issues regarding vulnerable populations in European rural and remote areas.
- The WS will provide useful insights into perceived priorities of EURIPA future projects.

Euripa

Gheorghe Gindrovel Dumitra

- 1. Poor people
- 2. Children and young people without care and parental support
- 3. Elderly people alone or dependent
- 4. Roma
- 5. Persons with disabilities
- 6. Other vulnerable groups
- 7. People who live in marginalized communities

Poor people



Estimated total income for the needs of families. Diagnosis Quality of life Research, June 2010

How do you estimate the total income in relation to the needs of your family?	Responses from a sample of 1,161 people (%)
1. It does not cover the basic needs.	30,6
2. It covers only the essential needs.	33,8
3. It provides us a decent living, but we cannot afford something more expensive.	25,7
4. We manage to buy some more expensive items, but with effort.	9,5
5. We can afford everything we need, without much effort.	0,5
Total	100,0

Source: Author's analyze on Diagnosis of quality of life database, 2010 (Mărginean and Precupețu, (eds.), 2010).

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Children and young people without care and parental support

250.000 de copii au părinţii plecaţi în străinătate. „Nu-mi aduc aminte ziua în care a plecat tata. Îmi zicea că o să pot să îmi cumpăr tot ce am nevoie“

28 noiembrie 2017, 20:08 de Florinela Iosip Devino fan

Salvează în arhivă

cuvinte cheie: copii, parinti, strainatatea, migratie, depresie, suicid, abandon scolar

-1 (1 voturi)

0 comentarii

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Elderly people alone or dependent

Medico-social Units

Communitary nurse

Euripa

Roma

Involving the Roma Health Mediator into the national program for immunization in the Roma communities in Romania

Dr. Viorica Gheorghiu[1], Dr. Gindrovel Dumitra[2], Ana-Maria Domiloiu[3]
1. National Institute for Public Health; 2. Romanian National Society of General Practice; 3. Roma Center for Health Policies - SASTIPEN

Background

- 2011 census – 609,373 officially registered Roma, but unofficial sources estimate approximately 2,5 million (many do not declare ethnicity for fear of stigmatization)
- Government initiated process of social inclusion in 2001 (a number of strategic documents - Strategy of the Government of Romania for improving the situation of Roma in Romania, Joint Inclusion Memorandum, Decade of Roma Inclusion)

Health Mediation Program:

- Most complex program for Roma in Romania;
- Initiated by Romani CRISS (Roma NGO) – with funds from CCPD Paris - who started a socio-sanitary program in 6 Roma communities;
- 2002 – officially established by Ministry of Health Directive no. 674/2002;
- November 2008 – crisis of the Health Mediation Program due to decentralizing of public health services as well as lack of understanding of the Program's role and assurance of its financial sustainability;
- In 2007 – 788 Roma Health Mediators registered in the database of MoH; Currently are active approximately 250 Roma Health Mediators, employed by local authorities;
- One of the best collaboration models between the civil society and the central authority, a partnership responsible for applying concrete measures to the benefit of disadvantaged Roma communities;

Health Mediator in Pralova district

Health related activities of Roma Health Mediators:

- Facilitation of non-discriminatory access to health services;
- Facilitation of communication between the community members and the health-sanitary personnel;
- Mapping the location of pregnant women and newly-mothers in order to carry out periodical pre-natal and post-partum check-ups, explaining their need and importance and accompanying the women to the check-ups; facilitating the communication with the doctor and the other medical staff);
- Explaining the basics of family planning, framed within the cultural, traditional system of the respective Roma community;
- Producing a community map of infant children;
- Explaining the basics and the importance of medical assistance for a child;
- Promoting healthy nutrition and breastfeeding;
- Assisting registration of newborns with GPs;
- Assistance in ensuring that immunization schedule is duly followed, administered and registered for the children of the communities;
- Promoting health insurance and explaining how to get insured;
- Promoting personal hygiene, house and common spaces sanitation, promoting recommendations of relevant authorities;
- Facilitating first-aid provision (calling emergency services and accompanying emergency medical service teams);
- mobilizing and accompanying the community members to the public health actions (immunization campaigns, HC campaigns etc.);
- Participating in active tracking of TB cases and other infectious diseases, under the guidance of health professionals;
- Accompanying medico-sanitary staff in prevention and control of epidemics;
- Reporting to the medical staff on: outbreaks of communicable diseases, parasites, poisoning, water hygiene issues, etc.
- Reporting to the social workers on potential cases of abandoned children;
- Reporting to the Public Health Departments on issues regarding access to primary health care.

