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Community system of social support

Abstract

Community System of Social Support is the basis of modern health care systems not only in Poland but all over the world in the prophylaxis-treatment-rehabilitation procedure.

In Poland, family doctors, commune councils and territorial self-governments are involved in it. Family doctors perform a substantial function, whereas commune councils and territorial self-governments an administrative one. The principle of the system work is evaluation of its benefits. Its aim is the reduction of the number of patients who abuse alcohol and those who abuse alcohol despite treatment.

Keywords: Community System of Social Support, family doctors, alcohol.

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INTRODUCTION

Community System of Social Support is the basis for prophylaxis-treatment-rehabilitation activities of the family doctor towards people abusing alcohol. This system is based on the legal regulations which determine its organizational and functional structures and tasks in the area of the family doctor. The bases for Community System of Social Support are the commune council, territorial self-government, family doctor, who rely mainly on the assumptions of Communal Committee for Prevention and Resolving Alcohol Problems (GKPiRPA). Evaluating the results of investigations of reducing the number of patients who abuse alcohol and those who abuse alcohol despite alcohol treatment, it is possible to estimate this phenomenon in the preventive – therapeutic area of the family doctor which affects modification of Communal Program of Prevention and Resolving Alcohol Problems. The program includes the administrative part, created by the commune council, territorial self-government and Communal Program of Prevention and Resolving Alcohol Problems and the merits, which are the domain of the family doctor. Evaluation of the results allows to adjust the program to current and prospective health needs in the preventive-therapeutic region.

Legislation of Social Support Community System

Community System of Social Support is based on the amended law of 1982 on education in sobriety and counteracting alcoholism, on the National Prevention and Resolving Alcohol Problems Program for the years 2011-2015, on the Decree by the Minister of Health Care regarding alcohol drinking and medical care, on the College of Family Physicians in Poland (KLRwP) assignments, on the PARPA (The State Agency for the Prevention of Alcohol-Related Problems), Communal Prevention and Resolving

Alcohol Problems Programs, as well as on the own investigations. An evaluation of changes concerning the role of primary health care physicians in the prophylaxis-treatment-rehabilitation procedure is applied to alcohol addicts in the transforming health care system in the central-east region, that is how the system of changes was elaborated in the domain and quality of medical service by the family doctor which is discussed below. This system is called the Community System of Social Support.

Based on the law on education in sobriety and counteracting alcoholism of 1982 [1], the primary health care plays a special role in quitting alcohol drinking with help of medical care. An important role can be played by primary health care physicians, particularly by general practitioners and family doctors. The amended law, creating a complementary system of activity including both government administration (central and regional) and territorial self-government, provided some basis for creating the own policy satisfying local needs and possibilities concerning alcoholism. The law of 26 October 1982 on education in sobriety and counteracting alcoholism [1] states that prophylaxis and alcohol problems solution as well as social integration of alcohol abusing or alcohol addicted people is the task of the commune. The legislation charged communes with specific competences and tasks as far as alcohol problems solution is concerned. The legislator also established the source of financing within formation of own policy towards alcoholism in the local community; the role of primary health care physicians is created as for establishment and optimization of quitting alcohol drinking, treatments, informative prophylactic activity, standards of counteracting violence in the family etc. Since 1992 the commune alcohol prophylaxis programs have been introduced. Now, the local communities – commune councils and local self-governments have the key for alcohol problems solution. Effective preventive initiatives

require parallel acting on both individual and commune changes. Self-government authorities should employ their forces and means in prophylactic actions. A significant role should be played by the family doctor as an initiator and coordinator of taking action in his/her preventive-treatment region. These actions will be effective if they are optimized and complex. In order to prepare the local program, knowledge about size and character as well as local specificity are indispensable. The most important directions of prophylactic actions are salubrious education, formation of proper social attitudes and relations "I" – "you"; "we" – "they", formation of the own system of values and ego power. The primary healthcare physician should take into consideration these tasks through the activities in local community structures in close cooperation with local residents, places of education, centres of spending free time, organizations, sobriety associations and mutual aid societies and other health care centres, Church, local self-government groups, welfare organizations, police, court of justice and public prosecutor's office.

