

Rural Health Information in Romania

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Introduction

The access of population from rural areas to medical information lies at the crossroads of public health field and librarian-economy, both having a progressive development in the past ten years.

Thus, there is more and more emphasis on holding good knowledge about the health state of population, as a factor that has a decisive influence over the social and economic evolution of a country. Moreover, there is an increasing preoccupation for the elaboration of programs and campaigns that have as final result improvements of health state as well as the elements that play a decisive role in this direction. Among them, an important factor is the medical education of citizens, by that meaning the existence of profile information in urban and rural areas and their effective rate of access.

Background

Recent comparative studies regarding the access to medical information have revealed surprising results from the perspective of well-known explanatory models. Thus, the essential dimension of the demographic capital, rural morbidity, has recorded significant values (USAMV Bucharest, IEA, ICEADR-ASAS 2006). Risks regarding the health rural population are pointed out by the 1.8% increase in mortality rate during 1990-2004 due to the precarious substructure of the medical system in rural areas where a doctor had 1736 people in his care in 2004 in comparison with a national average of 463 people/doctor (282 people/doctor – urban average) and the poor access to medical information.

In the context of Romania's adhesion to European Union, the new law of libraries encourages the access to information, it has progressive views concerning the care towards books and the cultural needs of citizens. The local authorities have the responsibility to create new libraries where they do not exist and likewise to maintain the existing ones. In urban setting the access to medical information is facilitated by the existence of at least one library, the spread of internet utilization and television through cable, as opposed to rural settings where these components are present in a low proportion. According to the new law of libraries each commune is due to have at least a library and a librarian, library from the level of the commune being one of the barrels sources of culture from rural area. According to the same normative paper the number of volumes which must be acquired is growing yearly from 25 to 50 to each thousand of inhabitants.

A pilot study unfolded in Satu Mare, Salaj, Bistrita-Nasaud and Cluj¹ counties points out a low interest in accessing medical information in rural settings, which justifies the necessity of implementing a project that design and implement a complex analysis of the current situation from a representative region of the country and then to support the application of law nr.334 from 31 may 2002. Besides that the simple existence of medical material with informative character in the communal libraries does not guarantee a good process of informing the population. Although the sanitary reform is in full process of development, vestiges of the old sanitary system can still be recognized in the absence of primary medical assistance in some rural localities, the difficulties related to patients' transportation to the doctor which determines people to appeal to traditional remedies, in the small number of persons which go to dentist per year, in the fact that communities of

¹ Chereches, Alina, Florescu, Gabriela, „Rural Health Information Assesment”, Cluj-Napoca, 2007

gypsies or the rural, isolated and poor communities have no information regarding methods of protection against sexual transmitted diseases and rules of hygiene.

In rural settings, the medical information can barely penetrate through the education offered in schools, taking into consideration that a study from 2006² shows that in rural settings there is a concentration of population with low level of training: (about 67% have primary studies, middle studies or they have not graduated any school). Moreover, according to the same study, only 6% from rural houses have internet access. For 40% people from the rural population, the conveyance and his cost outside the locality represents a problem in accessing medical services³. The situation presented in the 2001 study seems to be pretty much the same in 2007, taking into consideration a statistical analysis of intestinal occlusions pointed out that 72,92 from cases occur in rural settings, among the causes being the long distances from residence to hospital; the absence of a family doctor or if his constant presence (in some cases the doctor travels 2-3 times a week from urban to rural areas); deficient sanitary education (the fear of hospital, the fear of surgical intervention); pathologic factors (I am already too old etc.)⁴. Only 62% from the number of those who used medicines in July 2000 were using it at the recommendation of the doctor⁵. Therewith the population from rural areas is most affected by deficient dentist's assistance, just 8,9% from their number addressed to the doctor in 2000 in comparison to 20,5% from urban settings⁶. The programs and cabinets of family planning are insufficiently developed, this fact being reflected in the big installment of abortion and the diminished information of population from rural settings and small towns. The gypsy communities or the rural isolated and poor communities have no information regarding protection against diseases with sexual transmission, they use protection methods in a very low proportion and they do not know or do not respect the rules of hygiene.⁷

The local authorities with the support of the Ministry of Internal through the de-concentrated authorities at regional level in collaboration with representatives of civil society have the duty to encourage and to support any kind of access to medical information, as a method of prevention. Most of the actions are headed only to treatment and not to preventive actions.