Roma Health Mediators and Immunization

Activities:

- Cooperating with local leaders of Roma communities to improve the outcomes of immunization activities;
- Training Roma Health Mediators in immunization activities (organized by the County Public Health Departments and the GPs);
- Information services to the community (teams composed of Health Mediators and representatives of the County Public Health Departments);
- Organizing immunization sessions in the community;

Homebound vaccination

Vaccination in Roma community

Conclusions:

The immunization process for Roma community members, within the national immunization program, is being carried out with difficulty, due to:

- Limited access to health services (ex: lack of a medical services in certain localities);
- Parents' refusal to immunize their children due to lack of trust in the effectiveness/quality of the vaccine;
- Lack of trust manifested by Roma parents towards providers of preventive medical services;
- Deficient communication between Roma patients and medical personnel;
- Lack of Roma Health Mediators in many of Roma communities, which is serious issue since the health mediator is a channel for transmitting medical information;
- Lack of medical knowledge and absence of programs targeted for this purpose;
- Modifying the administrative relation of the health mediators, since they have been transferred to the City Hall, diverting the activity for which the Health Mediator was conceived;

Recommendations:

- To reactivate and extend Health Mediator's network in new localities;
- To involve Health Mediators in immunization activities (supervision of GPs Public Health Directorates);
- To use communication methods in small groups and interpersonal communication for transmitting information, to mobilize the community to accept the immunization process;
- To raise awareness of Roma parents regarding the importance of keeping the children's immunization chart, regardless of the country where the immunization is being administered;

Immunization check for Roma community members (in Romany language)

Training session on immunization campaigns held by GPs for Roma Health Mediators

Social activities of Roma Health Mediators:

- Guiding people with no income to social services provided by the local authorities (including health insurance provision);
- Supporting Social Work Service regarding inquiries;
- Supporting the Child Protection Service when needed;
- Assisting Roma in obtaining identification documents;

Contact
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Euripa

Sody Naimer
Israel Rural Medicine

<u>Strengths</u>

- Equality
- Global insurance
- High level and quality of care
- Minimal demand of copayment
- Dedicated Caregivers
- Reasonable electronic peer surveillance of care quality.

Israel Rural Medicine

Weaknesses

- Lack of Manpower
- Distance Limitation to imaging and specialist consultation.
- Care continuity, separate system provides care after office hours.
- Immediate access to medication and delays in specific orders.
- Lack of primary psychiatric and geriatric care.

Israel Rural Medicine

- <u>Opportunities</u>
- Less transition of medical staff and patient population.
- Possibility to recruit municipality social and other services
- Self organization of health systems into peer learning and problem solving groups or Balint sessions.
- Application for specific grants, budgets, and even personal donations from philanthropy systems, Zionistic organizations and private parties (communities, businesses)

CHARACTERISTICS OF RURAL POPULATION IN POLAND

BACKGROUND

POPULATION IN RURAL AREAS IS MOVING AWAY FROM THE COUNTRYSIDE

- ➔ INTERNAL MIGRATION – PEOPLE ARE MOVING TO CITIES
- ➔ EMIGRATION – MAINLY TO EU COUNTRIES

LACK OF MEDICAL PROFESSIONALS AT RURAL AREAS

- ➔ UNATTRACTIVE WORK, ESPECIALLY FOR YOUNG MEDICAL STAFF- DOCTORS AND NURSES

RURAL CITIZENS

MAINLY ELDERLY PEOPLE, OFTEN SOCIALLY ISOLATED

- ➔ DO NOT USE MODERN ELECTRONIC COMMUNICATION DEVICES

FARMERS STILL CULTIVATING LAND FOR ECONOMIC REASONS, DESPITE REACHING THE RETIREMENT AGE

HEALTH RESPONSIBILITY AMONG RURAL POPULATION INCREASES SLOWLY

PAWEŁ ŻUK

ORGANIZATIONAL SOLUTIONS APPLIED IN MEDICAL AND DIAGNOSTIC CENTRE IN RURAL UNITS AS THE RESPONSE TO PRESSING PROBLEMS

PROVIDING ADEQUATE ACCESS TO PRIMARY MEDICAL SERVICES (GP AND NURSE)

- ➔ STAFF TRANSFERS BETWEEN UNITS
- ➔ WORK SCHEDULE COMPOSED OF VARIOUS PATIENT NEEDS ZONES
- ➔ ACTIVATING LONG-TERM HOME CARE NURSES AS A HELP FOR RURAL PHC UNITS

