Effective policies and strategies
to implement health promotion

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GOOD GOVERNANCE FOR HEALTH PROMOTING HEALTH SERVICES

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Health systems as translators of innovation

All innovations to come (and those already here) - for both prevention and treatment – from basic science to clinical science, need to be “translated” to our citizens, who represent the ultimate beneficiaries of our work.

The “translators” are... our health systems.
A complex challenge

Health systems are currently faced with an extremely complex challenge characterised by rising demand, increasing cost and insufficient funding.

Never as much as today have health systems been interested and involved with the potential benefits deriving from innovations.

Innovation is a key feature that organisations have to incorporate as a condition to offer sustainable and efficient solutions.
Health Systems already evolved. There is a need for another wind of change

<table>
<thead>
<tr>
<th>20th CENTURY HEALTHCARE</th>
<th>21st CENTURY HEALTHCARE</th>
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<tbody>
<tr>
<td>Doctor centred</td>
<td>Patient centred</td>
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<tr>
<td>Patient as passive complier</td>
<td>Patient as co-producer</td>
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<td>Hospital</td>
<td>System</td>
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<tr>
<td>Bureaucracy</td>
<td>Network</td>
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<td>Driven by finance</td>
<td>Driven by knowledge</td>
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<td>High carbon</td>
<td>Low carbon</td>
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<tr>
<td>Focussed on effectiveness</td>
<td>Focussed on value and waste</td>
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<tr>
<td>Challenges met by growth</td>
<td>Challenges met by transformation</td>
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Gray M., Ricciardi W., Better value health care, 2014
5 strategic areas for innovations

Translational research

Health promotion
Technology

Professional education
Precision medicine
The introduction of new health promotion approaches has brought a transformational change in how population health is understood and the range of mechanisms and strategies that can be used to promote health and well-being and reduce health inequities.
What do we need to walk the talk?

Further capacity development in implementing evidence-informed actions into routine everyday practice for disruptive innovations in health promotion to reach their full potential.
Managing Complex Change

- Vision + Skills + Incentives + Resources + Action Plan = CHANGE
- Vision + Skills + Incentives + Resources + Action Plan = CONFUSION
- Vision + Skills + Incentives + Resources + Action Plan = ANXIETY
- Vision + Skills + Incentives + Resources + Action Plan = RESISTANCE
- Vision + Skills + Incentives + Resources + Action Plan = FRUSTRATION
- Vision + Skills + Incentives + Resources + Action Plan = FALSE STARTS
<table>
<thead>
<tr>
<th>Barriers to innovations</th>
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<tbody>
<tr>
<td>1. Workforce barriers</td>
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<tr>
<td>Opposition, reluctance to change; Cultural barriers, workforce silos; Lack of training and motivation; Communication between care providers and harmonisation of care often inadequate</td>
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<td>2. Patients / persons barriers</td>
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<tr>
<td>Cultural barriers; Lack of training of end-users/strategy towards health literacy; Mobility support</td>
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<tr>
<td>3. Organisational/institutional barriers/inadequate networks and processes</td>
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<tr>
<td>Lack of realistic business model; Procurement process; Lack of adequate technical analysis and planning; Lack of managerial support; Inadequate information systems; No strategy to decommission services; Lack of interoperability between technological solutions; Difficulty to coordinate different authorities; Organisational model of our institutions (mainly based on a traditional &quot;bureaucratic management&quot;-principle with a comment-and-control approach</td>
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<tr>
<td>4. Economic and legal barriers</td>
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<tr>
<td>Investment on infrastructure, technology and maintenance; Prices;; Economic context; Corruption and economic incentives for vested interests; Lack of retail market; Regulatory barriers that obstruct the emergence of new professions, products and services; Reimbursement controls; Payment models.</td>
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<tr>
<td>5. Lack of political support</td>
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<td>Lack of political buy-in / leadership</td>
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<td>6. Lack of evaluation</td>
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<tr>
<td>Lack of monitoring and evaluation techniques, tools and methodologies</td>
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Factors that trigger innovation in health care systems can be:

**Drivers**
Factors that cause a particular innovation to happen or develop and are commonly due to existing problems, difficulties or inefficiencies.

