guadagnare salute
rendere facili le scelte salutari

Ministero della Salute

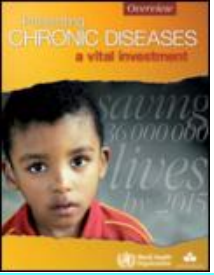
ccm

Health Promotion: the Italian National Prevention Plan

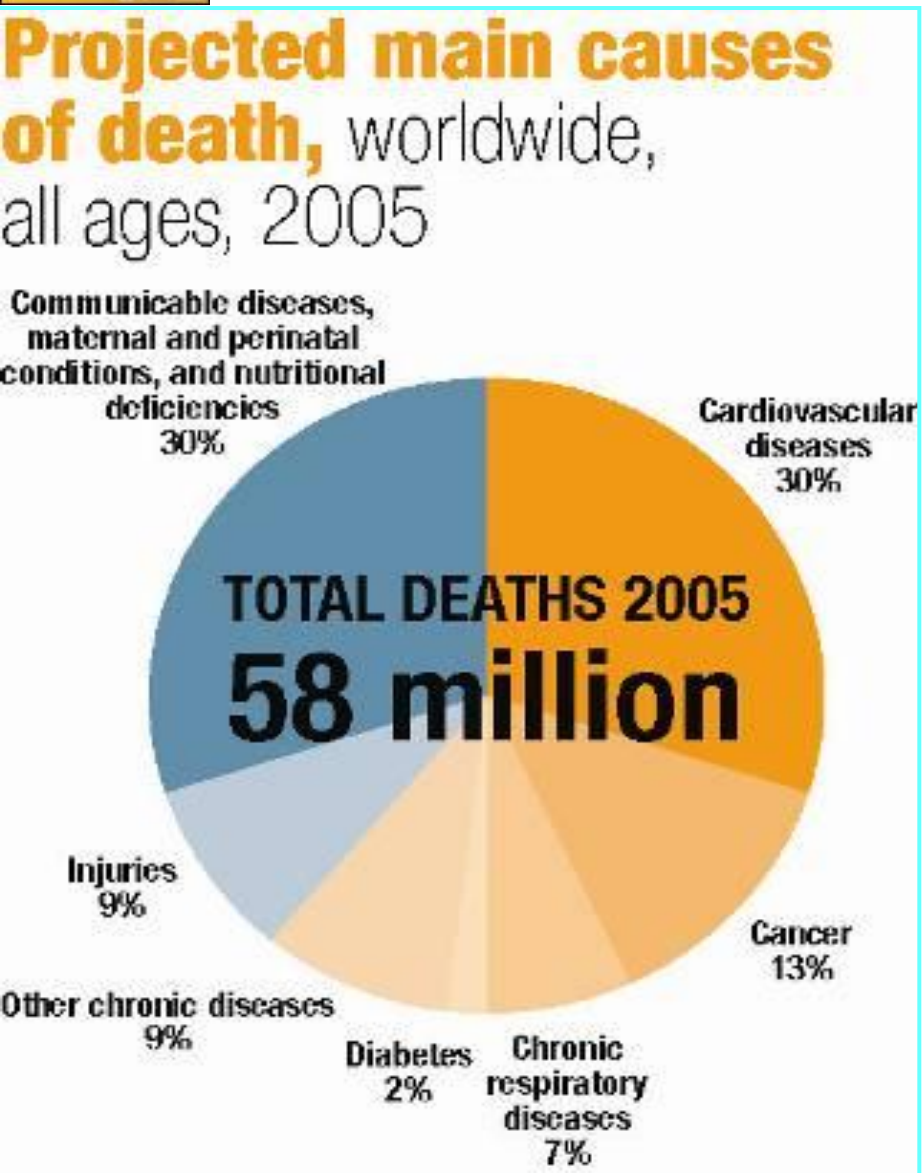
Stefania Vasselli

Italian-Mexican Workshop on
"Health Promotion and Healthy Lifestyles"

Vivir Mejor

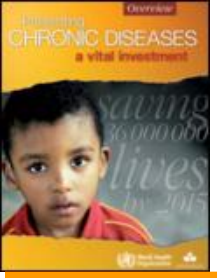


WHO “Preventing Chronic Diseases: A Vital Investment”, 2005



35 000 000 people die from chronic diseases

60% of all deaths are due to chronic diseases



WHO "Preventing Chronic Diseases: A Vital Investment"

The problem

- **80% of chronic disease deaths** occur in low and middle income countries and these deaths occur in equal numbers among men and women;
- The **threat is growing** – the number of people, families and communities afflicted is increasing;
- This growing threat is an under-appreciated **cause of poverty and hinders the economic development of many countries**

The solution

- The chronic disease threat can be overcome using **existing knowledge**;
- **The solutions are effective** – and highly cost-effective;
- **Comprehensive and integrated action** at country level, led by governments, is the means to achieve success

WHO 2008-2013 Action Plan

To raise the **priority** accorded to noncommunicable disease in development work at global and national levels, and to integrate prevention and control of such diseases into policies across all government departments

To establish and strengthen **national policies and plans** for the prevention and control of noncommunicable diseases

To promote interventions to reduce the main **shared modifiable risk factors** for noncommunicable diseases: tobacco use, unhealthy diets, physical inactivity and harmful use of alcohol

To promote **research** for the **prevention** and control of noncommunicable diseases

To promote **partnerships** for the prevention and control of noncommunicable diseases

To **monitor** noncommunicable diseases and their determinants and evaluate progress at the national, regional and global levels

What is surveillance and why do it?

