

SUPPORTING AN INTEGRATED APPROACH FOR HEALTH PROMOTION AND PRIMARY CARE IN RURAL SETTINGS THROUGH ADEQUATE LEGAL FRAMEWORK*

Răzvan CHERECHEȘ
Alexandra BRÎNZANIUC
Marius UNGUREANU
Cătălin BABA

Răzvan CHERECHEȘ (corresponding author)

Senior Researcher, Center for Health Policy and Public Health, Institute for Social Research, Faculty of Political, Administrative and Communication Sciences, Babeș-Bolyai University, Cluj-Napoca, Romania

Tel.: 0040-264-402.215

E-mail: razvan.chereches@publichealth.ro

Alexandra BRÎNZANIUC

Researcher, Center for Health Policy and Public Health, Institute for Social Research, Faculty of Political, Administrative and Communication Sciences, Babeș-Bolyai University, Cluj-Napoca, Romania

Marius UNGUREANU

Researcher, Center for Health Policy and Public Health, Institute for Social Research, Faculty of Political, Administrative and Communication Sciences, Babeș-Bolyai University, Cluj-Napoca, Romania

Cătălin BABA

Associate Professor, Department of Communication and Public Relations, Faculty of Political, Administrative and Communication Sciences, Babeș-Bolyai University, Cluj-Napoca, Romania

* This work was supported by the Romanian Ministry of Education and Research CNCSIS – UEFISCSU, project number PNII – IDEI 2450/2009.

Abstract

In time health promotion has known considerable improvements. Of these improvements, the concept of integrating key actors and activities is seen as a pre-requisite of getting appropriate results in practice. The purpose of our paper is to describe health promotion activities in rural Transylvania, Romania, as well as to offer a perspective for the integration of currently running activities. In a first phase, family physicians in rural areas from 12 counties were interviewed about health promotion activities and their involvement. 40.09% of the doctors were involved in these activities and only 9% were the initiators. In a second phase, key stakeholders were interviewed, in order to discover the factors which influence health promotion activities. Based on the findings of the two phases, an integrated health promotion conceptual model was developed.

Keywords: public health, health promotion conceptual model, Romania, rural area, general practitioner.

1. Introduction

The World Health Organization (WHO) defines health promotion as “the process of enabling people to increase control over, and to improve their health” (WHO, 1986). Health promotion activities were proven to cut financial costs by reducing such factors as stress level and excessive body weight (Aldana, 2001).

Although, at the beginning, the concept of health promotion focused mainly on what the individuals can do, to the end of the 1980s a new approach had arisen. It acknowledged the fact that environmental factors should be involved as well, when designing a health promotion program (McLeroy *et al.*, 1988).

Further discussions about health promotion continued with strategies to achieve its goal. Like Green and Kreuter (1991) detailed, “health promotion is the combination of educational and environmental supports for actions and conditions of living conducive to health”.

Another perspective on health promotion is offered by the Australian experience. The State of Victoria has a great experience in integrated health promotion programs, which should be extremely effective (Victoria State Government, 2005). Australia is also the place where the concept of integrated health promotion was firstly introduced and is best represented in practice.

During the last decades, the rise of community health promotion programs seemed to offer perspectives on enhanced results. However, the results proved to be not as spectacular as expected (Merzel and D’Afflitti, 2003). Partly, this is due to the gap between health promotion research theory and practice (Best *et al.*, 2003; Glasgow, Lichtenstein and Marcus, 2003). This gap has been attributed to a series of factors, such as limitations in time, resources, proper training and inadequate infrastructure. Nonetheless, key changes have been identified, involving researchers, journal editors and funding organizations (Glasgow, Lichtenstein and Marcus, 2003).

In rural Romania, health promotion is mainly reduced to discussions between general practitioners (GP) and citizens (Center for Health Policy and Public Health, 2005, 2006; Agency for Governmental Strategies, 2006, 2008).

2. Health promotion status in Romania and its regulatory framework

In the Romanian context, health promotion entails some specific traits. Firstly, health promotion is a part of the process of primary care. In this sense, the goals of health promotion are similar to those of primary care (Epp, 1986). Secondly, the factors that influence health promotion are spread on other pillars. Out of these, the most important are the psychological determinants, societal dimensions, cultural perspective and the policy aspects (Raeburn and Rootman, 1994). Thirdly, the equitable use of funds – both private and public – is a way in which health promotion can be sustained or limited (Labonte and Robertson, 1996).

