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Research Article

Community Health Needs Assessment in Urban Communities in Kigali City In Rwanda: A Cluster-Randomized Trial

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Abstract

Introduction

Reporting of suspected or confirmed communicable diseases is paramount. Although physicians have primary responsibility for reporting, school nurses, laboratory directors, infection control practitioners, daycare center directors, health care facilities, state institutions and any other individuals providing health care services are also required to report communicable disease. Therefore, community health needs assessment in urban communities remains an essential instrument for the rapid and accurate dissemination of epidemiological information on cases and outbreaks of diseases under the national health regulations and other communicable diseases of public health importance, including emerging or re-emerging infections.

Purpose of the Study

To describe relevant medical needs of townspeople so that treatment plans can be developed accordingly.

Methods

The Study was cross-sectional with a qualitative approach. In-depth interviews and focus group interviews were used as research techniques. Data was categorized to look for emerging themes then further distilled to identify any abstract themes that could be understood holistically.

Results

Urban decision-makers need to advocate the problem of human resources in public health facilities and the mutual health insurance to revise its insurance policy to allow their clients to be received even in private clinics. Dental services were wished to be available in public health centers. Study participants suggested that new useful information could be posted in private public premises rather than to be in public institutions only.

Conclusion

The patient waiting time, dental services in health centers, and the way of dissemination of new health information, mutual health insurance and insufficient human resources are the major concerns of townspeople that they wish improvement.

Keywords:
Assessment; community; health; metropolitan; needs; urban

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Introduction

Community health needs assessment should not be confused with clinical needs assessments, which are routinely performed during an initial visit to a medical care provider. Community health needs assessment produces information that is relevant to groups and is not focused on the medical needs of individuals so that treatment plans can be developed accordingly. Furthermore, community health needs assessment should not be confused with assessment of disease prevention services. Since health is not seen merely as the absence of disease, community health needs assessment, therefore, focuses on general wellbeing. Of course, in many cases, disease prevention and promotion of general health overlap [6].

Definitions of community needs health assessment widely vary. While some definitions focus on data collection and analysis, others highlight the use of assessment data to develop objectives and action plans for health improvement [3]. A straightforward definition for community needs health assessment is “collecting and analyzing, and using data to educate and mobilize communications, develop priorities, garner resources, and plan actions to improve public health” [7]. In this article, we use the term Community Health needs Assessment to describe relevant medical needs of townspeople so that treatment plans can be developed accordingly.

Community health needs assessment in urban communities remains an essential instrument for the rapid and accurate dissemination of epidemiological information on cases and outbreaks of diseases.

Urban people find it more difficult than rural communities to address threats to public health security effectively because they lack the necessary resources [1], [2]. There is little evidence that professionals and policy-makers in the fields of public health, foreign policy and national security are much sufficiently able to maintain open dialogue on endemic diseases and practices that pose community health threats [1]. Community health needs satisfaction seems to be calling upon global cooperation in surveillance and outbreak alert and response between governments, private sector industries and organizations, professional associations, academic, media agencies and civil society, building particularly on the eradication of diseases to create an effective and comprehensive surveillance and response to community health needs [3]. With rare exceptions, threats to public health are generally known and manageable. This survey was relatively rigorous in terms of the techniques used to ensure the scientific/statistical validity of both sampling and results regarding the population studied [4]. For this study, different approaches were used. The decision was made to gather data from a considerably larger group of individuals and houses, attempting to gather information related to needs of all populations (rather than focusing on the indigent), with less attention being paid to scientific or statistical «rigor,» per se. In addition, a decision was made to broaden the information gathering to include input from both actual «consumers» of health services provided by local urban health facilities and human service agencies, and the «general public.» This new methodology was employed in order to ensure the widest possible range of responses and to reach as many people as possible while still completing the assessment within the community [2], [5]. The purpose of a CHNA is to not only describe the health of a community but also to pinpoint health gaps and trends that need to be addressed; once needs are identified, decisions can be made to directly enact community change.