**Enablers**
People/things that make the innovation possible.

**Incentives**
Factors that motivate or encourage someone to do something. Incentives can be
- positive or negative (as in disincentives)
- financial (e.g. research funding programs in Europe) or non-financial (e.g. setting up pilot projects)
- tangible or intangible.
The Italian policy documents on health promotion, the **National Prevention Plan** (the version currently in use is 2014-2018) and related **Regional Prevention Plans**, refer to a global involvement strategy informed by shared programs and objectives to foster a complex and inclusive ‘public health for all’, during the whole life course.
The *Istituto Superiore di Sanità (ISS)*, as the main research institute in public health in Italy and technical-scientific body of the *National Health Service*, recognises the importance of health promotion and plays a stewardship role with the *Ministry of Health (MoH)*.

ISS organisation includes the *National Centre for Disease Prevention and Health Promotion (CNaPPS)* that collaborates with the Italian *Regions* and the MoH to achieve health promotion outcomes through the implementation of effective methods and integrated multidisciplinary approaches.
Health promotion in Italy: tools

- Based on both international and national public health priorities, in collaboration with the Italian Regions and the MoH, the ISS CNaPPS coordinates surveillance systems, surveys and studies on health determinants and behavioural risk factors.

- Building on their results and findings, health promotion initiatives are carefully planned and developed, basing on a multisetting approach and including evaluation of effectiveness.

- ISS PRIMARY TARGET IS REPRESENTED BY HEALTHCARE PROFESSIONALS WHO ARE CALLED TO EFFECTIVELY IMPLEMENT HEALTH PROMOTION ON THE TERRITORY FOR INDIVIDUAL AND COMMUNITY EMPOWERMENT.
Health promotion in Italy: outcome examples (1)

- OKkio alla SALUTE: surveillance system on nutritional status of primary school children (8-9 years old), their eating habits, levels of physical activity practiced and school initiatives favoring the healthy growth in this age target group.

INFORMATION FOR ACTION
Health promotion in Italy: outcome examples (2)

- PASSI: surveillance system on several behavioural risk factors in adult population (18-69 years old), e.g., lifestyles, compliance with prevention programs such as cancer screenings, vaccinations, etc.
The workplace as a priority setting for health promotion serves as privileged context where programs fostering healthy lifestyles can be implemented, e.g., on physical activity.

ISS is working on a project to improve physical activity among its workers.
Urban health for all: the WHO European Healthy Cities Network is a relevant collaborating partner in several health promotion initiatives which are based on surveillance systems’ data (OKkio alla SALUTE on children, HBSC on adolescents, PASSI on adults, PASSI d’argento on elderly)
Health promotion in Italy: outcome examples (4)

- **Vaccine promotion** is a specific module within an ISS e-learning course addressed to thousand healthcare professionals to be skilled for tackling hesitant attitudes towards vaccinations in the general population.
Health promotion and Governance

- A valuable and forward-looking governance is the driver of change for health.
- In a context of health building according to a multidisciplinary and integrated perspective, healthcare professionals need to play a crucial role in advocacy by catalysing opportunities for interventions of prevention and health promotion in several community settings (even others than healthcare).
- This requires that societies invest in future leadership by strengthening and modernising education system for healthcare professionals.
- The focus on leadership in healthcare is essential to animate governance for health and to shape a new culture within society to address stronger healthcare systems, as well as a repositioning health as primary objective.
Why do we need to act now?
Over the last eight years the world has witnessed

- The worst financial crisis since 1928
- Global recession
- An unprecedented Eurozone Sovereign Debt Crisis
- Outbreak of War in the Middle East and North Africa
- Civil war in Syria
- A major migration crisis in Europe
- War between Russia and Ukraine
- Brexit
- The surge of cyber-terrorism (US Elections)
- Nuclear tension in North Korea
- “Secession” of Catalonia
- The first populist government in a founding member of EU

and the best is yet to come!
5 qualities of our future leaders in healthcare/PH

1. Commitment to the principles of social justice
2. Interdisciplinary orientation in team practice
3. Appetite for innovation and thirst for the big picture
4. Management competencies focused on outcomes
5. Politically savvy (listening attitude when facing significant opposition)
Researchers are from Mars, Politicians are from Venus
The Birth of Venus, Sandro Botticelli, Uffizi Gallery, Florence
Evidence
Science
Transparency
Accountability

Statue of Mars, Villa Adriana, Rome
Where am I?

You must be a researcher.

Yeah, but how did you know?

Because you gave me a very accurate but totally irrelevant answer.

You are 30 meters up in a balloon.

And you must be a politician...

Because you don’t know where you are, you don’t know where you are going and you are blaming me for all this mess..

Yeah, but how did you know?
Thanks for your attention