

Degree in Medicine

Forensic Medicine and Public Health

2019–20

## Public Health

- Day 1: Concepts, functions, strategies
- Day 2: Health profiles in the population
- Day 3: Health promotion
- Day 4: Health system organisation. Planning, programming and evaluation.
- Day 5: Public health from the doctor's office

Ana M García

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## **Day 1: Concepts, functions, strategies**

- Concepts: Preventive medicine, public health, community health. Prevention levels. High risk and population prevention.
- Public health functions. Public health services in the Valencian Community.
- Public health strategies: Multiprofessionality and multidisciplinary. Advocacy. Partnerships. Community participation.

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# What is preventive medicine?

## Examples:

- Preventive advice (for example: advice to give up smoking for a patient who smokes)
- Screening (for example: measuring blood pressure in the elderly)
- Recommending healthy living habits during illness (for example: dietary plan for heart diseased patients)
- Avoiding, reducing or mitigating the damage caused by medical intervention (for example: not prescribing oestrogen + progestin in healthy postmenopausal women)

*(see "Prevention levels" day 1)*

**Preventive medicine** (Porta M, editor. A Dictionary of Epidemiology, 2014)



The application of preventive measures by clinical practitioners. A specialised field of medical practice composed of distinct disciplines that utilise skills focusing on the health of defined populations in order to promote and maintain health and well-being and prevent disease, disability, and premature death. In addition to the knowledge of basic and clinical sciences, the distinctive aspects of preventive medicine include knowledge of and competence in biostatistics; epidemiology; administration, including planning, organisation, management, financing, and evaluation of health programmes; environmental health; application of social and behavioural factors in health and disease.



*but...*

- The sick person comes to the doctor with the expectation that they will cure/improve their condition, and the doctor will do everything possible to meet that expectation, although they do not always have completely conclusive evidence in this regard:

*“When patients sought me out for help with their established, symptomatic diseases, I promised them only to do my best and never guaranteed that my interventions would make them better. Although many of my interventions had been validated in randomised trials, the need to intervene in rapidly advancing, life-threatening disorders forced me to use treatments justified only on the basis of past experience, expert advice, and the first principles of physiology and pharmacology.”*

- However, a “preventive” intervention, not requested by the person who visits the doctor (especially if it is invasive or may have harmful side effects), should come with the best guarantees (evidence) of its benefits for that patient:

*“But surely, the fundamental promise we make when we actively solicit individuals and exhort them to accept preventive interventions must be that, on average, they will be the better for it.”*



Some **characteristics of the PMPH** specialty compared to other internship (MIR) specialties: places available (2020), demand (2019), feminisation (2019) and employability (2017).

Speciality (no. places available, 2020)	Order of preference (last number to choose the specialty)	Feminisation	Employability
Dermatology (107)	1st (801)	↓	↑
Plastic, Aesthetic and Reconstructive Surgery (41)	2nd (833)	↓	↓
Cardiology (179)	3rd (2390)	↓	↑
<b>Preventive Medicine and Public Health (88)</b>	Third last (7876)	↑	↑
Clinical Biochemistry (43)	Second last (7972)	↑	↓
Family Medicine (2205)	Last (8018)	↑	↑

Sources: *Oferta MIR 2019/2020, Ministerio de Sanidad, Consumo y Bienestar Social (29 julio 2019)*  
*Informe final MIR 2019, Centro de Estudios del Sindicato Médico de Granada*  
*Resultados MIR 2019, Redacción Médica*  
*La situación laboral de los médicos de España, Redacción Médica 2017*

### Links of interest:

Asociación de Residentes de Medicina Preventiva y Salud Pública (ARES): <http://arespreventiva.es/>

Sociedad Española de Medicina Preventiva, Salud Pública e Higiene (SEMPSPH): <https://www.sempsph.com/>

Sociedad Española de Salud Pública y Administración Sanitaria (SESPAS): <https://sespas.es/>

# Medicina Preventiva y Anatomía dan la "sorpresa" entre las primeras elecciones del MIR

Preventiva y Salud pública ha sido elegida por el número cuatro, mientras que el aspirante con la novena mejor nota ha elegido Anatomía Patología. El año pasado ninguna de estas dos especialidades fue elegida entre los 100 mejores aspirantes.

17 April 2017



Medicina Preventiva y Anatomía dan la "sorpresa" entre las primeras elecciones del MIR

28 August 2018

# Los MIR de Preventiva y Salud Pública piden más "reconocimiento" de la especialidad

La Asociación de Residentes de Medicina Preventiva y Salud Pública (Ares Mpsp) celebra mañana el 40 aniversario de la publicación del Real Decreto 2015/1978 aunque reivindican a la Administración más reconocimiento ante los retos y las amenazas del siglo



Residentes de Medicina Preventiva y Salud Pública durante la reunión que Ares celebró el pasado mes de mayo en Barcelona

**More information on the PMPH internship:**

*ORDEN SCO/1980/2005*

*(under review by RD 639/2014, a key decree)*

## What it is NOT *public health*?



### - *Publicly funded health services*

In a survey of medical students (having already completed the subject), 70% agreed with this incorrect definition (Obradors and Segura. Medical Education, 2013). However, the exercise of public health is **multi-institutional** (involving different institutions at international, state-wide, regional and local levels) and **multi-sectoral** (involving the health sector as well as many other sectors, such as education, the environment, town planning, the media, housing, employment, etc.)



### - *Medical/health speciality*

Public health is a **multi-professional** activity, practised in different professional areas (doctors, nurses, pharmacists, veterinarians, social workers, educators, town planners, environmental specialists, etc.), and is also **multi-disciplinary**, drawing on contributions from different areas of knowledge (biology, statistics, epidemiology, economics, sociology, communication, political science, etc.).

*BUT good medical practice requires knowledge in public health. And public health needs medical knowledge and good medical practice to achieve its objectives.*





## What is *public health*?

“One of the **efforts organised by society** to protect, promote, and restore people’s health. The combination of sciences, skills, and beliefs that is directed to the **maintenance and improvement of the health of all people through collective or social actions**. The programmes, services, and institutions involved emphasise the prevention of disease and the health needs of the **population as a whole** (...) Common goals are: to reduce the amount of disease, premature death and disease-produced discomfort and disability in the **population**.”



Porta M, editor. A Dictionary of Epidemiology, 2014.

Public health is the science that **ensures health in the population as a whole**, understanding health as a **fundamental right** of all people and taking into account the **wide range of causes of health problems**. Public health advocates the development of policies that favour a **healthy social and environmental environment**.



Hernández y Lumbreras, editores. Manual de epidemiología y salud pública, 2018.

## What is *community health*?

Collective expression of **individual and group health** in a given community, determined by the **interaction** between **individual and family characteristics**, the **social, cultural and environmental surroundings**, as well as health services and the influence of **social, political and global factors**.

*Source: Alianza de Salud Comunitaria [Glosario]. Available at: <http://www.alianzasaludcomunitaria.org>*

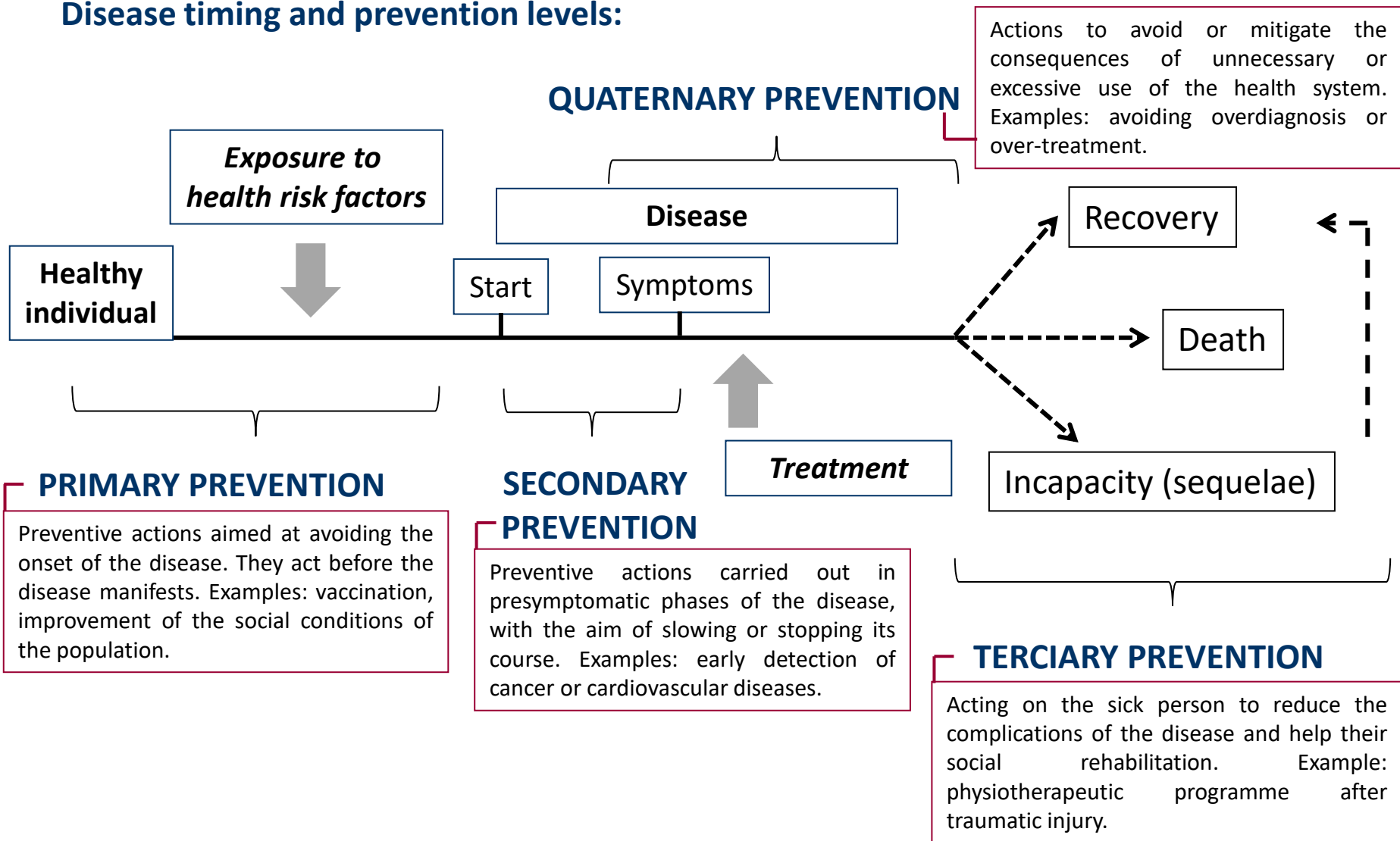
- “**Primary care and public health share a common field, that of community health**, in which they can and should combine responsibilities, skills and competencies, together with other community health players and with community organisations themselves.”
- “**The training of professionals in primary care should include knowledge and skills to appreciate health needs and plan community programmes**, while public health professionals need to learn the dynamic of individual care and healthcare.”

Pasarín et al. Community health: Integration of primary care and public health competencies. SESPAS report 2010. Gaceta Sanitaria, 2010.



