



Project title: Consultancy forms and further trainings for health visitors

Project ID number: HU12-0001-PP1-2016

Project financier: Norwegian Fund

Project Owner: Országos Tisztifőorvosi Hivatal

THE COMMUNICATION OF THE RESULTS

Consultancy forms and further trainings for health visitors –
results and experience during the one year of the project



WELCOME MESSAGE

The health visitor network and its operation is the characteristic of Hungary and it is almost unique in the world. The history of its formation is dated back as early as the World War I when the solution of the decreasing number of births, the increasing infant mortality, the extraordinary human loss, the lack of health culture, the ignorance and the continuously deteriorating health conditions became more and more urgent in the field of maternity and infant protection. In recognition of the ones above, on 13th June 1915, the progressive politicians and physicians founded the National Stefánia Alliance with which the work of health visitors and the institutional organisation of maternity and infant protection began. After a hundred years it can be stated that the health visitor service is the Hungarian national value which has been working for more than a hundred years day by day for the health maintenance and health promotion of the families.

For the protection of the health conditions of the Hungarian inhabitants, more national level projects managed by the Office of the Chief Medical Officer of State were initiated in the previous three years focusing on the health visitors. Besides the grants aiming the increase of the competence of the health visitors, we undertook a role in the development of the professional methodology of health visitors as well. However, our tasks have not been over yet. It is well known that there are further things to do for the health visitors, therefore, on 1st May 2016, the project no. HU12-0001-PP1-2016 was launched with the title "Improvement of the working conditions of health visitors active in Roma communities" financed by the Norway Fund, which covers besides ensuring the improvement of the working conditions of health visitors working in the disadvantaged regions and the provision of the deficient IT and special devices the mental hygienic support of the health visitors as well. Our aim by the performance of the project is to ensure a long-term support for the more efficient and advanced work of the health visitor service to increase on the value of the work of health visitors.

Dr. Tamás Szentes

Chief Medical Officer

*IMPROVEMENT OF THE WORKING CONDITIONS OF HEALTH VISITORS
ACTIVE IN ROMA COMMUNITIES*

CHALLENGES AND SUPPORT POSSIBILITIES

The field of health visitors occupies an important place in the basic healthcare in Hungary. The almost 5000 health visitors play an important role in the cooperation with pregnant women, the infant care and the consultancy in the families with young children, in the family and female protection and prevention. While during the main task of the work of health visitors in the infant and young children care is the support of healthy start of life (nourishment, nutrition, movement etc.), the almost one thousand school health visitors working in schools have to deal with behavioural disorders, drug and alcohol problems, civilizational diseases and their consequences. The health visitors working in the Family Protection Services play a key role in crisis situations, mostly concerning relationships, family and social issues. The health visitors working in hospitals perform basic tasks regarding the birth of the new-born babies. The recent changes in society accompanied with the widening of the public health, health promotion and health visitors roles. Health visitors had to learn a new professional field: the cervical screening. Cervical screening highly differs from the usual competences and activities of the health visitors, which they feel far from them and unable to be performed. Contrary to all these, hundreds of health visitors learned the theory and practice and perform cervical screening in an environment full of obstacles where they have to fight against themselves, their own confidence and self-esteem. Health visitors have to show a good resilience in many fields each day.

Our project financed by the Norway Fund intended to provide support, guidance and solutions to solve the challenges and problems above. The acquisition and distribution of mobile IT work stations (laptops) intended to help the rapid and quality performance of the more and more complex data supply tasks and by the establishment of the Contact Centre, a traceable and up-to-date connection system was intended to create to answer the

incoming IT and professional questions. Furthermore, educational materials and communicational publications were made and delivered to each district health visitor.

The most important professional programs of the project were performed in three counties of the north-eastern part of Hungary. Besides the mental hygienic and supervision support of the health visitors working mostly in the disadvantaged and Roma populated settlements of Szabolcs-Szatmár-Bereg, Borsod-Abaúj-Zemplén and Heves Counties, the interbranch cooperation was supported. With the help of the local community developer coordinators we promoted the alliance of the local actors to improve health and quality of life. In a small settlement in Borsod-Abaúj-Zemplén County, based on the resources of the project, a health club was established where a new micro-community was formed with the cooperation of the local health visitor, various local experts (psychologist, community developer, paramedic, kindergarten teacher, physiotherapist etc.) and the Roma women in the spirit of "health – value". Additionally, the initiation of another project is outlined by the health research among the Roma women in Borsod-Abaúj-Zemplén County, in which the health inequality and the health promotion are intended to deal with especially among the Roma population. The mental support of the experts and health visitors working in the basic care are considered as essential, since they often perform their everyday tasks alone, based on their own resources, often in replaced districts. In many cases this consumes all of her physical and mental reserves and they leave their profession. For the problems and questions arisen during the meetings of the Roma Reconciliation Board established during the project, a professional policy recommendation is going to be made, which will be delivered to the decision makers and which may serve as a basis of further project plans and programmes and may support the work of the experts working in the basic care and the interbranch cooperation.

