

**Initiatives for Establishment of Rural Health in Hungary****Simek Ágnes<sup>1</sup>**

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**Abstract:**

There is a strong and well-managed primary health care in Hungary which fulfils quite well its gate-keeper function. But there is no rural health care. The disadvantages of the villagers are considered as a social problem.

Hungarian Academic Association of Rural Health (HAARH) set its main target in 2003 to form and elaborate rural health care in Hungary.

The association has finished different studies on health and social status of rural population, on the health services in rural areas, on the mental status of rural family physicians, on patient-compliance and on cost-effective medication.

The members of HAARH made efforts on implementing Rural Health as an element of Medical Universities' curriculum, to disseminate the knowledge of Rural Health among non medical partners, to make Rural Health accepted as an independent discipline and to be studied in health care universities.

The studies are finished, their results are published, and the ongoing new surveys are on alcoholism and on hypertension.

The Association has its special conference in every year on different topics in connection with rural and remote health. The summary of them are sent to the chief officers of Health Care in the Ministry, in the Public Health Institute and in the Professional Chamber.

HAARH reaches the honour to be accepted as a special group of Professional College of Family Medicine and takes part in the preparation of elaborating professional guide-lines for GP's and represents special interests in preparation of different laws. Rural health is taught in the Medical Universities, and members of HAARH pays active role in the forming of curricula. A functioning and fruitful cooperation is under construction with the Hungarian NGO-s and with the national and international Rural Health Associations.

**Introduction:**

There are relevant data of Hungarian Statistic Office: 8 % of Hungarian population is declared to live from agriculture, 60 % of Hungarian population is living in rural area, 42 % of urban population have „hobby garden” in rural area, Hungary is declared to be „industrial country”.

Rural family physicians have their experiences:

**There are less cultural, social, educational opportunities in the villages.**

Villagers are poorer, less educated, worse informed in comparison with citizens.

There is worse accessibility, opportunity to get proper indicated services for the villagers.

In 1991, an association called **FAKOOSZ** was established which a Trade Union is for Rural Family Physicians. This organization - beside the others defends of interests in education as well.

Its scientific activities have been:

- Functioning as mentor, lecturer in the **Universities**, leading special colleges on rural health, taking part on creating educational curricula of Family Medicine Department.
- Giving **presentations** on rural health problems and surveys on local, national and international conferences.
- **Cooperating** with organizations on Rural Health in Hungary and abroad.

**Aims:**

In 2003, **Hungarian Academic Association of Rural Health** was founded to broaden the scientific activity of FAKOOSz independently, focusing only on the Rural Medicine and education.

Its main targets were:

In the field of health care

- To define health status of rural population
  - Specificity of rural health care
  - The differences between health care in rural and urban areas
- To make steps for reaching equal services
- To guarantee equal chances
- To implement community health care in the field of education
- To continue scientific activity
- To take part in gradual, post gradual education, in CME
- To reach the acceptance of Rural Health as independent, complex science
- To continue cooperation with national and international organizations
- To synthesize different activities in Hungary in rural health

- Activities
- Motivation
- Education
- Active work
- Evaluation

It means different **audits** have to be delivered for health promotion for improving the service in rural area, for ensuring equal chances in the healing process of the villagers.

Introduction of quality **assurance** was considered one of the basic elements of providing the same services for the rural population. Individually, in small groups rural family physicians has been educated in this field and applied the knowledge in the everyday work.

In the education, managed by the Association new elements small group education, consensus-groups and the method of andragogy were adapted.

**Method:**

What could the rural family physicians do working isolated all over the country?

The work-plan below was set up:

- Relevant data collection
- To define which are the severest problems
- To set up priorities
- To define what we ought to do?
  - What we are able to do?
- How we can manage it?
  - Collaborators, supporters
  - Financial background
  - Methods
  - Manpower – participants
  - Tools