J.A. Bury defines the "education for public health" term by using an approach based on categories of methods. Thus the education for health represents the process which contributes to pointing out the strong connection between information and health practices. It also contributes to the stimulation of citizens' motivation in order to obtain information and implement those perquisites for maintaining a good state of health, avoiding the noxious actions and forming favorable health habitudes. The education for health assumes the systematic modification and planning the behaviors of an individual or a group. Education in public health is located in the middle of the epidemiological disease sector, assuring the quality of the population health by promoting the access to the adequate medical information.

In the EU countries, such as France, the education in public health is given a center position due to the priorities that constitute the aspects related to improving the life quality for the sick and handicapped people, reducing death and morbidity but also reducing the inequality referring to health.

² Angelache, Constantin et all, "Study regarding life quality in Romania", 2006

³ Source: „Health condition of the populaion from Romania”, INS, 2001

⁴ Maria Silvia Tighiliu, M. Hamburda, A. Jakab, O. Ilea, T. Jutis, F. Sana, C. Plesca, I. Preda, B. Viziteu, „Intestinal occlusion to elderly person”, Surgery Section, Mavromati Municipal Hospital Botosani, 2007

⁵ Source: Health condition of the population from Romania, INS, 2001

⁶ Idem

⁷ Cristina Dobos, „The access of population to public health services”, 2001

Further we shall determine few bases principles for education in public health:

1. Health, and consequently education in health has as purpose the person as a whole, including all the physic, mental, social, emotional and spiritual aspects
2. Education in health represents an existing and long process, from birth to death which can help citizens to change and to adapt to all levels.

Education in health endorses persons at all levels of disease and health, from the healthier to the cronical patient, having as purpose to increase the potential of each person to live in a good state of health we consider.

Accordingly to P. Lecorp (Lecorp, 1990) we consider that among the purpose pursued by health education is to send medical information to an accessible level for the population as well as the changing attitudes, behavior and social life.

The research team formed by Florescu Gabriela, Baba Catalin and Sirlincan Emanuela is currently working on a project that aims at offering an answer without any equivoque to the question: does the access of the population from rural settings to medical information reduce the risk of illness?

The hypotheses which we are starting out with are the following:

1. Rural populations have little access to medical informations due to the lack of medical books;
2. The lack of medical books is due to the fact that the local councils desrigarded their obligation to purchase medical books for the commune libraries;
3. Ethnic, religious minorities, as well as people with disabilities living in the rural parts of Transilvania have special needs in what concerns their access to medical information, needs which cannot be addressed by the present rural infrastructure.

Reaching both general and specific objectives is essential for the certification of the hypotheses.

General objectives of this project are the following:

1. Evaluating the access of the population from rural areas to medical information;
2. Identifying and evaluating both favorable ans unfavorable factors regarding the access to medical information.
3. Increasing the number of informative medical materials as well as their rate of access by the rural population.

Specific objectives:

1. Performing a qualitative and quantitative evaluation of information materials in the medical field existing in rural areas
2. Evaluating the people's interest towards medical materials.
3. Identifying special needs of minorities from the rural environment regarding the access to medical information. Suggesting solutions if hypothesis 3 is to be confirmed.
4. Facilitate the access of the rural population in Transilvania to medical information.
5. Performing an evaluation of the impact this intervention had at administrative and population level.
6. Creating a framework for making scientifically funded decisions that are meant to facilittate the putting into practice of the law no. 334 in the areas in which its implementation has been passed or failed.

