WP4: Studies to improve PHC services in CB area

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TSRG/ AUTh

SMiLe Work Package 4

- Inequalities in PHC provision
  - WP4 deliverables

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Inequalities in PHC provision

Barriers related to health for general population tend to be exacerbated for people with disabilities. Peters et al. (2008) describe four main dimensions:

1. Geographical accessibility
2. Availability, having the right type of care to those who need it
3. Financial accessibility
4. Acceptability, the match between how responsive health service providers are to the expectations of individual users.

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The SMiLe project's WP4

WP4, aspires to provide an in depth view of the existing situation and initiate actions for the **improvement of the accessibility offered by Primary Health Care centres.**

WP 4 **is based on existing methodologies developed by AUTh** in the frame of research projects, research in relevant bibliography, as well as the continuous application of a version of "Delphi method" through the cooperation of the project team with involved actors, experts and citizens with disabilities.

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The SMiLe project's WP4

- D 4.1 Constraints' analysis to access PHC
- D4.2 Primary Health Care infrastructure accessibility assessment
- D4.3 Pilot accessibility improvement studies

- WP4 end: 11th of October 2019

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The SMiLe project's WP4

In **D4.1 the obstacles that citizens with disabilities face in health provision are examined**.

- review of the published literature and reports
- identification of existing data and legislation concerning heath care provision
- assessment of policies and analysis of disparities in health care provision.
- interviews with stakeholders (health professionals and disabled people)

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In **D.4.2 the accessibility of the infrastructure offered is assessed through a specialized methodology**

The methodology includes checklists for various elements of PHC infrastructure.

The analytical nature of the methodology ensures that it can be used in the future by non-specialized personnel, thus providing interested stakeholders with a useful tool in order to self- assess their infrastructures and services.

The methodology developed will be utilized in the evaluation of local infrastructure in Greece as well as in Bulgaria.

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In D4.3, a study for accessibility improvement of a major infrastructure of the area will be conducted.

The infrastructure to be selected will focus on the provision of Primary Health Care, probably in a rural area.

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Accessibility evaluation of Iasmos PHC

Iasmos is a town and a municipality in the Rhodope regional unit of Thrace, Greece, built on the side of the Rhodope Mountains.

The municipality of Iasmos was formed at the 2011 local government reform by the merger of 3 former municipalities, that became municipal units (Amaxades, Iasmos, Sostis).

The municipality has an area of 485.285 km2, the municipal unit 221.795 km2

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Accessibility evaluation of Iasmos PHC

Methodology

The methodology includes the following checklists:

- Checklist for buildings – closed spaces
- Checklist for open spaces and pedestrian routes
- Checklist for health care provision practices and policies

The checklists are quite detailed and include questions that can be easily answered by the PHC centres' employers. Thus, the proposed methodology is a necessary and useful tool for future assessment of infrastructure and policies

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Accessibility evaluation of Iasmos PHC

2.4 Services		
Services: Restrooms-General		
2.4.1 How many accessible lavatories exist in the building (to dispose at least appropriate door opening, enough space for free movement of wheelchair users, accessible toilet, accessible shower, etc.)?		
2.4.2 How are the restrooms (lavatories/toilets) distributed in the building (personnel restrooms, public restrooms, etc.)?	Give numbers for each along with the floor number and location:	
2.4.3 Is there an accessible public restroom (lavatory/toilet) available at each floor?		
2.4.4 Is the accessible toilet separate or located in a restroom of common use? If located in another restroom specify type (e.g. 2nd floor personnel, etc.).		

1.2 Bridging different levels between sidewalk/walkway and road surface

General

	Yes	No	Notes
1.2.1 Is there a height difference along the route which is bridged with a ramp – dropped kerb? If yes, please mark it on the map.			
1.2.2 Continuity: does a ramp / dropped kerb exist at the opposite side of the road?			
1.2.3 In case there is a "safety island" on the road do they exist ramps/dropped kerbs on it?			
1.2.4 Do safety island's ramps/dropped kerbs correspond to those of the road/sidewalks?			
1.2.5 Visibility: can a pedestrian easily see the opposite side of the road?			
1.2.6 Placement: are ramps / dropped kerbs located where the pedestrians "naturally" want to cross the road?			
1.2.7 Do obstacles exist that restrict the ramp's width?			
1.2.8 Is the ramp usually occupied by parked vehicles?			