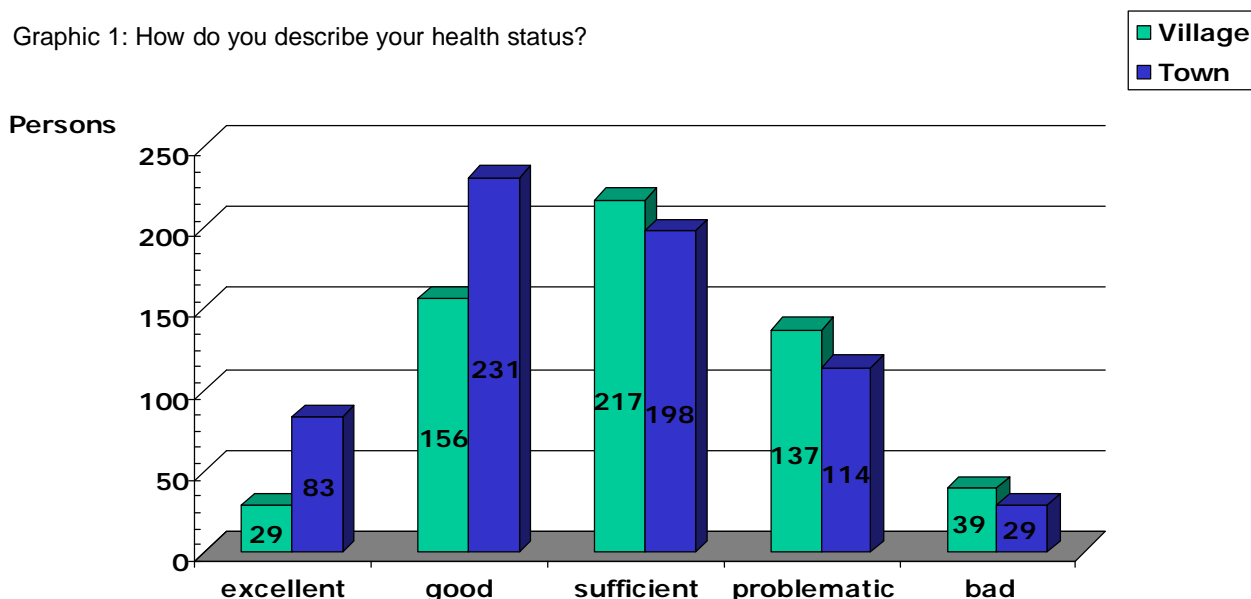
**Results:**

The first large assessment made for gaining relevant data was the "**Health status of rural population by the patients' estimation**".

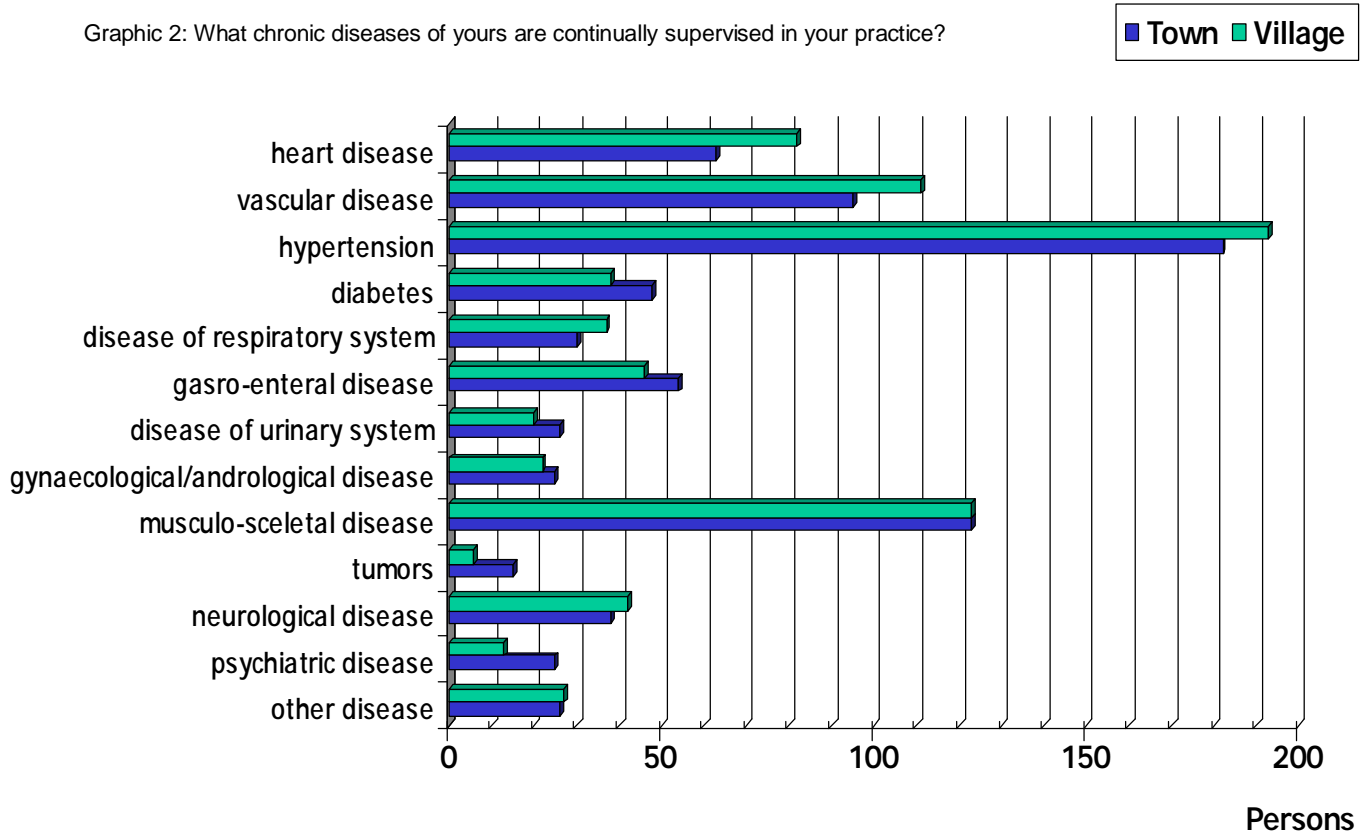
The tested patients had to describe their health status, their everyday complains, to give data about their social background, their education, the accessibility and the consumption of health care.

