

PRO HEALTH 65+

Health Promotion and Prevention of Risk – Action for Seniors



PROJECT POLICY BRIEF 1

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PUBLIC HEALTH ACTIVITIES: BRINGING THEORETICAL CONSIDERATIONS TO THE ATTENTION OF DECISION-MAKERS

ABSTRACT

Public health, as opposed to health care (curative medicine), is not based on sufficiently clear and studied theoretical concepts of funding sources and mechanisms. This is mainly due to the significant diversity in the components of public health. The diversity and vagueness of public health activities is an obstacle not only for comparisons between countries but also for carrying out those very activities. This policy brief presents key theoretical considerations about public health activities that can facilitate informed policy decisions on public health actions.

The brief emphasizes the state's responsibility in the public health area, as well as the role of grassroots civic involvement in creating conditions conducive to public health. Along with the increasingly more precise definitions of public health tasks in the new stage of epidemiological development, there is a pronounced need for coordinating both the public health activities and the resources for their funding.

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INTRODUCTION

The definition of public health covers a great variety of goals (development of health potential, maintaining health, quality of life), actions (inspection, promotion, prevention, screening, monitoring and studying health status, etc.) and recipients (the entire population, specific population groups). As a result, the activities undertaken within the framework of public health are diverse. On the one hand, there are direct government interventions, including a number of preventive measures to contain the risk of spread of diseases, and measures taken to secure the health of the population in the face of environmental hazards and disasters. On the other hand, there is a wide array of educational and promotional actions aimed at informing and persuading people to lead a healthy life, as well as actions concerned with defining and creating conditions for investing in a healthy lifestyle (e.g. infrastructure, funding, regulations, institutions, etc.). Public health is also about fostering knowledge generation (research) to influence individual and social choices related to health.

The diversity and vagueness of public health activities is an obstacle not only for drawing comparisons between countries but also for carrying out those very activities. This policy brief presents key theoretical considerations about public health activities that can facilitate informed policy decisions on public health actions.

POLICY CONTEXT

A wide range of present-day public health activities are the result of the historical development of the welfare state and health policy, which have led to a gradual increase in the scope of responsibility of public authorities for the health of societies. This increase of responsibility is also reflected in the second and third conceptual revolution that took place in the area of public health. It is now accepted that public health encompasses:

- activities related to the fight against infectious diseases and supervision of hygienic conditions in everyday life (the first conceptual revolution);
- direct and indirect measures for motivating people to adopt healthy lifestyles as the primary method for reducing non-communicable chronic diseases and premature mortality (the second conceptual revolution);
- interventions for developing complex (i.e. in many sectors and by many agents) conditions for good quality of life (the third conceptual revolution).

In each of these areas, there is an undeniable need of participation of public authorities and collective social actions, despite the fact that at the end of that chain we are dealing with individual choices. However, the requirement to implement evidence-based public health policies has drawn attention to the cost-effectiveness of public health actions to account for both health effects and public expenditure incurred.

EVIDENCE AND ANALYSIS

DATA POOL

The data for this policy brief come from a review of literature on public health and health promotion. Here, we only highlight the key theoretical considerations, which we consider relevant to decision-making.

FINDINGS

BETWEEN PUBLIC HEALTH AND HEALTH CARE

Historically, public health activities were undertaken by the medical community (physicians and nurses) and were concentrated both on the scientific side of the issue (e.g. through the study of the etiology of diseases) as well as on its social component (spreading hygienic standards and fighting extreme poverty). The increased social involvement in public health, which helped to improve the living conditions of people and to recognize the policy relevance of the issue, brought tangible results in terms of health improvements.

In 1974, the Canadian Minister of Health and Social Affairs issued an exposé on the importance of disease prevention for the health of the nation (*Lalonde MA. New perspective on the health of Canadians. Ottawa, Ontario, Canada: Information Canada, 1974*). The report presented a model of the health system, which emphasized that health promotion and disease prevention can influence population health more than medical services. By stressing these two areas of the health system, the report contributed to the appreciation of public health and, most of all, health promotion and prevention.

A few years later in the UK, a report known as the Black Report was published which showed that the health of blue-collar workers and their families was significantly worse than the health of others in the middle class. The report recommended to take actions in the health system, advocating health monitoring, especially in children, health education in schools, and promoting the wider access to basic health services. In this model, a medical doctor was supposed to be not just a physician but also a promoter and protector of the health of the entire family. In this regard, the concept of a family doctor, nowadays referred to as a general practitioner (GP) in the UK, blurs the boundaries between treatment and health promotion. This absence of a clear-cut line between public health and curative medicine (treatment) is also justified by the competence requirements for public health specialists and health promoters. Their knowledge and skills require an interdisciplinary background in both medicine and social studies, which is still not a sufficiently widespread combination.

