"Public Health Policies – Training Romanian staff at Regional level to develop Public Health Policies (PHPRO)"

Report on Public Health Policy Development at regional level

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Interviews with:

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Document review of: Basis Document for the creation of Public Health Agency of Catalonia

Location: Department of Health of Catalonia; Subdirectorate for Health Promotion

The Department of Health of Catalonia (DHC) is a public health policy maker. It has full autonomy from its statutory law. It issues regulation and develops health programs. The regulation is either elaborated within DHC or it is a transposition of European Union directives. In the mean time the General Directorate for Public Health (GDPH) through its General Subdirectorate for Health Promotion (GSDHP) creates health promotion programs (the other side of policy making). The regulation issued by DHC is comprehensive (Health Law of Catalonia, Public Health Law of Catalonia, and Health Plan of Catalonia). The policy making function is one of the core institutions attributes of DHC. Based on the laws elaborated by DHC, various public health programs are designed and implemented according to the health risks and hazards for the population of Catalonia. These programs pertain to health promotion, health surveillance, health protection, disease prevention, food safety. A key role in elaborating public health programs will play the newly established Public Health Agency of Catalonia (ASPCAT). It is concerned with management of health risks and development of policies of health promotion and illness prevention as well as vigilance of health protection. The public health policies are correlated with other policies (social, education, traffic, trade, public administration, environmental health, housing, public order) and with other public policies of departments represented in the constituency of Public Health Agency of Catalonia. The other part of the Catalonia health system concerned with delivering health services to the people is managed and financed by another institution CATSALUT. Thus appears a clear separation between the preventive function and the service delivery function of the health system. There is also a separation between the regulatory function and the programme planning function within the Public Health Agency of Catalonia. This institution is built on a framework with four coordinates: clear definition of the organization's products (portfolio of services), maximum administrative autonomy, separation of technical and political dimensions in the performance of functions of public health and objective control of results (system of assessment). The portfolio of services consists of three types of services: epidemiological surveillance (monitoring the population's health status and its determinants), health protection (management of risk related to food and environment; health in the workplace too) and health promotion. The Health Plan of Catalonia will determine the scope of health promotion services. ASPCAT is also a healthcare authority performing authorizations, registering, inspections being able to take disciplinary measures as well as precautionary measures (immobilization and confiscation, closing to protect correction of deficiencies). ASPCAT is financed mainly by the Health Department of Catalonia but also from its own activity. ASPCAT has branches in the health areas of Catalonia, which in turn have their own territorial branches. The local communities participate fully in the

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governance of these public health institutions. The department of Health of Catalonia has a clear proactive approach to public health issues. In spite of receiving only 1.9% of total health expenditure as it will be seen below numerous public health programs are undertaken.

PUBLIC HEALTH PROGRAMS

Public Health programs are the translation into reality of the provisions of the Catalonia Health Plan. They aim at three broad targets: chronic disease prevention, health promotion (smoking control, diet, physical activity, injuries, alcohol abuse, drug use, sexual and reproductive health, mental health, working life) and immunization.

The Health Plan of Catalonia comprises the establishment of health priorities for the first decade of the 21st century by using a formula based on the following factors:

- The magnitude, according to general morbidity (prevalence/incidence).
- The severity, according to mortality, years of potential life lost, disability and subjective perception of social and economic burden.
- The effectiveness, according to the assessment of experts on the effectiveness in Catalonia of the measures of proven efficacy to prevent or treat health problem; it refers only to the part attainable by the system.
- The potential to increase healthy life expectancy which is divided in 3 categories: low, intermediate and high.

Within these health problems prioritized by the Health Plan for Catalonia, three levels of priority are considered: the five first are high priority, the five following of intermediate priority and the rest, of lower priority.

The health and risk-reduction activities for the year 2010 are the following:

- Promotion of healthy habits
- Preventing chronic diseases and accidents
- Prevention and control of communicable diseases
- Improvement of maternal and infant health
- Healthy aging
- Health protection
- Emerging health problems
- The good use of medicines
- Organ donation and transplantation

The health and risk-reduction targets for the year 2010 are the following:

• To reduce the prevalence of iron-deficiency anemia in fertile women (< 2%) and in children (< 1%)

• To obtain the same levels of perinatal mortality and congenital abnormalities in the gestation of known diabetic women as in non-diabetic women

• To reduce new cases of chronic renal failure in diabetics by a minimum of 25%

• To reduce mortality due to non-HIV infectious pathology in injection drug users by at least 50%

• To reverse the rising trend in the rates of respiratory tuberculosis in the native population (cases per 100,000 inhabitants)

• To reduce the proportion of fat in the diet to < 35% of energy and of saturated fats to < 10% of total calories; proportion of fat in diet from 41.5% (1986-87) to < 35% and proportion of saturated fats of total calories from 15.0% (1986-87) to < 10%

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• To reduce consumption of refined carbohydrates to 60 g /person /day; 91.9 g/person/day (1993)
• To increase the calorific contribution of complex carbohydrates to > 50% of daily calorific intake, from 42.0% (1986-87) to ≥ 50%
• To increase fiber intake to 30 g/person/day, from 16.8% (1993) to ≥ 30%
• To maintain levels of salt intake and reduce them when over 6 g/day