Public Health Surveillance, *WHO*

Ongoing, systematic collection, analysis, and interpretation of health-related data essential to the planning, implementation, and evaluation of public health practices, closely integrated with the timely dissemination of these data to those responsible for prevention and control

Information ⟷ **Action**

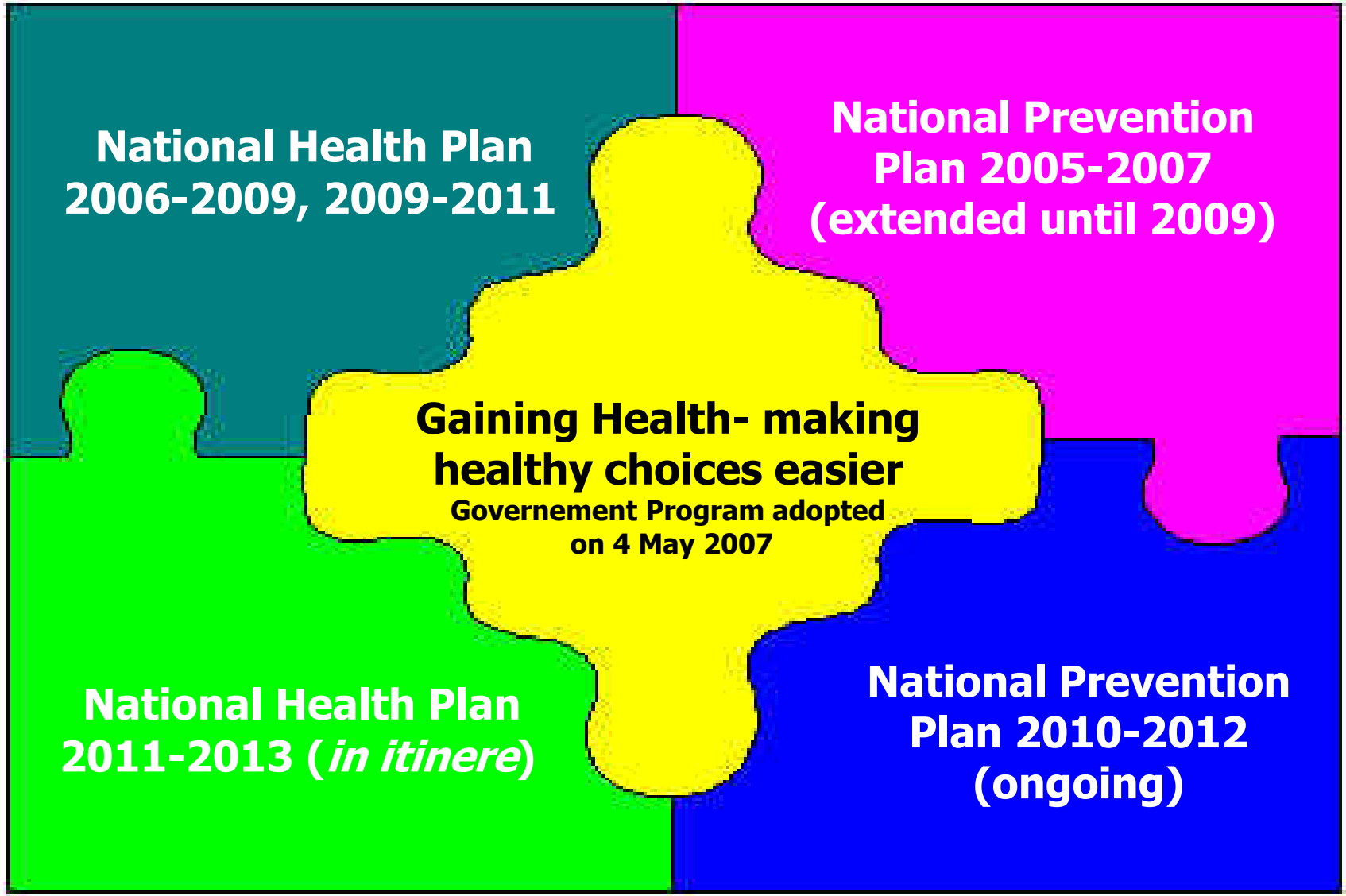
Purposes

- Assess public health status
- Define public health priorities
- Evaluate programs
- Stimulate research

Core Public Health Functions

- Assessment
- Policy development
- Assurance
- Advocacy
- Empowerment

The Italian strategy



The Role of the Ministry of Health – in practice

- Building a consistent frame of institutional acts and agreements with the main actors to form partnerships to tackle the issue
- Orientation and mobilization
- Monitoring and surveillance
- Advocacy