THE PLACE OF HEALTH PROMOTION WITHIN THE PUBLIC HEALTH FRAMEWORK

The Ottawa Charter that resulted from the 1986 WHO conference highlighted the need of organized health promotion activities and identified those responsible for carrying them out. Health promotion was defined more broadly as an investment in health by investing in health determinants. Attention was drawn to the environmental determinants of health, taking into account both the social and environmental influence. The need for adequate actions for health in health policy was included in the framework of public health. The model advocating the creation of health resources became known as the salutogenic approach (i.e. the primary emphasis was on what promotes health rather than what causes disease).

In the US, the research focused on models of health, which pointed to the role of grassroots civic involvement in creating conditions conducive to health (the so-called setting approach). In Europe, studies were carried out on the social determinants of health. As a result, health promotion nowadays refers more to collective actions concerning the improvement of living conditions and the sanitation of the natural environment rather than on individual lifestyle choices. The significance of the individual dimension of health, however, is not diminishing. It is recognized that citizens should be aware of what promotes health and find the motivation as well as the support for positive health choices.

Activities in the field of health promotion

Subject (type of activity)	Entity defining the activity	Implementers	Target groups
Health promotion strategies and short-term policies	Government	National Health Agency	Entire population
Informing about healthy lifestyle	Governmental agencies based on evidences	Media	General population
Health education	Educational governmental agencies (e.g. Ministry of Education)	Schools	Young members of the population
Health advocacy	NGOs	NGOs	Various group of the population
Health promotion programs	Sectoral and regional/local agencies (cross-sectors)	Regions and communities	Various target groups: e. g. vulnerable groups and the elderly
Prevention	Health sector	Primary care, sanitary inspections	Various group of population

Source: own compilation

It is quite common to include disease prevention in the scope of health promotion. This typically involves three kinds of activities: (1) primary prevention provides measures for reducing the occurrence of diseases by managing the risk factors before they can cause the disease; (2) secondary prevention aims at reducing the development of diseases once early symptoms have been detected; (3) third-degree prevention is concerned with minimizing the after-effects of a disease and preventing its relapse. Drafting regulations and codifying practices in health promotion makes it possible to highlight the paramount activities characterizing health promotion, as shown in the table above. Defining health promotion and its quintessential activities is needed to define the responsible parties as well as to identify and estimate necessary financial resources.

STATE'S RESPONSIBILITY FOR PUBLIC HEALTH

The fact that the individual choice is such a prominent factor in public health begs the question of how 'public' public health really is. These considerations have been discussed by bioethicists as well as medical professionals and other specialists in public health. Their conclusions confirm the quintessential role of public authorities, but not so much the role of the central government as the role of the collective efforts and grassroots social activity. However, civic participation does not reduce the accountability of the governments for public health.

From an economic point of view, the arguments for the state's responsibility for the funding of public health and provision of public health programs, are based on the notion of public health as a public and quasi-public good. This means that public health measures focus on groups within the population rather than individuals, even though it is the individual who internalizes the message that is conveyed in those measures. There is a common belief that public health should be funded from public resources, such as the general tax revenue.

At an international level, the state's responsibility for health has been emphasized in the WHO concept of stewardship (Saltman RB, Ferroussier-Davis O. *The concept of stewardship in health policy. Bulletin of the World Health Organization, 78/2000 :732-739*). This state's responsibility is also acknowledged at a national level. As a result, governments around the world have passed numerous regulations related to the health of the population, have implemented various national health programs and have established institutions for public health that are responsible for health monitoring and for implementing state regulations.

The state's responsibility for public health is carried out by means of direct instruments aimed at the general public: setting standards for health services and administrative proceedings, imposing earmarked taxes, enforcing desired behaviors (e.g. nationwide screening and vaccination programs), imposing penalties on

unhealthy behaviors (e.g. fines for falling short of hygienic standards and for health-endangering actions). However, more and more emphasis is being placed on indirect instruments that are more focused on specific audiences: education, persuasion and promoting good practices. It is assumed that educating the public in the right manner and using tailored incentives can make citizens aware of the health problems and stimulate a healthy lifestyle. The combination of instruments can increase the efficiency of government policies.

FUNDING OF PUBLIC HEALTH

Given the established modes of public health funding in the US, a typology of public health funding has been proposed (see the table below), which defines four combinations of funds and their target allocations.

Typology of sources for funding of public health

Specification		Allocating and using resources	
		Public sector: state and local government level	Private sector: households, non-profit and for-profit NGOs
Creating and defining sources of funding	Public sector: state and local government level	Type A - public funding and public implementers	Type B - national regulations on individual taxes, fees and exemptions
	Private sector operating at different territorial levels	Type C - mainly private companies and employers 'forced' to engage in prevention of diseases related to their operations	Type D - private sources and market mechanisms for providing services in the field of prevention and screening tests

Source: Moulton AD, Halverson PK, Honoré PA, Berkowitz B. *Public health finance: a conceptual framework. Journal of Public Health Management and Practice, 2004, 10(5), s. 377-382.*

In Europe, type A public health funding seems to be prevalent most often. The main source of funding for public health is the state budget raised from general taxation. It is augmented by funds coming from regional and local government budgets, which are raised either directly from the taxes levied by devolved authorities, or the transfers from central authorities based on general taxation (e.g. in Poland). In this case, the means of public health funding are considered resources of the health sector despite the fact that other sectors also participate in the implementation of health programs. It should be noted that the funding of public health in Europe does not exclusively rely on the national budget. Social health insurance schemes also help finance a number of health programs for the entire population. Social health insurance funds are a source of funding for public health programs in Germany, Austria and Poland. In such cases, the public health policy sometimes depends more on the payer (and employers) than on the national health strategies.