Long term objectives:

1. Stimulating collaborations between physicians, librarians, mayors in rural environments with a view to facilitating the development and availability of a basis of medical information.
2. Dissemination of the results at national and international level.

In order to have an effective intervention on the deficient areas, a proper evaluation of their condition is necessary, which the project will achieve through the first objective: performing a complete analysis of the existent medical information in rural areas in Romania, as well as identifying the factors which either hinder or facilitate the implementation of law no.334 of May 31 2002.

Although several informative and aid campaigns are unfolding at present, which address people suffering from various illnesses, they cannot not get to the population from villages, especially in the conditions where middle aged and elderly people do not know how to use or do not have cable television, books or internet access.

We believe that the deficiencies of the health system in the process of treatment and prophylaxis of the disease can be counteracted through improvements in the prevention processes, where an important component is the accurate and complete information of the population from rural areas. Likewise, most interventions disregarded the specific features of rural environments: limited civic involvement of the population, low rates of education and little contact with mass media. Illnesses such as STDs, poor dental and nutritional hygiene can surely be prevented by accurate information, with the advantage that the costs are much lower than those involved in their actual treating. All these elements must be taken into consideration in the proposal of an effective intervention.

With the results of the studies described earlier still in mind, we believe it is the duty of the local authorities with the support of the Ministry of Internal through the de-concentrated authorities at regional level in collaboration with representatives of civil society to encourage and to support any kind of access to medical information, as a method of prevention. Most of the actions are aimed only at treatment and not preventive actions - a situation that must be turned around.

Further on, we shall determine few basic principles for education in public health:

3. Health, and consequently education in health has an objective the person as a whole, including all the physic, psychic, social, emotional and spiritual aspects of his existence.
4. Education in health addresses everyone in its objective of increasing each person's potential of living in a better health state.

Project impact

Instant impact

On short term, the project will acquire concrete data that will be put at research milieus' disposal, but at human communities level will stimulate the access to medical information by providing books for libraries and organizing specialized courses held by health personnel. Moreover, the dissemination of results will draw attention upon the access to information and to the characteristics of educational processes in the rural environment.

The information regarding the degree to which citizens in rural settings are informed on medical matters will constitute a data base that could be applied in programs of preventing several illnesses with high rates of incidence.

Long term impact

The long term impact will be visible in the relations between the administration, medical staff and librarians, whose collaboration will be stimulated by the present project in an effort to insure future access of the population to medical information – first of all, and to general information.

Moreover, the data collected through the project will be gathered into informational bases for future projects.

In the long run, predicted impact will also consist of a decrease in the reported number of sicknesses/illnesses cases due to lack of health education, to not knowing the

risk factors, the symptoms and the prophylaxis of illnesses in rural areas. A future study could also compare the rate of illness cases before and after the intervention accomplished by the project, thus offering specific data on the relation between the access to medical information and the sickness rate.

Innovation

The project is innovative through the very subject of its research, which has as an object of study the access to medical information, from both a qualitative as well as a quantitative point of view, and focuses on the people living in a rural environment, where informational infrastructure is less developed than in urban settings.

Furthermore, the study takes ethnic structures into consideration, forwarding the hypothesis of the minorities' specificities and of the need for them to be respected. Hence, the study will keep in mind the the religious minorities and the people with disabilities, identifying their needs through the identification of the materials they require. The study will find and implement solutions to possible weaknesses identified in this respect.

One original element is the compared evaluation, with the help of two samples, of the openness of the population targeted by module 1 to medical information, meaning the receptiveness of those that have already benefited from materials and courses provided in module 2.

Interdisciplinarity

The project is an interdisciplinary one, as it combines multiple areas: health and librarian economy throughout the courses and the endowment of libraries, health and communication in the organized courses and the resulting public campaigns, sociology and human geography in establishing the sample size, the relation between the access to medical information – health state – birth rate – mortality – ageing of population – degree of occupancy of work force, pedagogy and public health by establishing the possibility and the teaching framework of health information in schools.