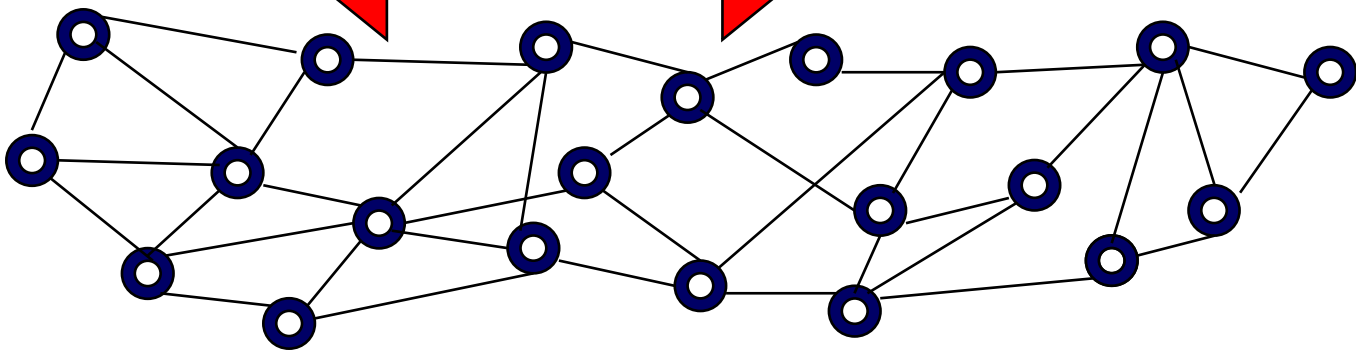
Building a consistent framework

National Prevention Plan

guadagnare salute
rendere facili le scelte salutari

CCM Projects

network



Orientation & Mobilization

Monitoring & Surveillance

OKKIO ALLA SALUTE

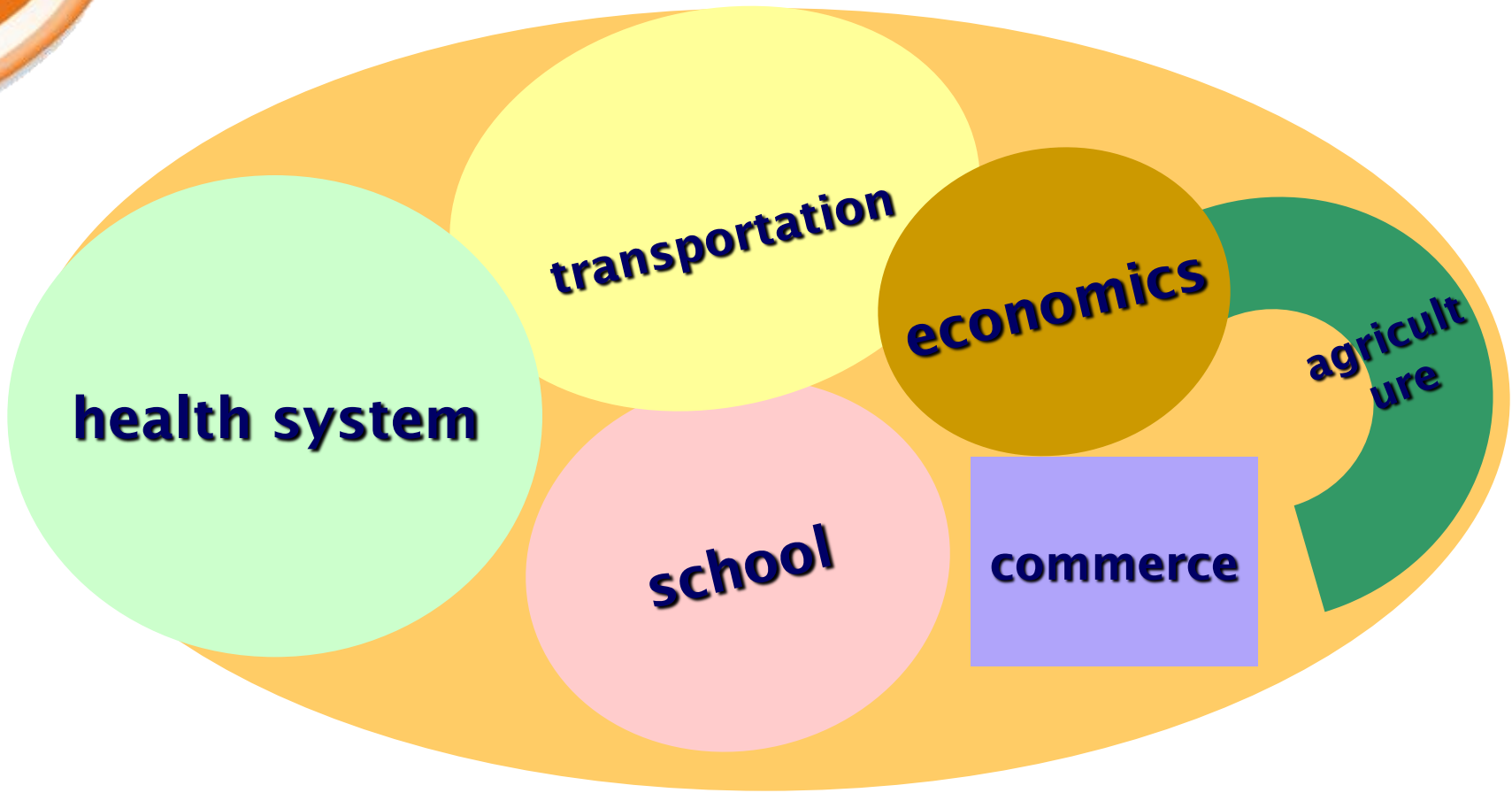
PASSI
Progressi delle Aziende Sanitarie per la Salute in Italia

HBSC Health Behaviour in School-aged Children
A World Health Organization Collaborative Cross-national Study

Advocacy

"National platform on food, physical activity and tobacco use"

Gaining Health



health in all policies

NPP 2005-2007

Rationale

The first Italian NPP was born in 2005 (State-Regional Government Agreement of 23 March 2005, for the three year period 2005-2007) in order to

- tackle emerging health problems
- reduce differences in quality of prevention programs among regions and in health among citizens
- develop management skills of health operators and promote benchmarking among Regions
- introduce new prevention approaches (cardiovascular risk-card, disease management of diabetes)
- **establish methods, timetables and funding linked to results**