PROVIDING ACCESS TO SPECIALIST MEDICAL CARE

- ➔ THE MOST NEEDED SPECIALISTS (CARDIOLOGISTS, NEUROLOGISTS, DIABETOLOGISTS) PROVIDE SERVICE ON SITE
- ➔ DIAGNOSTIC EQUIPMENT (e.g. USG) IS TRANSPORTED TO RURAL UNIT WHEN NEEDED

PROVIDING FURTHER DIAGNOSTICS FOR PATIENTS IN URBAN UNITS

- ➔ COORDINATING MEDICAL SERVICES
- ➔ ORGANIZING TRANSPORTS FOR PATIENTS FOR FURTHER DIAGNOSTIC PROCEDURES

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TWO INNOVATIVE MEDICAL PROJECTS FINANCED FROM EU FUNDS

"IN THE CENTRE OF HARMONY WITH THE WORLD" PROJECT: DEINSTITUTIONALIZATION OF CARE FOR DEPENDENT PERSONS WITH MENTAL ILLNESS

- ➔ A FORM OF DAILY CARE FOR A VULNERABLE GROUP OF PATIENTS AS A **PREVENTION OF HOSPITAL CARE AND HOME HEALTH CARE TREATMENT**
- ➔ INCLUSION CRITERIA:
  - PATIENT **IS DIAGNOSED** WITH AT LEAST ONE OF THE **MENTAL DISEASE** – REPRESENTED IN ICD-10 *MENTAL AND BEHAVIOURAL DISORDERS (F00-F99)*
  - THE **BARTHEL SCALE** (REQUIRED SCORE BETWEEN 40-65) CONFIRMED BY A **PSYCHIATRIST**

DAILY HEALTH CARE HOMES: DEINSTITUTIONALIZATION OF CARE FOR DEPENDENT PERSONS, THROUGH THE HEALTH SERVICE DEVELOPMENT FOR DEPENDENT PEOPLE, INCLUDING THE ELDERLY

Dzienne Domy Opieki Medycznej

- ➔ THE AIM IS TO **PREVENT REHOSPITALIZATION**
- ➔ A FORM OF DAILY CARE FOR PATIENTS WHO WERE HOSPITALIZED AND NEED **INTENSE REHABILITATION**
- ➔ PROGRAM DEDICATED MAINLY **FOR PATIENTS AGED 65+**
- ➔ THE **BARTHEL SCALE** (REQUIRED SCORE BETWEEN 40-65)
- ➔ **INTEGRAL GERIATRIC RATING**

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FUTURE SOLUTIONS IN POLAND

INCREASED ACTIVITY OF SOCIAL SERVICES

CREATING ATTRACTIVE WORK CONDITIONS AND WORK PLACES IN RURAL SHRINKING POPULATION REGIONS

- CALL CENTRES
- ORGANIC AGRICULTURE
- ECO-TOURISM

ORGANIZING RURAL CENTRES OF CARE ESPECIALLY FOR ELDERLY

DAILY SUPPORT AND ACTIVITY CENTRES OF CARE

- COMPLEX MEDICAL SERVICE AND REHABILITATION

Ferdinando Petrazzuoli

- **Italy**

- There is indeed a substantial regional variability in health care organization and provision. Responsibility for health care is now shared between the central government and 19 regions and 2 autonomous provinces (Trento and Bolzano), which traditionally differ a lot in terms of economic development, per capita income, demography and culture. Disparities can be found in almost any area of health care provision, in health policy making, health care expenditure, quality of health care, public satisfaction and health care services organization. After the economic crisis which started in 2018 the situation is much worse than in the past.

Things that do not work

There is an increasingly number of drugs which are not reimbursed anymore: pain killers, paracetamol, spasmolytics, drugs for varicose vein, so the “out-of-pocket” expenses are very high.

For new innovative and expensive drugs (new oral anticoagulants, new antidiabetics, new antipsychotic) there are barriers to prescription: a prior-authorization with a medical letter from a secondary care specialist is required in order to have the drug for free or reimbursed by the Health care system. This restrictive policy affects mainly people from the sural setting as specialists are very difficult to reach.

Things that work (up to a point)

In Italy there is a **copayment** system for drugs and procedure. There are exemptions for **copayment** for vulnerable population but this is restricted to people with very low income or very ill patients.

Some basic odontoiatric procedures are free for vulnerable people all over Italy and fortunately this works also in Southern Italy.