# Prevention levels

## Disease timing and prevention levels:



### Examples:

*Recommendations of “what not to do”:* Commitment to the Quality of Scientific Societies in Spain project

Its objectives include:

- Avoiding iatrogenesis secondary to performing unnecessary interventions
- Reducing variability in clinical practice

Available at: <https://portal.guiasalud.es/no-hacer/>

## EDITORIAL

TOMO 59  
Número 6  
Julio-Agosto  
2006

### ARCHIVOS ESPAÑOLES DE UROLOGIA

FUNDADOS POR E. PEREZ CASTRO, A. PUIGVERT GORRO Y  
L. CIFUENTES DELATTE

Director / Editor: E. Pérez-Castro Ellendt  
Editor Asociado: L. Martínez-Piñeiro Lorenzo

CANCER DE PRÓSTATA: SOBREATAMIENTO Y  
SOBREDIAGNÓSTICO

Editorial > Eur J Clin Invest, 49 (3), e13062 Mar 2019

### Time to Abandon Early Detection Cancer Screening

Hans-Olov Adami<sup>1 2 3</sup>, Mette Kalager<sup>1 3</sup>, Unnur Valdimarsdottir<sup>2 3 4</sup>, Michael Bretthauer<sup>1 3 5</sup>,  
John P A Ioannidis<sup>6 7 8 9</sup>

Affiliations + expand

PMID: 30565674 DOI: 10.1111/eci.13062



### Perspective FREE PREVIEW

#### Income and Cancer Overdiagnosis — When Too Much Care Is Harmful

H. Gilbert Welch, M.D., M.P.H., and Elliott S. Fisher, M.D., M.P.H.

Servei de Biblioteques  
i Documentació



There are reasons to wonder whether people with higher incomes receive too much medical care. Cancer screening is one area where overutilization can cause harm, resulting in overdiagnosis and potentially unnecessary treatment.

## High-risk preventive strategy:

Preventive efforts are individually directed at those persons who are believed to be more likely to develop the disease.

**Example:** A patient with high cholesterol levels in blood. Action: explaining health risks of high cholesterol levels, giving guidelines of a low-cholesterol diet and physical activity, prescribing drugs (statins).

## Population preventive strategy:

Preventive efforts are directed at the whole population, looking to modify environmental and social factors determining exposure to health risks in the population.

**Example:** Policies, programmes, and regulations favouring access to healthy foods for the whole population, and promoting ways of life and places where people can carry out physical activity on a regular basis.



## Public health functions:

## Example: smoking

1. **Monitoring** and evaluation of population health status

Monitoring of smoking prevalence in the population  
(e.g.: *Health Survey in the Valencian Community*)  
Assessing morbidity/mortality attributable to smoking

2. Identifying effective **policies, programmes** and **interventions**

Smoke-free areas  
Drugs to help quit smoking  
Training, information and preparation

3. **Health promotion**: aiding and promoting people's control over their own health

Educational interventions and programmes in educational centres, workplaces and shared spaces

4. **Disease prevention**: according to prevention levels and high risk/population prevention strategies

Anti-smoking regulations  
Financing anti-smoking drugs

5. **Effectivity assessment** of policies, programmes and interventions

Trends for smoking prevalence in the population  
Cost/effectivity studies for anti-smoking treatments  
Impact of educational programmes

# Public health services in the Valencian Community

**Valencian Health System:** All the centres, services and establishments of the Valencian Community under the responsibility of the Generalitat (Valencian Government), aimed at fulfilling the right to health protection, including both **health care** and **public health actions** (*Llei 10/2014 de Salut de la Comunitat Valenciana*).



Población SIP 2018

Departamento de salud	Total
Vinaròs	90.675
Castellò	281.200
la Plana de la Vila Real	186.572
Sagunto	151.274
Valencia- Clínico-Malvarrosa	344.538
Valencia- Arnau de Vilanova- Llíria	316.981
Valencia-La Fe	285.066
Valencia - Dr. Peset	278.345
Valencia – Hospital General	360.488
Requena	51.746
la Ribera	258.394
Gandía	176.957
Dénia (Marina alta)	168.808
Xàtiva-Ontinyent	194.740
Alcoi	136.788
Marina Baixa	181.908
Alacant – Sant Joan d’Alacant	220.965
Alicante – Hospital G <sup>a</sup>	274.122
Elda	189.573
Elx	165.692
Orihuela	167.546
Torreveija	182.739
l’Horta Manises	205.202
Elx-Crevillent	155.311

**24 health departments**, each one with:

- One or more hospitals
- Emergency services
- Primary health centres
- Support units (Physiotherapy, Social Work, Addictions, Mental Health, Oral Health, Sexual and Reproductive Health, etc.)
- **Public health centres**

(see day 4 too)

# Public health centres in the Valencian Community: services for the population



## SERVICIOS

Los Centros de Salud Pública son estructuras para la protección y mejora de la salud de la población poniendo el foco sobre los procesos y factores colectivos más influyentes.

Actualmente la Comunitat Valenciana cuenta con 16 Centros de Salud Pública distribuidos por todo el territorio, cuyo objetivo es mejorar el nivel de salud de la población valenciana mediante el diseño, ejecución y evaluación de servicios para la protección y promoción de la salud y para la vigilancia y prevención de la enfermedad, atendiendo la equidad, disminuyendo las desigualdades en salud y promoviendo la participación de la sociedad.

Desde los Centros de Salud Pública se proporcionan los siguientes servicios a la población:

1. Protección de la salud ante los **riesgos ambientales** mediante el control de los abastecimientos de agua para el consumo humano, de piscinas y zonas recreativas, de las instalaciones de riesgo de Legionella, etc.
2. Vigilancia y prevención de **enfermedades transmisibles y no transmisibles** mediante estudios de brotes, estudios de mortalidad, registro de enfermedades de declaración obligatoria, programas de vacunación, programas para el diagnóstico precoz del cáncer, etc.
3. Protección de la salud frente a los **riesgos asociados al consumo de alimentos** mediante el control de las industrias y establecimientos que procesan, distribuyen y/o comercializan alimentos y a través de la vigilancia y la evaluación de la exposición y del riesgo de los peligros químicos y microbiológicos en los alimentos.
4. Protección y promoción de la salud en el **entorno laboral**, mediante el impulso de programas para la promoción de la salud en las empresas, la vigilancia de los servicios de salud en el trabajo, el control de productos químicos y la detección de enfermedades relacionadas con el trabajo
5. Protección de la salud en el **entorno comunitario** mediante programas y actividades de promoción de la salud y de los entornos saludables en los centros educativos y en la comunidad, con especial atención a los grupos más vulnerables.

Environmental health

Monitoring and prevention

Food safety

Occupational health

Health promotion





## Multiprofessionality and multidisciplinary

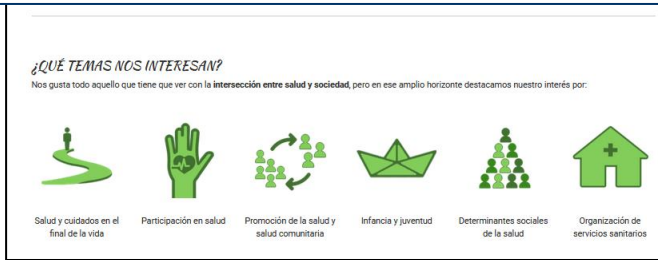
- Essential and necessary characteristics for public health action.
- Practising public health often requires the participation of professionals from a variety of disciplines (doctors, nurses, pharmacists, veterinarians, social workers, educators, town planners, environmental specialists, etc.) and contributions from different knowledge areas (biology, physiology, statistics, epidemiology, economics, sociology, communication, political science, etc.).
- It is an opportunity (enriches professional practice).
- It is a challenge (unusual in other fields of medicine).

# Multiprofessionality and multidisciplinary

## Examples:



Services company  
(research, career change, training in public health)  
Managers: sociologists



**Doctor   Economist   Jurist   Biologist**

Valencia ciudad | Los pacientes de seis centro de salud de Valencia acuden a museos por prescripción médica



Pacientes durante una visita al museo. / LP

El proyecto Activa-Cultural ha recibido un reconocimiento de buenas prácticas en Salud de la Generalitat

## ACTIVA-Cultural project

- Valencia General Hospital
- Valencia City Council
- History Museum of Valencia

- Many fields of public health action must confront “opponents” or **sectors with opposing interests** (for example: governments, the tobacco, alcohol or food industry, the pharmaceutical industry, community interest groups, etc.)
- Frequently, practising public health requires **lobbying or advocacy to defend its objectives**.
- These actions, individual and/or collective, seek to achieve **political commitments and support** for a specific public health objective or programme.
- Very **different groups** can exert this influence in favor of public health: health professionals, professional associations, non-governmental organisations, affected groups, academic experts, etc.

### Examples:

#### Díaz Ayuso asegura que "nadie ha muerto" por contaminación en Madrid

EP 01.01.2020 - 15:01H

Madrid es una de las ciudades con mayor longevidad del mundo.

*against Public Health*



*in favour of Public Health*

ABC SOCIEDAD

españa ▾ Internacional Economía ▾ **Sociedad** Madrid ▾ Familia ▾ Opinión ▾ Deportes ▾ Gente ▾ Cultura ▾ Ciencia Lotería del Niño ▾ Play ▾ Bienestar ▾ Más ▾

#### La contaminación del aire causa 10.000 muertes al año en España

• Es la cuarta causa de muerte en el mundo, con siete millones cada año

Spanish Society of Pulmonology and Thoracic Surgery, June 2019



SIN MALOS HUMOS

Blu va dirigido a fumadores adultos. Prohibida la venta a menores de 18.

*against Public Health*

*in favour of Public Health*

*“La Comisión de Salud Pública del Consejo Interterritorial del Sistema Nacional de Salud, en su objetivo de promover la salud de la ciudadanía y prevenir las enfermedades asociadas al consumo de tabaco, advertir de la existencia de riesgos para la salud tanto en el uso de los productos tradicionales del tabaco, como en los denominados “productos de tabaco por calentamiento” (sin combustión) y de los “dispositivos susceptibles de liberación de nicotina” (cigarrillos electrónicos) y por tanto aconseja no consumir ninguno de estos productos”*

Spanish Ministry of Health, February 2018

## Partnerships/alliances

- Advocacy or lobbying in favour of public health will benefit from alliances of professionals with other influential parties.
- To be well designed, implemented and assessed, many **public health programmes or interventions** require alliances with the different participants and target population of the programme.

### Examples:



Available at: [www.sp.san.gva.es/ovs](http://www.sp.san.gva.es/ovs)

### ***Envel·liment saludable (Healthy Ageing) Project***

Partnership: Valencia Clinical Hospital  
Spanish Red Cross  
Universitat de València

### ***Marxa Saludable (Healthy Walking) Project***

Partnership: Health centre in Novelda  
Patients' associations  
Volunteers

(see day 5 too)

## Community participation / engagement

- The World Health Organisation included community participation as a fundamental principle and tool in the [Alma-Ata Declaration](#) (on Primary Health Care, 1978) and in the [Ottawa Charter](#) (on health promotion, 1986).
- The WHO defines *community participation in health* as the process by which [people are empowered to be actively involved](#) in defining the health issues of their interest, in making decisions about the factors that influence their health and well-being, in the formulation and application of health policies, in the planning of health services and in the adoption of measures to achieve changes.
- In the field of public health research, *participatory action research (PAR)* designs are increasingly frequent.

(see day 3 too)

**NICE** National Institute for Health and Care Excellence

Search NICE...

NICE Pathways | **NICE guidance** | Standards and indicators | Evidence search | BNF | BNFC | CKS | Journals and databases

Home > NICE Guidance > Settings > Community engagement

## Community engagement: improving health and wellbeing and reducing health inequalities

NICE guideline [NG44] Published date: March 2016

Available at: <https://www.nice.org.uk/guidance/ng44>

**PARTICIPACIÓN COMUNITARIA:**  
Mejorando la salud y el bienestar y reduciendo desigualdades en salud

Guía adaptada de la Guía NICE NG44: «Community engagement: improving health and wellbeing and reducing health inequalities»

Proyecto Adapta GPS (Adapta y Aplica Guías de Promoción de Salud)

Logo of the Spanish Ministry of Health and Consumer Affairs (Ministerio de Sanidad, Consumo y Bienestar Social)

Logo of guiasalud.es (Biblioteca de Guías de Práctica Clínica del Sistema Nacional de Salud)

Logo of IACS Instituto Aragonés de Ciencias de la Salud

guiasalud.es

Biblioteca de Guías de Práctica Clínica  
del Sistema Nacional de Salud



Available at: <https://portal.guiasalud.es/>

## Key:



Paper in open access journal



Book or journal in UV Library



To think about



Recommended bibliography

## To learn more:

### A paper:

Rose G. Sick individuals and sick populations. *Int J Epidemiol.* 1985;14:32-35. 

