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The relationship between health care needs and accessibility to health care services in Botosani county- Romania

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Abstract

The population's access to health care services is conditioned by the offer of medical services, which, being unevenly distributed in the country and in Botosani County, determine limited access of the population, especially in rural areas. This paper focuses on the assessing and interpretation of the population's accessibility indicators to health services and health care needs index in Botosani, in the period 2000-2013, in order to highlight the relationship between the health care needs and the accessibility to health care services. The methodology of the research consists of collecting statistical data from existing statistical online databases, as provided by the Public Health Department of Botosani, which was analyzed, processed and converted into relevant indices in order to highlight the spatial and temporal dynamics of the population's accessibility to Botosani county health resources (the health services index), to highlight the dependence of the population on health services (the health care needs index) and the population's accessibility to health resources (spatial and temporal accessibility indicators). The spatial analyse was used for mapping calculated indicators using ArcGIS software, to emphasize spatial inequalities in Botosani County. The spatial distribution of health resources, shows that the rural Botosani area is poorly covered by health services, compared to the urban area, causing a limited access of rural population to health services. The health needs index also shows that the population's dependence on health services is higher in rural areas and lower in urban areas. This outlines an inverse relationship between the two indices: the higher the health care needs are the poorer the health care services. The spatial accessibility of public health services was analyzed taking into account the average distance that the patient has to cover up to the nearest medical unit and the temporal accessibility according to the time that the patient needs in order to cover the distance to the nearest medical unit (travel time). The low accessibility of the population to health care services overlaps with urgent health care needs areas and high deprivation areas, which is reflecting on the population's health outcomes. The outlined inequalities in people's access to health services have serious consequences on the health status of population of Botosani County.

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1. Introduction

The accessibility to health services is a major concern of the Ministry of Health in Romania, for which the main objective is to improve the access to health care services, especially for the rural population. The accessibility to health care is a multidimensional concept and can be defined as the ability of a population to obtain health care services. It varies across space because neither health professionals nor residents are uniformly distributed [1]. Access to health services is a pre-requisite for active participation in the activities of the society.

According to the European Observatory glossary produced on Health Systems and Policies, availability of healthcare is defined by the World Health Organisation (WHO) in 1998, "measuring the proportion of the population has access to medical services." The optimum access to health care means a state of affairs characterized by the provision of care and timely intervention of medical staff or paramedical authorized in situations that require the presence of the provider of health services to the home or place in which the patient. At EU level there are two approaches to the development of universal access: addressing "basic needs" and addressing "equality" [2]. Ideally, all citizens should have equal access to quality health care services. Such equal access has come to be acknowledged as essential to public health as individual health status [3, 4, 5].

Geographical accessibility to health services measures the extent to which health services are available and accessible to the population, being linked to the distribution of health infrastructure in a region and the actual offer of services and facilities. Inequalities in spatial accessibility to health care are pronounced in many developing countries but also persist in developed countries where medically underserved areas are often encountered in rural areas [6].

The recent evaluations of the Romanian health system shows that "it has all the rankings red flashlight in European public health systems" [7], which is underfunded, as well as the health systems in Eastern European countries. A growing number of people cannot afford to call the health services provided by private medical units and sometimes even to travel to the general practitioner offices if they are located at long distances. In the last years the standard of living of the population has decreased continuously which is reflected in healthcare outcomes. The inequalities in socio-economic development of the regions of Romania also influences health sector [8]. The limited state budget for health is responsible for the poor quality of health services system in Romania and also Botosani county. The differences between the richer regions and poorer, rural and urban, but also between people with high incomes compared with those with lower incomes are quite obvious for highlighting access to sanitate [9,10,11].

The accessibility, after Penchansky and Thomas (1981) as cited in Black M. et al. (2005) and updated by Oliver and Mossialos (2004) as cited in Black M. et al. (2005), it is measured by availability, acceptability and addressability (socio-economic, ethnic, age, sex, costs) and geographical or spatial and physical accessibility. The geographical accessibility measuring the level to which services are available and accessible to the population, being linked to the distribution of health care infrastructure in a specific region and the actual offer of the services and facilities.

The geographical accessibility varies according to local conditions of transport, as local topography. Geographical accessibility is calculated as physical distance, in kilometers, between the residence and the nearest available medical service, but also to the nearest hospital or ambulance station. The calculation of these distances is done either in line, or in the existing line access routes (roads, highways, paths etc) and is the time used to accede to a medical facility. There is no consensus on what constitutes "away" for a health care service, but usually it is considered that an optimal distance from a primary health care service should not be more than 5-7 km and a larger hospital 25-35 km [12]. It is considered a great distance to a medical facility may adversely affect directly health status. (Guagliardo 2004, cited Black M. et al., 2000).

Access to health services is also determined by the supply and the demand for health services. The demand affects access by an individual's attitude towards the disease, their knowledge of available services and the financial and cultural aspects of community members. Moreover, access is also affected by timing and outcomes, and the receipt of good quality service when an individual needs it. Finally, equity in access needs to be considered for all

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