Things that work (up to a point) 2

Old patients who are not autonomous and unable to cope with themselves, receive a little more than € 400,00 a month plus the pension.
A nursing home costs between € 1200,00 to € 2000,00 (The less the patient is autonomous the more you pay). Theoretically these figures could be partially subsidized by the municipality and the health care system for less affluent people but this subsidize is very difficult to obtain and is only for a limited period of time. This situation is much worse in Southern Italy.

Very popular is the **rented caregiver**. A rented caregiver ("**badante")** cost around € 800,00 a month. Many of these rented caregivers are women from Eastern European Countries (Poland, Romania, Ukraine, Bulgaria). Although this system is not official, and sometimes goes via an illegal path, it is quite efficient and fixes in many cases the inefficiencies of the health and social care systems.

Vulnerable population
The German perspective
Markus Herrmann

- well-established system of outpatient health care provided by SHI-accredited physicians, and comparatively good coverage in terms of physician numbers and generally excellent patient access
- But significant problems of allocation:
  - marked differences in the spatial distribution of health care capacity, with disparities between rural and urban areas,
  - uneven distribution of general medical and specialised care.
- One key reason is the society-level process of (re-)urbanisation, which is also reflected in the recruitment of young doctors
- Health literacy

Factors of a Vulnerable Adult

Health Literacy in vulnerable populations in Germany

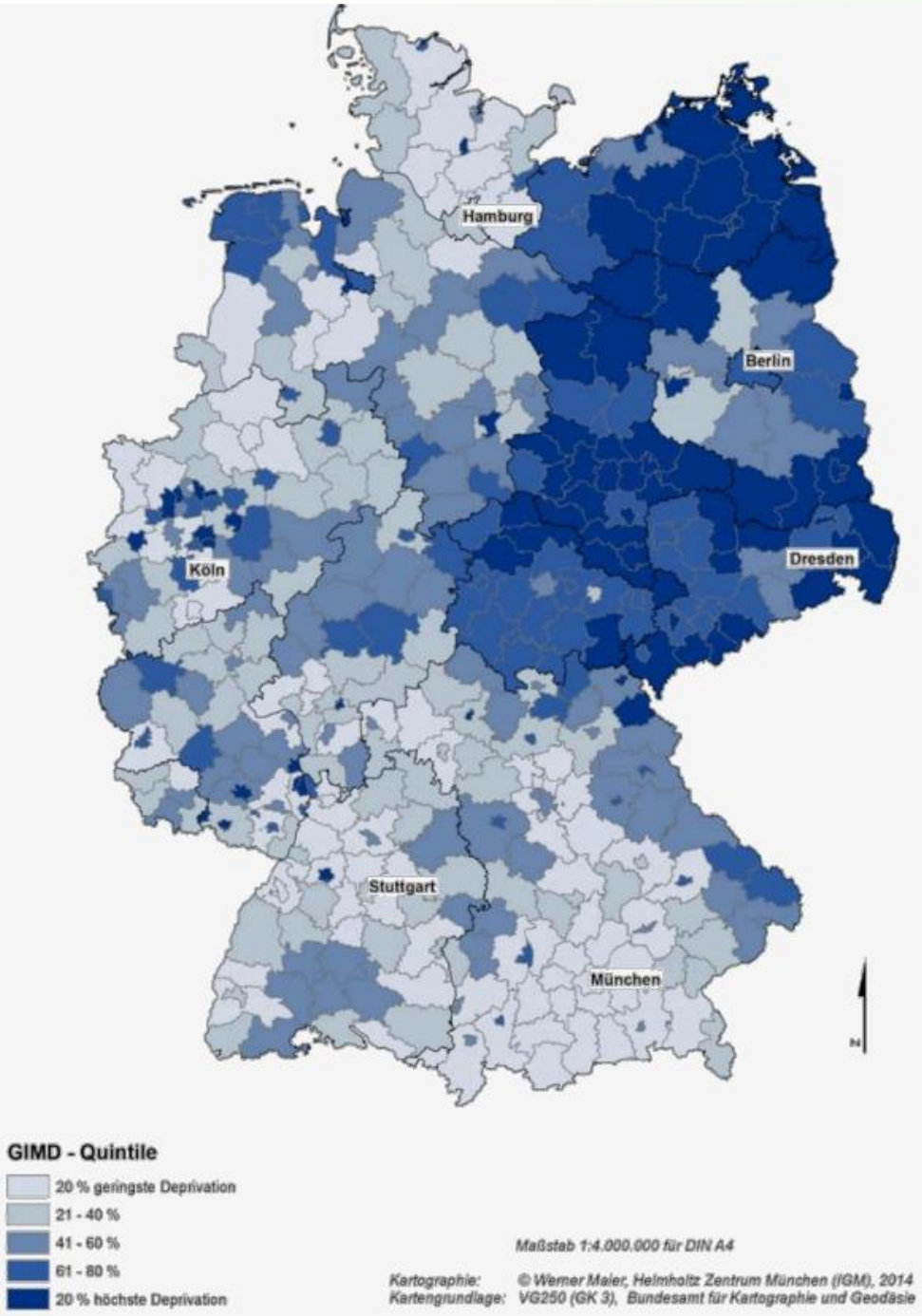
- Older people,
- people with chronic diseases,
- migrants
- young people with lower educational backgrounds