The Decree by the Minister of Health of 5 March 1998 referring to the giving up drinking alcohol with help of medical institutions and part of primary health institutions taking care of alcohol addicted people includes the assignments for primary health care organizational units.

The present binding decrees by the Minister of Health are: The Decree of 31 December, 1999 regarding organization, staff qualifications, rules of functioning and kinds of alcohol treatment institutions and participation of other health care units in taking care of alcohol-abused people. Based on Article 22 paragraph 2 points 1 and 2 of the law of 26 October 1982 on education in sobriety and counteracting alcoholism [1-4].

The Decree of the Minister of Health of 25 June 2012 regarding organization, staff qualifications, ways of functioning and kinds of the institutions providing stationary and twenty four hours as well as policlinic medical care of alcohol addicted people and their ways of cooperation with public and social institutions – Article 22 paragraph 3 of 26 October 1982 on education in sobriety and counteracting, alcoholism [1,3,4].

Primary health care units provide services aimed at earlier finding those who abuse alcohol, at proper treatment of their somatic disorders as well as at alcohol treatment of those who do not need or do not want any specialistic procedures. The family doctor who, along with the local community, territorial self-government and in accordance with the Communal Prevention and Resolving Alcohol Problems Program should create a complex action program aiming at the change of individual and community style of drinking alcohol, is the basis of this system.

While providing health care services, the primary health care physician should cooperate with:

- primary health care nurse,
- primary health care midwife,
- community education nurse and other service providers in accordance with the needs of services takers as well as representatives of health organizations and institutions.

The team cooperates with health organisations and institutions, social workers, teams of palliative care etc. The family doctor takes care of about 2500 residents in the preventive-treatment region. According to the contract with the National Health Funds, the family doctor's duties are not only treatment but first of all health promotion and rehabilitation. The legal basis is Decree No. 85/2011/DSOZ of the President of the Na-

tional Health Fund of 17 November 201 concerning defining conditions of finalization and realization of contracts on providing services such as primary medical care.

Organizational Rules of Social Support Community System

The state of population of health in the preventive and treatment region is conditioned by the natural habitat (physical, chemical and biological factors) as well as social environment (political, economic, ethical and moral, cultural, psychological, legal, religious factors, etc.). They form a local ecological system which affects the health state of population. Monitoring population's health state allows the family doctor to plan health needs of current and prospective charges. This affects functioning of medical practice in the preventive and treatment region in which range and quality of medical services are measured by efficiency that is effectiveness of prophylactic-treatment-rehabilitation actions of the family doctor and satisfaction of patients and workers of the health care system. As mentioned above, the family doctor is a creator of patients' health education conducted within prophylaxis of non-specific first phase (individual and collective).

ŚSWS (Community System of Social Support) is largely based on the analysis of health care and health needs of local community. According to the definition of health by WHO "health is not only a complete lack of disease or disability but also the state of full physical, mental and social well being (being in a good frame of mind)". A very important role of the family doctor is not only to take care of somatic health state but also of mental and social well being of patients. Health services provided by the family doctor are: health promotion – health security, prevention from diseases, treatment and rehabilitation. The psychosocial rehabilitation process for alcohol-addicted people includes: resocialization, readaptation and reeducation which is the basis for the family doctor. He has an influence on the patients' individual lifestyle elements (smoking cigarettes, alcohol drinking, taking preventive actions etc.). They are affected as well as modified and limited by the psychosocial environment, including family, society and cultural values. Local community has its own system of values, standards, behaviour, support and cooperation network.