The present project will unfold during a 3-year period, in Transilvania (meaning the Norh-Western and Central part of Romania), in 3 modules.

The first module will consist of activities of fundamental research, with a view to reaching the first four specific objectives: of evaluating the access of the rural population to medical information. This module will comprise all 758 communes in the 12 participating counties (Satu-Mare, Bistrita-Nasaud, Cluj-Napoca, Salaj, Maramures, Bihor, Mures, Brasov, Alba, Sibiu, Harghita si Covasna). A part of module 1 is also represented by the collection of data regarding the implementation of law 334 in rural areas. In order to attain the objectives of this project it is important to take into consideration the previous mentioned aspects regarding the education for public health.

1. Fundamental research methodology

In reaching our objectives, we will use both quantitative as well as qualitative methods, as follows :

A. Qualitative

1. Structured interviews
2. Focus-groups
3. Document analysis

B. Quantitative

The interview

Within module 1, the fundamental research will consist of interviews over the phone with the librarians, the mayor and the commune doctor. From the experience of the pilot study, we have concluded that they have to be contacted several times before the interview can proceed. The people responsible for the functioning of the communal library can sometimes be hard to find and persistence is necessary.

Interviews will share a part that will prove if there is a good exchange of information, a correlation between the situations described by the librarians, doctors, and mayors, and will also have questions specific to the positions and attributions of each of them.

The evaluation of the access to information will be performed by considering the following variables:

- If there is a library
- If the library is accessible in terms of functioning hours and location
- The frequency and consistence of informative material acquisition
- If there are any (digital or analogic) materials in the medical field
- An account of the people who in the past 6 months have requested access to the library's materials in the field of health
- An account of the materials requested that were not in the library
- If there is internet access in the commune
- The access to medical and informative services: if there is qualified medical staff, between which hours, if the clinics have health related material
- If there are any health campaigns for informing the population about health
- If and how many people take part in such campaigns
- The commune's ethnic structure
- If there are materials and health information campaigns in their native tongue or if they are adapted to their specific order, abilities/inabilities

In module 2, we will evaluate the impact of the intervention. This evaluation will be achieved by way of interviews and focus-groups with librarians, mayors and medical staff from the commune. The same methodology will be then applied on a random sample of 24 communes, in which no intervention has been performed on the quality and quantity of the medical information material. In module 3, the interviews will be applied on the same sample as in module 1, in order to identify the possible modifications resulted from the intervention.

Moreover, both half way through and also at the end of each module, there will be evaluations of the activities unfolded in the corresponding module and of the accuracy of the methodology/methodologies used. In the process of evaluation, inside human resources (members of the project team) will be employed as a rule, but, without question, at least 1-2 experienced researchers from outside the project research team.

The results of the communes that participated in the intervention and of those that did not will then be compared, and the research team will issue the conclusions of the study and the hypotheses that derive from the research performed.

The module report will be the basis of a reevaluation and redesign of research methodologies that are to be employed in further modules. Special attention will be paid to the project's *impact report*, which will be drawn up at the end of the 36 months. Hence, the impact indicators will be identified from the beginning of the project and followed throughout the whole project. Both general as well as specific and sectorial indicators will be set. The results of monitoring these indicators will be included in the module report.

Methodology

The research project is an interdisciplinary one with many stages and research activities: documentation, index establishment, collection, procession and qualitative and quantitative evaluation of primary data, correlations, formulating and testing hypothesis, etc.

That's why, during project's research process there are some distinct activities foreseen (I.1.1.; II.1.1; III.1.1; IV.1.1.) in which the research team, in collaboration with external experts, if there will be a case, will define for each stage, the research

methodology associated to that activity. Those methodologies will contain: the aim of research, the period of research, the type of information which will be collected, analyzed and processed; method of collecting, selecting, analyzing and processing data, sampling, validity, procedures of evaluation, the norms of ethics and deontology to which the research team must obey.