European Health Literacy-Survey (EU-HLS)

Mobility and Access of Health and Social Care in rural regions

- elderly and frail due to ill health, physical disability or cognitive impairment
- people with learning, physical disability and / or a sensory impairment
- People with
  - ….mental health needs (dementia…)
  - ….long-term illness / condition
  - …..Misuses substances or alcohol

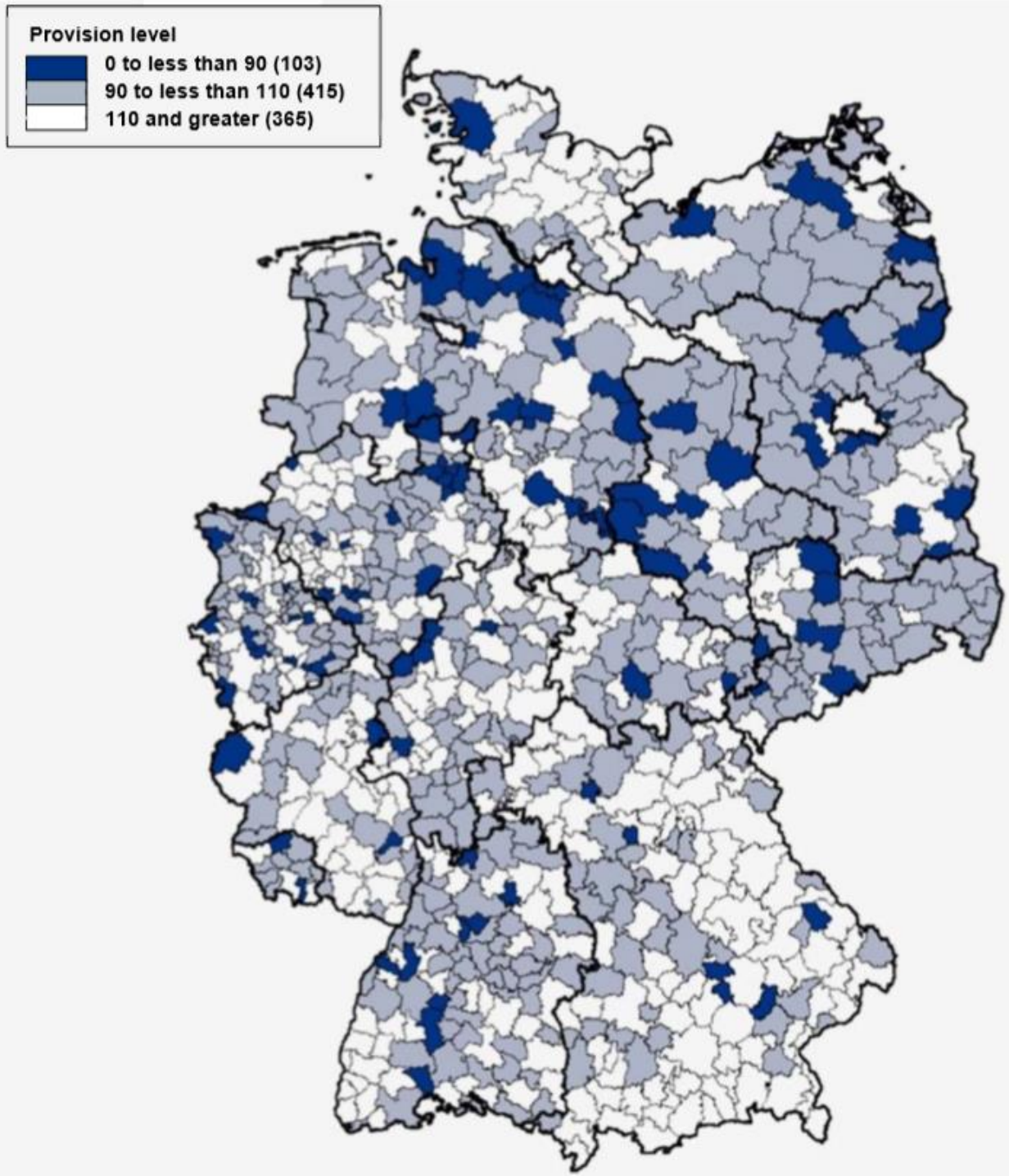
German Index of Multiple Deprivation (GIMD)