440 millions € per year in the period 2005-2007

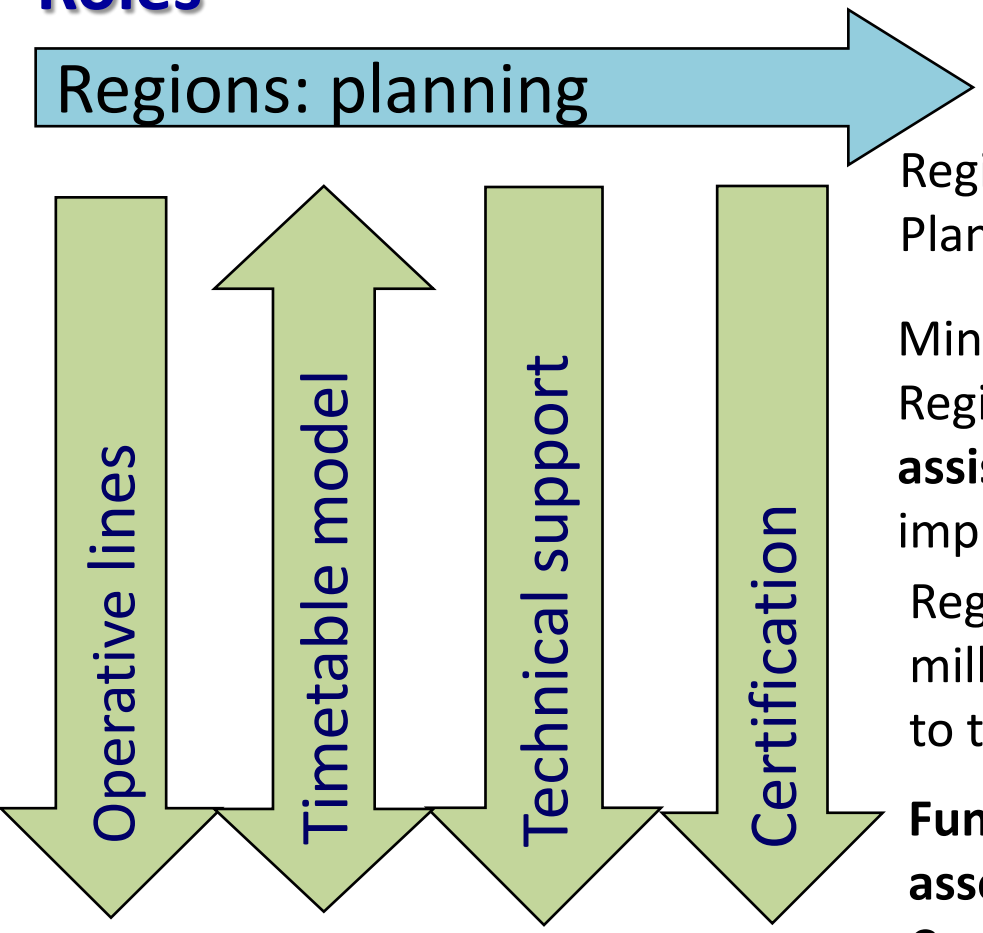
NPP 2005-2007

Fields of action

- **Cardiovascular risk**
  - Spread of cardiovascular risk card
  - Prevention of obesity
  - Prevention of diabetes complications (disease management)
  - Prevention of cardiovascular relapses
- **Cancer**
  - Carrying out of breast cancer screening
  - Carrying out of cervical cancer screening
  - Carrying out of colon-rectal cancer screening
- **Accidents**
  - Prevention of work accidents
  - Prevention of road accidents
  - Prevention of home accidents
- **Vaccine-preventable diseases**
  - Construction of computerized vaccination registers
  - Improvement of vaccination offering to disadvantage population groups
  - Improvement of the quality of vaccination offering

NPP 2005-2007

Roles



Regions **develop** their Regional Prevention Plans **(RPP)** on prevention issues

Ministry of health and CCM provided Regional Governments with **technical assistance, support and monitoring** of the implementation

Regions **bind a part of their funds** (240 million of euro for each of the three years) to the achievement of prevention goals

Funds are annually available after RPP assessment and **certification** of the results by Central level

CCM
addressing, coordination, evaluation

NPP 2005-2007

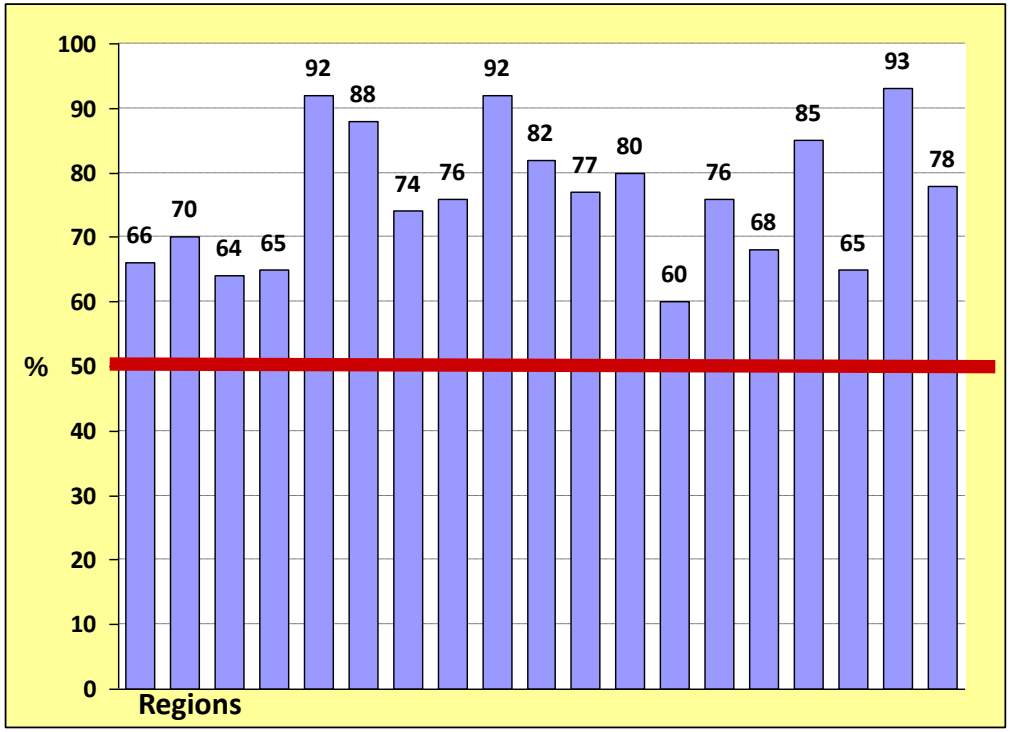
Challenges

- A **common working method** for projects, with a view to starting a virtuous circle aimed at achieving uniform health goals throughout the country, is started
- **Evidence based interventions** and methodology (Operative Lines) are proposed
- **National goals** are declined in **regional and local contexts**, so that each Region define and schedule the interventions to carry on
- **Partnerships** and integration with correlated strategies and programs are searched, within a solid and coherent institutional framework
- **Evaluation** is an "along the way" and pragmatic input to develop action and making it successful, so that NPP could become a resource and an investment for the health system
- Outcome evaluation cannot exist without **process** evaluation:
  - starting from quality of planning assessment
  - continuing with measure of progressive advancement towards health goals achievement and
  - allowing an "in progress" adjustment and re-orientation, consistently with goals
- Certification, aimed to resource allocation, is not a formalism but an integral part of the process (planning, implementation, evaluation), based on **shared rules**

NPP 2005-2007

First yr	**Regions** define and present their RPP
Following yrs	**Regions** annually report RPP, based on Regional time schedule in a standardized format
	Ministry of health certifies RPP, measuring: • Program Advancement Index (PAI): observed advancement *vs* expected advancement for each Regional program • A mean value of Regional PAI *vs* a national cut off value, resulting from the State-Regional Government Agreement

Example: Mean Regional PAI - 2007



All Regions are certificated as they reached the threshold advancement

NPP 2005-2007

Weakness and……

- Strong variability among Regions on: quality of planning, level of programs implementation
- Poor quality of planning also in areas where interventions are aleady setted up (e.g. vaccination, cancer screening)