The work of health visitors is a unique value and its support is our common responsibility.

Katalin Szőke
executive director

I. THE SUPPLY OF THE HEALTH VISITOR NETWORK WITH DEVICES

ENSURING LAPTOPS TO THE HEALTH VISITORS WORKING IN DISADVANTAGED REGIONS



To increase the efficiency of the work of health visitors, within the framework of the project, almost 1500 regional and school health visitors working in the basic care received laptops. The distribution of the devices was preceded by a nationwide survey as a result of which a list of priority was made. In the first place of this list, there were the health visitors working in disadvantaged regions followed by the ones taking care of highly endangered people. Finally, upon selection it was a decisive factor where the change of the devices are inevitable.

The laptops with installed Microsoft Windows and Office software were distributed together with training in the County seats of the districts, with the help of the department of public health of the government offices.

HEALTH VISITOR CONTACT CENTRE

To facilitate the daily work of the health visitors, a Contact Centre (CC) was established with a dual function. On the one hand, it makes possible a simplified fault reporting regarding the health visitor system and on the other, it provides professional support to health visitors. The system works electronically, the recording of the data is fast and simple, and the rapid search function highly facilitates work.

MATERIALS SUPPORTING THE PREVENTION WORK OF HEALTH VISITORS

Until now, a complex knowledge was missing from the everyday health visitor material, the methods of which can easily be adapted in the practice and easily be introduced to strengthen or, if necessary, modify the health

behaviour. Therefore, a simplified preventive education material dealing with health education was made, which directly supports and makes the communication more effective between the health visitors and the members of the disadvantaged target group. On the one hand, the material summarises the most important health maintenance information during six chapters and with colourful and informative images, improves the health behaviour of the disadvantaged, primarily Roma target group. On the other, it supports the health visitors with professional supplementary information about the same topics. The education material printed in 4500 copies were sent to each district health visitor and also to the higher education institutions where there is currently health visitor training in Hungary.

Along the concept of the creation of the educational material, a short film based on the real environment and containing short and simplified messages was made, which may be used by the health visitor together with the educational material, but also in itself during the consultancies, school presentations, health events or family events to deliver knowledge. The main characters of this informative audio-visual material with a length of almost 15 minutes are two health visitors supporting families living in villages and farms and giving advice in the fields of health, social issues and mental hygiene according to their individual needs. In the short film, certain details of the personal and environmental hygiene were elaborated according to the recommendations of the National Chief Health Visitor and the employees of the Health Visitor Methodology Department. In this film topics as washing hands, the importance of everyday hygiene and the regular brushing of teeth, making safe the free electric wires and sockets or the regular ventilation of the rooms are dealt with. The film is available for each health visitor in the following link:



http://norveg.vedonoi.antsz.hu/Tartalmak/Vedonoi_oktatoanyag_kiadvanyok/Oktato_-_ismeretterjeszto_film_a_vedonok_munkajanak_tamogatasahoz

II. PROFESSIONAL SUPPORT FOR HEALTH VISITORS

SUPERVISION



Health visitors working in disadvantaged settlements have to perform their daily activities often alone, without the support of a direct professional executive and a fellow health visitor. The regular emotional-mental maintenance is not ensured for them, they do not have confirmation in cases challenging their own personal and professional limits and they do not have any possibility to ask for support to process their cases accompanying with serious psychic load. Without support they may be unprotected against burnout, their resources to cope may decrease, they may leave the profession or they may struggle with psychosomatic diseases. Cervical screening, a new competence, which earlier was not involved in the scope of work of health visitors, may trigger another challenge for them. The prevention of burnout is necessary for health visitors, similarly to the experts working in the social or educational field and dealing with clients. Supervision consultancy is not specific in health care and there is no continuous professional support in this field, which would serve the care of the professional personality.