More than that, at each stage's and we will evaluate each activity and the correctness of methodologies we used. During evaluation process we will use the internal human resources and also experienced researchers who are not members of the research team.

A very special attention will be granted to *Impart report* which will be made at the end of the 36 month of research. Thus, from the beginning of the project we will identify the impact index which will be followed during research process. There will be general index and special index. The results of monitoring that index will be included into stage's report.

In order to fulfill the aims of research we will use both qualitative and quantitative methods. Those methods are:

1. Non-structured interviews – the research team will identify the communes which are going to take part from the sampling. The legal representatives will be contacted in order to be interview. This method will improve the quality and objectivity of evaluation.

2. Questionnaires – using information collected during focus-groups and non-structured interviews we will elaborate a questionnaire to evaluate the level of involvement. Each set of index will be used to elaborate close questions in order to receive comprehensive information from each professional categories. This questionnaire will be used both in primer evaluation and in final evaluation.

3. Intervention – the two samples, artificially united at the beginning of this study will be separated. Those samples were selected in order to be compared at the end of the intervention. Each of the two samples contains representatives of each professional category from each county.

The intervention method is represented by the organization of round tables with specialists from each professional category , regarding the first sample, and with specialists from all professional categories studied, regarding the second sample.

Measures provided in order to respect the repondents' rights

In order to protect and assure the right to intimacy and the liberty of expression of the individuals, the team involved in the project “ The Access of Rural Population to medical information” strictly applies to the social sciences deontological norms. The empirical researches that will be analysed, the ones whose results will be diseminated as well as the new projects that will be proposed as part of the present project will all obey to the following:

- The name of the investigated subjects, in the case of thorough interviews will not be made public under no circumstances and will not make the subject of references in none of the published interviews, neither in Romanian magazines nor in foreign ones.
- None of the investigated subjects will be submitted to any kind of pressure in order to obtain the requested answers.
- The option of not answering to the questions will always be at subject's ease, without the necessity of justifying this choice from their part.
- During the process of data gathering, the team will avoid any expression that might be interpreted as discriminatory or offensive for certain groups or categories of population.

- The respect and decent behavior of the interview operators in relation with the subjects will make the object of a careful supervision.

In order to assure the correctness and professionalism in the process of gathering, centralization and interpretation of data, the team has established the following deontological principles:

- The collected data will not be used under any circumstances with commercial or political purposes.
- Data analysis will respond to imperatives of scientific research with objectivity, correctness and impartiality.

Any attempt of fraude through deliberate modification of raw data or results will be punished with elimination from the research team. Moreover, this kind of situation will be reported to the departments/authorities of those in discussion.

Methodology of intervention

From a methodological point of view, the intervention will employ two methods:
- informing, applied in the form of insuring the needed materials that contain medical information, the content of which will be set together with medical staff from the commune and on the basis of recorded requests dating as late as the moment of intervention.

-educating in public health, meaning initiating projects related to the medical and educational field: workshops for the information, education and sensitivity for the field of the population (of all ages) in the rural environment.

The support of urban public institutions (such as schools, libraries and health centers) will be requested in putting these workshops into practice. They will be given enough information and material resources to successfully achieve these educational workshops.

The communes will be active in module 2, they will be chosen randomly – two communes from each county, meaning 24 communes. This evaluation give precise indications. If the intervention over the quantitative and qualitative features of the information materials has led to an increase in their accessing, then law no. 334 of May 31 2002 will have been effectively implemented.

For each two counties there will be a team of 2 people that will supervise the intervention (acquisitions and course organization) from the field.

Infrastructure

The research infrastructure used in the project belongs to the Faculty of Political, Administrative and Communication Sciences, Babes-Bolyai University.

As for the implementation of the project, we are only interested in the communication infrastructure. The faculty puts at disposal two computer networks, comprising of a number of 90 computers connected to the Internet, 12 printers, 3 scanners, data analysis software (SPSS, SAS), subscriptions (through the Universitarian Central Library) to a semnificative number of electronical databases of specialized publications.