In some European countries, for instance Austria, Finland, France, Greece, the UK, Switzerland, Bulgaria, Romania and Poland, an earmarked tax is imposed on alcoholic beverages and tobacco products, which is subsequently allocated (wholly or partially) to public health programs. This solution – controlling the consumption of alcohol and tobacco products while securing funds for specific health programs – is considered effective although it does not provide a strong enough motivation for the medical staff to carry out their public health mission. When funds raised from a tax on alcohol and tobacco are included in the general pool of budget resources for health, the level of consumers' acceptance for raising prices drops.

Sources of funding for public health in European countries



Source: own compilation

The funding of public health and health promotion particularly is much less stable than that of health care, and funds are usually raised on a program-to-program basis. There is a need of more civic and expert involvement. Attention should be also devoted to the coordination of prevention and health promotion activities.

IMPLICATIONS AND RECOMMENDATIONS

EUROPEAN LEVEL

- Encourage EU member states to continue to implement and subsidize public health programs and especially health promotion programs. The state's responsibilities in public health are confirmed at both theoretical level (the notion of public good) and policy level (the concept of stewardship).
- Stimulate EU member states to explore and develop the role of grassroots civic involvement in creating conditions conducive to health, and to assure the coordination of public health activities applying a more precise definition of public health tasks.
- Encourage EU member states to explore new and stable forms of public health funding by involving private actors in the implementation of direct public health instruments addressed to the general public as well as indirect ones to make the individual citizen more health conscious and to stimulate a healthy lifestyle.

NATIONAL LEVEL

- Allocate more resources to public health programs and especially health promotion programs.
- Foster the role of grassroots civic involvement in creating conditions conducive to health.
- Explore new and stable forms of public health funding by involving private actors.
- Assure the coordination of public health activities and apply more precise definitions of public health tasks.

RESEARCH PARAMETERS

PROJECT FOCUS

ProHealth 65+ is focused on health promotion and prevention of health risks among seniors. The project seeks to determine effective methods of promoting a healthy lifestyle among older population groups by bringing together knowledge and experience of main partners and health promoters from Poland, Germany, Italy and the Netherlands and exchange it with collaborating partners from Portugal, Greece, Bulgaria, Czech Republic and Hungary. The effective implementation of training for health promoters working with this age group is the ultimate project goal.

PROJECT OVERVIEW

Pro-Health 65+ project corresponds with directions of the EU strategic Health Program (the Second and Third Health Program). The project is focused on 'Investing in Health' as part of the Social Investment Package for Growth and Cohesion through professionally designed health promotion programs implemented by well-informed and efficiently operating health promoters. It is targeted at the elderly with the intention of providing them with good health and good quality of life, and enabling them to be active and socially integrated (Healthy Aging). It will be implemented as a collaborative project in close cooperation with partner countries using a variety of research and institutional experience. It will be important to add the project activities to other European and national activities so that they are complementary and compatible.

METHODOLOGY

This project is about research and implementation. It will use two sets of tools. For research, we will accumulate and develop knowledge: analyze previous studies related to the subject of health status of older people and the health determinants (social, economic and cultural) in different stages of life; identify and evaluate health promotion methods; analyze institutions of health promoters and also funding, distribution, and modelling of financial circuit and incentives; critically review cost-effectiveness analysis. Quality will be guaranteed by supervision of the Advisory Board and will be assessed in accordance with the rules of the project. For the implementation of project results, we plan to prepare a manual for health promotion that will help to fill the most common knowledge gaps among street-level health promoters and training materials for key institutions providing health promotion for the elderly. We will also conduct training in cooperation with the newly created Board of Health Promoters for selected street-level health promoters.

EXPECTED OUTCOMES

Widespread knowledge and use of evidence based and economically effective methods of health promotion within different groups of street-level health promoters (health care practitioners, policy-makers, local and NGOs activists, social workers, trade unionists, journalists etc.) is one direct result of the project. Analyzing different institutions of public health, legal basis, sources and methods of financing and cost-effective ways of conducting the work in this area, will enrich the knowledge on possibilities and barriers related to promoting health. The project will contribute to the application of relevant health promotion methods in joint actions in the field of public health.

PROJECT IDENTITY

PROJECT NAME	PRO HEALTH 65+ Health Promotion and Prevention of Risk – Action for Seniors
COORDINATORS	JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE Project leader: Prof. dr. hab. Stanisława Golinowska Project manager: Andrzej Kropiwnicki
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WEBSITE	http://pro-health65plus.eu
LINKEDIN FORUM	https://www.linkedin.com/groups/ProHealth-65-Health-Promotion-Prevention-8354412/about
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