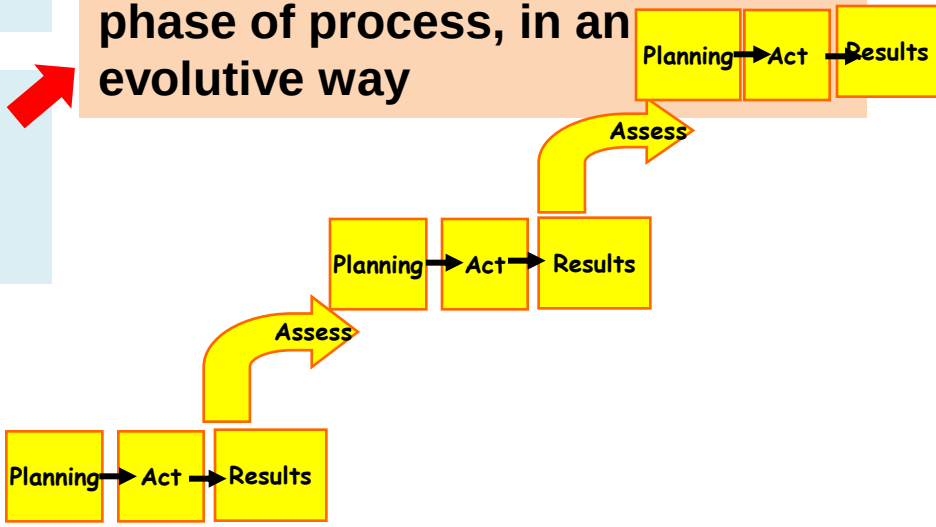
- Regional plans generally enphasize «project scheduling» (list of actions) and skip evaluation issue

- The use of epidemiological data to analyze the context and identify health needs and goals is often omitted

Lessons learned

Improve quality of planning, introduce a common (and flexible) methodology based on *learning by doing*

Match the evaluation to each phase of process, in an evolutive way



Use data to: select priorities, monitor programs realization, evaluate programs effectiveness, communicate results, disseminate best practice

NPP 2005-2007

Weakness and……

Lessons learned

- A sectoral (and strictly «project-related») approach is still prevalent

➢ **Develop integrated and intersectoral actions (*health in all policies*)**

➢ **Share skills, instruments and expertise (multidisciplinarity)**

➢ **Institutionalize activities (from projects to systematic and continuative actions)**

➢ **Extend the prevention areas**

- "Traditional" interventions and activities are often "preferred" to evidence based actions

«Evidence» drives interventions identification (*EBP*) and organization model definition (*EBO*)

- Three years are a too short period for prevention planning and results

Use the transition period (2007-2009) in order to take the best and re-propose an improved National Plan

NPP 2010-2012

The new NPP (**State-Regional Government Agreement of 29 April 2010**, for the three year period 2010-2012) is innovative for three crucial aspects:

1. Contents :
- logical framework
- fields of action

2. Methodology (planning and evaluation)

3. Governance

NPP 2010-2012

1. Contents: the key message of a new vision of prevention

- **Person** is the focus
- **All sectors** (not only Health System) are involved in promoting health and supporting individual health choices
- Health is a *continuum*, from the start to the end of life, so a whole **process** of prevention and health promotion (not single sections) should be implemented, helping all the actors (services, professionals, stakeholders) to integrate and armonize the practice
- **Equity, continuity, quality** in health and care should be guaranteed in this process
- **Information** provides **evidence** for **action** and policy, so ongoing, systematic collection, analysis, interpretation and communication of health-related data (e.g surveillance systems) are always required
- Effective «**organization**», not only effective intervention, has to be found out, in order to better reach health goals

NPP 2010-2012

1. Contents: the new areas of prevention

new

1. Predictive medicine

Target: healthy individuals

Purpose: detecting and evaluating, in probabilistic terms, **factors potentially leading to the disease onset**, in a particular person and context, measuring individual susceptibility to diseases (but also taking into account that individual characteristics, e.g. genetics, interact with environment and habits to determine the individual exposition and risk profile)

Example: prenatal testing, newborn screening, familiar risk for cancer

2. Primary prevention

Target: general population

Purpose: contrasting diseases (first of all **chronic diseases** like cardiovascular and respiratory disorders, cancer, diabetes,…) through **integrated action on main risk factors**, both at individual level (information, education,…) and on environmental condition (normative, regulations, intersectoral Agreements, Institutional alliance,…) in order to make possible healthy choices for individual and community (**Gaining Health**)

Example: communication campaigns on healthy lifestyles, Italian Smoking Ban, agreements with the Associations of bakers to gradually reduce salt in bread,…

NPP 2010-2012

1. Contents: the new areas of prevention

3. Secondary prevention

Target: population subgroups defined by level of risk

Purpose: avoiding or early detectioning and treating disease, through individual or community programs

Example: vaccination, cancer screening, counselling on cardiovascular risk, periodic determination of blood pressure, …

4. Tertiary prevention

Target: already affected by disease or injury or "vulnerable" people (elder, people with disability, chronic diseases or multiple diseases),

Purpose: preventing disease complications or progression or relapse and promoting an integrated (health and social) and continuative care, in order to decrease disease impact upon the patient, improving quality of life

Example: prevention of secondary cerebrovascular accidents, chronic disease management…

1. Contents: fields of action

NPP 2010-2012

1. Predictive medicine

1.1 Individual risk evaluation (included use of cardiovascular risk card)

2. Community prevention

2.1 Prevention of work accidents and occupational diseases
2.2 Prevention of road accidents
2.3 Prevention of home accidents
2.4 Prevention of vaccine-preventable diseases
2.5 Prevention of health care associated infection
2.6 Prevention of infectious diseases which are not preventable by vaccination
2.7 Prevention of disease exposure, professional or otherwise, to chemical, physical and biological risk factors
2.8 Prevention of specific diseases from food, included water for human consumption
2.9 Prevention and surveillance of behavioural risk factors and related diseases, health promotion (**Gaining Health**)