Members of ŚSWS (Community System of Social Support), within the primary (prevention, treatment), secondary (diagnosis and treatment) and tertiary (professional and psychosocial treatment rehabilitation) health care as well as using special methods, perform the tasks aimed at change of individual and environmental style of drinking alcohol. These three organizational and functional levels of health care system are the basis for establishment of ŚSWS (Community System of Social Support).

At the stage of ŚSWS (Community System of Social Support) construction, commune council, territorial self-government, particularly Communal Committee for Prevention and Resolving Alcohol Problems (GKPiRPA) and the family doctor's help are mainly based on the assumptions of Communal Prevention and Resolving Alcohol Problems Program. The specialists trained by PARPA (National Agency for Alcohol Problems Solution) play an important role at this stage of system construction. They initiate the assumptions of National Prevention and Resolving Alcohol Problems Program in a professional way. Plenipotentiaries responsible for alcohol prob-

lems solution work in every voivodeship and since 1992 commune alcohol prophylaxis programs have been initiated. Aims and methods of collecting data on population's health state and health needs resulting from it promote ŚSWS (Community System of Social Support) establishment. The estimation of advantages, particularly decrease in the number of alcohol abusing patients and those abusing alcohol despite alcohol treatment through evaluation of results is a very important element of this system. This is a measure of range and quality of medical services provided by the family doctor. Monitoring health conditions of the alcohol-addicted patients and those abusing alcohol, despite alcohol treatment is to check if functioning of ŚSWS (Community System of Social Support) is consistent with its establishment. This is a very important stage of organization and functioning of the system because it indicates the quality of interactions. Initiation of ŚSWS (Community System of Social Support) of recognized organizational and functional efficacy is the basis for keeping defined standards by family doctors. However, it should be considered how routine realization meets these quality standards. If the standards of prophylactic-treatment-rehabilitation procedure of the family doctor do not depart from those included in Communal Prevention and Resolving Alcohol Problems Program, it can be assumed that the program disseminated within ŚSWS (Community System of Social Support) keeps its defined efficacy adaptation to defined factors of the local ecological system and efficacy of the program within ŚSWS (Community System of Social Support) is the essential basis of system functioning efficiency. The main aim is change of individual and environmental style of drinking alcohol through the health education within prophylaxis of non-specific first phase as regards primary care in the health protection system. Enhancing efficiency of prophylactic-treatment-rehabilitation interactions constitutes the basis for functioning of the family doctor in the prevention-treatment area.

The program consists of an administrative part created by the commune council, territorial self government, particularly by GKPİRPA (Communal Committee for Prevention and Resolving Alcohol Problems) – a social committee acting based on the law of sobriety education and counteracting alcoholism. This organization realizes the tasks of the above law as well as that about counteracting drug addiction. The main role of the committee is prophylaxis and alcohol problems solution, social integration of people abusing alcohol and development of their accessibility to therapy and rehabilitation. The committee is appointed in each commune by a chief officer of a group of villages, mayor or president of the city (correspondingly to the action). GKPİRPA (Communal Committee for Prevention and Resolving Alcohol Problems) as a commune council MK-PİRPA (Municipal Committee for Prevention and Resolving Alcohol Problems) as a municipal council or –M-GKPİRPA (Municipal and Communal Committee for Prevention and Resolving Alcohol Problems) as a municipal-communal one. There can be also appointed a plenipotentiary who is responsible for realization of communal prophylaxis and alcohol problems solution program. As a rule, each committee has a president and a secretary. They run the committee debates.