Respondents were asked what they consider to be important when thinking about the level or quality of health of a community and its residents. This question intentionally lacked specific reference to the local community, encouraging respondents to think more broadly and possibly in more «ideal» terms[1], [9]. Many noted that a key aspect of a healthy community is the notion of an engaged community, one that communicates[1], [3]. As one client focus group participant noted, «it's a community that communicates with itself.» In a related observation, another commented that a healthy community is one «that supports each other... that helps each other out.» As stated by reporter group in an interview, «(in a healthy community) People do know each other's business.» Another community health agent added when interviewed, «People feel known, and they feel safe.» An important aspect of this notion is the idea that people need to know where to go to obtain services: «(A healthy community) is a place where it's not a deep, dark secret where you can find the help that you need.»[1], [7] The importance of information availability and communication in general is perceived by all categories of respondent to be critical; and, as discussed later, this is an area of perceived weakness within the urban health service area [2], [3], [6]. Several participants commented that healthy communities need to have places where people come together to talk, to share and to communicate [1], [5]. Examples of meeting places mentioned by respondents include coffee shops, coffee houses, the «corner bar,» and/or community centers. Many commented that the urban health service area seems to be losing (or lacking) such «coming together» places; examples cited multiple times the lack of a senior center or program in some communities. Respondents used a fairly broad definition of «health» in speaking of a healthy community. Issues related to physical and mental health were mentioned most frequently (access to providers was seen as key by many participants, notably the physicians), but others mentioned the importance of providing social services, and spiritual support was a key component for a small number of participants [1], [10]. Many respondents noted that availability and access to services (of whatever sort) were essential components of a healthy community [3], [6]; this availability and access applies to all, regardless of their age, gender or social-economic status. «(A healthy community) is one that offers services to children.» «It is one that supports mothers.» «It cares about treating older people and children.» «Healthy communities care for people without the means to do so themselves.» Some respondents reported that a healthy community must be a tolerant community, and respect all members even if they hold different values [1], [3]. Examples were cited involving families in which the values of parents are at odds or rival those of their children, particularly teens. Others cited the importance of healthy communities being open to persons whose sexual preferences or gender identity differs from the overall community or «traditional» norms. Some felt that having a strong economic base as well as controlled and managed growth was essential elements of a healthy community. In this context, several

expressed concerns that growth in the city has taken place in a rapid and occasionally unmanaged manner - these were felt to be potential precursors to an unhealthy community [6], [9]. In addition, several respondents noted that affordability of services and programs (including housing, health care, social services, etc.) is essential to a healthy community; there was a feeling that several areas of the city, in particular Kigali, were becoming increasingly unaffordable for too many people. Some interviewees expressed the irony that the very people, on whom the City of Kigali depends for providing services to its residents, businesses, and tourists/diners, are finding it more and more difficult to live in or around the City themselves. The importance to a healthy community of strong educational programs and vibrant recreational and arts initiatives was also cited many times [1], [5]. One community health agent summarized her views of a healthy community in the interview by describing a healthy community as a place where «individuals can have their own pearls of joy.» Two focus group participants were somewhat less «statistically-oriented» in their response to comment on what they felt were the signs or indicators of a healthy community. Noted one, «It's when people are walking around with smiles on their faces, «and another, «it's when you walk down the street and people say `hi' to you.» Is This a Healthy Community? [3], [9]. In general, respondents felt that the communities served by the urban health professionals are relatively healthy. Several people compared the urban region to other communities, often larger, more urban environments, with which they were familiar [11], [12]. The urban region fared quite well in these comparisons. There is some variation, however, among the communities, and for particular «sub-communities.» [1], [7]. The responses to interviewees and focus group participants who were asked specifically to identify and discuss such gaps tended to uncover more negative comments or recommendations for improvement than they do positive statements in those areas perceived to be gaps or most in need of improvement [2], [10].

Methods

The Study was cross-sectional with a qualitative approach. To have the details of the situation under study and understand the reality to be interpreted, this research adopted an ontological and epistemological philosophy with subjectivism and interpretivism approach. In-depth interviews (individual interviews) and focus group interviews were used as research techniques. In-depth interviews were especially used to create an affinity between the researcher and research participant. For data analysis, data was categorized to look for emerging themes then further distilled to identify any abstract themes that could be understood holistically. The study enrolled 8 nurse head of health center, 8 community health officers at health center level, 8 medical doctors and 8 nurses from 4 public hospitals, 36 representatives of community health workers (CHWs) from 36 health centers, 10 people living in Kigali city, 8 medical doctors and 8 nurses from 3 private clinics. The study was conducted in 3 districts of Kigali city. The study participants were selected randomly. The focus group discussion was used for health providers and community health workers. The in-depth interviews were used for people where researchers reached them house to house. Health providers and community health workers were invited to meet with researchers at the place nearer with their working place. Each focus group discussion was composed of 8 persons. Before conducting interviews, researchers explained the objective of the study and accepted to be enrolled in the study by consent.

Results and Discussion

Testimony of Head of Health Centers on Community Health Needs

During the interview, the representative of health centers said they do not have sufficient health care providers compared with their daily clients. This is justified by the waiting time of clients. Another need is a regular payment of invoices by health insurances. The head of health centers explained in the following way:

> We have a shortage of health care providers where the number of health providers do not correspond to the number of clients waiting them. Clients spend much time waiting the service because one health provider could have task of working in more than two services (i.e. Antenatal care, distribution of drug and hospitalization). Another issue is that health insurer delay to pay invoices of health facilities and this induce them in the lacking of payment of invoices of supplier pharmacy. Therefore health facility could have more debt of drug supplier and hence they can refuse to supply us for the next month because of debts.