### A video:

Dr. Carlos Fernández Escobar. ¿Qué es la salud pública?  
[https://www.youtube.com/watch?v=7\\_KY68QjmJo](https://www.youtube.com/watch?v=7_KY68QjmJo)

### A blog:

Blog from Gaceta Sanitaria (scientific journal of SESPAS)  
<http://bloggaceta.elsevier.es/>

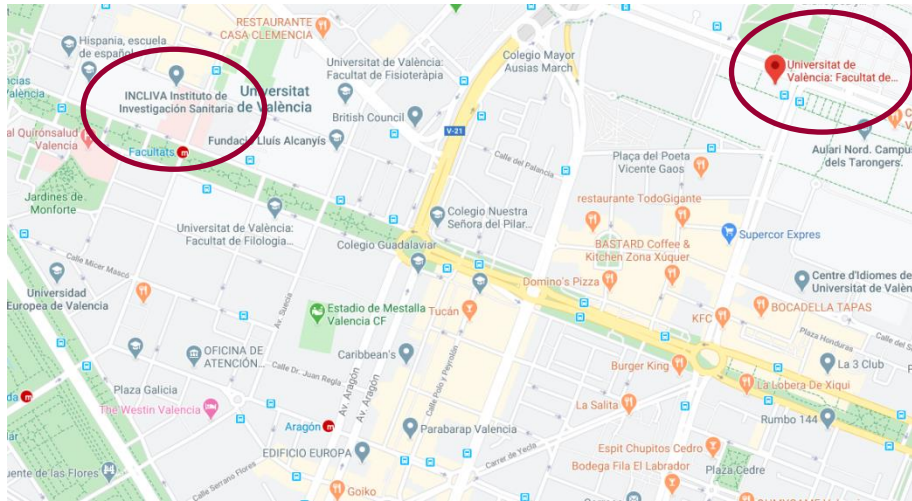


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## FACE-TO-FACE TUTORIAL:

Monday 10 am–1 pm  
Wednesday 10 am–1 pm

Facultat de Ciències Socials  
Avinguda dels Tarongers 4b  
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València (SPAIN)



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Medical Degree  
Legal Medicine and Public Health  
2019-20

## Day 2: Health profiles in the population

- Population structure: demographic data in Spain.
- Determinants of health in the population. Models and attributable risks.
- Health inequalities in the population. Definition. Model. Actions.
- Global burden of diseases. Patterns of mortality and morbidity.

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# What is the Spanish population like?

## Some demographic data

<b>Evolución de la población en España</b>				
Año	Fecha	Población residente	Crecimiento en el semestre	Crecimiento anual relativo (%)
2012	1 de enero	46.818.216	81.959	0,32
	1 de julio	46.766.403	-51.812	0,06
2013	1 de enero	46.727.890	-38.513	-0,19
	1 de julio	46.593.236	-134.654	-0,37
2014	1 de enero	46.512.199	-81.037	-0,46
	1 de julio	46.455.123	-57.076	-0,30
2015	1 de enero	46.449.565	-5.558	-0,13
	1 de julio	46.410.149	-39.416	-0,10
2016	1 de enero	46.440.099	29.950	-0,02
	1 de julio	46.449.874	9.775	0,09
2017	1 de enero	46.527.039	77.165	0,19
	1 de julio	46.532.869	5.830	0,18
2018	1 de enero	46.658.447	125.578	0,28
	1 de julio	46.728.814	70.367	0,42
2019	1 de enero	46.937.060	208.246	0,60
	1 de julio <sup>(*)</sup>	47.100.396	163.336	0,80

(\*) Datos provisionales

## Componentes del crecimiento demográfico de España Primer semestre de 2019

Población residente a 1 de enero de 2019 (A)	46.937.060
Nacimientos	169.216
Defunciones	214.218
Saldo vegetativo (B) (Nacimientos - Defunciones)	-45.002
Inmigración exterior	348.625
Emigración exterior	139.528
Saldo migratorio (C) (Inmigración-Emigración)	209.097
Correcciones estadísticas que no pueden atribuirse a fenómenos demográficos (D)	-759
Población residente a 1 de julio de 2019 (A+B+C+D)	47.100.396

Datos provisionales, excepto la población residente al inicio del periodo, que es definitiva.

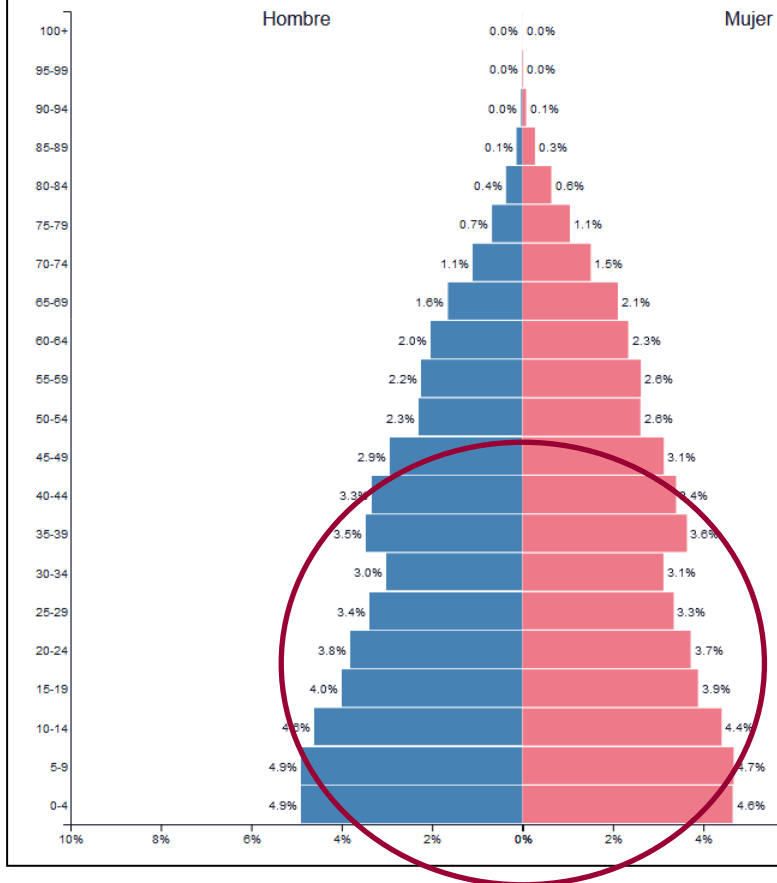
### Evolución de la población extranjera residente en España. Primer semestre de 2019

Principales nacionalidades

Nacionalidad	Población residente		Crecimiento semestre	
	1 enero 2019	1 julio 2019	Absoluto	Relativo (%)
TOTAL	4.840.207	5.023.279	183.073	3,8
Marruecos	713.776	734.402	20.627	2,9
Rumanía	670.186	669.222	-964	-0,1
Reino Unido	286.753	295.067	8.314	2,9
Italia	243.748	256.269	12.522	5,1
Colombia	199.182	227.102	27.920	14,0
China	190.600	193.207	2.607	1,4
Venezuela	133.980	158.218	24.238	18,1
Alemania	138.321	139.201	880	0,6
Ecuador	134.853	133.201	-1.651	-1,2
Bulgaria	123.335	123.403	68	0,1
Francia	111.509	114.384	2.875	2,6
Ucrania	103.606	105.414	1.808	1,7
Portugal	102.837	104.412	1.575	1,5
Honduras	84.768	97.824	13.056	15,4
Perú	79.898	89.545	9.647	12,1

Datos provisionales, excepto la población residente al inicio del periodo, que es definitiva.

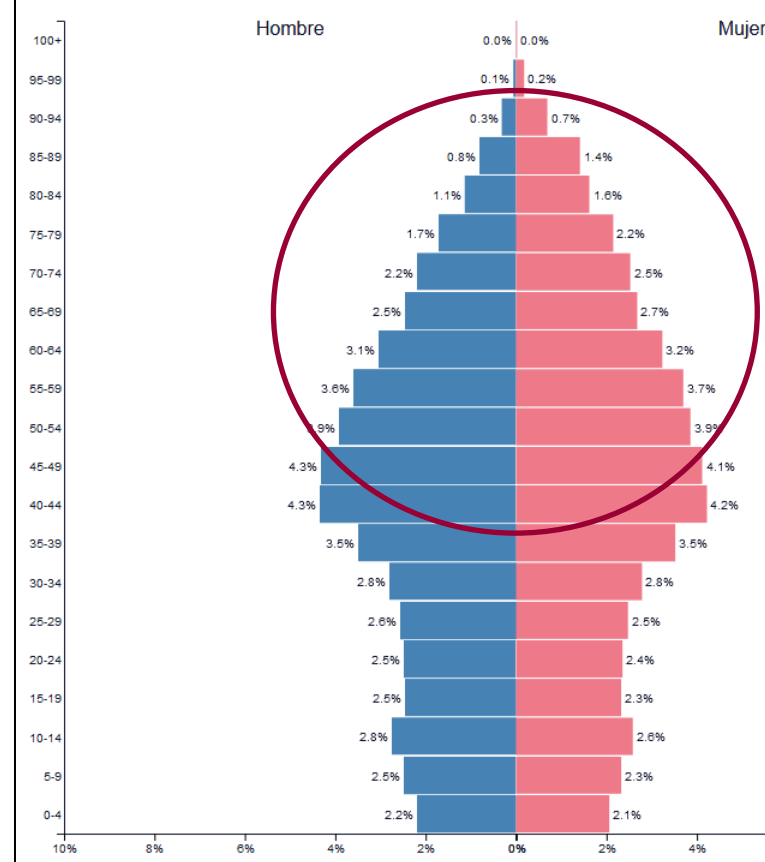
España ▼  
1970



Source: <https://www.populationpyramid.net/es/españa/>

Structure

España ▼  
2020



Población residente en España

	Valor
Población total	47.100.396
Hombres	23.089.389
Mujeres	24.011.006
Extranjeros	5.023.279

La suma de los datos desagregados puede diferir del total debido al redondeo

1. Datos de 1 de julio de 2019 (Provisional)

Source: INE, 8 de enero 2020

## Percentage (%) of population at risk of poverty and/or social exclusion in Spain

	Women	Men
2018	27.0	25.1
2017	27.1	26.0
2016	27.9	28.0
2015	28.3	29.0



Source: INE, Europe 2020 Strategy

According to the *Europe 2020 Strategy*, people who are in any of the three situations defined below are considered to be at risk of poverty and / or social exclusion:

### People at risk of poverty after social transfers

People whose **income** per unit of consumption is less than 60% of the equivalent median disposable income.