There are only some basic elements from the long and detailed survey.

Graphic 1: How do you describe your health status?



Graphic 2: What chronic diseases of yours are continually supervised in your practice?

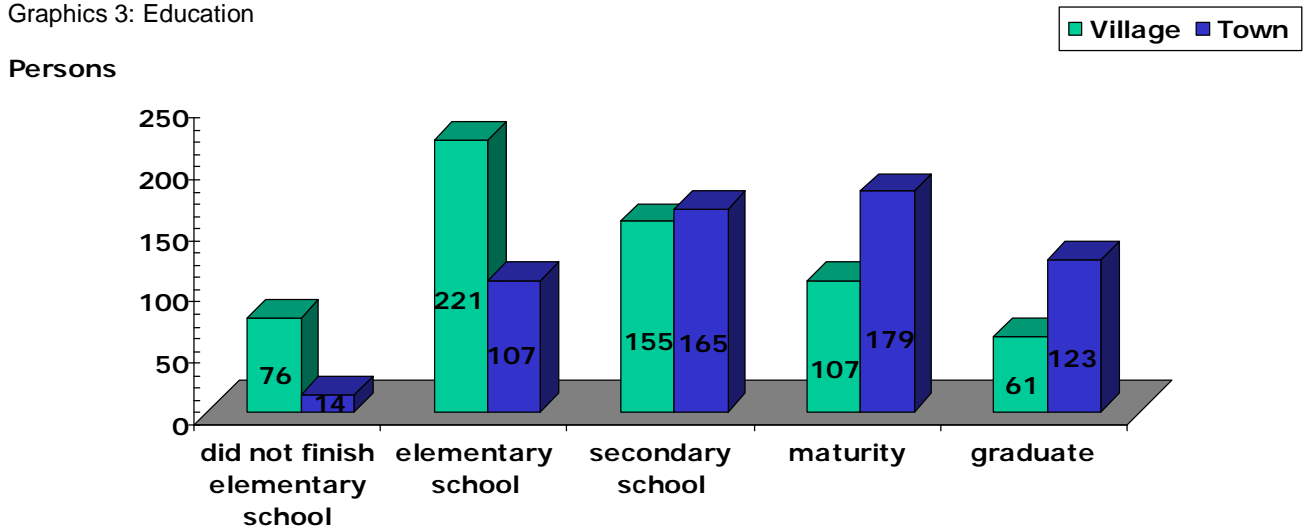


The rural population consider their health status worse than that of the citizens, and they are really under medical supervision due to more chronic diseases.

