

PRO HEALTH 65+

Health Promotion and Prevention of Risk – Action for Seniors



PROJECT POLICY BRIEF 10

September 2016

Andrea Poscia

Department of Public Health,
Università Cattolica del Sacro
Cuore, Rome, Italy

Roberto Falvo

Department of Public Health,
Università Cattolica del Sacro
Cuore, Rome, Italy

Daniele Ignazio La Milia

Department of Public Health,
Università Cattolica del Sacro
Cuore, Rome, Italy

Umberto Moscato

Department of Public Health,
Università Cattolica del Sacro
Cuore, Rome, Italy

Nicola Magnavita

Department of Public Health,
Università Cattolica del Sacro
Cuore, Rome, Italy

COUNTRY PROFILE – ITALY

Health Promotion for Older People – Institutional and Financial Aspects

ABSTRACT

Health Promotion for the elderly (HP4E) is an important issue in Italy, one of the countries where people live the longest. Strategies, programs and projects are decided and planned at national level, mainly by the Ministry of Health as part of the Pact for Health and the National Prevention Plan. Important competencies, funds and resources come from the Government, the Ministry of Labor and Social Policies and the Ministry of Internal Affairs. Moreover, European funds are available for programs and projects in this field. After proposition at Regional level, programs and projects are carried out at local level under the National Health Service, mainly by the Departments of Prevention and the Local Health Authorities in conjunction with municipalities and other relevant stakeholders such as NGOs, the voluntary sector, families, educational and religious entities. Since 1992, Italy has been engaged in HP4E to improve active life expectancy. However, lack of planning and resources for HP4E, policy diversification at regional level and a prevailing interest in care-assistance rather than health prevention and promotion have prevented a consistent implementation of HP4E throughout the country.

Disclaimer: This policy brief arises from the project Pro-Health65+ which has received funding from the European Union, in the framework of the Health Programme (2008-2013). The content of this publication represents the views of the authors and it is their sole responsibility; it can in no way be taken to reflect the views of the European Commission and/or the Executive Agency for Health and Consumers or any other body of the European Union. The European Commission and/or the Executive Agency do(es) not accept responsibility for any use that may be made of the information it contains.



Co-funded by
the Health Programme
of the European Union

INTRODUCTION

Like many other developed countries in the world, Italy is currently facing increasingly complex and systemic social challenges due to the demographic changes that have dramatically modified life expectancy and the composition of the population. In 2014, median life expectancy at birth was 82.5 years (84.8 for females and 79.9 for males), while median life expectancy at 65 was 21.2 years. The number of Italians aged over 65 could almost double between 2011 and 2065 to reach about 33% of the entire population (The National Institute for Statistics estimates an increase from 12 to 20 million). The 'oldest old' are the fastest growing part of the total population: an Italian woman of 116 years is currently the oldest person in the world, and the number of centenarians and super centenarians is expected to increase.

Concern is related more to the quality of life, than the quantity. It is estimated that in 2013, the healthy life years for people aged 65+ were 7.1 and 7.7: around one third of life expectancy. This means that two out of three aged people were ill. The "PASSI D'Argento" National Surveillance System reported that around 64% of people 65+ suffered from at least one chronic disease (33% cardiovascular diseases, 25% COPD; 20% diabetes; 13% cancer), while 13% had more than three chronic diseases. More in general, 39% of the elderly (65+) were in good health and with a low risk of illness, 24% were in good health but at risk of illness, 21% were infirm and at risk of disability and 16% were disabled. On the other hand, while the proportion of smokers declines with age (19%, 13% and 5%, respectively in the 60-64, 65-74, and 75+ age groups), the prevalence of alcohol consumers at risk among the elderly (65-74) remains high (21% in 2014), as does the share of elderly at risk due to physical inactivity (44%).

POLICY CONTEXT

In 1978, the post-war social security system that included a social health insurance administered by sickness funds, was substituted by a tax-funded National Health Service (Sistema Sanitario Nazionale-SSN) based on the Beveridge model that guaranteed comprehensive health care throughout the country. In recent years, three major reforms (Legislative Decrees 502/1992, 517/1993 and 229/1999) decentralised the system by giving power and autonomy to regional authorities, local health authorities (ASLs) and hospitals (AOs). With the 2001 reform of Constitutional Law, Regional Governments gained even more autonomy and responsibility, thus transforming Italy's healthcare system into a "regionally" organized National Health Service.