### Severe material lack

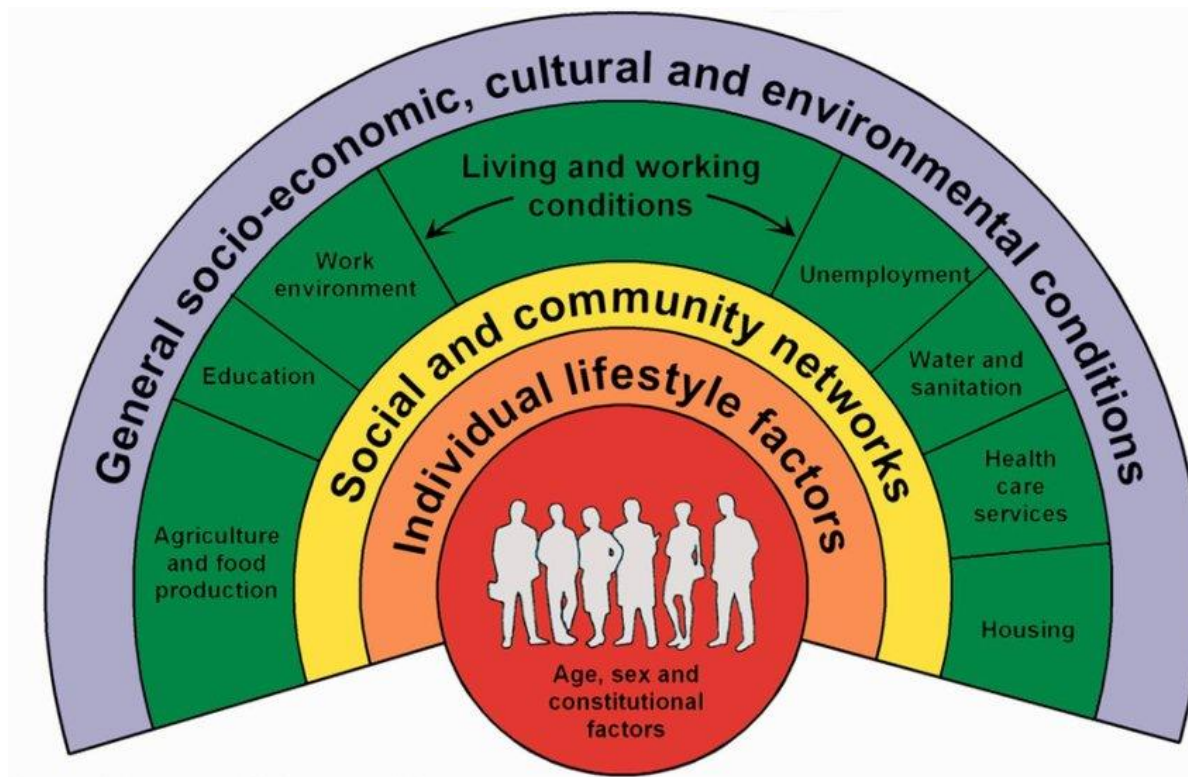
Households that **meet at least four criteria** of the following nine:

- 1) Cannot afford to go on vacation at least one week a year.
- 2) Cannot afford a meal of meat, poultry or fish at least every two days.
- 3) Cannot afford to keep the house at an adequate temperature.
- 4) Is unable to meet unforeseen expenses (650 euros).
- 5) Have had to delay payment of expenses related to the principal residence (mortgage or rent, gas bills, community fees ...) or of installment purchases in the last 12 months.
- 6) Cannot afford to have a car.
- 7) Cannot afford to have a telephone.
- 8) Cannot afford to have a television.
- 9) Cannot afford to have a washing machine.

### People living in homes with very low work intensity

People aged 0 to 59 living in homes where their **working**-age members did less than 20% of their total work potential in the year prior to the interview .

**Health determinants:** ensemble of personal, social, economic, cultural and environmental factors that determine the health status of individuals and populations.

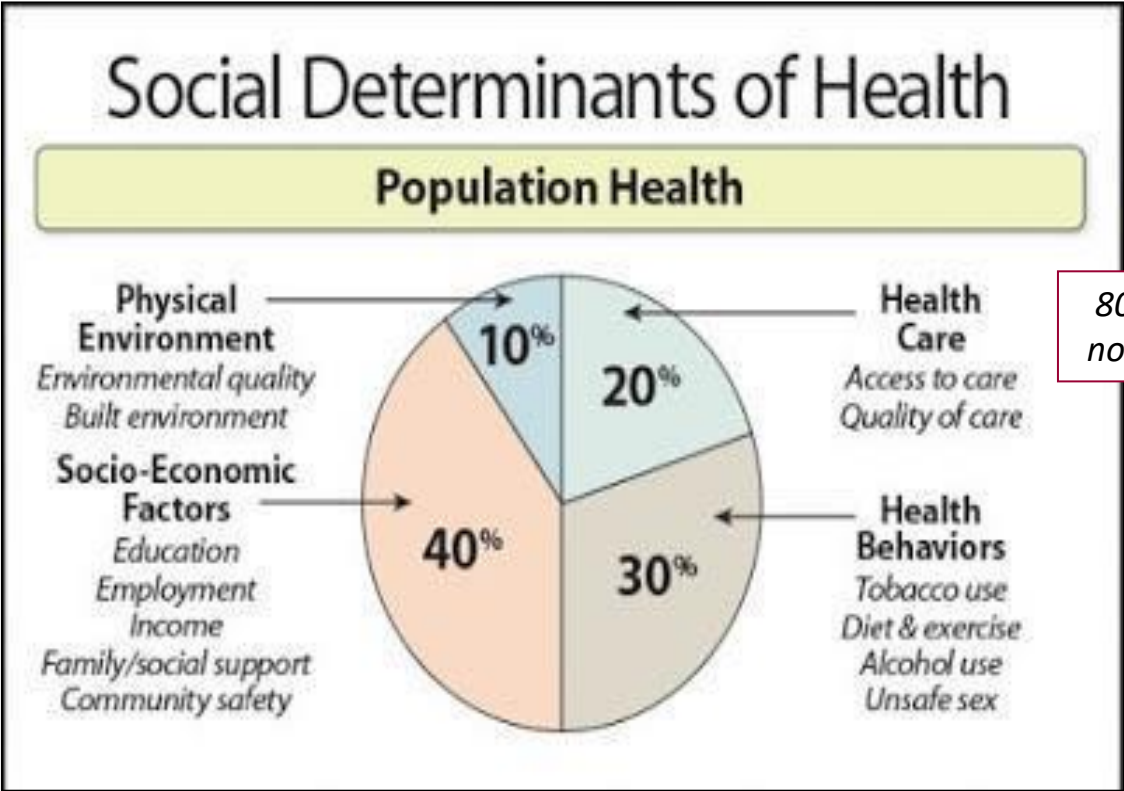


*Rainbow model for health determinants, Dahlgren and Whitehead 1991*



**Population attributable risk (%):** proportion of disease in the population attributable to a particular exposure or risk factor

*(see "Epidemiology")*



*80% of health determinants are not linked to health care services*

## Individual and population risk are not the same



### Example: risk factors for tuberculosis

*Starfield et al. The concept of prevention: a good idea gone astray? J Epidemiol Community Health 2008;62:580–583.*




#### Individual level:

- Low household wealth
- Incarceration in prison or detention
- Drug misuse
- Financial insecurity
- Unemployment
- Overcrowded living
- Living with a person with tuberculosis
- Heavy drinking

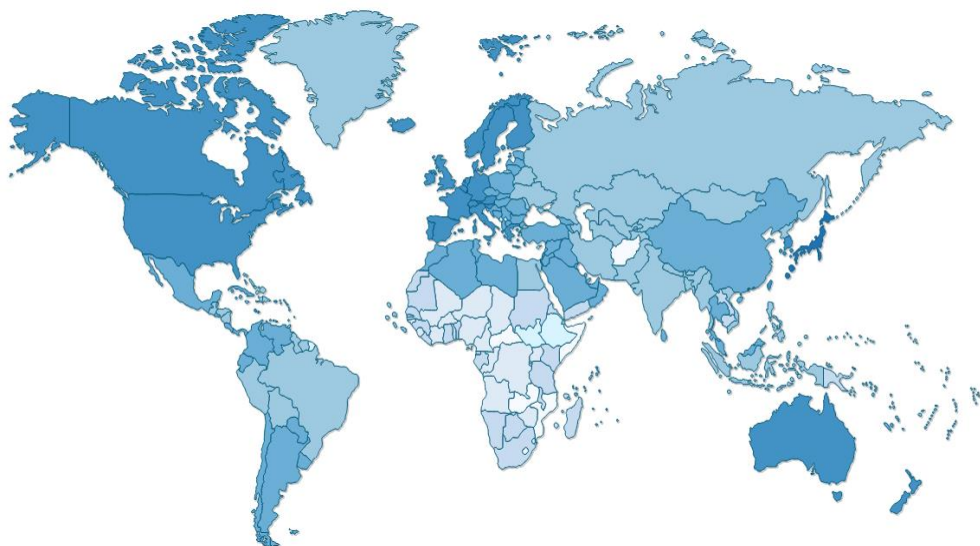
#### Population level:

- Unemployment
- Consumption of raw milk

## Definition:

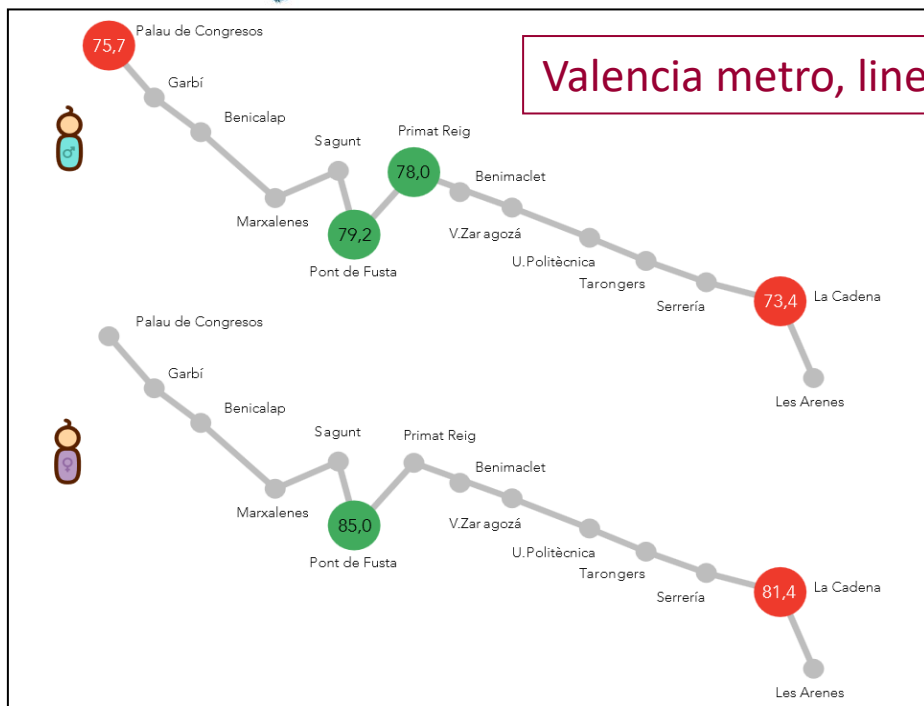
- Health differences that are **unnecessary, unfair and avoidable.**  
*Benach and Muntaner. Aprender a mirar la salud. Editorial El Viejo Topo, 2005*
- Differences in opportunities and resources related to health that people have depending on their social class, sex, territory or ethnicity, which results in **worse health in socially less favoured groups.**  
*Borrell and Artazcoz. Policies to reduce health inequalities. Gaceta Sanitaria, 2008* 