3. Prevention in at risk population subgroups

3.1 Cancer screening
3.2 Cardiovascular diseases
3.3 Diabetes
3.4 Chronic respiratory diseases
3.5 Osteoarticular Diseases
3.6 Oral diseases
3.7 Mental diseases
3.8 Neurological diseases
3.9 Blindness and low vision
3.10 Deafness and hearing loss

4 Macroareas
22 Action Lines

4. Prevention of disease relapse and complications

4.1 Clinical pathways and chronic diseases management
4.2 Prevention and surveillance of chronic diseases related disability and morbidity

NPP 2010-2012

2. Methodology (planning and evaluation)

Partnership between Ministry of health and National Health Institute for:

- Training of national, regional and local staff
- Technical support to:
  - regional level: RPP elaboration
  - central level: defining criteria for monitoring and evaluating RPP implementation

- A common logical framework and standardized methodology and tools, based on ***Project Cycle Management (PCA)*** techniques, are adopted
- A *Community of Practice* (web based), sharing knowledge, skills, best practices, and «learning by doing», is started up

La piattaforma della **CoP** per i **PRP**

PRP

NPP 2010-2012

2. Methodology (planning and evaluation)

As a consequence

❑ Regions use a common format for all RPP projects, including:

1. Strategic framework of RPP

- Background
- Political, normative context
- Health profile
- Priorities
- Fields of action

2. Single (executive) Projects

- Title
- Macroarea and Action Line
- Rationale of intervention
- Target of intervention
- Specific health goals and relative actions
- Process Indicators: observed value at baseline (2010), expected values at 2011 and 2012

NPP 2010-2012

2. Methodology (planning and evaluation)

State-Regional Government Agreement of 10 February 2011

For the first year **(2010)** RPP are certificated by Ministry of health if they are successful at ***"ex ante" evaluation***

- **Verify the compliance of regional plans with PCM requirements by a standardized check list**

For the following years **(2011, 2012)**, RPP are certificated by Ministry of health if they are successful at ***process evaluation***

- **Verify the level of goals achievement by measuring the differences between expected and observed value for each indicator**

Certification rules

All ex ante criteria satisfied

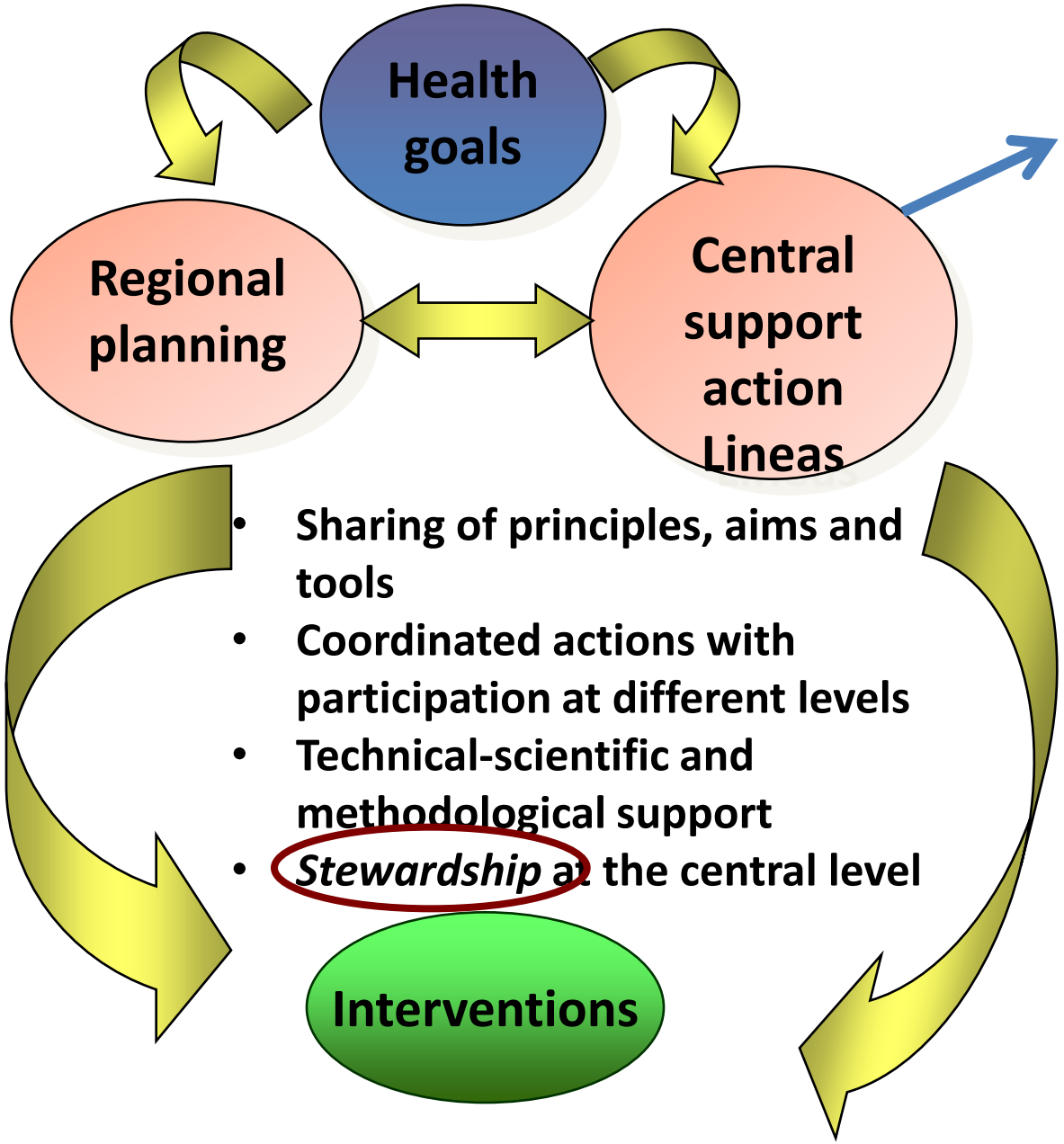
At least 50% of projects with a difference between expected and observed value not exceeding 20% for each indicator

Assumptions

- **Continuity with previous NPP (2005-2007)**
- **Coverage of all 4 macroareas and of a significant number of Action Lines**
- **Significant proportion of target involved**
- **Surveillance systems implementation and development**
- **Use of epidemiological data for planning, monitoring, evaluating**

NPP 2010-2012

3. Governance



Actions that :

- contribute to regional plans carrying out
- Ministry of Health is directly responsible for
- integrate with regional strategies and activities, according with the *stewardship* approach

NPP 2010-2012

What is stewardship?

