

Policy Case No 5

IMPROVING HEALTHCARE SERVICES (Poland)



Improving farmers' wellbeing through social innovation



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The challenge of accessing healthcare services

Studies show that access to healthcare services is much more limited in rural areas than in urban areas, for instance in Poland is 2-2.5 times worse in rural than in urban areas. These challenges are evident in Podlasie, which is a traditionally agricultural region with a significant poverty problem. Elderly rural residents, often owners of small family farms, whose attachment to land and home is a part of their identity, particularly struggle with the lack of access to geriatric treatment and day-care homes, thus experiencing difficulties in accessing general practitioners. Elderly individuals in peripheral rural areas, particularly retired farmers, face financial constraints due to low incomes from pensions. This significantly hampers their ability to access healthcare services. Additionally, the loneliness experienced by these individuals, often after the loss of a spouse and without close family living nearby, compounds their difficulties.

The hospice care system in the region is also dysfunctional, which is a problem not only specific to this area but also prevalent throughout Poland. To address the needs of farmers and other rural dwellers, the Prophet Elias Hospice Foundation was established in 2009 and has been operating a home hospice since 2011.

Hospice care service

The hospice provides healthcare services for elderly, terminally, and chronically ill rural people of five municipalities in Podlaskie region so that they can live the last months of their lives with dignity. 80% of people using the services provided by this entity, are former farmers.

The most innovative aspects of the home hospice service

- Creating a network including neighbourhood help as well as informal groups, public sector organisations, and NGOs.
- The work of a Dependent Care Coordinator (KOOZ), who recognises patients' needs and organises the network activities.
- Members of the hospice's medical team (doctors, nurses, physiotherapists, psychologists, nutritionists, and caregivers) provide their services at home, tailoring their scope to the patient's needs.
- Hospice workers support families in caring for the elderly; they also educate and advise so those caring for their loved ones can better cope with the new reality.
- The foundation encourages neighbourly help in rural areas. In actions promoting mutual support, it refers to traditional values and the Christian ethos, presenting neighbourly help as "the simplest way of doing good". In this way, it sensitises the entire community to the needs of those at risk of exclusion.

The hospice team works closely with NGOs and the public sector. The Prophet Elias Hospice Foundation, in cooperation with the Regional Centre for Social Policy in Białystok, the Institute of Rural and Agricultural Development of the Polish Academy of Sciences, and the NGO Support Centre in Białystok is now implementing the "To Give What Is Really Needed" project.



This innovative model of professional home care creates a network of resources in rural areas that would help on many levels – from neighbourhood help and informal groups to public sector organisations and NGOs. The services provided by the home hospice are very important for farming families, taking care of dependent people by offering respite care for the former. Home hospice also covers farmers’ social needs through activities aimed at rebuilding social bonds with the local community.

Challenges of sustaining services and support needs

However, a series of challenges have also been identified. **There is a shortage of medical personnel, including carers, nurses, and physiotherapists**, and the availability of services such as psychologists or dieticians is virtually non-existent. Systemic issues further exacerbate the situation. For instance, nurses employed under the national health system often fail to fulfil their obligations of commuting to patients, and there is a need for regionalisation in rehabilitation services (assigning a patient to the areas where rehabilitation is located), hindering optimal service utilisation. Thanks to the project “To Give What Is Really Needed”, a specialised staff is provided, which is less available within the public health system due to staff shortages or poor quality of services.

Insufficient financial resources within the healthcare system, coupled with a limited catalogue of diseases covered by the national health system, result in many elderly and terminally ill individuals being excluded from public healthcare in their final stages of life. Municipal governments’ low activity in securing external funding for healthcare, especially palliative care, worsens this problem.

The lack of proper coordination among institutions involved in palliative and hospice care contributes to disparities in service quality between rural and urban areas, undermining the principle of territorial justice. Furthermore, the sanitary transport services which are more difficult to be provided than in urban areas, make it challenging to transport individuals with disabilities to specialised healthcare facilities, and the absence of respite care for families places an additional burden on them, exacerbating the lack of support.

The home hospice social innovation has not only created a **comprehensive palliative care system** (that includes doctors, nurses, caregivers, rehabilitators, dieticians, psychologists, and a local support network consisting of community leaders, volunteer groups, and neighbours) but **also offers specific services such as transportation** to reduce the transportation challenges faced by patients. This system is reliable and effective, filling the gaps in the national healthcare system. It also addresses the loneliness experienced by beneficiaries and provides the support they need.

Furthermore, social innovation activates local resources and promotes positive attitudes among young people. Through educational meetings, young people learn about the needs of the elderly and develop a sense of responsibility to help their families and neighbours.

Further information

Contact partners: KPODR & IRWIR (Poland): <https://farmwell-h2020.eu/partner-countries/poland/>

Check out FARMWELL website: www.farmwell-h2020.eu

Check out FARMWELL toolbox: <https://farmwell-h2020.eu/toolbox/>

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