# Life expectancy at birth

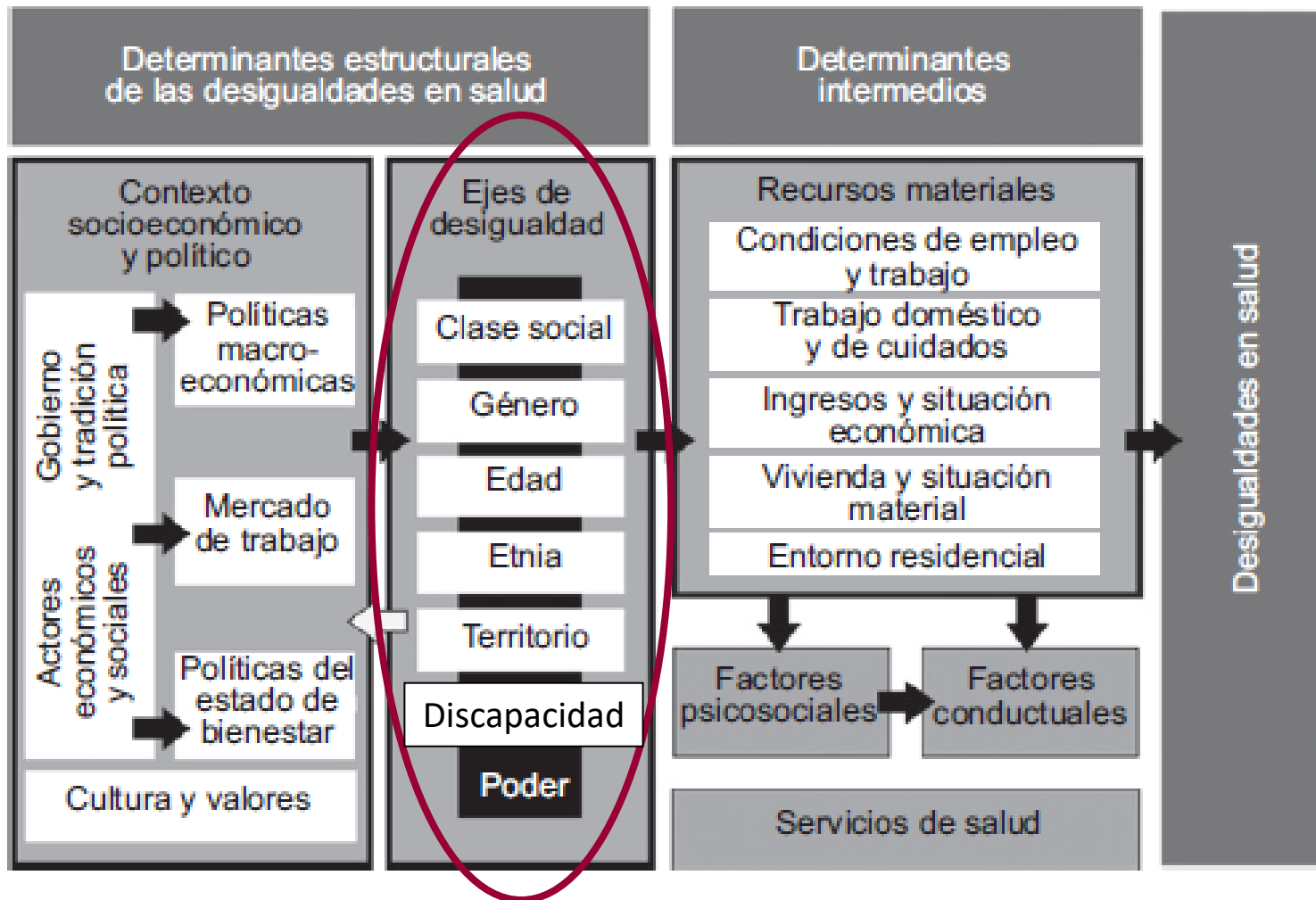


Source: <https://www.indexmundi.com/>

## Valencia metro, line 4



Source: Observatori Valencià de Salut  
(Valencian Health Observatory)  
<http://www.sp.san.gva.es/ovs>

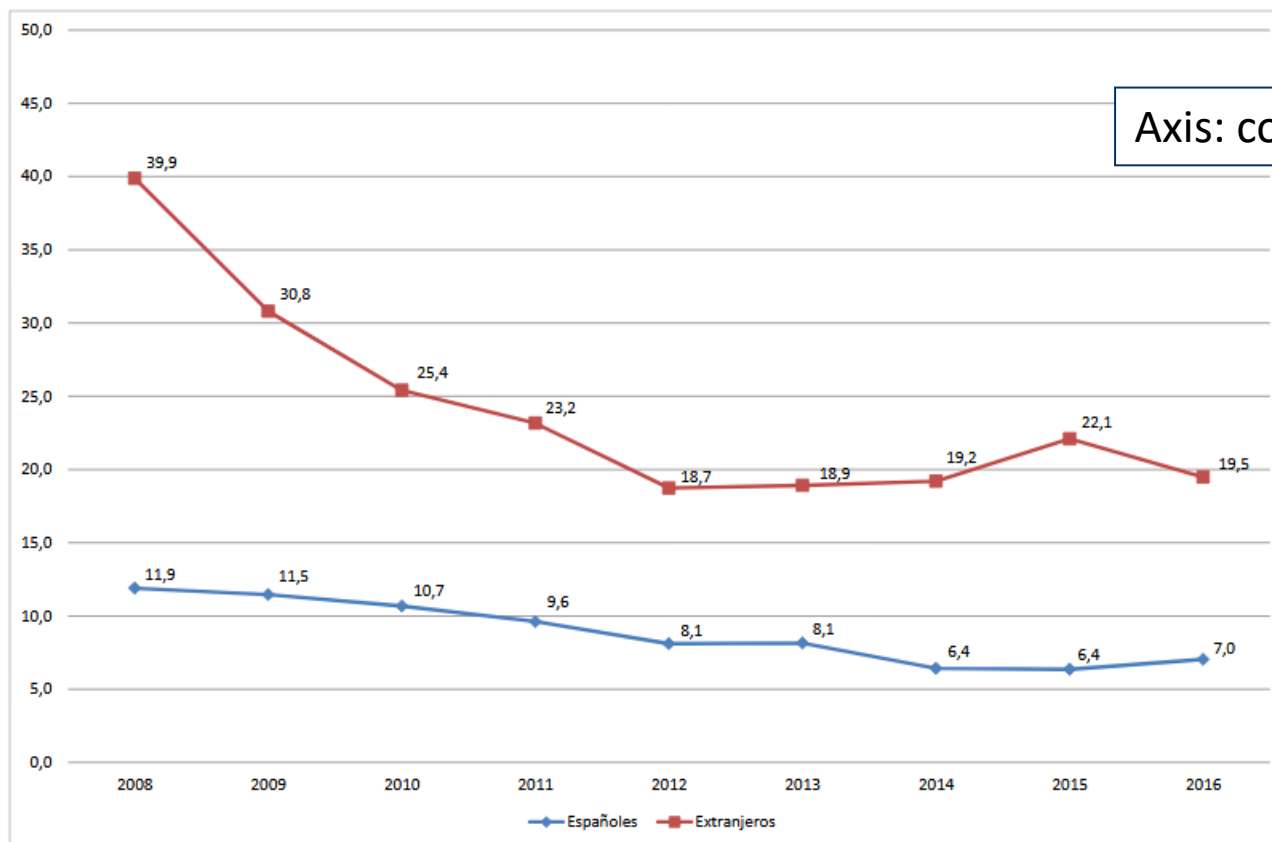


Model for health determinant INEQUALITIES, Borrell and Malmusi 2010

**Axes of health inequalities:** characteristics of people according to which they are more likely to present unnecessary, unfair and **avoidable** health differences compared to other people in the same place and time.

Figura 7.3. Tasas de tuberculosis (por 100.000 habitantes) en población española y extranjera. Comunitat Valenciana, 2008-2016.

Example:

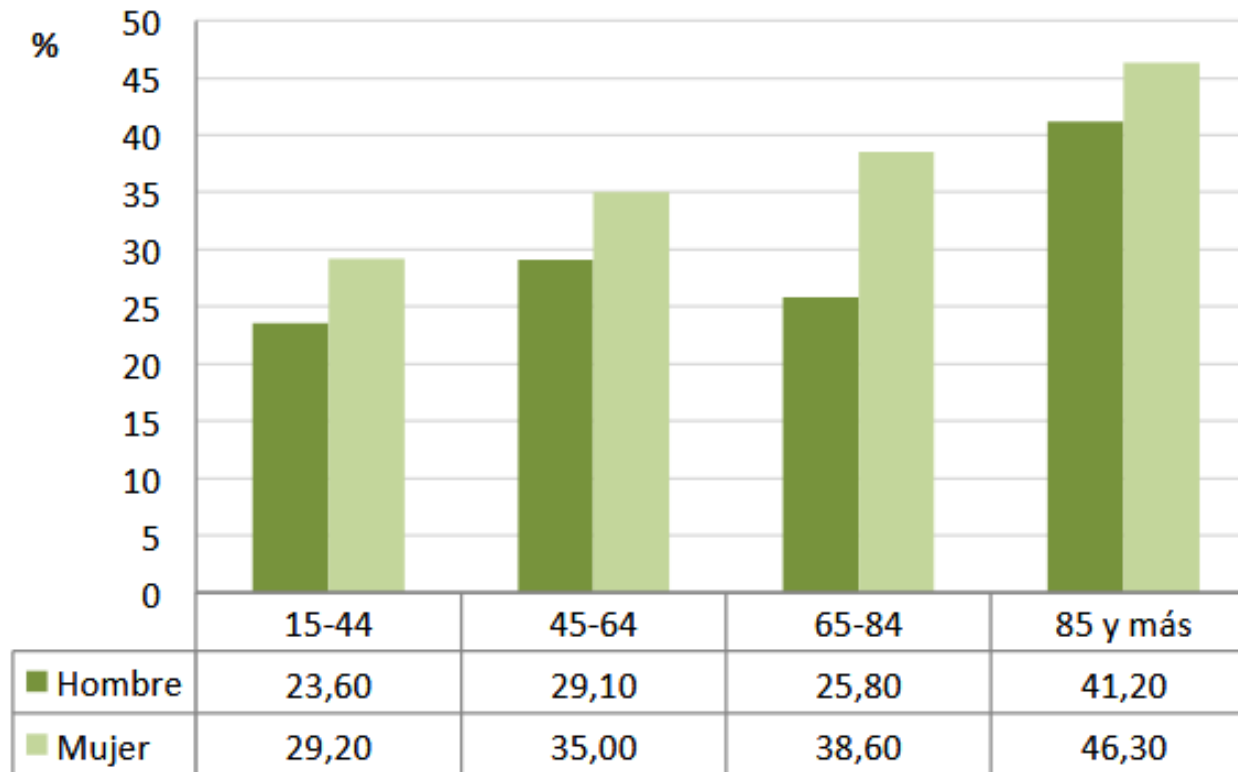


Fuente: Informes de tuberculosis Comunitat Valenciana. Años 2008-2016. Dirección General de Salud Pública.

## Example:

Figura 9.1. Població en risc de mala salut mental segons sexe i edat.  
Comunitat Valenciana, 2016.