Index of Multiple Deprivation for the German Federal Territory presented according to five socioeconomic groups at district level

positive association between the GIMD and both total mortality ($p<0.001$) and premature mortality ($p<0.001$).

Hofmeister C, Maier W, Mielck A, Stahl L, Breckenkamp J, Razum O (2016)



General practitioner planning regions by provision level in three categories (less than 90%, 90% to less than 110%, 110% and over)

KBV compilation on basis of SHI needs planning as of 30 June 2013

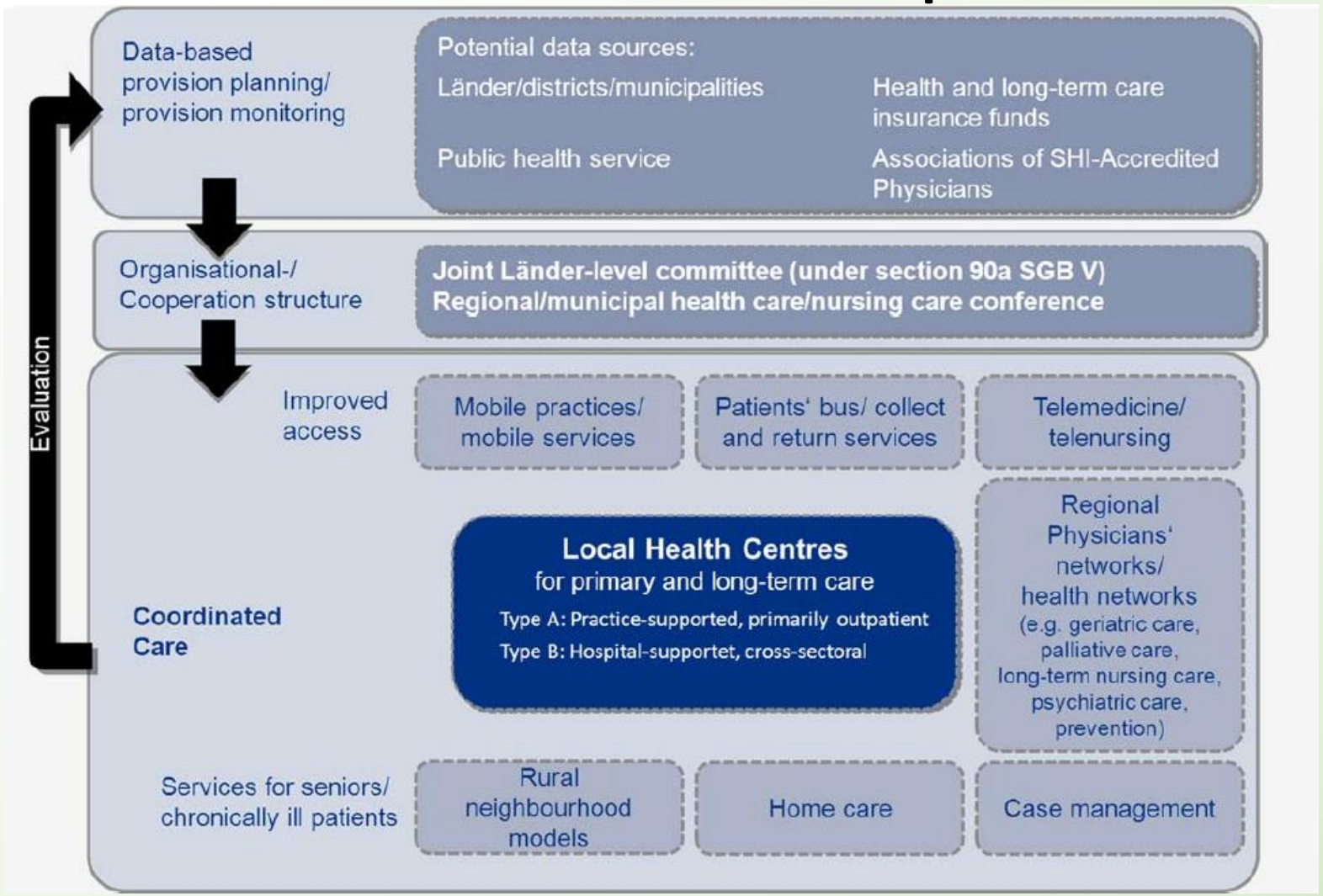
Recommendations
to remedy under and overprovision

