What can hospital and other health services contribute to public health
Opportunities and obstacles?

Richard Alderslade
Better health for Europe
More equitable and sustainable
The Sustainable Development Goals

**3. Good Health and Well-being**

Ensure healthy lives and promote well-being for all at all ages.

- Promoting healthy birth practices and reproductive health for all.
- Ensuring universal access to affordable, quality health care.
- Protecting the environment to prevent pollution, climate change, and desertification.

**Key Initiatives**

- Ensuring safe water and sanitation for all.
- Promoting sustainable agriculture and rural development.
- Reducing risk of accidents, violence, and diseases.

**Partners**

World Health Organization (WHO), Organisation Mondiale de la Santé (OMS), Weltgesundheitsorganisation (WHO Europe), Всемирная организация здравоохранения (Европейское региональное бюро).
A focus on inequities
Leaving no-one behind
The SDGs. Achieving better, more equitable, sustainable health and well-being for all at all ages

Strategic directions

- Leadership and governance
- Multisectoral action
- Healthy places, settings and communities
- Health system strengthening (UHC)

Enablers

- Multi-partner cooperation
- Sustainable financing
- Research and innovation
- Monitoring and evaluation
Implementation of Health 2020

- Going upstream to address root causes such as social determinants
- Invest in public health, primary care, health protection and promotion, and disease prevention
- Making the case for whole-of-government, whole-of-society and health in all policies approaches
We are on track towards a healthier Europe.
Yet challenges remain

**ALCOHOL CONSUMPTION**
- 11 litres of pure alcohol is drunk per person per year (2010)

**OVERWEIGHT AND OBESITY**
- 59% of the population is overweight or obese (2014)

**TOBACCO USE**
- 30% of the population uses tobacco (2012)
Addressing ALL health determinants
The Minsk Declaration
Universal health coverage: crucial for maintaining and improving health

- **equity of access to health services**: those who need services should get them

- **the quality of health services** is good enough to improve health

- **financial risk protection**: the cost of care should not create financial hardship
People-centeredness as a cornerstone of sustainable health systems

Services:
- Health Protection
- Health Promotion
- Disease Prevention
- Diagnosis
- Treatment
- Long-term care
- Rehabilitation
- Palliative care

Settings:
- Public health
- Primary care
- Secondary care
- Specialist care
- Community, home & social care
- Pharmacies
“The science and art of preventing disease, prolonging life, and promoting health through organized efforts of society”

From Acheson 1998
Levels of public health intervention

Population level interventions
- Local, state, & national laws & policies
- Government regulations & other regulatory processes, procedures, or laws to protect health

Organizational level interventions
- Organization/Institution e.g. worksites, schools, agencies, churches…
- Focus on organizational culture e.g. norms, rules & regulations, incentives & benefits, structures

Interpersonal level interventions
- Social influences e.g. family, work group, friendship networks
- Focus on nature of social relationships e.g. social norms, access to diverse & supportive networks/influences

Individual level interventions
- Individual persons
- Focus on characteristics of the individual e.g. knowledge, attitudes, skills, beliefs…
Health promotion and settings for health

• Health Promotion “is the process of enabling people to increase control over, and improve, their health.”

• Health promotion not only has to address individual behaviour, but underlying norms, rules and cultures.

• “Health is created and lived by people within the settings of everyday life; where they learn, work, play, and love.” (WHO Ottawa Charter 1986)
# Elements for success

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<tr>
<th>Category</th>
<th>Details</th>
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<tr>
<td><strong>High-level commitment &amp; champions</strong></td>
<td>• Mayors, Prime Ministers, celebrities</td>
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<td><strong>Dedicated resources</strong></td>
<td>• Taxation, private sector</td>
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<td>• Co-ordination function needs resourcing</td>
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<td><strong>Institutional structures</strong></td>
<td>• Health promotion agencies; advisory task-forces; local government</td>
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<td>• Do not discredit informal relationships &amp; power of community</td>
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<td><strong>Joint planning</strong></td>
<td>• Quality of the “planning” can be more important than the “plan”</td>
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<td><strong>Legislative tools</strong></td>
<td>• Trans-fat, setting up structures for health promotion</td>
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<td><strong>Accountability</strong></td>
<td>• Doesn’t matter who, but needs to be clear (shared or not, health or non-health)</td>
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<td><strong>Monitoring &amp; reporting</strong></td>
<td>• Targets focus action</td>
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<td>• Results are important for advocacy</td>
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Primary care as the hub to other levels of care

“The importance of hospital-based care will not diminish in the future"

Joint Commission International,
Why hospitals

- Health an explicit goal
- Knowledge of health determinants
- Reach clients, visitors, staff
- Opportunities to promote behavioural change
- Health related training, education and information
- Reduce avoidable risks to health
- Influential political and economic entities
- Quality management for outcomes
Health systems and hospitals

• Health systems moving towards responsibility for the health of defined populations
• Focus on primary care providers delivering close to client generalist primary care services
• Focus on full range of services- health promotion, disease prevention, diagnosis and treatment and rehabilitation
• Strengthening primary-care providers’ role as coordinators of the inputs of other levels of care
• Hospitals as part of health care networks supporting primary care
• Hospitals providing specialist and tertiary level services
Health promoting hospitals

- Provide high quality comprehensive clinical services
- Possess strategies and processes for health gain
- Develop a corporate identity embracing health promotion
- Develop a health promoting organizational structure and culture
- Improve effectiveness, efficiency and value for money
- Reduce staff turnover, and better workplace rewards
- Improve reputation as service providers
- Improve competitive position
- Improve quality management-structure, processes and outcomes
- Develop into a health promoting physical environment that actively cooperates with its community.
Changing expectations of health systems-pressure for reform

- Demography—the increasing proportion of the old
- Co-morbidities
- Technological advances—diagnostic, therapeutic, pharmaceutical
- Raising population expectations for quality care
- Litigation pressures
- The increasing involvement of public institutions and financing
- Pressures for quality, efficiency and cost-control
- Workforce development challenges
- Developing and evaluating new organizational forms.
Thank you