The Italian National Health system is based mainly on a tax-financed Beveridge model and supplemented by joint-payment for pharmaceuticals and outpatient care. Based on OECD data, in 2013 spending on health (excluding investment expenditure in the health sector) amounted to 8.8% of the GDP, slightly below the OECD average of 8.9%. National Health Fund for 2014 was around €110 billion and was divided into the three broad service areas that each Region guarantees as part of the benefit package: primary care (44%), secondary-tertiary care (51%) and prevention (5%).

The Italian Regions have complete freedom in allocating funds for various regional functions in accordance with their planning targets. This means that, even if health promotion is considered part of Public health and is entitled to receive at least 5% of the National Health Fund, this share was reduced to only 4.2% in 2013 (€4.9 billion), with wide regional variability [Meridiano Sanità,2016].

EVIDENCE AND ANALYSIS

DATA POOL

On the basis of expert opinions described by Sitko et al. (2016) "Institutional Analysis of Health Promotion for Older People in Europe - Concept and Research Tool" published in BMC Health Services Research 16(Suppl 5):327, the most important fields engaged in health promotion for elderly (HP4E) in Italy were identified as the health, social assistance and regional/local authority sectors. The complex picture of health promotion activities targeted at older people was analysed by reviewing the literature and interviewing national and local experts belonging to the three aforementioned sectors.

The main sources of information were scientific papers and grey literature as well as other materials: e.g. government websites, programmes and projects, guidelines and other publicly available sources that were accessible in Italian or in English. A fundamental contribution to knowledge of the role of institutions acting in HP4OP in Italy came from the experts, professionals and street level health promoters who kindly accepted the authors' interview: Serenella Fucksia (Italian Senate), Daniela Galeone and Giovanna Giannetti (Ministry of Health), Alfredo Ferrante (Ministry of Labour and Social policies), Antonio Mastrovincenzo (Council of the Marches Region), Alberto Perra (National Institute of Health), Gilberto Gentili (General Manager ASL Alessandria & National President CARD), Gianluigi de Palo and Emma Ciccarelli (Family Associations Forum), Giuliano Carrozzi and Francesco Venturelli (Local Health Authority ASL Modena), Antonietta Spadea (Local Health Authority ASL Roma1), Carlo Annona (Local Health Authority ASL Matera), Giovanni Peliti (General Practitioner Roma 1 and member of the ProHealth65+ Board of Health Promoters), Nicoletta Teodosi (Municipality of Cerveteri), Luca Vecchi (National Association of Italian Municipalities, Welfare Department).

FINDINGS

ORGANIZATION OF HP4E IN ITALY

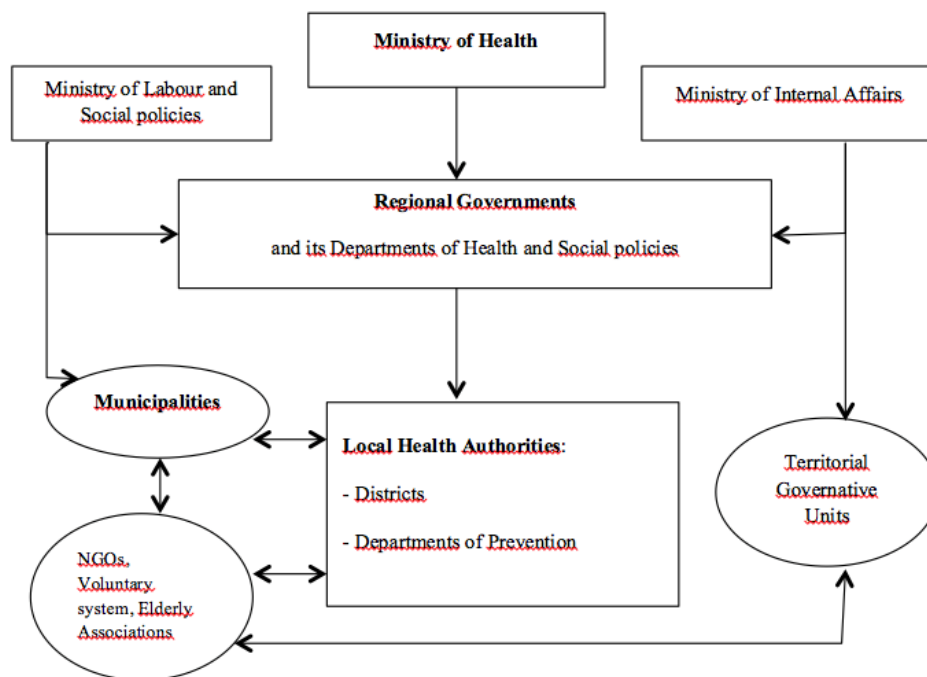
At national level, the Ministry of Health is the leading institution in the field of health promotion for the elderly. Also the Ministry of Labour and Social policies and the Ministry of Internal Affairs are involved directly or indirectly in the management and funding of health promotion for the elderly. Currently, in accordance with Law 328/2000, the Ministry of Labour and Social Policies manages the National Fund for Social Policies (addressed to regional governments), while the Ministry of Internal Affairs, through the Action Plan for Social Cohesion (Piano d'azione Coesione - Pac), promotes the national plan (addressed to Municipalities) for care services to children and the non-self-sufficient elderly. Parliament also plays a direct role in this field. In June 2016, the parliamentary "Active ageing" group was founded to represent the needs of older citizens and to encourage the Government to introduce policies in favour of active and healthy ageing.