The main legal framework regulating health promotion activities is represented by the Framework Contract, issued by the National Health Insurance House (NHIH). This document regulates not only health promotion activities, but all types of care services

which are provided by different categories of health professionals and health care institutions. Although the document was released by the NHIH, it came into action only after thorough negotiations with the physicians' organizations, through their representing bodies. According to the decision of the Government for the approval of the methodological norms of the Framework Contract for 2011-2012, regarding the conditions for the delivery of health care services, the provider of primary care services has the obligation to "provide medical services of prophylaxis, prevention, curative services, emergency and support services within the limit of their professional competency". However, there are no further specifications on how this objective should be accomplished or regarding any collaboration which the GPs should establish in order to put the objective into practice.

Moreover, each year controversies over the norms included in the Contract have risen. This year represented an unprecedented case of conflicts between the family doctors' associations and the NHIH. The family doctors have interrupted their activity for several days, and in the meantime sent to NHIH a series of proposals modifying the initial Framework Contract. However, only a part of the requests were taken into account. As for health promotion activities, the family doctors asked for these activities to be financed from sources different from those that finance the curative and emergency services. Nonetheless, although this appears in the initial press release, nothing was stipulated in the last press release, after negotiations, neither in the list with solved issues, nor in the list with the unsolved issues (Romanian National Society of Family Medicine, 2011).

At an institutional level, the Health Promotion Department within the National School of Public Health and Management in the Health Sector has among its objectives to initiate collaborations with similar national and international organizations. It offers input to the system of policy development regarding health promotion, creates programs which support the activities of health promotion and health protection, and disseminates information and the results of national and international researches in the field.

Previous research conducted in Transylvania showed that, for the psychological, cultural, societal and policy aspects, there is no favorable background in which these features can be developed, considering the Romanian communist past and transition period after the 1990s (Zeman *et al.*, 2005).

Moreover, the funds for health promotion are used inequitably in rural and urban areas, and also in health promotion (prevention) and medication services. In 2006, around 70% of funds were used for classical medical care (medication, national program and administration), 20% for medical aid and only 10% for some form of primary care and health promotion (Presidential Committee for Analysis and Formulation of Public Health Policies in Romania, 2008).

According to the Law no. 95/2006, health promotion activities should be organized and coordinated by the District Health Authorities and regional Public Health Institutes. In addition to this, the National Television and National Radio Station are obliged according to the same law to provide space for public health and health promotion campaigns.

Moreover, in the National Institute of Public Health, the National Center for Health Evaluation and Promotion was created. This institution is responsible with the coordination of all the activities of Health Status Evaluation and Health Promotion at national level. It is also in charge with ensuring the collaboration between the regional centers located in Bucharest, Cluj-Napoca, Iași, Timișoara, Târgu-Mureș and Sibiu.

All in all, this evidence shows important characteristics of the Romanian rural health promotion: lack of funding, lack of properly trained workforce, lack of appropriate background and lack of health promotion culture. Moreover, the efforts to promote health are often made separately by different categories of professionals or institutions; hence an integration of these interventions is needed, to profit the people the most.

In this context, the paper aims at assessing the present health promotion practices in rural Transylvania, Romania, as well as at offering a perspective for the integration of these practices.

3. Methods of research

The study had a cross-sectional design, and data has been collected using both a quantitative and a qualitative method. For the quantitative method, 226 doctors were interviewed by telephone. The doctors included in the study originated from communes from 12 counties in Transylvania, namely Alba, Bihor, Bistrița, Brașov, Cluj, Covasna, Harghita, Maramureș, Mureș, Satu-Mare, Sălaj and Sibiu. The questionnaire used data collected about the GPs' office, such as the number of patients enrolled, the infrastructure that the office uses, as well as information about the GPs involvement – if any – in health promotion activities. It also sought to find out specific needs that the GPs might have encountered regarding these activities. The doctors were interviewed by trained operators and included in the study after they expressed their consent of participation.

For the qualitative method, we pursued semi-structured interviews with GPs, representatives of the Public Health Authorities, District Health Insurance Funds, and NGOs. These entities were identified as having key positions in elaborating, running or evaluating health promotion campaigns.