Stewardship in health is the very essence of good government, i.e.

- Careful and responsible management of the well-being of the population
- Establishing the best and fairest health system possible
- Concern about the trust and legitimacy with which its activities are viewed by the citizenry
- Maintaining and improving national resources for the benefit of the population

Adapted from WHO, 2000

It as one of the major functions of health systems worldwide, characterized by

- Horiziontal governance
- Use of *leadership,* cooperation and partnership instead of individual behaviours, orders and instructions emanated from the top
- Promotion of empowerment of community
- Improvement of decision-making process, based on ethical principles and trust

Stewardship model is the "answer" to Italian scenario of devolution (reform of the "Titolo V" of the Constitution)

Main sub-functions of stewardship

Stewardship functions have been used to classify central actions of NPP

1. **Ministry of health delivered the "Operational project to implement Central actions (CA) of the NPP *2010-12» that:***

- **classifies CA in accordance with the WHO subfunctions, aiming at clarifying their main strategic role**
- **adopts a standard for each CA to specify: rationale, specific aims, responsability at technical and istitutional level, stakeholders & partners involved, method, indicators, budget, and deliverables**

2. Ministry of health, together with Regions, selected and delivered (Decree of 4 August 2011) a «core» of CA that take priority as they are crucial for RPP implementation and system issues. The Decree:

- **classifies Priority CA (PCA) according to the stewardship subfunctions**
- **adopts a standardized format for each PCA, in order to easily put them into practice, at Central and Regional level**

Stewardship functions	Priority Central Action of NPP (Decree of 4 August 2011)
Ensuring a fit between policy objectives and organizational structure and culture	**PCA 1.1** Legislative support to NPP
	PCA 1.2 State-Regional Government Agreement on surveillance systems and Registers
	PCA 1.3 National Agreement with general practitioners and paediatricians
	PCA 1.4 State-Regional Government Agreement on sectoral planning
	PA 1.5 Intersectoral Agreements
Ensuring implementation tools	**PCA 2.1** Protocol for Public Health Genomics
	PCA 2.2 Support to Regions in defining, monitoring and evaluating policies
	PCA 2.3 National Centre of Screening Monitoring Institutional
Building coalitions/partnerships	**PCA 3.1** Establish alliances with stakeholders
Ensuring accountability	**PCA 4.1** Protocol for Institutional health communication
Generating intelligence	**PCA 5.1** Survey on institutional and activities of Prevention Departments
	PCA 5.2 Survey on health social integration needs

NPP 2010-2012

So:

A generale structure of NPP is finally defined

- **4 Macroareas, 22 Actions Lines**
- **General national goals**
- **Central Actions**
- **Regional Plans**

An example:

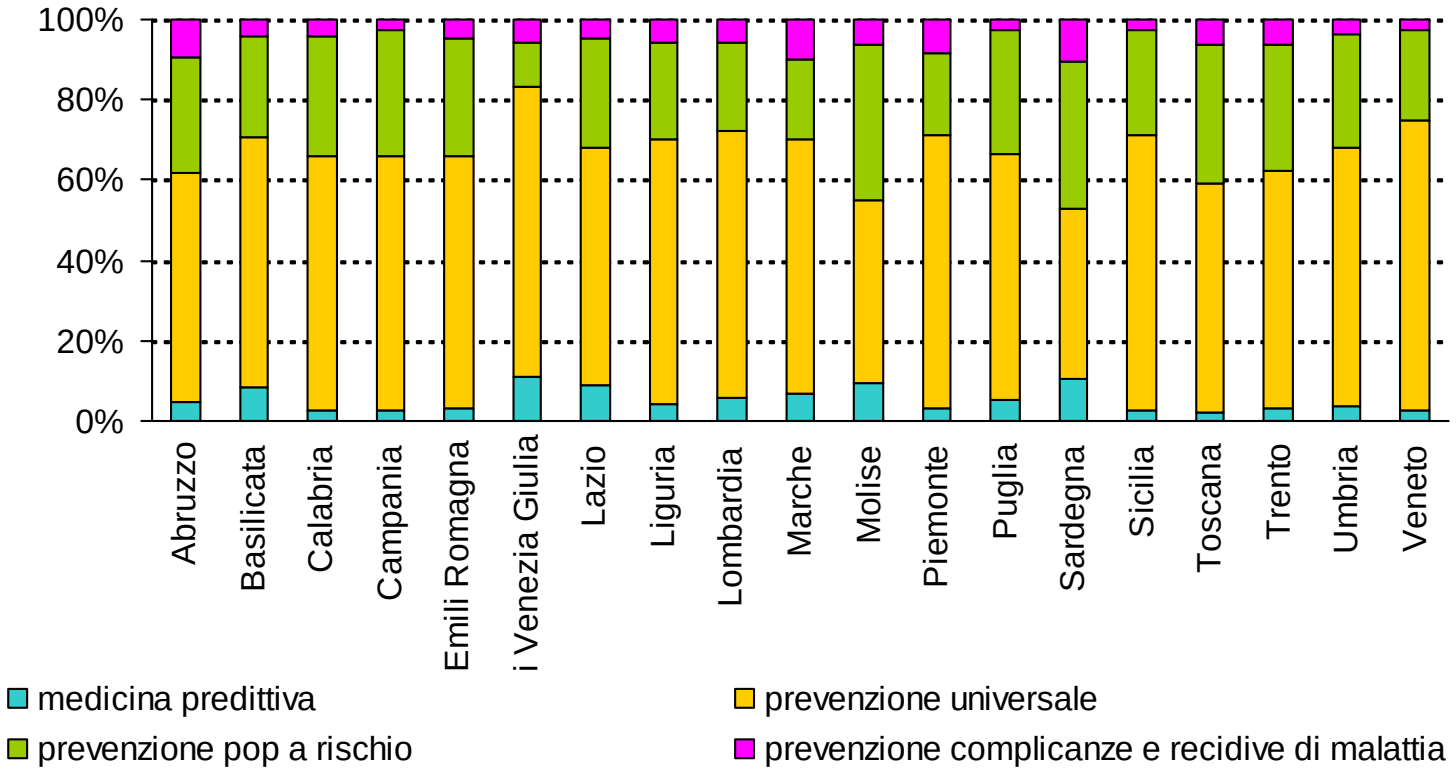
Macroarea	Action Line	General national goals	Central Actions
2. Overall Prevention	**2.9 Prevention and surveillance of chronic diseases related behavioural risk factors (smoking, physical**	**▪ Reduction of obese and overweight prevalence, in general population and specific target (young people, adults,…)** **▪ Reduction of sedentary and inactive prevalence in general population and specific target** **▪ Reduction of new smokers prevalence, protecting non-smokers' health, promoting**	**▪ Agreements with the Ministries of Education and of Agriculture to support and promote the consumption of fruit and vegetables among children and teen-agers in the schools** **▪ Communication campaigns on healthy lifestyles** **▪ Agreements with the Associations of bakers to gradually reduce salt in bread** **Breast feeding promotion programs** **▪ surveillance system on behavioural risk factos**