**Social background of rural population**

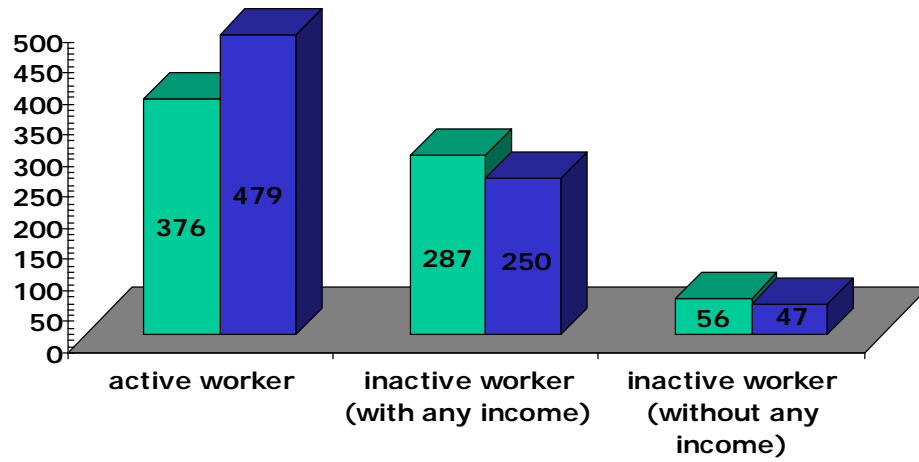
Also the daily experience that the social background of the villagers are worse than that in the urban area and the educational level of the rural population is lower than in the cities.