The rest of the research infrastructure consists of the library of the above mentioned faculty and four offices equipped with furniture and adequate communication means, necessary to the research activity: telephone, fax, email.

The equipment and facilities of informing-documenting are relatively sufficient for unfolding the project, excepting the equipments needed for field research (laptops, reportophone, PDAs).

Beside the technical infrastructure of the Public Administration department, the project will also use the human and material resources which exist in the regional subsidiaries that function in Satu-Mare, Bistrita, Sfantu-Gheorghe and Timisoara. Moreover, there can be made use of the available resources through the institutional network of the department (expertize and contacts).

Results dissemination plan

In order to reduce the risks of sickness rates of rural population workshops must be organized at communal level where adults and children to be educated in disease prevention. Thus in this context prevention consists in the anticipation of the risk phenomena which can cause or aggravate health problems. Prevention represents the ensemble of implemented actions having the aim of avoiding or reducing the number of diseases or accidents (which can occur for instance at the work place, on the street or in domestic environment). We distinguish three kinds of prevention: primary (consists in fighting against risks before the appearance of any problem), secondary (track down), tertiary (the prevention of the complications during the patient's disease). Medical, social or psychological readjustment represents a part of the tertiary prevention.

The most important element of dissemination is, in our opinion, the dissemination of results in scientific circles. Consequently, after obtaining the results they will be used by the research team in elaborating articles that will be submitted for publication in ISI magazines from country and abroad such as:

We will encourage the decision making factors from local and regional public administration to make use of these data in order to design intervention plans having scientific based evidence. Among these factors are : local councils, county councils, city halls, but we also take into account the collaboration with public health NGOs, as they can initiate, in their turn, campaigns or projects based on the gathered data.

We will also organize 5 regional conferences (Transylvania, Banat, Moldova, Muntenia and Dobrogea) and a national one, which will take place in Bucharest. During these conferences the details of this project will be made public, as well as the results and public administration stakeholders and citizens from the communes involved will also take part. The total duration of these conferences will be 6 weeks (one each week).

In order for the information to be disseminated among the direct beneficiaries, a 4 pages newspaper will be edited and printed out. Its format will be A4 and it will contain 2 pages with information regarding the development of the project at national level and 2 pages regarding regional particularities and interviews with the beneficiaries from the communes where the paper will also be distributed. Consequently, there will be 5 regional editions, 100 pieces for each commune in the region.

Innovation and interdisciplinarity

Although currently there are informative and aid campaigns addressing to people suffering from various illnesses, they do not penetrate to the population from villages, especially in the conditions where middle age and elderly people do not know to use or don't have television through cable, books or access to internet.

We consider that the deficiencies of the sanitary system in the process of treatment and prophylaxis of the disease can be counteracted through improvements in the prevention processes, where an important component is the correct and complete information of the population from rural area. Likewise most the intervention didn't took into consideration the specific features of rural environments: limited civic involvement of the population, low rates of education and little contact with mass media. All these elements must be taken into consideration when we propose an efficient intervention.

Once the information is gathered it will be used to create a database which will be serve in the process of implementing some prevention programs referring to various illnesses with high incidence rate. Diseases such as those with sexual transmission, dental hygiene diseases and nutritional diseases can be explicitly prevented through informative campaigns, the advantage being the drastic cost reduction in comparison to the costs allocated to the treatment.

The novelty of the approach consists in one of the biggest advantages of the project.

Currently there aren't any scientific studies which statistically quantify the long term effect of medical information and sanitary education on diminishing the illness rates in rural area. Moreover the collected information can serve as scientific support for programs and national policies in this field. The study is innovative not only at national level but also at international level and the similarities between the Romanian system and the European one emphasize the data applicability in other countries than Romania.

The original elements of the project can also be found in the second module of the project and consist of the intervention actions which are meant to lead to a growth in the number of educational material related to health and designing an informational framework regarding their accessibility. From methodological viewpoint, the approach through intervention uses two methods:

- Information through public health campaigns
- Education for public health which is achieved by projects with medical and educational character: informational and educational workshops, appealing to population of all ages from rural area.