Therefore, within the framework of the "Supervision project element" in the three counties affected by leaving the profession and by the high number of unfilled districts, i.e. in Borsod-Abaúj-Zemplén, Heves and Szabolcs-Szatmár-Bereg Counties, possibility was ensured for each health visitor working in the field, in a mixed district, in schools, in hospitals or at the Family Protection Service to take part in different consultancy forms. The health visitors were able to select from a few forms of consultancy: group/team supervision, case discussion group and individual supervision. During the project, after the voluntary application of the health visitors, there were 18 individual supervisions, 7 case discussions in groups (involving altogether 50 health visitors) and 16 group supervisions (with the participation of 121 health visitors) embedded into accredited further training. For 15 chief health officers in the three counties, individual coaching was ensured. In two institutions in the target counties out of the higher education institutions taking part in the health visitor training in Hungary, i.e. the University of Miskolc and the Nyíregyháza training faculty

of the University of Debrecen, a group supervision was tried by the third and fourth year students. There were 34 students in 5 groups in Miskolc and 18 students in 3 groups successfully involved into the supervision organised as an optional course unit. In addition to the ones above, the health visitors taking part in cervical screening had the possibility to attend the training with the title "Taboos in women's protection – the psychology of cervical screening". Altogether 7 training groups were launched with the participation of 62 health visitors.

The popularity and the success of the mental hygienic support is shown by that there were multiple oversubscriptions for the consultancy forms: the number of the applicants exceeded the originally planned 200 heads even in the first period. The health visitors having participated in the consultancy forms were asked in the last occasion to complete a form assessing satisfaction to make the planning of the future project well-founded. The feedbacks from the health visitors show that supervision was a great professional help for them. The following sentences were written by health visitors in the questionnaires: "Without reference to myself, I see the issue from above and it is easier in this way to find a solution."; "It offers an even deeper understanding for the solution of the problems that the other members of the group can also tell their opinions"; "It is a self-knowledge training, the learning of self-expression and the strengthening of emotional motivation". At the same time, support was found useful not only from professional aspect, but also from the one of personal life: "Supervision hardened and reinforced my confidence. This method helped and helps the improvement of my professional personality, however, it also brings me forward in my private life, as a private person."

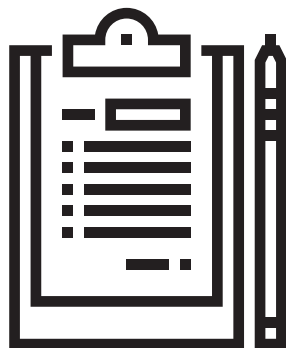
On the basis of the high number of applicants and the feedbacks from the health visitors, there is a significant need for the organisation and regular future performance of supervision and other mental hygienic further trainings in small groups. At the end of the project, we indicate and emphasise the demands and the positive feedbacks from health visitors towards the decision makers and we give recommendations to include the supervision, case discussion and skills training programme elements into each health care basic training and to make available the consultancy forms for the working health visitors and other health care experts to overcome the professional obstacles.

RESEARCH

The willingness of the Roma women to participate in public health screenings and health programs means a serious methodological challenge. To solve the issue, the project launched a research on the health behaviour and health consciousness of Roma women in Borsod-Abaúj-Zemplén County, particularly on their willingness to participate in the breast and cervical screening by considering the cultural characteristics.

Beside the discovery of the characteristics of their lives and lifestyles, the analysis of the health behaviour of Roma women covered the value attitude regarding health and the investigation of the motivation of the selection between healthy and unhealthy. It dealt also with the discovery of knowledge regarding diseases and their prevention and the analysis of the beliefs and misbeliefs preventing the participation in the public health screenings. Additionally, it revealed their relations to the actors of the basic health care, especially to the health visitor, the inequalities of the access to services, their customs regarding having child and child rearing and the way and sources of their access to health information. During the research, qualitative as well as quantitative investigation methods were used. Out of the 358 settlements in Borsod-Abaúj-Zemplén County, 31 were included into this research.

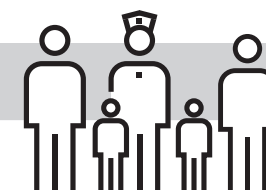
The selection was performed on the basis of certain points of view and it was also considered during selection to involve settlements from as many sub-regions within the county as possible. Within the framework of the quantitative analysis via a questionnaire, altogether 1000 Roma women were asked in the selected settlements. Furthermore, within the framework of the qualitative



research, half-structured interviews were made among Roma women and among people, such as health visitors, health care experts, local actors, social workers etc., knowing the knowledge and opinions of Roma women.

The findings of the health research was published in a final study. As a part of the final study, policy recommendation was made about what are to do to increase the activity of Roma women to take part in public health screenings. Our aim is to let the health policy decision makers use our described methodological recommendation upon the planning and formation of the strategy of national public health programmes and screenings.

