Handicaps and advantages of the population in rural Hungary

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Rural health is an accepted part of the health care system and an independent discipline in many countries. [1]. In Hungary it was a successful part of Hungarian health care from the XIX. century. [2] Later, in the '80-s, rural health problems; accessibility [3], socio-economic inequalities [4] influence of cultural background [5] have been brought up, but there have been no data collected concerning the health care in rural areas.
The intention of this survey was to establish a valid database with the aim of improving equality between the rural and urban populations.

Methods: Data were gathered on those living in a rural area, and, as control group, on urban population. 871 rural and 983 urban patients completed the tests that was composed of 64 questions on different topics such as epidemiological data, education, social background, accessibility, screening-prevention, curative and continual care, patient education.

Results:
The social status in term of education, employment, economical background and communication of the rural population was found to be more disadvantaged: urban citizens are more likely to have higher education (51,8 % versus 27,1 %). There were more actively employed among them (61,7 % versus 52,3 %); this means that urban citizens have safer social background with the ability to afford staying at home with sick payment (54,9 % versus 26,3 %) to the perfect recovery.
Urban patients utilize hospital care, (16% versus 11%) night duty services, (24% versus 19%,) and the services of different specialists (37 % versus 28%,) more than rural patients.
The population lacked the sufficient personal contact with the physician in 6,5 % of rural patients and 19,2 of urban ones and with the practice nurse 3,6 % of rural patients and 5,9 % of urban ones.
More than 84% of rural health services are definitive (i.e. the patient needs no further medical intervention after the primary care services) while this is so for 76% of urban services.

The collected data were passed to the decision makers. As a result Micro-region Health Coalitions were established with government support to equalize health care facilities. Besides Health Plans were worked out for screening and prevention in local communities, including inhabitants' education and motivation programs.

Some important elements of rural health institutions were established: Hungarian Scientific Association of Rural Health[6]; Rural Health Group has been formed within the College of Family Medicine. Rural health care has been included in the curricula in all medical schools in Hungary.

Discussion

The rural population in Hungary is disadvantaged with regards to access to health care, in general, and in utilization of outpatient and hospital care and sick payment, in particular. There are many contributing factors, such as poor roads, lack of easy and cheap communication, etc.
However, concerning the number of definitive care and in personal communication, Hungarian rural population had some advantages.

Conclusion

Scientific societies, medical colleges and university departments have the responsibility to continue to collect relevant data and liaise with policy-makers in order to make improvements in equality for rural residents.
Only the cooperation of stakeholders in different areas of the communities: social affairs, education, media, religion may equalize the disadvantages of rural population in health care.

References

1. Strasser R. Rural health around the world: challenges and solutions. Family practice 2003; 20(4): 457-463.
2. Johan B. Gyógyul a Magyar falu. 1st edn. Budapest, OKI, 1939.
3. O'Reilly D, Stevenson M, McCay C, Jamison J. General practice out-of-hours service, variations in use and equality in access to a doctor: a cross-sectional study. British Journal of General Practice 2001; 51(469): 625-629. Comment in: 51(473):1013.
4. Turrell G, Mathers C. Socioeconomic inequalities in all-cause and specific-cause mortality in Australia: 1985-1987 and 1995-1997. International Journal of Epidemiology 2001; 30(2): 231-239.
5. Couzos S, Thiele DD. The International Covenant on Economic, Social and Cultural Rights and the right to health: is Australia meeting its obligations to Aboriginal peoples? Medical Journal of Australia 2007; 186 (10): 522-524.
6. Simek Á. A Magyar Faluegészségügyi Tudományos Társaság javaslatai. Medicus Anonymus 2006;14 (9): 5-6.