



Institute of Social and Preventive Medicine (ISPM)

“Community health care needs assessment and primary health and social services utilization in the 4th Municipal District of Athens City for the development of comprehensive primary health services”

EXECUTIVE SUMMARY

The study was funded by Solidarity Now

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A study on **Community health care needs assessment and primary health and social services utilization in the 4th Municipal District of Athens City** for the development of comprehensive primary health services was conducted from April until July 2014 by the Institute of Social and Preventive Medicine (ISPM) and was funded by the Solidarity Now funding initiative.

1st phase of the report: Mapping of the community population and the existing health and social service resources

According to the 2011 National Census data, the population of the 4th Municipality District of the City of Athens consists of **85,629** individuals, of which 68,136 are of Greek nationality and the rest mainly immigrants. Non-Greek nationalities include Albanians [8,834] Romanians [1,592], Pakistanis [1,199], Bulgarians [948], Polish [585], Ukrainians [493], Georgians [457], Syrians [441], Moldovans [405], etc.). There is also a large community of Roma residents, living in apartments.

Of the total population, 41,935 are males and 43,694 are females. The majority of males are 17-30 years of age (8,766) followed by those who are 31-40 years of age (7,820). The same age pattern is seen in females - the majority of them are 17-30 years old (7,732) followed by those who are 31-40 (7,101). 38,765 residents are married and 36,180 unmarried. Most of the married couples have children (11,734). Additionally there are 4,512 single parent families (606 fathers living with children and 3,906 mothers living with children). There are also 133 couples that cohabitate and have children.

22,127 residents have finished High School. A 25,070 citizens have low educational level (16,990 have completed primary school, 2,161 dropped out of primary school, 4,5677 had pre-school education and 1,352 do not know reading & writing).

43,972 of the residents are economically inactive. From the economically active residents (41,657) 32,785 are employed and 8,872 are unemployed.

The study identified the existing health and social service resources and key community stakeholders in and around the 4th Municipal District. More specifically, 73 health and social services in total were included in the report, 13 in the 4th Municipal District and 60 around it, as well as 81 key stakeholders.

2st phase of the study: Health care needs data acquisition

During the study's second phase, health care needs data acquisition took place with the implementation of focus group discussions with members of vulnerable population groups, personal interviews with key community stakeholders and a telephone survey with community residents of the 4th Municipal District.

The telephone survey was conducted in May 2014 and the survey sample included 301 men and women over 18 years that were randomly selected. The main conclusions from the telephone survey are the following:



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- 3 out of 10 consider their general health related quality of life as below average.
- All respondents reported having at least one health issue of concern them personally or a family member during the previous year. Many reported two or three health problems.
- The main health issues during the last 12 months involved the need to have a lab test (either preventive or due to a health problem) (20%), orthopedic problems (13%), gynecological exams (12%) and viral infections (8%), followed by cardiovascular diseases (5%) and dental problems (5%).
- Health problem that were reported mainly concerned females (66%) and individuals over 55 years old (46%). It is noteworthy that more females considered their health to be “less than average” (23%) or “bad” (7%) compared to males.
- Nine out of 10 respondents visited a health service during the past year, either in their area of residence or outside, to address their health issues. Those who did not visit a health service, were the ones who mainly considered that they thought their health issue was not important (31%), they couldn't pay for the treatment or the diagnostic examinations (16%), they expected the problem would improve on its own (13%), they didn't trust the doctors and the health services and those who wanted to deal with the problem on their own (10%).
- More than half of the sample had to go outside their area to address their health issues, 50% of them visited services only outside of their area of residence (50%) and 6% visited in and outside their area (6%).
- From the respondents who needed gynecological examinations, 79% went to services outside their area.
- Health services mostly visited were private physicians (48%) in the area of the respondents' residence and hospitals/clinics outside the area (49%). The main reasons for the visit in both cases were laboratory or imaging tests (46% & 54% respectively), medical advice and examination (41% & 35% respectively) and referral for diagnostic tests or treatment (31% & 25% respectively).
- 9 out of 10 respondents were able to address the health issue that concerned them.
- For the respondents who visited health services only outside of their area of residence, the main reasons for doing so was a specific personal preference for a particular health service or doctor outside the area (40%) or due to the lack of particular health services in their area (35%).

In order to gain insight into the population's needs concerning health and social services and in order to record the gaps and barriers in the access to these services, personal interviews were conducted with 33 individuals from 21 organizations, NGOs or municipal departments. Additionally, seven focus groups took place with specific population groups: elderly (1 group), unemployed (1 group), chronically ill patients (1 group), single parent families (mothers), immigrants (2 groups, 1 with men, 1 with women) and Roma mothers (1 group).