4. Main results

A number of 115 doctors (52.3%) of a total of 226 doctors interviewed were aware of the existence of health promotion activities in the previous year, in their commune. When asked about their involvement, 89 of them (40.09%) answered affirmatively. However, only in 9% of the cases the GP was an initiator of health promotion activities (Table 1).

When assessing the factors which could predict the likelihood of GPs involvement in health promotion campaigns, the District Public Health Authority as an organizer showed to increase 6.11 times the likelihood of GP involvement ($p < 0.05$). Another two factors that raise the likelihood of GPs involvement in a similar manner are the increased number of individuals in the community which benefit from social services and the presence of an advising librarian on health topics. The first factor increases the likelihood 3.92 times, whereas the second increases it 3.4 times (Table 2). Other

factors assessed, which did not prove an increase in the likelihood, were the practice of using fellow practitioners as information sources, the perceived need to offer more health-content materials to patients and the presence of an Internet connection in the GP's offices.

Table 1: Health promotion campaigns and GPs involvement

Health Promotion activities in the commune, in the previous year			
		n	%
	Yes	115	52.3
	No	94	42.7
	Don't know	11	5
GP involved in any of the Health Promotion activities conducted in the commune in the previous year			
		n	%
	No	133	59.9
	Yes	89	40.09
GP as initiator of any of the health promotion activities			
		n	%
	No	102	83,6
	Yes	20	16,4

Source: Author's calculations

Table 2: Predictors of GPs involvement in local health promotion campaigns

Predictors (df=1)	B	S.E.	Wald's χ^2	p	Odds Ratio	95% C.I. for Odds Ratio	
						Lower	Upper
District Authorities of PH as organizers	1.81	0.61	8.78	0.003	6.11	1.84	20.25
Increased number of individuals on social services in the community	1.36	0.66	4.28	0.03	3.92	1.07	14.34
Advising librarian on health topics	1.22	0.59	4.24	0.03	3.4	1.06	10.92
Using fellow practitioners as information sources	0.72	0.43	2.84	0.09	2.07	0.88	4.82
Perceived need to offer more health-content materials to patients	0.26	0.19	1.77	0.18	1.29	0.88	1.91
Internet in GP practice	0.43	0.36	1.41	0.23	1.54	0.75	3.14

Source: Author's calculations

Table 3: Likelihood of GPs involvement in health promotion campaigns

Logistic Regression Model Tests	χ^2	df	P
<i>Overall model evaluation</i>			
Omnibus Test of Model Coefficients	76.02	5	0.000
<i>Goodness-of-fit test</i>			
Hosmer & Lemeshow	7.66	8	0.467
* Cox and Snell R2 = .143; Nagelkerke R2 = .193			

Source: Author's calculations

As for the qualitative component of the study, the interviews we pursued brought into light many of the factors influencing health promotion activities. Both representatives

of the GPs and the District Health Insurance Fund named the lack of money as a leading cause of not pursuing health promotion activities. They also named the lack of availability from the GPs' part as another factor preventing them from organizing more effective activities. This is due to the considerable workload that GP offices experience in Romania.

General practitioners complained about the high number of daily patients, which leads to less time to be spent with each patient; in this context and taking into account that these activities are not paid, it can be explained why GPs usually do not convey basic information about health promotion to each individual in part. The lack of time and resources was the cause for not organizing community-aimed health promotion activities. GPs stated that they would need a stronger support from the financing institutions, since health promotion requires a lot of resources.

5. Conceptual model

Summing up the results of our study, we can say that the GPs, the local public institutions and the community itself are the core members around which health promotion activities in rural Transylvania should be organized. Of course, there are a large number of entities which could and should be involved, such as the National and District Public Health Authorities, National and District Health Insurance Fund, the national policymakers, the medical community, the mass-media, the NGOs, as well as the medical universities as research institutions.