In order to properly organize these workshops the public institutions from urban and rural area such as schools, sanitary centers and libraries will contribute with infrastructure and also will be supplied with informational material resources.

Another original element is the comparative evaluation, on two levels, the receptivity to medical information of the population from the communes which benefited of endowment with materials and specialty courses, in the second module with the other communes in the first module which did not have an intervention.

This evaluation will indicate in a precise manner if the access to education leads to a decrease in the number sickness and illness cases, which are the factors that determinate the efficient implementation of law nr.334 from 31 May 2002 as well as if the law implications can be applied by the commune hall without external help.

The project find its relevance in public health field, librarian-economy field and covers an unexplored research area, the one referring to the impact of medical information on public health in general, particularly on the health of rural population.

The results and conclusions of this project find their applicability at large scale, highlighting the manner in which the health state of a person modifies proportionally with the quantity of medical information that he or she accesses. The data can be used on long term, with the possibility to create an informational database for future projects but they also provide a framework for decision making processes with scientific fundament and meant to facilitate the implementation of 334 law.

On long term the predicted impact will consist of a decrease in the reported number of sicknesses/illnesses cases due to lack of health education, to not knowing the risk factors, the symptoms and prophylaxis of diseases in rural areas. On short term, the project will contain concrete data that will put at research milieus disposal, but at human communities level will stimulate the access to medical information by endowing libraries and organizing specialized courses, held by sanitary personnel.

The project is an interdisciplinary one, as it combines multiple area: health and librarian economy throughout the courses and the endowment of libraries, health and communication in the organized courses and the public campaigns emerging, sociology and human geography in establishing the sample size, the relation between the access to medical information – health state – birth rate – mortality – ageing of population – degree of occupancy of work force, pedagogy and public health by establishing the possibility and the teaching framework of health information in schools.

Work plan

| Year * | Goals (Name of the objective) | Associated activities |
|--------|--|--|
| 2008 | 1 Qualitative and quantitative evaluation of health information materials in the rural settings. Disseminating the results on an international and national level | 6 operative meetings Proper equipping of the team – purchasing communication technology and office supplies. Elaborating instruments for data collection |
| | 2 Evaluating population interest towards medical material | Setting a sample that will comprise 758 communes from 12 Transilvanian counties. |
| | 3 Identifying the specific needs of the minorities in the rural environment, regarding the access to medical information. Suggesting solutions in case hypothesis 3 is confirmed. | Organizing two regional press conferences in the North – Western and Central area and one at national level |
| 2009 | 1 Qualitative and quantitative evaluation of health information materials in the rural settings. 4. Stimulating collaboration between doctors, librarians, mayors in rural areas in order to facilitate the development and access of the medical information database. | Setting contacts with the librarians from the communes that take part in the project. Forming the team of interview operators and training them Unfolding of interviews |
| | 2 Evaluating population interest towards medical material | Introducing the data into the database |
| | 3 Identifying the specific needs of the minorities in the rural environment, regarding the access to medical information. Suggesting solutions in case hypothesis 3 is confirmed. | Actual analysis of data Formulating conclusions |
| | 4 Establishing the degree to which law 334/2002 can be applied in Transilvanian communes. | |
| 2010 | 1 Facilitating the access of rural population in Transilvania to medical information | Establishing the teams which will act on location and will be responsible for the implementation of the programme Preparing trainees – operative meetings Library equipment Actual courses in the 24 communes in the target group |
| 2011 | 1 Evaluating the impact of the intervention on population and management level. | Elaborating the data gathering instruments |
| | 2 Creating a framework for the process of scientifically based decision making, meant to facilitate the process of putting into practice law no. 334 in the areas where implementation did not take place or has failed. | Establishing the target group Establishing the team of interview operators and its training |
| | | Publicising the results in expert journals Organizing communal meetings Creating a discussion group |

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