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
Promote health, keep the world safe, serve the vulnerable.
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.
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

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

*Source: Author’s analyze on Diagnosis of quality of life database, 2010 (Mărginean and Precuște, (eds.), 2010).*
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]

cuvinte cheie: copii, parinti, strainatatea, migratie, depresie, suicid, abandon scolar
Elderly people alone or dependent

Medico-social Units

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

Dr. Viorica Gheorghe¹*, Dr. Ghițel Dobrescu-Dumitriță², Ana-Maria Dometilus³


Background:
- 200 - 2001: Given the high number of加盟店 registered Roma, the national immunization program was established in 2001.
- In 2015, Romania registered 1.9 million Roma, according to the latest national estimate.
- The Roma population is particularly vulnerable to infectious diseases.

Health Mediation Programs:
- Roma health mediator programs were introduced in Romania in 2011.
- The program aims to enhance the quality of health services for the Roma population.

Health-related activities of Roma Health Mediators:
- Facilitating access to healthcare services for Roma communities.
- Providing information on preventive measures for Roma communities.
- Building trust and confidence in the health system among the Roma population.

Roma Health Mediators and Immunization

Activities:
- Working closely with local authorities to improve the immunization program.
- Ensuring the proper distribution of vaccines in the communities.
- Educating the Roma population on the importance of immunization.

Conclusion:
- The involvement of Roma health mediators is crucial for improving immunization rates among the Roma population.

Recommendations:
- Enhancing the visibility of Roma health mediators within the community.
- Strengthening the link between the health mediators and local authorities.
- Providing continuous training and support for Roma health mediators.

Contact
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Sody Naimer
Israel Rural Medicine

Strengths

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

- **Opportunities**
- 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
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

→ 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

PAWEŁ ŻUK
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
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, spasmodytics, 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.
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

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

European Health Literacy-Survey (EU-HLS)
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 ($p<0.001$).

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)

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 broadband
• 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
The Czech Republic has a mixed record on behavioural risk factors compared with other EU countries (Smoking, Alcohol consumption, Obesity, Physical inactivity).
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
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 without insurance because of debt
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 ... )
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 unemploymens 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
Conclusions

• Jane & Sody
Thank you for your contribution and time!