Graphics 3: Education



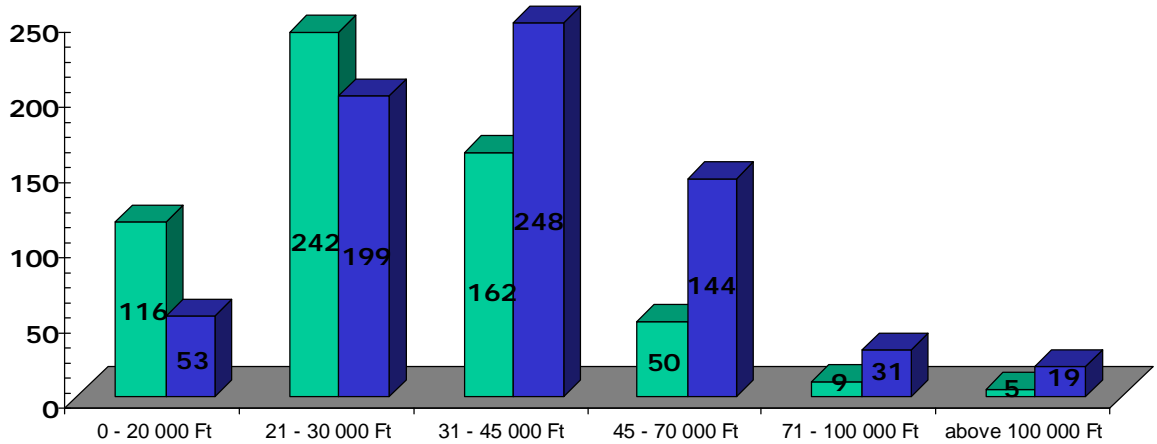
Graphics 4: Employment

Persons



Graphics 5: Average income

Persons

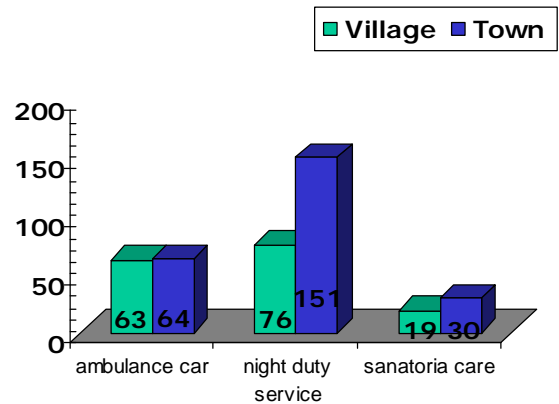


Graphics 6: Did you apply for ... in 2000

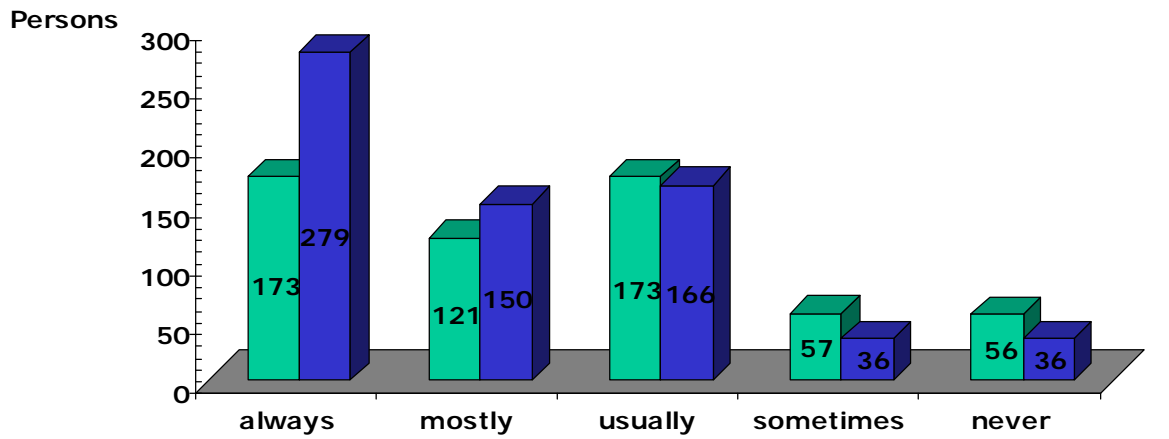
**Accessibility of health care for rural population**

The other crucial element of rural health service is accessibility. Only two flashes from the numerous disadvantages of the rural population which are the result of bad roads, old cars, bad telephone communication and poverty.

Persons



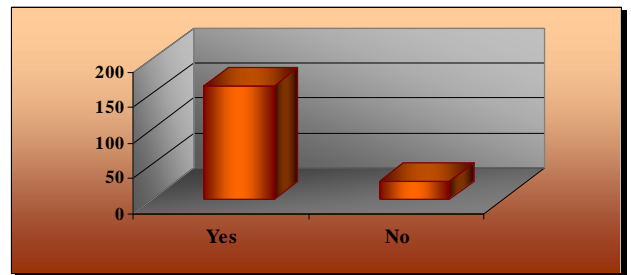
Graphics 7: Is the health care available for you after surgery hours?



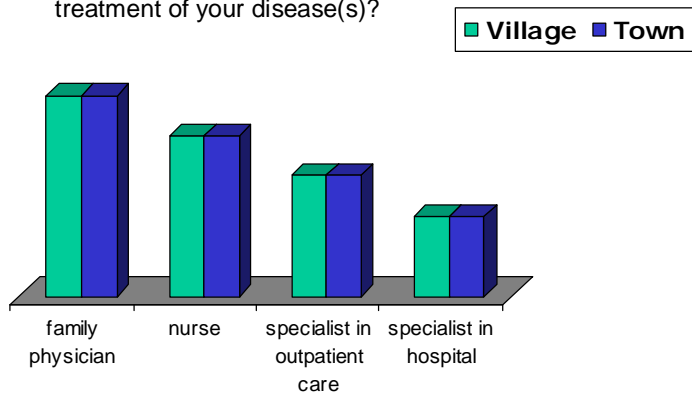
**Cooperation**

The evaluation showed out that the compliance and the intention for cooperation with the primary health care staff is the same in the villages and in the cities.

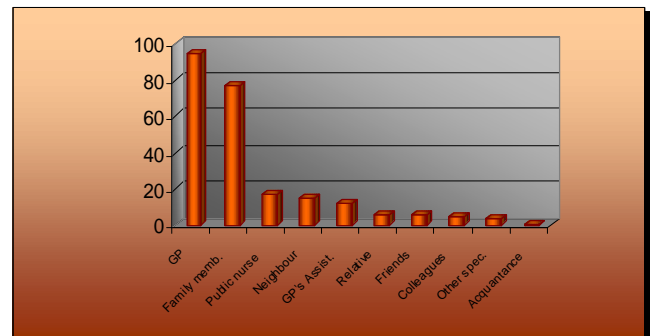
Graphics 9: Do you follow only the prescription of the GP?



Graphics 8: Who are the participants in the treatment of your disease(s)?