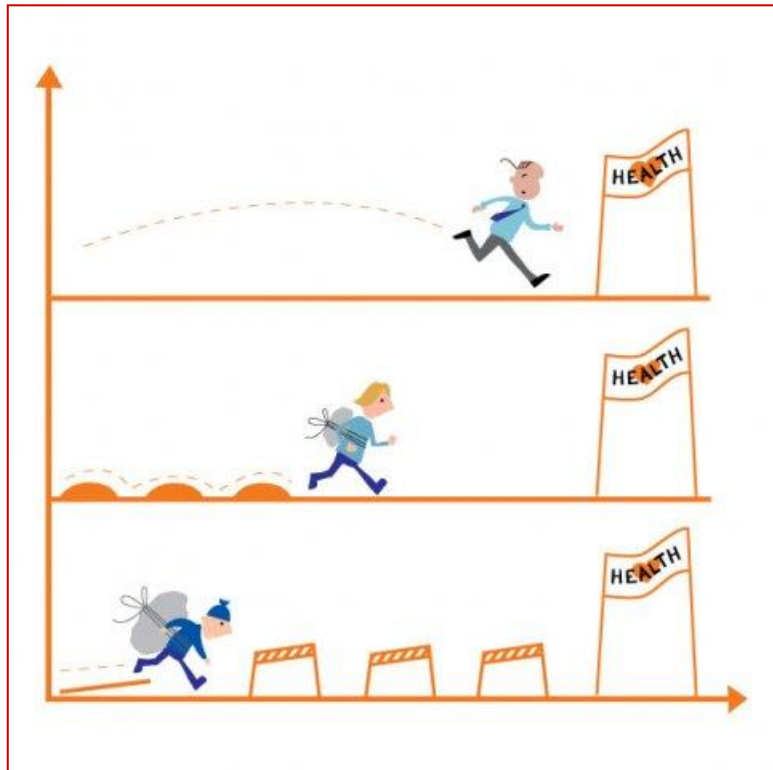
Axis: sex



Font: Enquesta de salut de la Comunitat Valenciana, 2016. Direcció General de Salut Pública.

## Three key ideas:

Health inequalities



(1) Not all people have the same opportunities to reach their maximum health and wellness potential.



Proportional universality



Universality

(2) Universal access to health services and care may not be sufficient for some population groups.



(3) The principle of proportional universality and equity in health states that people with more needs and greater vulnerability should have better accessibility and receive more care for their health.



# What can be done?



## By strategy:

(see day 1)

- **Targeted programmes:** the vulnerable/disadvantaged group is identified and this group is the object of action (high risk *prevention*).  
*Example:* STI prevention in groups involved in prostitution
- **Universal programmes:** they start from the recognition that health inequalities are present throughout the social scale and therefore actions aimed at the entire population are required (*population-level prevention*).  
*Example:* sex education in schools

## By level of intervention:

(see Borrell and Malmusi model)

- **Interventions in structural determinants:** macro-economic policies, employment market, educational policies, etc.  
*Example:* policies to promote access to decent work
- **Interventions in intermediate determinants:** policies and programmes aimed at improving the material circumstances that influence health.  
*Example:* control of occupational risks in the work places

# Global burden of diseases

- The **Global Burden of Disease (GBD) study** is a comprehensive regional and global research programme that assesses mortality and disability caused by major diseases, injuries and risk factors. The GBD is based on the collaboration of some 1,800 researchers from 127 countries.

*Sources:*



- GBD 2017 Disease and Injury Incidence and Prevalence Collaborators. Global, regional, and national incidence, prevalence, and years lived with disability for 354 diseases and injuries for 195 countries and territories, 1990–2017: a systematic analysis for the Global Burden of Disease Study 2017. **Lancet**, 2018.

- **World Health Organization**. Available at:  
[https://www.who.int/gho/mortality\\_burden\\_disease/global\\_burden\\_disease/en/](https://www.who.int/gho/mortality_burden_disease/global_burden_disease/en/)



- Soriano et al. La carga de enfermedad en España: resultados del Estudio de la Carga Global de las Enfermedades 2016. **Medicina Clínica**, 2018.
- Indicators (DALYs, YLL, YLD): [https://www.who.int/healthinfo/global\\_burden\\_disease/metrics\\_daly/en/](https://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/)

## GBD: some world data

*Most frequent pathologies and health disorders in the world, all ages and both sexes*

### Prevalence:

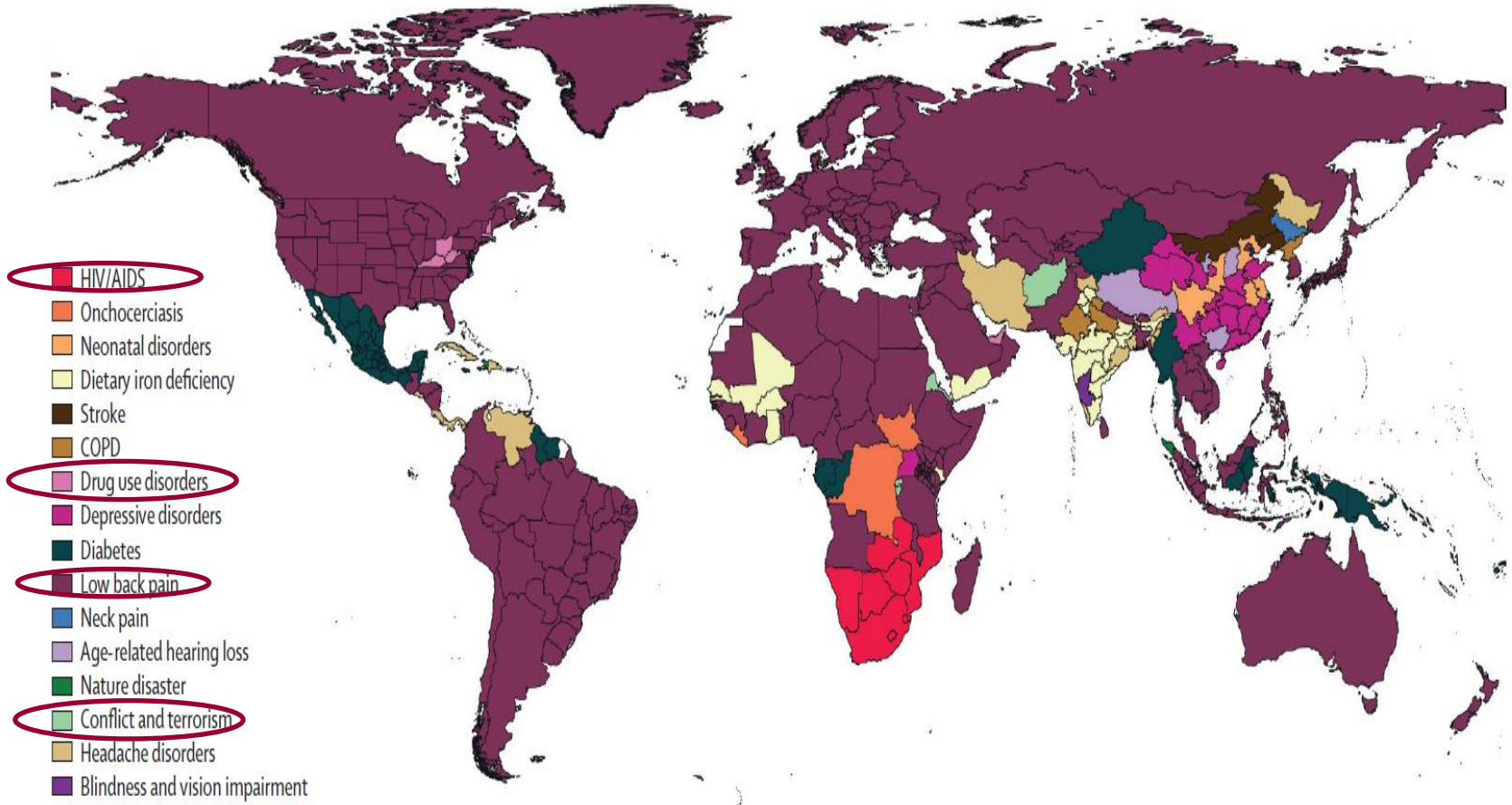
- Oral disorders
- Headache disorders
- Tuberculosis infection

### Incidence:

- Upper respiratory infections
- Diarrhoeal diseases
- Oral disorders

### Years lived with disability (YLD):

- Lower back pain
- Headache disorders
- Dietary iron deficiency

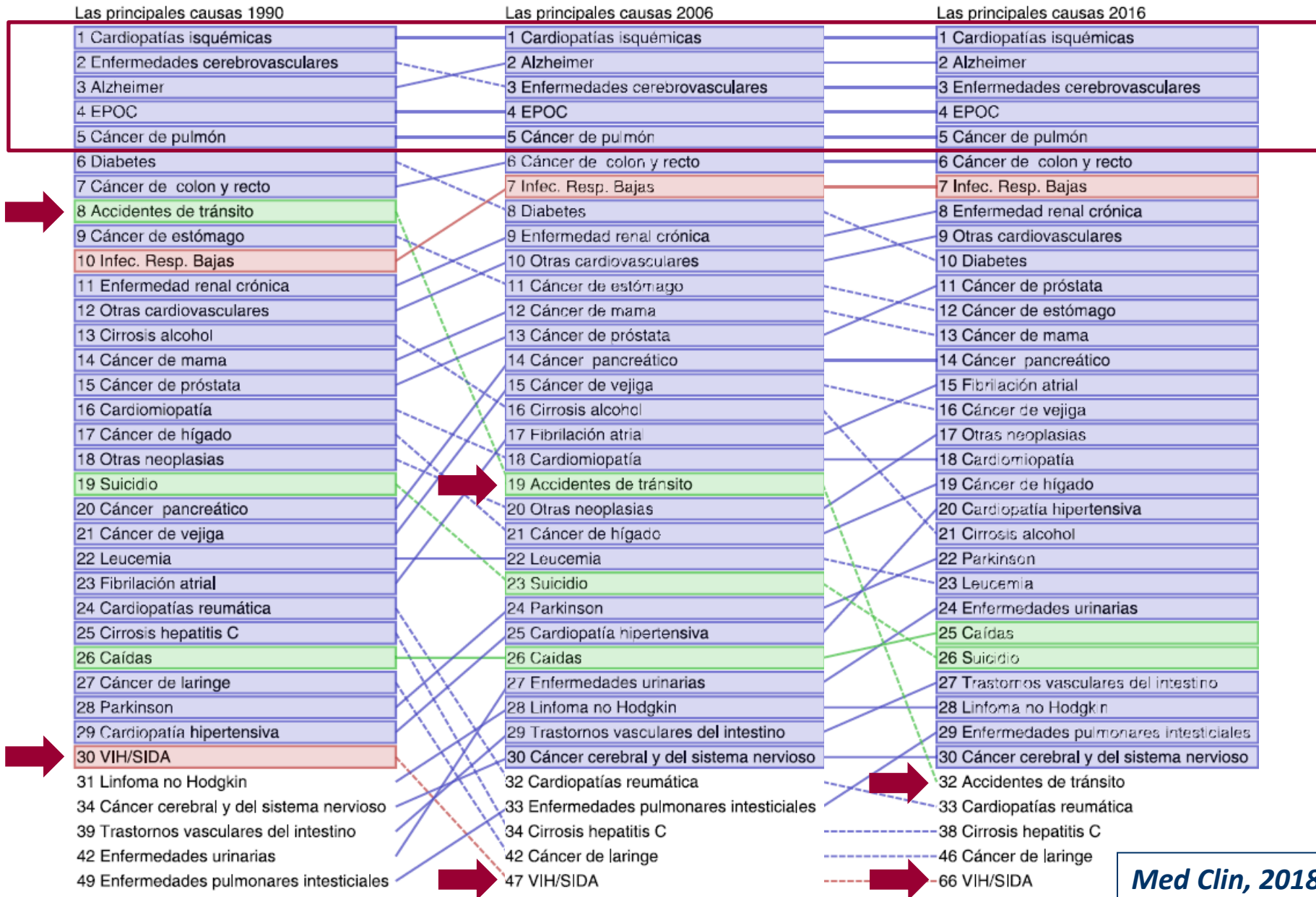


Leading causes of *age-standardised YLD rates* for both sexes by country or region