Testimony of Community Health Officers on Community Health Needs

During the interview, community health officers said they community have a problem of unwanted pregnancies in youth may be due to lack of information about reproductive health service offered at health facilities. Another community need is to license private clinics to receive clients of a public mutual health insurance because patients are overloaded at public health facilities whereas private clinics have no more clients. The community also need that new health service information could be posted in public places like bars, pubs, coffee shops and coffee houses rather than to pass in media and post at public institutions only.

The community health officers explained in the following way:

> Our community have a problem of awareness on new useful health information about new services offered at health facilities like reproductive health services for youth. The community also suggest that public mutual health insurance which are used by ordinary people could work with private clinics and pharmacies. They also suggest that new health service information could be posted in public places like bars, pubs, coffee shops and coffee houses rather than to pass in media and post at public institutions only.

Testimony of Community Health Workers on Community Health Needs

During the interview, community health workers had a quite similar view of community needs as their representative at health centers level (community health officers). They said that it is difficult to call a meeting and be attended on satisfactory level. People are busy in searching their daily family needs. In this case community health workers who are supposed to create awareness of new information of health services became obliged to go house to house and most of the time they find none because the homes are closed. They suggest to use media and posts of everywhere. The community health workers explained in the following way:

> When we are assigned a duty of creating awareness of new health servise, it become difficult for us to do because the life in town is far different from that in countryside. In a rural area you can call a community meeting and the community attend it. In town it is not easy but most of townspeople know to read and they may have curiosity of reading something posted somewhere they see and they can hear media, all of those are the additional means which can support the activity of community health workers of creating awarenes of health services in community and if both are used at maximun, together they can earn production.

Testimony of People Living in Kigali City on Community Health Needs

During the interview, people living in Kigali said that dental therapy is a service that is needed to be added to the services offered at health centers and staffs should be increased because a patient spends much time at public health centers waiting for the service. They desire public mutual health insurance to work with private clinics and pharmacies.

The people explained in the following way:

People said that detoothing and dental therapy are the primary health services but they are find at hospital and at private clinics not at health center. This service become expensive for people who seek treatment in private clinics because they do not work with ordinary people mutual health insurence and require to wait much time when going at public hospital. At most public health centers and hospital, the patient waiting time is high. It is not fair for a public mutual health insured patient who miss the drug prescribe in public health facilities and asked to go to buy it in private pharmacy knowing that mutual health insurence does not cover any price in private facilities. We judge that the right of this personne is violated.

Testimony of Medical Doctors from Public Hospitals on Community Health Needs

During the interview, medical doctor working in public hospital said that the patients wait for the service much time and most of the time they get angry with the service. The Doctors explained in the following way:

Doctors said that we receive patients which are beyond the normal number of patient expected to received by one Doctor per day. So we become tired and sometimes patient claim about the waiting time. The state is required to increase the addmission of Doctors in public hospitals

Testimony of Nurses from Public Hospitals on Community Health Needs

During the interview, Nurses working in public hospitals said the similar to the doctors working together, they human resources intervention is required to satisfy the service needed by patients in public health facilities. The nurses explained in the following way:

Nurses said that working in public health facilities are overloaded by the clients whereas in private sometimes they are free. This big number of patient waiting the service in public hospital is due to the lack of contract of payment of medical invoices public mutual health has with private clinics hence people remain having one choice of going in public health facilities.

Testimony of Medical Doctors from Private Clinic on Community Health Needs

During the interview, medical doctor working in private hospital said that they have an obstacle of not working with mutual health insurance of ordinary people, they work with private insurers only and the civil servants health insurance. The Doctors explained in the following way:

> Doctors said that we do not receive enough patients because the majority of people use mitual helth insurance and we do not have permit the receive patient with mitual helth insurance. When they come seeking care in our clinics they ow to pay privately. Most of the time those patients are not affordable for our health service invoices.

Testimony of Nurses from Private Clinics on Community Health Needs

During the interview, nurses working in private hospital said that public mutual health insurance should be flexible to let their client choose where they want health services like done by other insurers. The nurses explained in the following way:

> Nurses said that private clinics were provided to help public health facility to achieve the access and equitable health services for the population. To find ordinary people which are the mojority not having the right to choose to seek health services in both private and public clinic is not fair. The mutual health insurance should revise its policy of insurence and allow their clients to choose services of either public clinics or private clinics as done by the private insurer and the insurance of civil servants.

Conclusion

It is evident from this study that although urban residents are generally satisfied with health services within the urban health service, gaps do exist. Urban decision-makers need to advocate the problem of human resources in public health facilities and the mutual health insurance to revise its insurance policy to allow their clients to be received even in private clinics. Dental services were wished to be available in public health centers. Study participants suggested that new useful information could be posted in private public premises rather than to be in public institutions only.

Competing Interests

The authors have declared that no competing interests exist.

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