The Ministry of Health has a stewardship role that involves: (i) establishing the fundamental principles and goals of the health system through a National Health Plan (recently called Pact for Health) or a State/Region (plus Autonomous Province) Agreement on Health [7]; (ii) determining the core benefit package of health services (called LEAs, or essential levels of assistance, financed by general taxation) to be guaranteed across the country, free of charge or by cost sharing; (iii) allocating part of the national health fund to the Regions. Public health and

health promotion, including health promotion for the elderly, are included in the National Prevention Plan, issued by the Ministry of Health to integrate the National Health Plan.

Regional governments are responsible for planning and provision of health care. They are also in charge of prevention and promotion services, as well as health-related fields such as work safety, food safety and scientific research [9]. The Regional Health Department is responsible for the implementation of a Regional Health Plan and a Regional Plan for Prevention that are based guidelines set out in the National Prevention Plan. Moreover, the Regional Health Department in conjunction with the Council for Social Policies and a Standing Committee on Regional Health and Social Care Planning are responsible for the coordination of health and social care.

Figure 1 – Actors playing a role in Health Promotion for the elderly in Italy



Source: The Authors, 2016

At local level, Local Health Authorities (Aziende Sanitarie Locali - ASL) provide public health, health promotion, community health services and primary care. The local Departments of Prevention (LDPs) are in charge of the planning and coordination of health promotion projects and activities for the elderly. A specific functional unit called District, which collaborates with Municipalities, NGOs and civil society, integrates social and health sector activities, including those for the elderly. Many ASLs have launched integrated programs, or participated in health promotion programs coordinated by other public or private institutions.

FINANCING OF HP4E IN ITALY

In Italy there is no mandatory nationwide fund for HP4E. Health promotion activities receive public resources when they are considered to be of top priority or at least an issue to tackle at regional/local level.

Health promotion intervention for the elderly is funded if the HP4E projects address priority areas and targets of national importance under the Pact for Health. About €2 billion of the 2014 National Health Fund were allocated

to the Regions that complied with these priorities. According to Law 662/1996, priority should be given to “projects for the protection of mother and child health, mental health, the health of the elderly, as well as activities aimed at prevention, and in particular the prevention of hereditary diseases”. Since 2009, the Ministry of Health, in agreement with the State-Regions Conference, has planned at least two programs dealing with health promotion for the elderly: the prevention of frailty, and the promotion of physical activity among the elderly. Furthermore, within this legislative framework, €240 million have been set aside for the implementation of the National Prevention Plan. In 2014, the Ministry of Health and the Regions decided to allocate additional resources (€200 million from the general national health fund) for achieving the objectives of the National Prevention Plan (State-Regions Agreement 10 July 2014). Careful observation of the Regional Prevention Plans reveals that only few projects can be classified solely as health promotion for the elderly, but a large number of projects aim to reduce chronic diseases and are consequently targeted at older people.

The Ministry of Labour and Social Policies is responsible for coordinating social services and national health system infrastructures. The National Fund for Social Policies, with a budget of around €300 million, is distributed to Regional Governments upon presentation of specific programs and projects that may also include HP4E. Local level authorities are responsible for the organization and implementation of action in the field, and funds are obtained after evaluation of their intervention.

Recently, through its Department of Social Cohesion, the Ministry of Internal Affairs has recently launched the national program of “Care Services for Children and the Elderly in Need” in order to provide and implement multidisciplinary services to the elderly in need in Southern Italy Regions, through specific projects managed by municipalities.