The second part of the program are the merits and this is the domain of the family doctor's action. Both parts of the program are closely related. The efficiency of the program largely depends on joint active action of the communal council, territorial self-government and the family doctor which can be

achieved basing on both parties meetings aimed at elaboration of a common strategy procedure. The family doctor is a program creator in the substantial sense but the commune council and territorial council are coordinators as far as organization, functioning and administration are concerned. Organization of local instructions within the health education, particularly individual and collective education about alcohol abuse and the problems resulting from it, is the domain of commune council and territorial self government with the active participation of the family doctor, responsible for substantial program of health education, the primary health care nurse and the nurses from the education environment. Monitoring the routine realization of the program within ŚSWS (Community System of Social Support) should answer the question if basic organizational functional assumptions of the program were accomplished which inhibited realization of its basic elements and to what extent the assigned standards of prophylaxis-treatment-rehabilitation program were achieved. This program should be initiated in the communal-municipal and rural environments. The range and quality of medical service included in the program of those both types of environment and their applicability in accomplishment of those undertakings in ŚSWS (Community System of Social Support) is of significant importance for its accomplishment. Monitoring is an unchanging element of gradual initiation of this program and its dynamic adjustment to current health needs and assumptions of Communal Prevention and Resolving Alcohol Problems Program. This refers to both, administration and merits. The procedure of collection results, which represent the course of the program, is of cascade character. Evaluation of the data is an important element of the program because it allows its current change. An essential part of the results evaluation is adjustment of the program to current and prospective health needs in the prevention and treatment areas. This is vital for quality of promotion services preventing development of disease, its treatment and rehabilitation included in the ŚSWS (Community System of Social Support) program.

All participants of the program fill in three kinds of questionnaires (patients, family doctors, and GKPİRPA). The family doctors are responsible for periodic and anonymous completion of three-question-long questionnaire by patients comprised into the program. It includes evaluation of the program by patients. The questions concern patients' satisfaction with participation in the therapeutic process which is evaluated in the five-part scale from "very satisfied" to "very unsatisfied". This is of significant importance for program realization. From the psychological sense, this makes it possible to identify the patient with the program through active participation in its realization. Then, the family doctor fills in the questionnaire which is designed for him. This is a modified version of the presentation interview questionnaire including 35 questions used for carrying out the own investigations. In the questionnaire about the role of the physician in recognizing causes and circumstances of alcohol abuse by patients, there is also evaluation of the program made by patients, its course in all stages of realization. Next, the questionnaires are submitted to GKPİRPA (Communal Committee for Prevention and Resolving Alcohol Problem). The committees fill in the questionnaires designed for them based on the data chosen from those, delivered by family doctors. Thus, the specification of the data on program accomplishment in its individual stages is prepared. The procedure of program monitoring enables eval-

uation of its accomplishment in the preventive and treatment area of the family doctor. The analysis of the collected material with respect to quality of program realization and efficiency of prophylactic effects is the basis for evaluation its realization in ŚSWS (Commune System of Social Support). An important element of the program are the investigations of prophylactic effects on this efficacy. The program should be realized first of all in the rural environment which is the result of the own investigations. There should be made some attempts to introduce it in the municipal environment (small and large towns). The schedule of training courses for family doctors, primary health care nurses, education environment nurses and other service providers as well as representatives of organizations and institutions acting in favour of health, should be prepared by GK-PiRPA in such a way that its realization is proceed according to the assumptions of basic instructions of commune council as well as Communal Prevention and Resolving Alcohol Problems Program. The instruction program should enable discussion on monitoring program in its individual stages: quality of their realization as well as organizational and functional problems concerning its realization. The value of the obtained data should promote modification of the program, evaluation of its popularization as well as effectiveness of training courses and satisfaction of patients and workers taking part in its realization.

CONCLUSIONS

Participation and active role of the family doctor in the rural environment as a coordinator of social support, mutual aid movement as well as cooperation with other organizational units of primary health care system are important factors of family doctor functioning in the preventive-therapeutic area.

Creating the Community System of Social Support in which the family doctor plays an initiating and coordinating role in the range and quality of medical services as well as the commune council and territorial self-government play such a role in the administrative area should be the objective of transforming health care system.

There should be created a system for evaluation benefits-reduction in a number of patients abusing alcohol and those abusing alcohol despite alcohol treatment through evaluation of the results based on the analysis of health condition of the population in the preventive-therapeutic region of the family doctor.

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