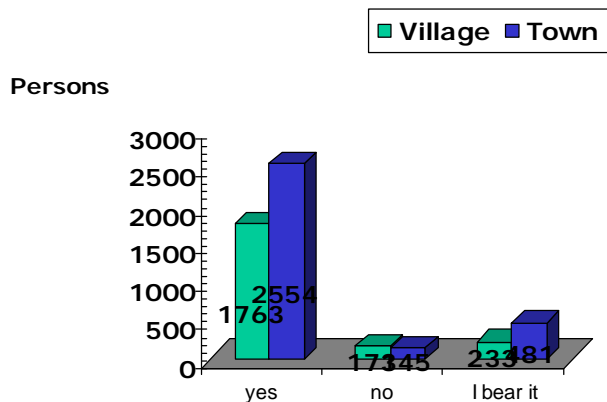
Graphics 10: Whom do you turn to if you have any health problem?



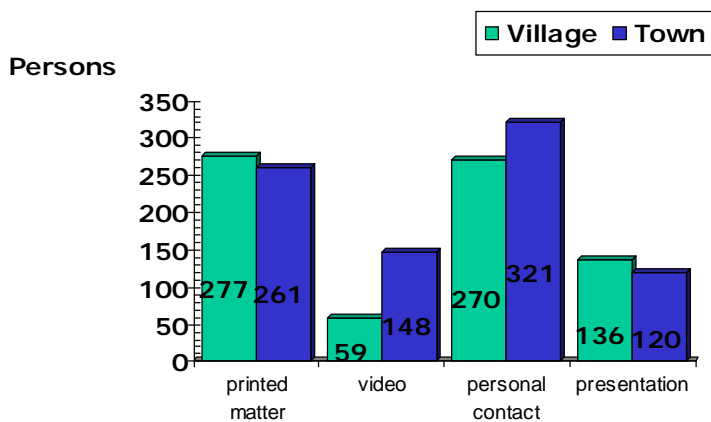
In an other survey the acceptance of the GP's treatment was detected.

In the previous study there were some questions on information.

Graphics 11: Is it important for you to call your attention to the most frequent illnesses of the population?



Graphics 12: What is the preferred form of the information for you?



After these two surveys the **priorities** were set up. The most important elements what must be improved in rural health care are:

- Accessibility
- Continual care
- Education

**Accessibility** depends on the condition of roads, on the telephone-net, on the location of out-patient care institutes and hospitals. The government implemented wide-spread and

basic reforms in health-care this year which aimed to solve these problems.

5 years ago a new service was introduced in primary health care: Controlled Patient care, which provides the easiest, simplest, more complete way of medical care for the sick persons. The system requires the correct recording of screening and preventive activity of the medical practice and continual reporting of the care of **chronic diseases**.

The third and actually investigated element is **Continual Patient Education**

Hungarian Academic Association of Rural Health elaborated last year an **educational program** for teaching the population the most important elements of health promotion.

**In nursery** we suggest to deal with the hygiene of the body, and the environment and make plenty of physical exercises in every time and every place.

**In elementary school** the pupils should have to get all knowledge about their body, about the physiological processes, about the healthy lifestyle and get some information on first aid. Beside that they should have been led on different excursions on the ground, on the waters, maybe in the air. They must learn the life-threatening situations and to be able to avoid them.

**In secondary school** beside the "official subjects" we consider a very important topic to deal with problem solving practices, to acquire ability of prevention of depression, to avoid abuses. Students could acquire the elements of home care, to recognise the most frequent symptoms of the most common diseases. They should continue to adopt the elements of healthy life-style: regular regimen, permanent moving exercises, and healthy diet.

Beside the above all of **adult population** should have to know the element of self-treatment, the signs in different illnesses when to turn to doctor is inevitable. They have to take active part in continual care and they should have information on different social services for sick persons.

For the population suffering from given diseases "**patients clubs**" must be organized for changing information and for continual education.

The result must be to reach the well educated patient, who considers his/her health as a value and who take part with high compliance in the common work.

We also have to endeavour to form for the cooperation between governmental and non

governmental organizations, to make the basis of community health care for providing equity and equality to the rural population.

In this task Primary Health Care and also the Hungarian Academic Association of Rural Health has great responsibility, which we undertake and try to fulfil for our patients' right.

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