The Ministry of Labour and Social Affairs, the Ministry of Internal Affairs and the Government can also access funds from the European Social Fund for promoting policies in the field of health promotion, social inclusion and social assistance for the elderly. These funds finance specific programs and activities adopted by European policies and carried out at national level mostly by Provinces and Municipalities, but also by NGOs and other organizations that act as organizers and promoters. The European Year of Active Ageing (2012) boosted interest and initiatives in this field, when the Department for Family Policies of the Presidency of the Council of Ministers gave 1.5 million euros to fund 47 projects promoted and organized by the Provinces, Municipalities, NGOs and other organizations.

GENERAL CONSIDERATION ON HP4E IN ITALY

Projects and programs are not developed in a consistent manner throughout the Italian Regions due to the lack of a nationwide plan. The only exception is the National Action Plan to Combat sudden Heatwaves that is issued by the Ministry of Health, in collaboration with the Centre for the Prevention and Control of Diseases (CCM), and is implemented at local level by the ASLs with the support of General Practitioners (GPs). HP4E programs are funded mainly by the health sector, but also social funds and additional resources are also available.

Since 1992, HP4E activities have been carried out in Italy according to a national project of Health Protection for the Elderly (*Tutela della salute degli anziani*), whose main objective is to improve the “active life expectancy” of the elderly. The National Health Plans have developed a network of services for the elderly, that include home care and nursing and residential homes. Moreover, these Plans have encouraged specific projects for the promotion of healthy lifestyles and physical activity among the elderly.

ASLs and Municipalities with the Local Territory Plan (for health care) and the Area Plan (for social care) have developed HP4E at a local level. Both Plans are part of a wider Local Action Plan that programs and defines the role of the parties involved (the District, health professionals, NGOs, educational entities etc.).

The main actors in the implementation of HP4E actions are GPs and other health professionals, together with voluntary service staff; although families and religious communities continue to play an important role.

IMPLICATIONS AND RECOMMENDATIONS

EUROPEAN LEVEL

- A more widespread culture of active ageing is needed at European level to encourage the elderly to make healthier lifestyle choices.
- International initiatives, such as the European Year of Active Ageing, boost the development of HP4E activities at national level. Further supranational intervention is required to identify and coordinate best practices in the 'health for all' approach.

NATIONAL LEVEL

- Italy is one of the countries where people live the longest. However, the 65+ age group is burdened down by chronic diseases and unhealthy lifestyle choices, and more than 40% of older people are at risk of illness or infirmity. Effective HP4E policy and programs should be enhanced to reduce the problem of non-communicable diseases and to improve the quality of life for the ageing population.
- HP4E is usually considered to be less important than care assistance for the elderly, and most reforms have focused on the pension system rather than health promotion policies. More attention should be given to multi-factorial and multi-disciplinary programs that use a variety of strategies to target multiple domains (for example: social participation, physical activity, healthy eating).
- Regionalization has jeopardized health and social care activities targeted at the elderly, as there are vast regional differences in terms of the allocation and use of welfare resources. A stronger stewardship role is required at national level to develop integrated social and health promotion for the elderly.

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 in the project countries.

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
ASSOCIATED PARTNERS	JAGIELLONIAN UNIVERSITY MEDICAL COLLEGE www.uj.edu.pl Principle investigator: Prof. dr. hab. Stanisława Golinowska MAASTRICHT UNIVERSITY www.maastrichtuniversity.nl Principle investigator: Prof. dr. Wim Groot UNIVERSITÀ CATTOLICA DEL SACRO CUORE www.unicatt.it Principle investigator: Prof. dr. Nicola Magnavita UNIVERSITÄT BREMEN www.uni-bremen.de Principle investigator: Prof. dr. Heinz Rothgang
FUNDING SCHEME	Pro-Health65+ which has received funding from the European Union in the framework of the Health Programme (2008-2013)
DURATION	August 2015 – July 2017 (36 months)
BUDGET	EU contribution: 960 165 Euro
WEBSITE	http://pro-health65plus.eu
LINKEDIN FORUM	https://www.linkedin.com/groups/ProHealth-65-Health-Promotion-Prevention-8354412/about
FOR MORE INFORMATION	PROJECT OFFICE Anna Najduchowska, leader's assistant Jagiellonian University Medical College ul. Grzegórzecka 20, 31-531 Kraków, Poland Tel: +48 12 433 28 09 / +48 603 663 822 E-MAIL andrzej.kropiwnicki@uj.edu.pl anna.najduchowska@uj.edu.pl