With a view to the uneven geographical distribution and securing nationwide health care provision, it is recommended that significantly greater incentives should be provided than has previously been the case to make medical occupations more attractive in regions merely at threat of underprovision. (SVR 2014)

ADVISORY COUNCIL on the Assessment of Developments in the Health Care System: Needs-based Health Care: Opportunities for Rural Regions and Selected Health Care Sectors Report 2014 Abridged Version

Recommendations

Comprehensive model for regionally integrated rural health care provision



- Multi-professional health care teams
- Telemedicine
- Mobile services
- Bus services
- Case Management intersectoral
- Community based

(SVR 2014)

Vulnerable populations: the UK perspective

Royal College of General Practitioners Rural Forum

United Kingdom

- England
  - Population 52m
  - Rural 18.6%
- Scotland
  - Population 5.1m
  - Rural 18.4%
- Wales
  - Population 3m
  - Rural 33.9%
- Northern Ireland
  - Population 1.8m
  - Rural 37%

ONS 2009

Our vulnerable populations

- Rural and isolated population, including isolated young people
- Frail elderly, both local and ‘incomers’
- Rural deprivation – “hidden”, affecting all ages
- Rural border populations in Northern Ireland
- Homeless, although they often move to more urban centres

Challenges

- Pressure on staff in general practice, not just doctors
- Care in the community – district nurses, social care, voluntary sector
- Local access to specialist services, such as pain clinics, addiction services, talking therapies
- Cancer services – centralisation of services including chemo therapy
- Lack of infrastructure, poor transport infrastructure, poor mobile technology and broad band
- Low population density resulting in inability to achieve economies of scale; effective resourcing
- Ageing population: resources don’t reflect need

Accessibility – geographic, cultural, economic

Urgent issues

- Recruitment and retention of staff across all professions and sectors
- Need to enable use of technology to overcome barriers of distance
- Suitable housing for frail elderly
- Fairer funding for rural areas
- Political will to ensure that health and care policies are rural proofed / seen through a rural lens
- Not enough cross border collaboration, especially in Northern Ireland
- Lack of government in Northern Ireland leading to lack of innovation in terms of solutions

Good practice

- Virtual wards to enable people to stay in their own home
- Sharing patient records between practices working together to share some services
- Contact the Elderly – tea parties with friends, to reduce social isolation and its consequences
- Social prescribing, to develop local community based early intervention approaches

Kateřina Javorská

Czech Republic

Vulnerable population in Rural conditions

in general: children, elderly, poor, socially excluded

health care/health conditions - chronically ill

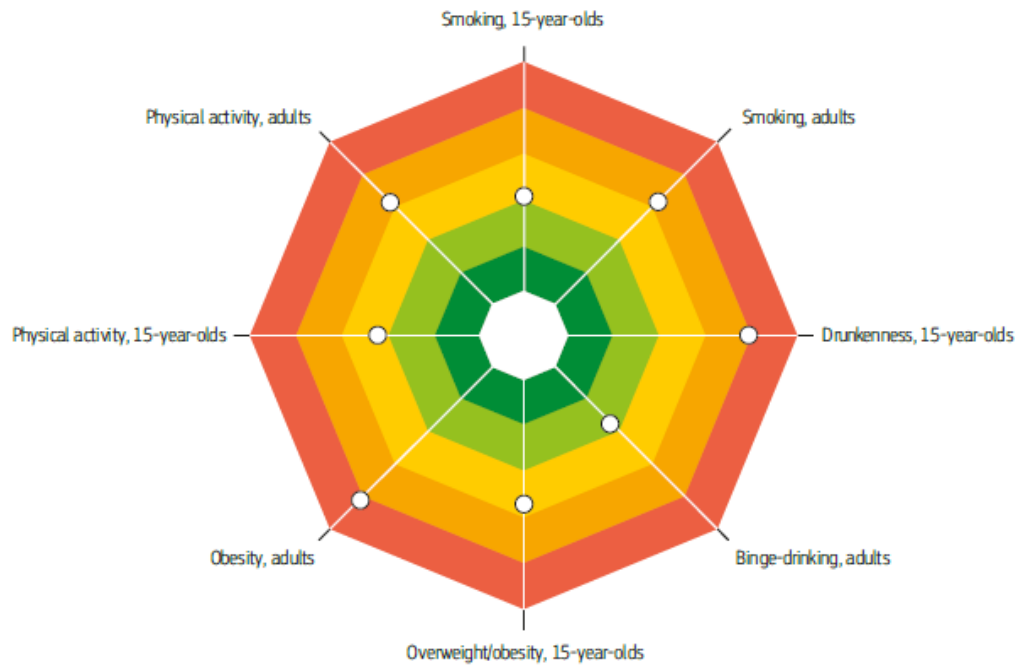
mortality in CR 1) CVD 2) Lung cancer 3) Colon cancer