• To increase the prevalence of adults who walk 30 min/day (per 100) by 50%, from 61% to ≥ 91.5%
• To increase the prevalence of people aged > 14 years who do leisure-time physical exercise (per 100) by 50%, from 41% to ≥ 61.5%
• To reduce the prevalence of people aged > 14 years absolutely sedentary during leisure-time (per 100) > 40%, from 27% to 16.2%
• To increase the prevalence of adults who do vigorous leisure-time physical activity > 3 times per week (per 100) by 50%, from 13.0% to 19.5%
• To reduce the abandonment of physical exercise during leisure-time in people aged < 35 years (per 100) by 30%, from 77.8% to ≤ 54.5%

• To reduce the prevalence of overweight by 20% (per 100), from 27.8% to ≤ 22.2%
• To reduce the prevalence of obesity by 25% (per 100), from 11.91% to ≤ 8.9%

The institutions with responsibilities within the health system ought to act in a coordinated and coherent way to achieve the targets of the plan. The fundamental elements of this process are:

- the organization of institutions and services
- the involvement of the health professionals and of the public
- commitment and cross-sector work
- reliable information systems and accurate data
- evaluation of the results of the actions in terms of health, satisfaction and cost

To achieve this, the Health Plan of Catalonia comprises the following strategies to make health policies effective:

- Orientation of services in accordance to health policy
- Motivating health professionals
- Informing the public
- Cross sector cooperation
- Developing a reliable information system

Within the Health Plan of Catalonia, 5 strategic principles for Health Policy were adopted:

- **Cross-sector commitment in healthcare** meaning that maintaining and improving health is a cross-sector issue because the life of people doesn't have only the health dimension. In this respect several issues are important: care of people with health problems leading to dependence, healthcare for the immigrant population, measures to counteract violence against women, children and the elderly, interventions to protect health in fragile urban environments, accidental injuries, and health in the workplace.
- **Community action for health** considers that strategies for promoting health and preventing illness should be considered as an investment in health and development. Therefore policies need to foster healthy behaviours both individually and collectively. In this regard the following issues are tackled: the environment, the food safety, smoking, physical activity, eating habits.

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- **Healthcare, socio-sanitary care and public health focused on health needs** meaning that healthcare services respond to the healthcare needs of the population and are effective, accessible and equitable, with good results at a reasonable cost and are satisfactory for both users and professionals. They focus on: maternity and childcare, and emotional, sexual and reproductive health, oral health, transmittable diseases, diseases which can be prevented by vaccination, sexually transmitted infections (STI), infection by the human immunodeficiency virus and AIDS, tuberculosis, chronic diseases, cancer, diseases of the circulatory system, diabetes mellitus, obesity, respiratory diseases, rheumatic diseases and musculoskeletal disorders, chronic disabling neurological disease, slight cognitive deterioration and dementia, mental health and addictions, healthy ageing, care at the end of life, patient safety, nosocomial infections, the correct use of medication organ and tissue transplants and donations.
- **The role of healthcare professionals** is of outmost importance. They need to maintain their skills to guarantee safe, quality treatment within a framework of limited knowledge and resources. Healthcare professionals and the public need to redefine their relationship.
- **Participation of citizens** is also crucial. Health is a right and an individual and collective responsibility. Matching healthcare policies to the country and the social situation needs the creation of new government structures at the local level and a review of the functions, responsibilities and means of participation of the different people involved in the healthcare system. In this respect the policies are focused on the decentralization of the Catalan healthcare system and increasing participation by patients and the public in health and the healthcare system.

The Government of Catalonia or the Department of Health of Catalonia decides upon developing new public health policies (regulation) whereas the Department of Health of Catalonia and Public Health Agency of Catalonia decide upon developing programs. The stakeholders in these processes are the Government of Catalonia and the constituencies among the Department of Health of Catalonia and Public Health Agency of Catalonia; the stakeholders decide the developing of public health policies. The reasons for deciding to develop the PHP are the population health problems and health risks and hazards. The data used to justify decisions is statistical data (health, social and economic data).

The PHPs are developed within the DHC by its Public Health Directorate, Subdirectorate of Public Health; These PHPs consist of both regulation and programs. The Public Health Agency of Catalonia has attributions in health promotion, public health surveillance, health protection, disease prevention, food safety; some of the directorates of the Department of Health of Catalonia will be transferred to the Public Health Agency of Catalonia. Policies are developed now either in the DHC or PHAC or by task teams comprising specialists from these institutions as well as other specialists from PHA of Barcelona, or universities or other public institutions. Thus policies are developed in formal structures. PHAC or less formal task teams of experts develop the PHPs. The main stakeholders in the process are DHC and depending on the policy, other public institutions who have roles in implementing the policy. The stakeholders are involved in developing the PHP; their opinions are valued. Those who work in developing the PHP are public servants and experts from academic institutions and from the health services.

