
CONFERENCE ABSTRACT

Community integrated care in rural Romania – the role of community centres

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Nicusor Fota¹, Florentina Furtunescu², Alina Negraru³, Manfred Zahorka⁴

1: Centre for Health Systems Development, Romania;

2: Romania Public Health Association, Romania;

3: Totem, Romania;

4: Swiss Tropical and Public Health Institute, University of Basel, Switzerland

Introduction: Community health and social service centres in rural communities are perceived as a step forward for integrated people centred care in Romania. Funded by the Romanian government and local authority contributions and supported through Swiss cohesions funds seven Romanian communities organised a community multi-sectoral approach to elderly care and care of people with NCDs using a “one-stop-shop” approach hosting critical services under one roof in community centres.

Goal: This work assesses the impact of community health centres on user satisfaction and health and social welfare outcomes

Intervention: Seven rural communities in three Districts with a total population of 17'000 inhabitants conceptualised and implemented integrated care interventions driven by local public authorities. Based on local needs assessments existing services were improved, interlinked and new complementary services introduced. Typical interventions were:

capacity development for local public authorities (LPA) to identify target groups, map needs for medico-social services, to set priorities and manage change;

strengthening collaboration with LPA, GPs and social services;

reinforcement and capacity building of existing services, introducing new services in rural and building partnerships with NGOs;

infrastructure rehabilitation and upgrading equipment where necessary;

local health education and promotion campaigns.

Results: The project obtained results mainly at three levels:

Local authorities significantly developed their capacity to assess community needs and the methodology to react to these by adjusting current services and shaping new interventions. Application of participatory methods increased the involvement of community members, which in turn improved the trust of LPAs in their own management but also their reputation with the population.

The satisfaction of beneficiaries - mainly elderly people and those suffering from chronic illnesses increased dramatically. Anecdotal evidence shows that people, who felt previously excluded, perceived themselves and their needs better addressed by “the system”.

The picture is more mixed with service providers. PHC in Romania is characterised by private family medicine practices. Coordination with other services is extra work for which family physicians are not paid. Although some perceive people centred integrated services as a benefit particularly for their patients, others are less interested to participate. Many of the additional services are provided by home care workers funded by the LPA themselves.

Conclusions: People's and community needs vary by location and there is no "one size fits all" solution. However, a practical set of change management tools including assessment instruments, participatory approaches, small to medium size investment plus external management support and some coaching helped to better understand community issues and identify local solutions. Community centres help coordinate different service providers and provide better/ more adapted services for people in need. Means of transport and empowerment of community workers is needed to serve remote places and complementary services such as home based care workers were helpful. Mechanisms to make involvement in integrated care approaches more attractive to family doctors need to be developed. As most communities launched complementary services, such as setting up community centres and hiring home care workers, the sustainability of the intervention needs to be seen.

Keywords: community health centres; participatory approaches; elderly and NCD care; involvement local authorities
