

International Conference – Environment at a Crossroads: SMART approaches for a sustainable future

Contrasting Clustering in Health Care Provision in Romania: Spatial and Aspatial Limitations

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Abstract

Despite its over 26 years of continuous efforts to reform the health care system, Romania is facing serious problems in meeting population health care needs, mainly due to chronic underfunding of public health care units, shortage of medical personnel, lack of GP in rural areas. The economic crisis has deepened these problems, making the access to health care more difficult for disadvantaged or vulnerable groups of population. Poor health status of the population, the demographic aging, the large share of socio-economic dependent population and the high level of chronic diseases incidence all lead to increased health care need therefore healthcare costs. Health care activity is mostly based on the public sector and is financed from public funds; although private health services have had an extraordinary development recently, they are restrictive for the most of the population due to high costs and geographic location. Geographical distribution of medical personnel reveals major disparities among regions and in particular between urban and rural areas: less than 20% of the physicians (5,592 from 52,541 in 2012) are practicing in rural areas, 66% of the medical personnel being concentrated in six large cities while 5% of the rural communities have no doctor. Over 15,000 health professionals (30% of total) have left Romania since 2007 and about 40% of the medical graduates (2,500) are emigrating every year. By using quantitative and GIS techniques, this study is aiming to examine the spatial distribution of healthcare resources in order to point out the large rural-urban divide in health care provision and to highlight the deep territorial discrepancies related to supply of health services and potential population needs.

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Peer-review under responsibility of the organizing committee of ECOSMART 2015

Keywords: health care resources; health care potential needs; vulnerable groups; spatial and aspatial limitations; health policies; Romania.

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1. Introduction

Health and Health care system are important issues for all, either political or social actors interacting in a social arena and reflect a particular context and a certain social reality. Usually, the social reality depends on the political system and on the way society organizes itself. The health care system is a key factor for public health which theoretically should meet the needs of the population. Better health outcomes depend on effective interventions delivered by better health systems¹. Uneven distribution of health care resources, the social inequalities may affect the access of particular groups of population to health care services, generating inequities and inequalities in medical services utilization. In order to reduce such inequalities, particular importance must be paid by stakeholders and political actors to the role they are playing in organizing the health system and planning health care resources or implementing health policies. Even if recently, global and regional research of health care services has focused on access inequalities to health care, in Romania, this issue is still far for being comprehensively analysed, since the spatial dimension has received little attention and has been largely ignored. At a global scale, several studies have addressed a variety of subjects related to health or health care services, among which health care system difficulties in the recent context of political and economic changes, otherwise topics listed by the main agendas of many international organizations [1, 2, 3]. The final resolution of the United Nations Conference “The Future We Want”, also highlighted the importance of health universal coverage “we recognize the importance of universal health coverage to enhancing health, social cohesion and sustainable human and economic development” [3]. Other studies have demonstrated the effectiveness of health policies [4], the raising geographical inequalities [5, 6], aspects of inclusion and exclusion [7], equitable allocation of resources [8], the effect of health care systems reform in the context of economic crisis [9, 10, 11, 12]. Multidimensional research has prevailed at regional scale (taking as sole reference the Central Eastern European countries - the CEECs), most studies being related to post-socialist or post transitional changes of health system [13, 14, 15], health care crisis and informal payments [16, 17, 18], access to the health services [19, 20] and the reform of hospitals [21].

Issues of health care including changes in the Romanian health system have been tangentially and limitedly explored by various reports of different international and national bodies or NGOs's [22, 23, 24, 25, 26]. Transformations of the Romanian health system have obviously been analysed by researchers from various perspectives, studies being generally oriented towards the nature, the intensity and on their effects on different domains of life quality or on the population health status. Similar patterns of socio-political reality of CEECs, that have experienced a particular type of post-socialist transformations (decentralization of the economy, slow privatization, the challenges of the new political regime, demographic decline and labour force migration), have stimulated, at least in Romania, comparative studies on healthcare reform, population health outcomes, health care provision or distribution of health resources.

Most studies outcomes have revealed, particularly the tribulations of health reform, the health system failures [27, 28] (in)effectiveness of health policies, and various aspects of healthcare services supply [29]. However, from the perspective of Geography of Health, at least concerning Romanian case, there are no studies to emphasize the importance of space in managing health resources or of the ways in which geographical space is (re) structuring particular socio-economic characteristics and migration. Geographers emphasize, the importance of space in distributing health care resources from a ‘container space’ perspective, drawing the attention to the particular characteristics of the Romanian healthcare system. Through this preliminary study, authors intend to point out at the importance of space as well as at the inequalities occurring inside distribution of health resources, starting with the valences of socio-geographic reality. These inequalities in the distribution of health resources may be considered, at local or regional level, as generators of inequities, in terms of access to medical services, significantly affecting vulnerable populations [30]. The causal relationships between space and its demographics or socio-economic component (assuming that elderly population as well as economically vulnerable people may raise the pressure on the health care system), constitutes additional research subjects. Vulnerable populations are social groups who experience limited resources and consequent high relative risk for morbidity and premature mortality [31].

The objective of this study is to examine the territorial discordances between the spatial distribution of health care resources and the population potential need for care; study looks and outlines certain particularities of health resources distribution in Romania, displaying a landscape of care, divided between east and west as well as between urban and rural areas, which responds with difficulty to the real or potential population needs. There is an applied

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