COMMUNITY HEALTH NETWORK DEVELOPMENT - A NEED AND A SUPPORT FOR COMMUNITY

Vasilea CONSTANTINESCU¹, MD, Mona MOLDOVAN², MD, Raluca SFETCU²

¹National School of Public Health, Management and Professional Development
²Spiru Haret University, Department of Sociology and Psychology

Community care is an important pillar of primary care, combining nursing services with health prevention and promotion and health education, not just for one individual but for an entire community.

What is the need for community care?

Primarily, because the health services offered by various health practitioners, institutions and agencies are very fragmented in the area, their responsibility is limited and they do not address large groups of population, like communities.

Second, the focus of health services is almost entirely on diagnostic and curative services, paying little attention to disease prevention and even less to health promotion.

Finally, community care address the problems of access to health services. Most health services are now provided only to persons who overcame certain barriers (distance, economic, language, culture, etc.) and have found the way to entry in the health system. But community care is trying to solve the health problems of the vulnerable, who can not access health services usually.

Community care has a tradition in many countries, these services are seen as a viable and cost-effective alternative to other forms of health care.

The beginning of community health care network

The Community Care Programme in Romania, was initiated in 2002 by the Institute for Mother and Child "Alfred Russescu", within the National Program for Maternal, Child and Family Health (PN3), of the Ministry of Health, with the aim of increasing access to basic health services for the population, especially for the poor and uninsured rural groups, the change of attitude and behavior of these individuals to their own health and to increase community involvement to the needs of marginalized people.

This was the first integrated programme of community action in the public health domain and has received technical and financial assistance from international development agencies (UNFPA, UNICEF, WHO, USAID / JSI). Within the programme the first community nurses and roma mediators were employed, and thus community health network have set up.

In 2005, community nurses were employed in 18 counties covering 390 localities and were methodologically subordinated to the County Public Health Departments, respectively the Bucharest Public Health Department - compartment "Health and Community Care Management", which organize, control and finance their activity.

The results obtained in this programme have made significant contributions to recognition and formal definition of this type of health care in the Law 95/2006 on healthcare reform, Title V - Community Health Care. To achieve national community health programs was established the Management Unit for Community Healthcare Programs in the National School of Public Health, Management and Professional Development, which has the main task the technical and methodological support of the Interdepartmental Commission for Community Nursing.

Since the end of 2008 and then in 2009, the government regulated the transfer of Community Health Network to the local government, within Ordinance 162/2008, to meet government objectives in terms of decentralization.

Having experience in this domain, within collaboration with the Interdepartmental Commission for Community Nursing, in 2009, the National School of Public Health, Management and Professional Development obtained on Priority Axis 6 of Operational Sectorial Programme - Human Resources Development, european funding for the project "PROMOTING SOCIAL INCLUSION THROUGH THE DEVELOPMENT OF HUMAN AND INSTITUTIONAL RESOURCES OF COMMUNITY HEALTH " which runs from 2009 to 2012.
The need for interventions in the community care network is determined by the current deficiencies of health system: the high disparities in the coverage with community nurses, so that service delivery could not be provided in all communities. Although community care is part of the Public Social Service in local administrations, there is no functional system where responsibilities, activities on home visits to be clear specified, also the way to address the medical and social problems are not clearly defined for each member of the community health team. There are also doubts about the relations between community health team members, and relationships with local and county authorities, in order to establish accurate administrative responsibilities for community nurse, which can lead to ambiguities interpretation and complaints.

Considering all these aspects, the project aims to reduce disparities and inequalities which exist in access to primary health services, improving access and quality of health and social services for vulnerable groups, especially in rural areas, judicious allocation and professional training of human resources from the national community healthcare network.

Social inclusion can be successfully achieved only by using a comprehensive approach that addresses all aspects of life and using the fundamental support partnership between all relevant actors, aware of the benefits and purposes of such synchronized actions.

Thus, with the National School of Public Health, Management and Professional Development entered the project, as partners, the following institutions:
1. West University of Timisoara
2. Timis County Department of Public Health
3. Institute of Public Health Timis
4. Mures County Department of Public Health
5. Mures Public Health Center

The partnership has designed and implemented solutions for local problems, to facilitate access to integrated health and social services provided by a multidisciplinary community team.

Community health care need assessment

To facilitate the development of community health care network, the project proposed as a first step the need assessment for community care in the community.

Local authorities are required to identify community health needs, but they have limited experience in this field. The project proposes a planning tool for community nurses need in the community, based on the structure of its population, using the composite risk score at both county and local level.

What is composite risk score?

Commonly used in demographic analyses, the structure by age of the population has important significance to the purpose of calculating the composite risk score. Age is an important feature not only in terms of demographic status, but for health also. Structure by age of the population has demographic, medical and socio-economic implications.

Based on the laws in force, there have been identified 3 groups population with complex health care needs (or risk), which are also the target groups of community nurse: persons aged 0-14 years, population aged 60 years and over and ethnic roma population.

Depending on the frequency distribution of these three components have been established "risk intervals" in relation to the national average, and than these intervals were listed on a 5-point Likert scale (1-5).