# GBD: some Spanish data

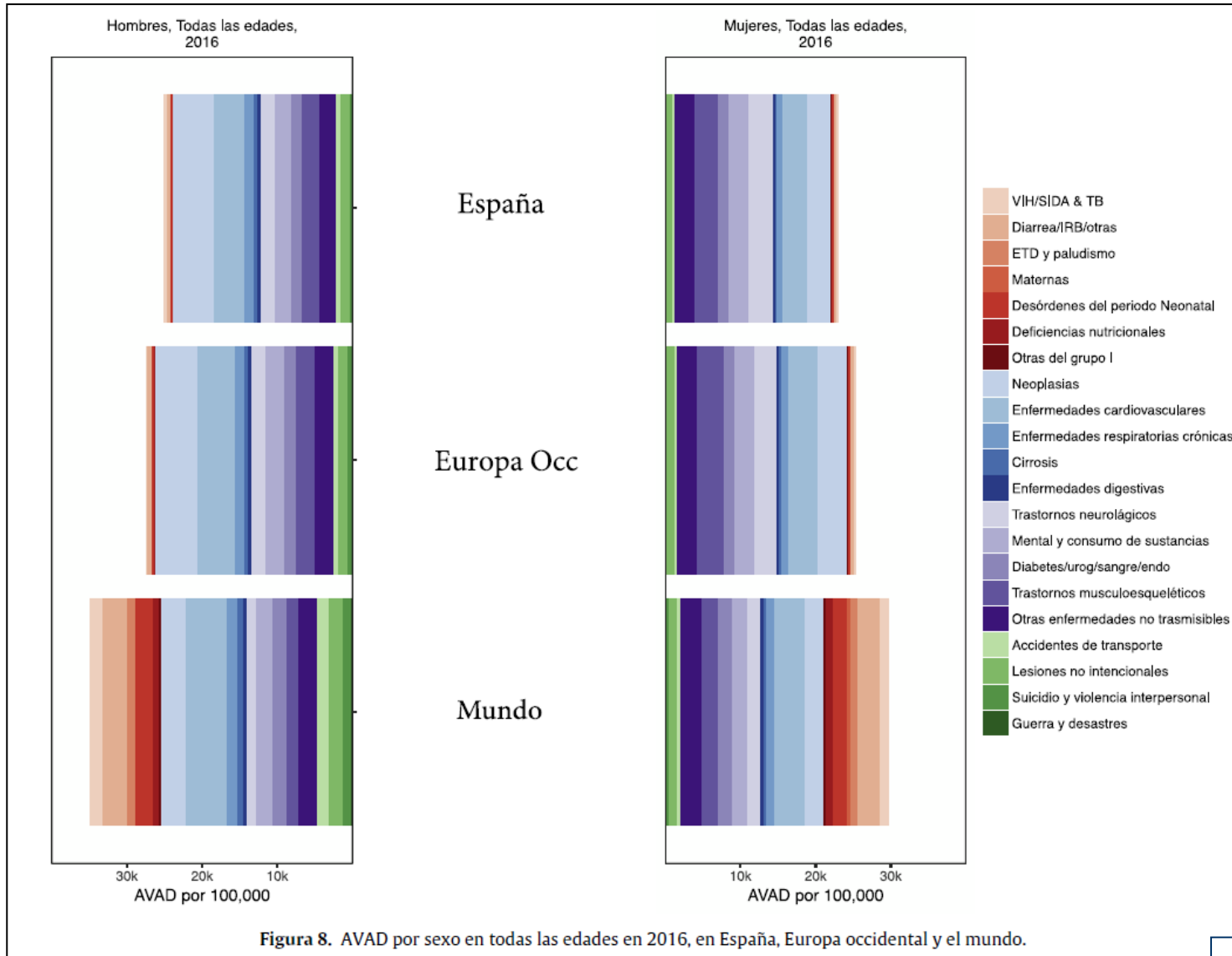
Patterns

Most frequent *causes of death*, all ages and both sexes: evolution 1990-2016



# GBD: some Spanish data

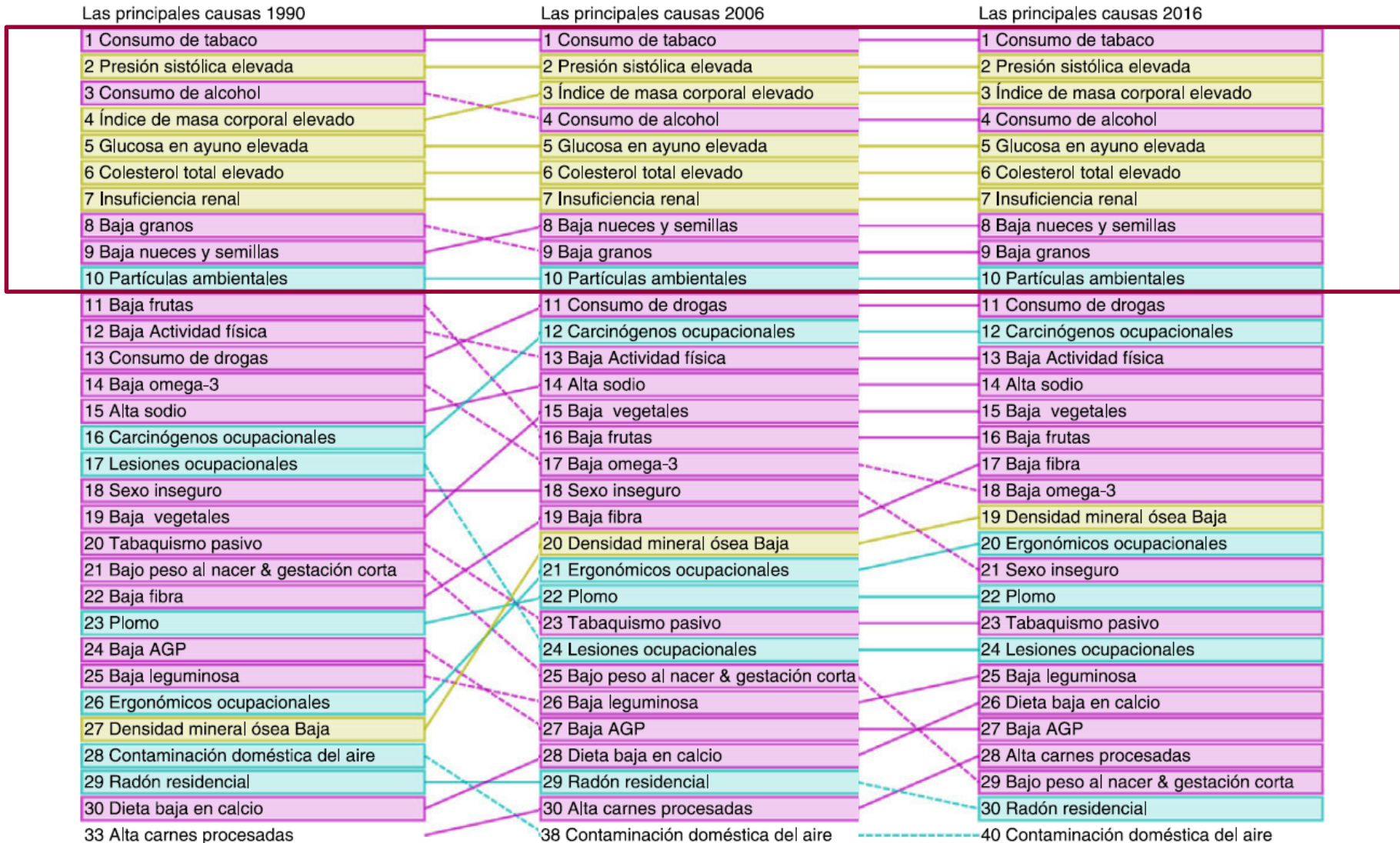
*Disability-adjusted life years (DALYs), all ages by sex:  
Spain, Western Europe and the world, 2016*





# GBD: some Spanish data

*Main causes of DALY, all ages and both sexes: evolution 1990-2016*



# Top 10 causes of death by disease and sex

## Spain, 2018

ICD-10. Instituto Nacional de Estadística (INE, Spanish National Statistics Institute).

### ICD10

### Men (no. deaths/2018)

018 Malignant tumour of the trachea, bronchi and lungs	17,194
059 Cerebrovascular diseases	11,435
067 Other diseases of the respiratory system	11,415
058 Other heart diseases	10,921
064 Chronic diseases of the lower respiratory tract (except asthma)	10,413
056 Other ischemic heart diseases	9,763
055 Acute Myocardial Infarction	8,660
057 Heart failure	7,266
046 Organic, senile and pre-senile mental disorders	7,162
012 Malignant tumor of the colon	6,690

### Women (no. deaths/2018)

059 Cerebrovascular diseases	14,985
046 Organic, senile and pre-senile mental disorders	14,507
058 Other heart diseases	13,478
067 Other diseases of the respiratory system	13,250
057 Heart failure	11,876
051 Alzheimer's Disease	10,475
054 Hipertensive diseases	8,388
072 Other diseases of the digestive system	7,316
056 Other ischemic heart diseases	6,868
023 Malignant tumour of the breast	6,534



# Main causes of death by age groups Spain, 2018

ICD-10. Instituto Nacional de Estadística (INE).

	Men	Women
<b>&lt; 1 year</b>	082 Conditions originating in the perinatal period	082 Conditions originating in the perinatal period
	083-085 Congenital malformations, deformities and chromosomal abnormalities	083-085 Congenital malformations, deformities and chromosomal abnormalities
<b>1-14 years</b>	009-041 Tumours	009-041 Tumours
	052 Other diseases of the nervous system and sense organs	052 Other diseases of the nervous system and sense organs
<b>15-34 years</b>	090 Traffic accidents	098 Suicide and self-inflicted injuries
	098 Suicide and self-inflicted injuries	090 Traffic accidents
<b>35-64 years</b>	018 Malignant tumour of the trachea, bronchi and lungs	018 Malignant tumour of the trachea, bronchi and lungs
	055 Acute Myocardial Infarction	023 Malignant tumour of the breast
<b>65-79 years</b>	018 Malignant tumour of the trachea, bronchi and lung	059 Cerebrovascular diseases
	059 Cerebrovascular diseases	058 Other heart diseases
<b>80+ years</b>	067 Other diseases of the respiratory system	059 Cerebrovascular diseases
	059 Cerebrovascular diseases	058 Other heart diseases

=



## To learn more:

### A website:

Global Burden of Diseases interactive website  
<https://vizhub.healthdata.org/gbd-compare/>

### A book:

Benach J, Muntaner C. Aprender a mirar la salud. Editorial El Viejo Topo, 2005

### A health observatory:

Observatori Valencià de la Salut (Valencian Health Observatory): How is our health?  
Available [here](#)

### A health survey:

Health Survey of the Valencian Community  
Available [here](#)

Degree in Medicine

Forensic Medicine and Public Health

2019–20

## Public Health

- Day 1: Concepts, functions, strategies
- Day 2: Health profiles in the population
- **Day 3: Health promotion**
- Day 4: Health system organisation. Planning, programming and evaluation.
- Day 5: Public health from the doctor's office

Ana M García

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anagar@uv.es

Medical Degree  
Legal Medicine and Public Health  
2019-20

## Day 3: Health promotion

- Concepts
- Strategies. Ottawa Charter. *Health in All Policies*. Healthy environments. Education for health.
- Salutogenic model. Health assets. Social prescription.

Ana M García  
Department Preventive Medicine and Public Health  
Universitat de València  
anagar@uv.es

# What is health promotion?

Health promotion is the process by which **people and communities are trained to increase control over the determinants of their own health**, and thus improve it.

The goal of health promotion is to **empower people and communities** to achieve **changes in their behaviours and living environment** which will positively impact their health.

## What does *empower* mean?

# Collins

### 2. VERBO

To **empower** someone means to give them the means to achieve something, for example to become stronger or more successful.