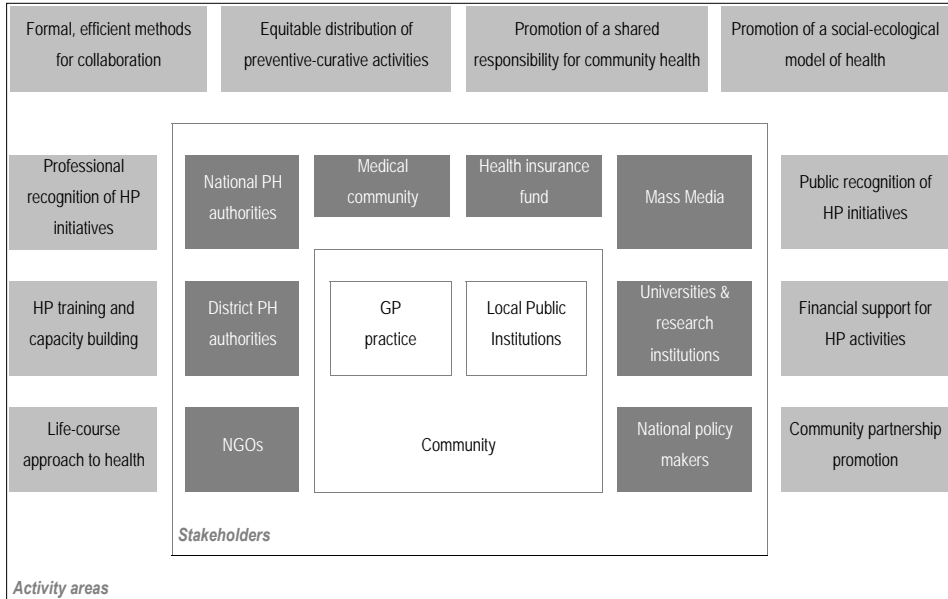
However, it is difficult to decide which measure should be taken first, since the whole situation resembles a lot to deciding whether the hen or the egg appeared first. But, before attempting to make any effort to promote health, one must assure that the concept of health promotion is correctly understood, taking into account the new approaches on health promotion. This includes the social-ecological model of health and health promotion, as well as a life course approach to health.

Nevertheless, one of the first steps should consist in establishing clearer statements about health promotion activities organized by the GPs in the contract signed by the GPs with the National Health Insurance Fund. The same contract should explicitly state the ratio between curative and preventive activities that a GP is supposed to do. On the other hand, health promotion activities should be remunerated, since at the moment these activities are not paid. Moreover, local communities may as well be involved in allocating money for health promotion, based on a concept of a shared responsibility for the community health. A second step would be to train and develop capacity building programs on health promotion for GPs and other actors involved in health promotion. This would also involve strong and efficient formal methods of collaboration between different categories of professionals. Family doctors should be made aware of the importance of preventive activities and health promotion at all levels.

Since the GPs' will to involve in or coordinate health promotion activities is rather low, rewarding mechanisms might be imagined, such as public and professional

recognition of those individuals who performed outstandingly in promoting health. However, the latest discussions of the family doctors' associations and the officials in the NHIH have had focused more on financial issues regarding the proportion between per-capita and per-service payments.

Table 4: Integrated health promotion in rural settings. Conceptual map



6. Discussion

Health promotion activities in Romania will have to recover a huge gap. This gap refers to numerous aspects, but some of the most important are related to the lack of a health promotion culture, as well as lack of money and other types of resources.

The small percentage of GPs involved in health promotion activities in the studied period may hide many aspects responsible for this. Moreover, the percentage of GPs who initiated this kind of activities is extremely small. This may have several reasons, such as GPs do not understand the importance of health promotion, they lack the organizational skills, they do not benefit from the necessary support from other actors in the community, or they might have had some unsuccessful attempts in the past. However, given that in those cases when the District Public Health Authorities are the organizers of health promotion activities the doctors' involvement is increased by 6.11 times, a reasonable explanation would be that GPs would better be attracted as co-organizers in these activities, rather than them being the initiators.

Although this complex model of community health promotion that we are proposing has the advantage of creating health promotion activities which take into account a wide range of factors influencing people's health, it also has an inconvenient aspect brought by managing so many entities with different backgrounds, fields of activity and interests.

Previous research in Transylvania showed that nurses, psychologists, epidemiologists, family physicians, directors/managers, and general practitioners spend most of their time transmitting knowledge aimed at helping people improve their health status (Zeman *et al.*, 2005). However, their effort does not seem to be sufficient to make a difference in the field.

All in all, the results show that health promotion activities in Transylvania still have a long road ahead, if they are to meet the education needs of the population in the area. In this context, the perspectives of an integrated approach for health promotion seem quite an intangible objective, although extremely powerful and useful. Nevertheless, the integrated model that we are presenting still needs to be scrutinized and offered an input from other stakeholders. Moreover, it will need a continuous reshaping process, once it will be applied in different contexts, by different entities. External support is also needed if the most beneficial results are intended to be achieved.