III. HEALTH VISITOR IN THE COMMUNITY



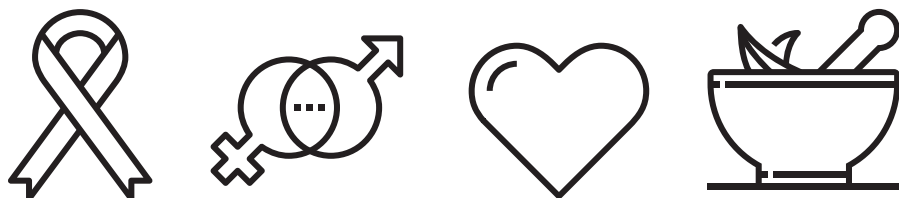
GOOD PRACTICES

Within the project many region-specific elements were performed in three counties of the two most disadvantaged regions of Hungary, which have significant Roma population: i.e. Borsod-Abaúj-Zemplén, Heves and Szabolcs-Szatmár-Bereg Counties. One of these region-specific elements was the "Good practices" project element, the most important activity of which was the search for good examples and programmes. The collection and generation of good practices together with the cooperation of the local actors were supported by five community developer regional coordinators. Their task is to reach the health visitor network and to form the local professional-community cooperation with the help of the tools of community work and to reveal the initiatives having been already using methods of this type.

Within the framework of the "Good practices" project element, a competition was announced among health visitors with the title "Community cooperation for health promotion". The aim of the competition was to search for the programs based on multi-actor cooperation, which, as a

progressive initiative, pay particular attention to the health challenges regarding disadvantaged families and especially Roma communities. The application of health visitors were expected for the competition who contribute to the efficient performance of their disease prevention and health development tasks.

The health visitors with an intent to participate might request professional support, if required, from the regional coordinators to make their introductory project. One of the most effective methods of this mentoring work was the personal meeting and discussion after making contact via phone. Afterwards, the health visitors made their projects together with the regional coordinators. From the three counties, altogether 34 projects were submitted with the following topics: "smart kitchen" programme preferring making healthy foods; recruitment for cervical screening by involving Roma grandmothers; widening of the knowledge of Roma mothers with small children; the physical and mental health protection of pupils living in highly disadvantaged settlements; prevention of the too early child delivery, the improvement of the relationship between Roma and non-Roma children with common sports events. The projects were evaluated by an independent professional jury with the members of the affected profession and the representatives of



the civil sector. The jury selected the six best projects on the basis of specific professional aspects, which received professional publicity in the final event of the project. Each health visitor having taken part in the performance of the grants received a prize. The prizes were made by Péter Botos, a Ferenczy Noémi prize winner glass artist.

With the organisation of the competition and with the involvement of the community developer experts, the project element reached its goal. "Community and cooperation" competences and already working practices and methods were got to know that do not organically belong to the health visitor tasks required by law and they are performed after working hours to serve the interests of community work. Owing to all these, in the local programmes the community methods and the approaches favouring the professional-community cooperation and based on the inclusion method may strengthen in the long run. As a result of all these, less external resources are necessary for the sustainability of the programme.

LOCAL HEALTH CLUB PROGRAMME

Farkaslyuk became the site of the pilot programme, which became highly popular among the colleagues performing the project and the local inhabitants as well. Farkaslyuk is a marginalised small settlement in Borsod-Abaúj-Zemplén County, where the ratio of the disadvantaged families is high. The aim of the project was to form a club-like community programme with the leadership of the local health visitor and the support of experts, which strengthens and develops health consciousness regarding lifestyle. The determination, the organisation and the execution of the topics of the health club was performed after the needs assessment of the local health visitor. Our specific aim was to let the participants receive theoretical and practical recommendations to adapt them in their own environment as well. During the courses we dealt with the proper personal and environmental hygiene, we were talking about the health of our souls, the positive effects of doing exercises, we made healthy foods, with

the help of an expert we introduced how to avoid child accidents and which addictions threaten us and our family members.

Upon the initiative of the participants, the programme lead by the local health visitors is going on in March with the cooperating local experts from own budget.

ROMA RECONCILIATION BOARD

For the request of the Norwegian party, a Roma Reconciliation Board (RRB) was established to ensure a regional level forum for the awareness and the monitoring of the project, the sharing of the relevant experience and for the description of the professional opinions and recommendations. Our aim is to review the activities of the project related to Roma communities and to identify the practices and possibilities of the interbranch cooperation. Additionally, in possession of the findings and experience of the project, recommendations are made for the decision makers of health policy and other fields about the forms of interbranch cooperation and the professional contents during the planning of further projects.

The first reconciliation forum of the RRB was held on 26th September 2016. The second reconciliation forum was held on 21st February 2017.