Region: Marche	**Project Title: Promotion, protection and support of breast feeding in hospital and local health services**	**Actions**	•Defining and disseminating "pregnancy booklet" •Supporting Pregnancy/Birth Preparation course attending •Sustaining hospital compliance to BFHI •Supporting and monitoring the pediatrician promotion of breastfeeding after hospital discharge
General objectives	Increase the prevalence of exclusive breastfeeding for 6 months	**Actors**	Hospital birth units, general practitioners, pediatricians, local health units and District, territory services (Vaccination Services,…)
Specific objectives	•Increase number of pregnants who are informed on breastfeeding and aware of its benefits on health for both mother and baby •Increase number of pregnants who are supported during pregnancy and puerperium in practing breastfeeding by health professionals or Voluntaries Associations •Increase number of hospitals and maternity units that join WHO/UNICEF Baby-Friendly Hospital Initiative (BFHI)	**Target**	Primary: Pregnants and new mother resident in Region, including strangers (about 14.000 women). Newborns Seconday: Health care
		Indicators	% exclusive breastfeeded newborns % exclusive breastfeeded 6 months babies

A short glimpse at Regional programming

Which areas?

Macroarea	N Plans (%)
1. Predictive Medicine	32 (4,4%)
2. Overall prevention	461 (63,1%)
3. Prevention in at risk target	200 (27,4%)
4. Prevention of disease relapse and complications	38 (5,2%)
Total	731



Which specific topics?

All Regional plans include interventions contrasting the 4 leading risk factors, for *non-communicable diseases* (GH Program)

All Regional plans develop population Health Behaviour Risk Factors Surveillance systems (PASSI, OKKIo alla salute, PASSI d'Argento) as prerequisite of public health strategies

Physical activity

Promotion

- **Information/education** programs, training
- Support to initiatives of **walking** among **children** (Bimbinbici, Pedibus)
- Gym, walking and cycling for **elderly people and at risk groups**

School, aged school population

Municipalities

Elderly people, Heart, Psychiatric, Diabetic patients

- Intervention to increase the **scientific knowledge on PA** promotion
- Intervention to **modify urban environment** towards physical activity and studies for urban planning
- Support to **participated initiatives** of civil society organisations

GP, health professionals, workers, prevention technicians, decision makers

Municipal technical offices, Local authorities

Municipalities, Associations

Prescription

Adapted physical activity

Medical indication, based on individual functional evaluation, personal program, clinical assessment by specialists. *Target*: elderly subjects, cancer, diabetic patients,…,

Smoking

Reducing prevalence of new smokers

- **Information/education/communication evidence based programs targeting the youngs** , (UNPLUGGED, Peer to Peer,…), aimed at promoting empowerment, interpersonal skills, social abilities to prevent risk behaviours….

Protecting non smokers' health

- Monitoring of implementation and **compliance with smoking ban**
- Development of **smoking-free policy and culture** (information, education, best practices dissemination) in workplaces, schools, hospitals,…

Promoting smoking cessation

- **Supporting quit smoking centre activities,** defining structured and integrated interventions
- **Counseling** to quit smoking from GP and midwives (Smoke-free Mums)
- **Training** on anti-tabacco counselling for midwives
- Educational campaing for parents (GENITORI PIU')
- **School and working places smoke free**

Unhealthy diet

- **School-Health alliance**:

Information programs about good nutrition and healthy lifestyle, training of teachers, dissemination of *multimedial educational* package and kit for children, parents(Forchetta & scarpetta,…). Educational programs (visit to educational farms, creation of school gardens, gardening activities and/or development of sensory GP laboratories,…)

- **Alliance with food industry, distribution networks, consumer associations**

Distribution of fruit and vegetables (with vending machines, too) at school, control of school meals by Health services of nutrition, promoting the availability of healthy foods at school, hospitals and workplaces,…

- **GP, Paediatricians involvement** to promote healthy lifestyles

Harmful use of alcohol

- **Information/education/communication evidence based programs targeting the youngs** , (UNPLUGGED, Peer to Peer,…), aimed at promoting empowerment, interpersonal skills, social abilities to prevent risk behaviours….
- Information and communication interventions carried out in school or entertainment setting (discos, pub..) by prevention "promoters" (teachers, driving instructors,..) aimed at **preventing drunk driving** and promoting safe driving
- **Workplace** (for example building site) **alchol free**

What we need

- **To favor cultural, institutional, political changes** that help in promoting, improving and extending the intersectoral approach and networking
- **To strengthen evaluation** which: begins with health profiles and prioritization process, go on supporting and monitoring action, and finally (in a long time) ends measuring impact on health… to start again !
- **To improve coordination** (central, regional, local level) and to stabilize interventions (not temporary projects but permanent and institutional activities)
- **To clearly define the roles** of the institutions and actors involved, assigning well defined but integrated responsibilities, in agreement with the reform of the “Titolo V” of the Constitution (and stewardship model)

The Role of the Ministry of Health – in practice

- Coordinate
- Integrate
- Create Synergies
- Increase consistency

Thanks you!

s.vasselli@sanita.it