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The main conclusions from the stakeholder interviews and the focus groups regarding medical and social services needs and use are the following:

Medical services

- There is a great need for specific specialties and particular for internist, gynecologist, pediatrician, cardiologist, orthopedic, dermatologist and psychiatrist. Most of the existing health services in and around the 4th Municipal District are understaffed concerning the aforementioned specialties and they cannot cover the increasing needs. As a consequence, the residents are obliged either to wait long time in order to be served (diagnosis, treatment, follow up, medicines administration) or to visit other health services outside their area.
- There is a need for more laboratory and imaging examinations that can also be accessed by the uninsured.
- There is a need for access to preventive examinations (e.g. the uninsured or the individuals with welfare insurance lack the access to examinations, such as pre-natal tests, mammography, etc).
- There is a need for an easier access in medication prescription and provision, especially for the uninsured patients. Also, the private physicians in the area, who are contracted to the PEDY system, often are not able to serve the individuals' needs, due to the mandatory monthly limitation in the number of visits they can receive from individuals with public insurance health coverage. Since the majority cannot afford the economic cost, they are forced to neglect their treatment or to address to social pharmacies.
- There is a need for an increase in vaccination coverage. Although vaccination is mandatory, many families face difficulties due to the absence of health insurance. Therefore, many children aren't vaccinated or are poorly vaccinated.
- Lack of secondary and tertiary healthcare services (i.e. short-term hospitalization, specialized medical examinations, surgical procedures, emergency medical services, etc) in or around the 4th Municipal District.

Social Services

Social service is of great importance and could provide the following services:

- Provide psychological support and counseling services.
- Conduct social research in order to locate and record people in need.
- Provide help with applications for social issues such as welfare insurance.
- Interconnect and communicate with other organizations (public, private, NGOs) in order to guide the people with a specific need to the relevant service.
- Follow-up in order to evaluate if the requests are satisfied.
- Inform about programmes that might be useful to people in need.



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- Provide legal advice.
- Inform about vocational training.
- Overcome the bureaucracy, if an individual doesn't have the required documents (e.g. undocumented immigrants).

The population of the 4th District has significant health problems, since the Greek local population in this district has mainly a lower socioeconomic status, which is generally associated with worse health indicators, while immigrants and Roma have much more health problems than the general population. The health level of the Greek population and that of the immigrants has worsened during the last five years due to the economic crisis, which affects directly the health status, particularly that of the unemployed and the uninsured, through the deterioration of their living conditions, their poor nutrition and through the greater difficulties they face due to the cost that is associated with the access and utilization of essential health services and essential medicines.

These problems are more pronounced in the chronically ill, the elderly, Roma population and immigrants. In the elderly, the existing deficiencies concern mainly the provision of medical-social care at home, the access to medical services and the appropriate management of chronic diseases as well as the provision of necessary medicines. In the Roma population, the most important problems are related to the vaccination coverage of children and perinatal care. The same problems are predominant in the immigrants who have additional difficulties in communication, understanding instructions, tackling bureaucracy and using essential services.

Regarding the current use of health and social services from the local population, the significant deficiencies in the services provided lead half of the population to seek for medical services outside the 4th Municipality District, 50% of which visited a hospital for medical care, while within the 4th district the population mainly visit private doctors and only 12,000 visits are made annually in the municipality polyclinic of the theoretical total of 520,000 visits per year (86,000 people x 6 visits / capita / year). The inadequacy of the existing public medical-social system is handled to some extent by a significant number of non-governmental humanitarian organizations, but their substantial offer cannot cover the existing needs.

For all these reasons the establishment of a contemporary Polyclinic providing Primary Care, Prevention and Social Care is considered necessary. The proposed structure of the polyclinic that would meet the needs of the population of the 4th Municipal District is presented:

Outpatient Clinics

Outpatient clinics operating daily:

- **Internal medicine:** Internist, General Practitioner, Gastroenterologist



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- **Pulmonary:** Pulmonologist
- **Surgical:** General surgeons
- **Mental Health:** Psychiatrists, Psychologists
- **Pediatric:** Paediatricians, Logotherapist, Child Psychiatrist / psychologist, Developmental specialist
- **Gynecological:** Gynecologists, Midwives
- **Cardiological:** Cardiologists, Child Cardiologist
- **Emergency Department:** General Doctors, Internists, Surgeons
- **Dental:** Dentists

Outpatient clinics operating part time:

- **Endocrinology – Diabetology:** Endocrinologists - Diabetologists
- **Orthopedics:** Orthopedics
- **Ophthalmology:** Ophthalmologist
- **ORL:** otolaryngologist
- **Dermatology:** Dermatologists
- **Neurology:** Neurologists
- **Urology:** Urologists
- **Rheumatology:** Rheumatologists

Laboratories:

- **Hematology – Biochemistry, Cytology, Radiology, Ultrasound, Mammography, Physiotherapy**

Pharmacy

Nursing Services:

- Home care: General Practitioner, Nurse, Psychologist, Health visitor, Social worker. This service should have a transportation mean for home visits that could also be used for community actions, such as interventions at schools.
- Health Promotion Office: Psychologist, Health visitor, Nurse
- Outpatient Clinics personnel

Social Services:

- Reception office
- Social Care Office: Social Workers, Health Visitors
- Immigrant Office: Social Workers, Health Visitor, Psychologist, Translators
- Information – Intermediation Office: Social Workers, Health Visitor, Nurse

Specific Programmes:



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- Vaccination
- Management of Chronic Disease
- Health Education – Information
- Screening tests
- Legal Advice - Patients' rights
- Perinatal Testing
- Seniors transportation
- Electronic Medical Records
- Telephone Appointment
- Health and Safety of Workers
- Continuing Education - Training
- Health promotion programmes in the community and schools.