References:

1. Agenția pentru Strategii Guvernamentale (Agency for Governmental Strategies), 'Sistemul Sanitar în România – realități, cauze, soluții', 2008, [Online] available at <http://www.publicinfo.ro/pagini/sondaje-de-opinie.php>, accessed on November 5, 2010.
2. Agenția pentru Strategii Guvernamentale (Agency for Governmental Strategies), 'Barometru Politicilor Publice', 2006, [Online] available at <http://www.publicinfo.ro/pagini/sondaje-de-opinie.php>, accessed on November 5, 2010.
3. Aldana, S., 'Financial Impact of Health Promotion Programs: A Comprehensive Review of The Literature', 2001, *American Journal of Health Promotion*, vol. 15, no. 5, pp. 296-320.
4. Best, A., Stokols, D., Green, L.W., Leischow, S., Holmes, B. and Buchholz, K., 'An Integrative Framework for Community Partnering to Translate Theory into Effective Health Promotion Strategy', 2003, *American Journal of Health Promotion*, vol. 18, no. 2, pp. 168-176.
5. Centrul pentru Politici și Servicii de Sănătate (Center for Health Policy and Public Health), 'Barometru Servicii de Sănătate 2005', [Online] available at <http://www.cpss.ro/index.html/publications>, accessed on November 5, 2010.
6. Centrul pentru Politici și Servicii de Sănătate (Center for Health Policy and Public Health), 'Barometru Servicii de Sănătate 2006', [Online] available at <http://www.cpss.ro/index.html/publications>, accessed on November 5, 2010.
7. Glasgow, R.E., Lichtenstein, E. and Marcus, A.C., 'Why Don't We See More Translation of Health Promotion Research to Practice? Rethinking the Efficacy-to-Effectiveness Transition', 2003, *American Journal of Public Health*, vol. 93, no. 8, pp. 1261-1267.
8. Green, L. and Kreuter, M., *Health Promotion and Planning: An Educational and Environmental Approach*, Mountain View, CA: Mayfield Publisher, 1991.
9. Labonte, R. and Robertson, A., 'Delivering the Goods, Showing Our Stuff: The Case for A Constructivist Paradigm for Health Promotion Research and Practice', 1996, *Health Education Quarterly*, vol. 23, no. 4, pp. 431-447.
10. McLeroy, K.R., Bibeau, D., Steckler, A. and Glanz, K., 'An Ecological Perspective on Health Promotion Programs', 1988, *Health Education Quarterly*, vol. 15, no. 4, pp. 351-377.

11. Merzel, C. and D’Afflitti, J., ‘Reconsidering Community-Based Health Promotion: Promise, Performance, and Potential’, 2003, *American Journal of Public Health*, vol. 93, no. 4, pp. 557-574.
12. Comisia Prezidențială pentru Analiza și Elaborarea Politicilor din Domeniul Sănătății Publice din România (Presidential Committee for Analysis and Formulation of Public Health Policies in Romania), ‘Un sistem sanitar centrat pe nevoile cetățenului 2008’, [Online] available at http://www.presidency.ro/static/ordine/COMISIASANATATE/UN_SISTEM_SANITAR_CENTRAT_PE_NEVOILE_CETATEANULUI.pdf, accessed on November 9, 2010.
13. Raeburn, J. and Rootman, I., *People-centered Health Promotion*, John Wiley and Sons, 1998.
14. Societatea Națională de Medicină a Familiei (Romanian National Society of Family Medicine), ‘Comunicat de Presă – Suspendarea Temporară a Protestului’, [Online] available at http://www.snmf.ro/xadmin/pdf_uploads/2011_06_14_FNPMF_SNMF_Comunicat_de_presa_Suspendarea_temporara_a_protestului.pdf, accessed on July 12, 2011.
15. Victoria State Government, Department of Human Services, ‘Integrated Health Promotion: A Better Way to Better Health’, 2005, [Online] available at http://www.health.vic.gov.au/pcps/downloads/publications/ihprpt_jul05.pdf, accessed on January 13, 2011.
16. Zeman, C., Byrd, B., Sinca, A., Vlad, M. and Depken, D., ‘Health Promotion Theory, Praxis, and Needs in Transylvania, Romania’, 2005, *The International Electronic Journal of Health Education*, vol. 8, January, pp. 36-47.