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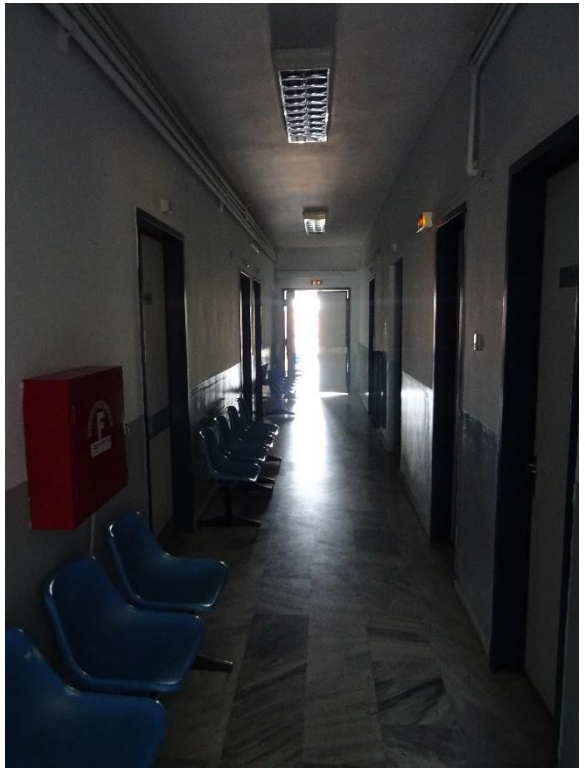

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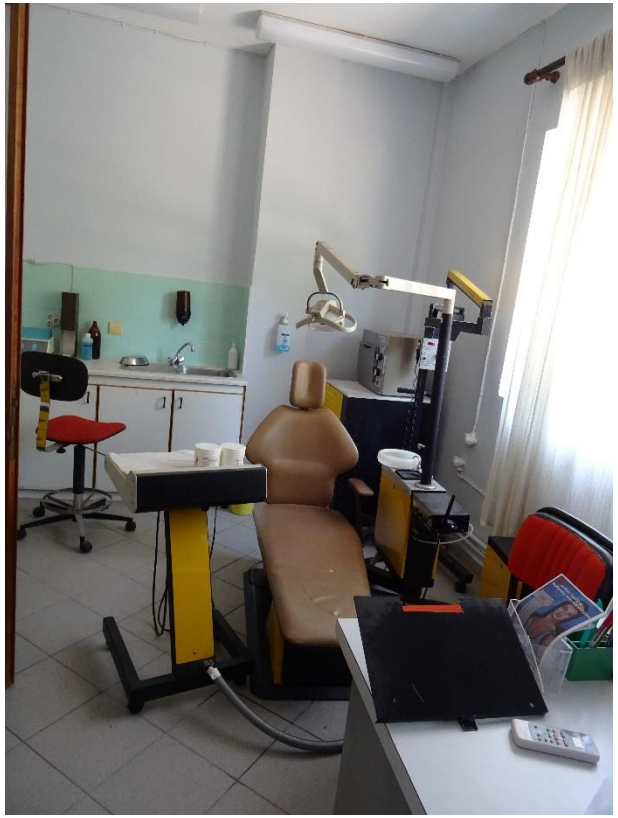
Accessibility evaluation of Iasmos PHC



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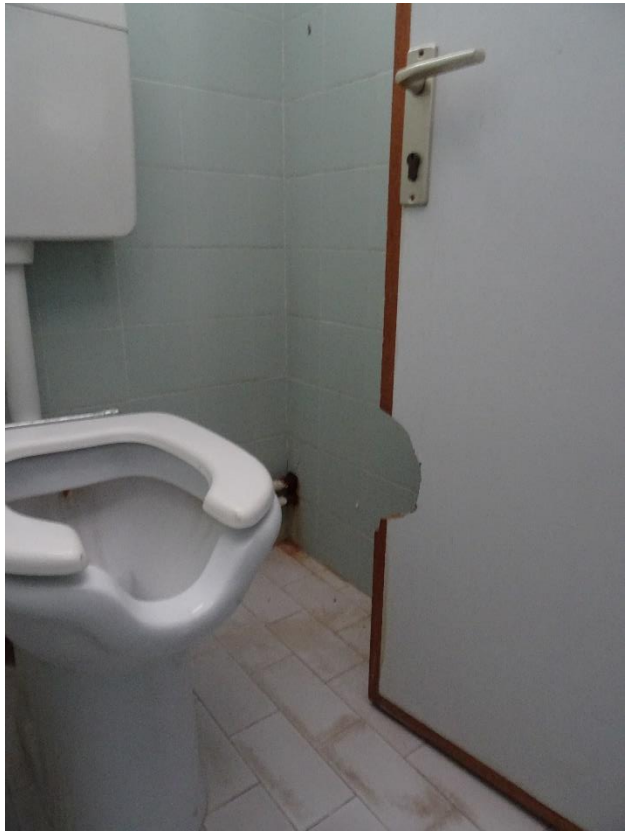

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Accessibility evaluation of Iasmos PHC

Conclusions

- The methodology was applied successfully to a small PHC unit
- The Iasmos PHC centre offered basic access to disabled visitors
- Small scale interventions could lead to marked improvements
- The creation of an accessible toilet a major priority
- No particular provisions to patients with sensory disabilities

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Further actions

- D 4.1 Constraints' analysis to access PHC:

- proposed delivery date: Early 2019 (involved PB2 and PB3 through the implementation of interviews)

- D4.2 Primary Health Care infrastructure accessibility assessment

- proposed delivery date: Early 2019 (involved PB2 and PB3)

Thank you

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