Risk interval is therefore, the positive difference from the national average based on the assumption that a greater number of people with complex health care needs is a high volume of complex problems (medical and/or social) in the community.

Composite risk score combines the percentage of population represented by these three categories into a single indicator, in relation to national averages, and highlights the need for community health care.

Using composite risk score to determine the required number of community nurses

Composite risk score for a locality can range from 3 to 15 points.

Following the qualitative research conducted in the project, which consisted of organizing and analyzing interviews and focus groups with community nurses, there has been identified the population number that can be served by a community nurse, with the condition that the community served has not an increased percentage of vulnerable population. Thus, the maximum number of population a community nurse can serve, under the conditions specified above, may be 2,000 people. This value is not the direct beneficiaries, but the number of general population which can be covered by the community nurse. The four maximum volumes of population corresponding to the 4 categories of risk are:

- **low risk**: 2000 population per community nurse (composite risk score 3 to 5)
- **medium risk**: 1750 population per community nurse (composite risk score 6 to 8)
- **high risk**: 1500 population per community nurse (composite risk score 9 to 11)
- **very high risk**: 1000 population per community nurse (composite risk score 12 to 15)

At local level, for the 683 localities of West and Central Regions was calculated the composite risk score, which shows that in the 10 counties are all 4 types of risk, sometimes neighboring localities have very different risk scores.
In almost all counties the number of community nurses is very small compared to the required number. Hunedoara county has the biggest number of community nurses, one of the lowest risk, and yet presents a community nurses coverage of the population of only 24.30%.

The greatest risk and a community nurses coverage of the population of 11.15% is in Mures county, where is needed almost 300 community nurses.

By 2011, Caras Severin and Brasov counties had no community nurse; following the protocol of cooperation signed with SNSPMPSDB, were employed the first community nurses and were founded the first community health centers in the cities of Fagaras and Sâcele for Brasov County and in villages Fîrlung and Pojejena for Caras Severin county.

**CONCLUSIONS**

Community care services represent the first level of primary health care delivering health services in the nearest area of citizen residences. Real and sustainable development of a community care network, starts by identifying community health needs in the community.

Data for the 10 counties in Western and Central Regions show that the community care network is still in its infancy. Project proposed strategy is a plan to guide policy makers and service providers, to acquire a vision of a future strong community health care network. The project identifies tools to guide the work in the health system and to plan activity for the next years.

Because local authorities are responsible for the community care network, they should seriously consider assessing the need for health community services so that resources should be used to the best yield, modernizing and expanding of health and social services through investments focused on this area, supporting the human resources development working in health, coverage the communities with sufficient human resources if they want to improve access to health services for the population in general and for vulnerable groups, in particular, increasing number and diversity of health services provided at community level and fulfilling community expectations.

**Table 1. Community nurses situation, the West and Centre Regions,**

<table>
<thead>
<tr>
<th>County</th>
<th>Population</th>
<th>Risk at county level</th>
<th>Current number of community nurses</th>
<th>Community nurse coverage</th>
<th>Required number of community nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALBA</td>
<td>382717</td>
<td>5</td>
<td>34</td>
<td>17.80%</td>
<td>191</td>
</tr>
<tr>
<td>ARAD</td>
<td>458632</td>
<td>5</td>
<td>10</td>
<td>4.36%</td>
<td>229</td>
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<tr>
<td>BRASOV</td>
<td>589028</td>
<td>4</td>
<td>0</td>
<td>0.00%</td>
<td>291</td>
</tr>
<tr>
<td>CARAS-SEVERIN</td>
<td>333219</td>
<td>4</td>
<td>0</td>
<td>0.00%</td>
<td>167</td>
</tr>
<tr>
<td>COVASNA</td>
<td>221272</td>
<td>6</td>
<td>2</td>
<td>1.58%</td>
<td>126</td>
</tr>
<tr>
<td>HARGHITA</td>
<td>325836</td>
<td>4</td>
<td>19</td>
<td>11.66%</td>
<td>163</td>
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<tr>
<td>HUNEDOARA</td>
<td>493789</td>
<td>3</td>
<td>60</td>
<td>24.30%</td>
<td>247</td>
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<tr>
<td>MURES</td>
<td>560651</td>
<td>8</td>
<td>37</td>
<td>11.15%</td>
<td>332</td>
</tr>
<tr>
<td>SIBIU</td>
<td>418921</td>
<td>5</td>
<td>24</td>
<td>11.46%</td>
<td>299</td>
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<tr>
<td>TIMIS</td>
<td>677926</td>
<td>3</td>
<td>4</td>
<td>1.18%</td>
<td>339</td>
</tr>
</tbody>
</table>

Based on the composite score risk, was calculated the required number of community nurses for all 10 counties, as shown in the table 1.

It is noted that 8 of the 10 counties, have a composite score of low risk, only Mures and Covasna counties have medium risk score.

**References**

2. Legea 95/2006 privind reforma în domeniul sănătății, Titlul V – Asistența medicală comunitară,
3. OUG 162/2008 privind transferul ansamblului de atribuții și competențe exercitate de Ministerul Sănătății Publice către autoritățile administrației publice locale.