- State of Health in The EU - Czech rep. country profile – EC 2017

Kateřina Javorská

The Czech Republic has a mixed record on behavioural risk factors compared with other EU countries (Smoking, Alcohol consumption, Obesity, Physical inactivity)

Figure 5. The Czech Republic has a mixed record on behavioural risk factors compared with other EU countries



Note: The closer the dot is to the centre the better the country performs compared to other EU countries. No country is in the white 'target area' as there is room for progress in all countries in all areas.

OECD calculations based on Eurostat Database (EHIS in or around 2014), OECD Health Statistics and HBSC survey in 2013–14. (Chart design: Laboratorio MeS).

Kateřina Javorská

Doctors/GPs

- ageing population of physicians in CR

- working conditions are better abroad

- lack of GPs in rural areas - access to healthcare

Outcomes - Public health promotion

- Education

- Government support

Beata Blahova

Slovak republic

Health care - Doctors ageing (Rural doctors are ageing, and after going to retirement, their health offices are divided between another doctors close to the area. Some of them have too many patients. Problems with substituing)

Some rural areas become „death“ – young people are leaving for schools and work

- some doctors have less and less patients

- reasons for not going to be a rural doctor

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Beata Blahova

Who are the vulnerable population in rural areas?

Almost all... in some areas in Slovakia, some villages are „getting old“ young people are leaving for carrier and seniors, disabled, and unemployed are staying.
Access to health care is problematic for them.
We have prescription barriers in Slovakia, although we succeeded in breaking them in some fields nowadays.
Where is unemployment there is alcohol, surprisingly, society tolerated (no plans for reducing it, no information in media)
Not enough places in senior houses, hard to find a place, a long-term waiting list (Their cost differ from town to town. Many people can not afford it)
The one of most vulnerable persons in Slovakia is - woman senior belonging to Roma ethnicity. people withouth insurance because of debt

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Beata Blahova

Coping with barriers

ADOS – Agentures for home care nurses (working several hours per day)

Cheaper lunch with distribution for seniors (not in very remote areas)

State support relatives or nurses caring for enabled people but it is very low income (sometimes around 120.0 – 150.0 euros per month) so there is lack of such caregivers

Ambulance transport is available – if needed, needs to call in advance (one or two days before)

How to solve this problem? (more working opportunities, better infrastructure, charity, improving conditions for doctors in rural areas …)

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Jean Pierre Jacquet

- John Deere, 53 years old farmer in an highland county, live alone since his mother died two years ago. His farm is of 70 hectares, with cattle for milk and meat. His mortgages and loans are importants due to new tractor and milking robot. Both ends meet with difficulty. He can't stop smoking, and he his now a hard drinker. He stopped his involvement in a charity regarding feeding child programme abroad this summer. He pursue his hunting licence.
-
- Please write the vulnerability criteria , and what you could do ?
- …

Samantha 24 years old, rent a one room flat since last June in a old house of the village without heating system apart from a stove. Single mother with Kevin her son 18 months old, she had lost her work as waitress in the near town in spring. She has no contact with her mother and other relatives. She hadn't perceive her unemployments benefits, because of a lack of document. She has leaving the educational system at sixteen, without diploma or skills.

Please write the vulnerability criteria and what you could do

Euripa

Conclusions

- **Jane & Sody**

Euripa

Thank you for your contribution and time!

http://euripa.woncaeurope.org/content/international-advisory-board