For developing a PHP the most important resources are the manpower employed and the health information system (including statistical data). In certain programs/projects the PHA of Barcelona provides expertise to the Department of Health of Catalonia. The essential elements in developing a PHP are establishing the health objectives and establishing a target population. The development methodology comprises an analysis phase (data gathering, data analysis), a planning phase (identifying priorities, planning, scheduling, assignment of

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tasks), and an action phase (approving the program, implementing the program). The data used to justify decisions and upon which the PHP is constructed is based on annual health reports, general health indicators and surveys (especially for programs promoting healthy behaviours).

The Department of Health of Catalonia approves the PHPs.

PHPs are implemented by the Department of Health of Catalonia and the Public Health Agency of Catalonia and Territorial Bureaus of the Department of Health of Catalonia; other public institutions, the Local Councils and healthcare providers also participate in implementation, depending on the PHP. Experts from the above mentioned institutions and other experts from medical organizations institutions work for implementing the PHPs; sometimes voluntaries participate too. The process of implementation of the PHP is financed by the Department of Health of Catalonia and the other public institutions involved, depending on the policy. Public Health Policies are implemented through a comprehensive, multi-disciplinary, multi-level approach, using various methods like counseling, advice, training seminars, guidelines, meetings and media campaigns.

The Department of Health of Catalonia through its experts from the Subdirectorate of Health Promotion monitors the PHP. Health, social, and economic indicators are used for monitoring the PHP. The data is usually provided by health care providers and NGOs. The statistical data is submitted to the Department of Health of Catalonia sometimes already analyzed, sometimes as raw data. Experts working in monitoring the PHP are usually public health experts. The monitoring of an implemented PHP is carried out on a permanent basis.

The PHPs are evaluated by the Department of Health of Catalonia. It can order independent surveys or evaluations.

The instruments (mechanisms) used to evaluate the PHPs are:
- the Annual health report
- special reports (evaluation of anti-smoking law of Spain)
- indicators and surveys

The monitoring process supports the evaluation. The evaluations of PHPs become public either by press releases or mainly through the annual health report.

An example of PHP in the field of health promotion is the **Integral Plan for Health Promotion through Physical Activity and Healthy Eating**. The plan was developed as a response to growing prevalence of overweight, obesity and sedentary habits in the population of Catalonia. Several studies showed a constant increase of prevalence these three health risk factors between 1992 and 2006. The aims of this project were:
- to develop informative and education activities
- to promote environmental changes leading to healthy lifestyles
- to increase the awareness of the population that healthy choices are feasible
- to promote inter-sectoral agreements and commitments which will favour an efficient use of resources

Population as a whole was a target group but interventions were tailored for specific segments. Multiple channels were used and several different actors worked in an integrated manner to promote healthy diets and physical activities. Schools provided health education (dissemination of a Healthy Eating Guide, workshops on food shopping and cooking, promoting the fruit and vegetable diets), catered healthy diets in their canteens (standards for menus and vending machines) and promoted physical activities especially but not only on

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their own premises. Community centres organized workshops for children and the elderly promoting healthy food (Mediterranean diet) and exercise (cycling schools, promotion of bicycles). Primary care providers prescribed physical activity for people on their capitation lists (advice on physical activity, utilization of municipal sports facilities in agreement with sports professionals). The physical activity recommendations consisted of general advice assessed advice (after a clinical evaluation) and supervised advice (under supervision of a sports trainer). Those were based on guidelines for recommending physical activity. The primary care professionals provided also health education (healthy diets for immigrants and chronic patients, prevention of obesity especially in children). Municipalities organized healthy pathways (popular walk events, bicycle lanes) and sports facilities for the disadvantaged. Working centres provided healthy menus and promoted physical activity (the use of stairs instead of elevators). The food industry adopted a self-regulation code for promoting healthy food. Shops and restaurants promoted Mediterranean diet. Media was also involved; spots were promoted on TV.

The experts interviewed were asked to make several recommendations regarding the main issues to be taken into account in case of establishment of a new regional institution in charge with developing and implementing PHPs in Romania. The following were recommended: a clear political vision, good political connections, clear institutional mission, good institutional structure, acknowledgement in the society, cooperation, technical skills of the employees. The institution should be accountable to population and listen to its demands (population is the main goal). It is also important the empowerment of people as stakeholders and recipients, and a good information system. Important success factors are considered to be: true decentralization of regions, confidence in professionals, and a strong relationship with population. Good relations with the health services providers and especially primary care providers were also mentioned. It was considered necessary a political will to allow a participative approach.

A very clear definition of limitations among various administrative levels is necessary. Local level can act as a laboratory for regional level. The local level is important for detecting problems.

The strengths of these processes are: comprehensiveness of functions, decentralization, know-how, team work, freedom of action at regional level. The implementation of successful PHPs at local level was possible due to the commitment to use evidence as a base for interventions, good leadership at all levels, comprehensive multi-disciplinary, multi-level approaches, advocacy, partnerships and public support.

A weakness of these processes is the separation between development and evaluation of public health policies. Another weakness is the financial constraint. An allocation considered optimal for public health was 2% of the total health budget not 1.5% as it is now.

The pitfalls to be avoided are lack of technical stability and the confusion between health information and problem solving.

The website of the Department of Health of Catalonia is a valuable resource to understand these processes.

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