*Helping patients means empowering the professionals to put patients first. [VERB noun]*

*What I'm trying to do is to empower people, to give them ways to help them get well. [VERB noun]*

# What interest does medicine have in *empowering*?

Concepts

PubMed  Search

Create RSS Create alert Advanced Help

Article types  
Clinical Trial  
Review  
Customize ...

Text availability  
Abstract  
Free full text  
Full text

Publication dates  
5 years  
10 years  
Custom range...

Species  
Humans  
Other Animals

[Clear all](#)

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Format: Summary Sort by: Most Recent Per page: 20

## Search results

Items: 1 to 20 of 5219

<< First < Prev Page 1 of 261 Next > Last >>

Send to Filters: [Manage Filters](#)

Sort by:

Best match

Most recent

## Results by year



## Find related data

Database: Select

Find items

## Search details

```
empower[ti] OR empower'[ti] OR  
empowered[ti] OR empowerer[ti] OR  
empowering[ti] OR empowerment[ti]  
OR empowerment'[ti] OR  
empowermental[ti] OR empowers[ti]
```

Search

See more...

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Endocrinol Diabetes Metab. 2019 Nov 18;3(1):e00099. doi: 10.1002/edm2.99. eCollection 2020 Jan.

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HAND HYGIENE

# Programa



## Pacient Actiu



**GENERALITAT  
VALENCIANA**

Conselleria de Sanitat  
Universal i Salut Pública

### ¿QUÉ ES EL PROGRAMA PACIENT ACTIU?

Es un programa de apoyo a las personas que viven con alguna enfermedad crónica, para ayudarles a adquirir un mejor autocuidado de su salud.

Se desarrolla a través de talleres donde se facilita el intercambio de conocimientos entre personas que comparten la experiencia de alguna enfermedad crónica con la finalidad de mejorar su calidad de vida.

### ¿A QUIÉN SE DIRIGE?

A aquellas personas que presentan una o varias enfermedades crónicas como diabetes, enfermedades cardiovasculares, respiratorias, con dolor crónico u otras enfermedades físicas o mentales de larga duración; y también a las personas cuidadoras de pacientes dependientes.

### ¿CUÁLES SON LOS OBJETIVOS?

Apoyar y capacitar a las personas que acuden a los talleres para:

- Mejorar sus habilidades, motivación y confianza para manejar los síntomas de la enfermedad
- Favorecer hábitos de vida más saludables
- Cumplir mejor las recomendaciones y tratamientos.
- Mejorar los resultados en salud
- Mejorar la comunicación con los profesionales sanitarios
- Utilizar los recursos sanitarios de forma eficiente

### ¿EN QUÉ CONSISTE?

Los talleres, basados en la formación entre iguales, son impartidos por 2 tutores que son profesionales y pacientes afectados por enfermedades crónicas, que han sido formados y acreditados por la Universidad de Stanford de EEUU.

A través de diferentes actividades, empiezan a lograr pequeños cambios, aumentando la confianza en sus habilidades para manejar los síntomas y problemas causados por la enfermedad; aprenden a manejar el dolor, resolver conflictos, adecuar su alimentación, aumentar su nivel de actividad física, controlar el estado de ánimo y la manera en que la enfermedad influye en sus relaciones personales.

### DURACIÓN DE LOS TALLERES

Cada taller tiene una duración de 6 semanas consecutivas con sesiones de 2 horas y media semanales. Las personas que participan deben estar motivadas y comprometerse a acudir.

### TIPOS DE TALLERES

• TALLER TOMANDO CONTROL DE TU SALUD (TCS): para personas con enfermedades crónicas, en los que se tratan características comunes a la mayoría de ellas

### ¿DÓNDE SE REALIZAN?

En diferentes puntos de la Comunitat, tanto en centros sanitarios como en otras sedes. Consulta las próximas fechas en el portal [www.san.gva.es](http://www.san.gva.es)

### ¿CÓMO PUEDO SOLICITARLO?

Cumplimente el formulario de solicitud que le proporcionará su personal sanitario y remítalo a su centro de salud o a la dirección de correo electrónico [pacientactiu@gva.es](mailto:pacientactiu@gva.es). Nos pondremos en contacto con usted.

Si necesita más información, pregunte al personal sanitario.



**Pacient Actiu**

### Characteristics:

- Aimed at chronic patients and their caregivers
- Based on peer education
- Socialisation and collective work



More information: <http://www.san.gva.es/web/dgas/programa-pacient-actiu>



Castelló workshop



POLÍTICA 17/09/2019 13:19 CEST | Actualizado 17/09/2019 13:45 CEST

## Kiko Veneno: "Donde antes vendían heroína, ahora ponen las casas de apuestas"

En el sureste y sur de Madrid, han aumentado estos locales en un 141%, mientras que en los barrios ricos ha disminuido.

Por Carlota E. Ramírez



» Noticias » España » Comunidad de Madrid » Madrid

## Madrid sale a la calle contra "la plaga" de las casas de apuestas en los barrios

- La Plataforma contra los locales de apuestas advierte que están proliferando especialmente "cerca de colegios"
- La convocatoria de la protesta se ha extendido a A Coruña, Boiro, Santiago, Cartagena, Granada y Algeciras

06.10.2019 | 14:11 horas Por RTVE.es/EFE



Participantes de la marcha en Madrid en contra de las casas de apuestas. EFE/LUCA PIERGIOVANNI

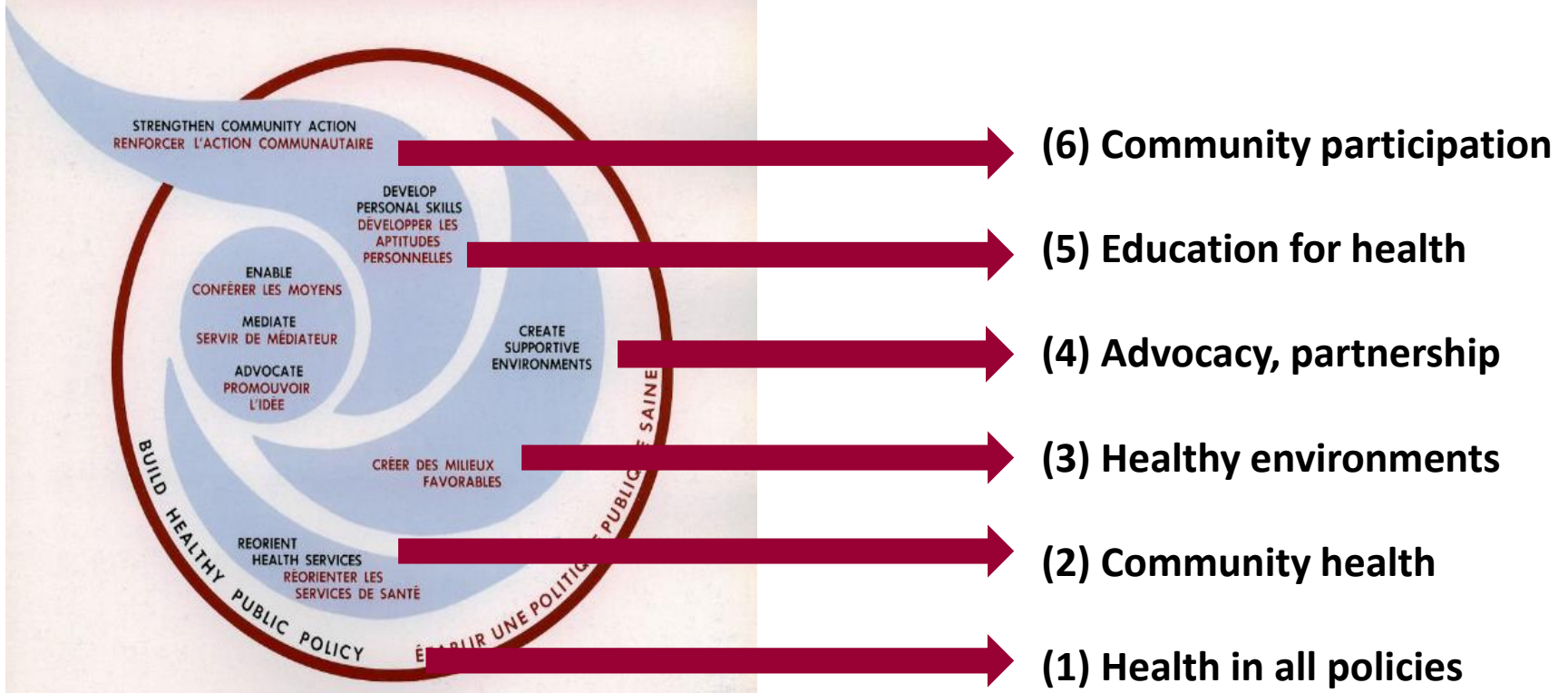
## Ottawa Charter:

- An international reference document establishing the fundamental objectives and strategies for health promotion.
- It was drawn up following the **First International Conference on Health Promotion**, held in the city of Ottawa (Canada) in 1986.
- It was presented to achieve the objectives of the **WHO "Health for all in the year 2000"** (HFA-2000) programme.
- It ties into the previous conclusions reached at the **Almá-Atá Conference** (Kazakhstan, 1978), which emphasised the importance of **primary care** in improving people's health.
- Despite the time that has elapsed since the Ottawa and Almá-Atá meetings, the principles set out at that time for **primary care** and for the **promotion of health** remain fully in force and call for further attention by health administrations and professionals.

1986

2020

**OTTAWA CHARTER FOR HEALTH PROMOTION**  
**CHARTRE D'OTTAWA POUR LA PROMOTION DE LA SANTÉ**



AN INTERNATIONAL CONFERENCE  
ON HEALTH PROMOTION  
The move towards a new public health

November 17-21, 1986 Ottawa, Ontario, Canada

UNE CONFÉRENCE INTERNATIONALE  
POUR LA PROMOTION DE LA SANTÉ  
Vers une nouvelle santé publique

17-21 novembre 1986 Ottawa (Ontario) Canada

# (1) Healthy Public Policy / Health in All Policies

**Ottawa Charter:** “Health promotion goes beyond health care. It puts health on the agenda of policy makers in all sectors and at all levels, directing them to be aware of the health consequences of their decisions and to accept their responsibilities for health.”

**Health in All Policies:** a principle upheld by the WHO

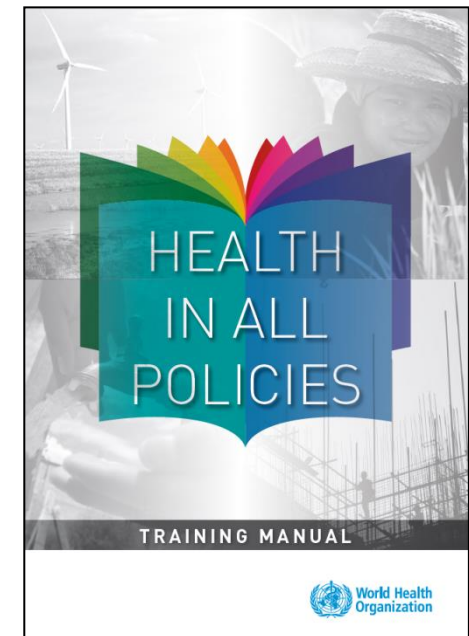
**WHAT IS HEALTH IN ALL POLICIES?** World Health Organization

Good health requires policies that actively support health ✓

It requires different sectors working together, for example:

HEALTH TRANSPORT HOUSING WORK NUTRITION WATER & SANITATION

TO ENSURE ALL PEOPLE HAVE EQUAL OPPORTUNITIES TO ACHIEVE THE HIGHEST LEVEL OF HEALTH



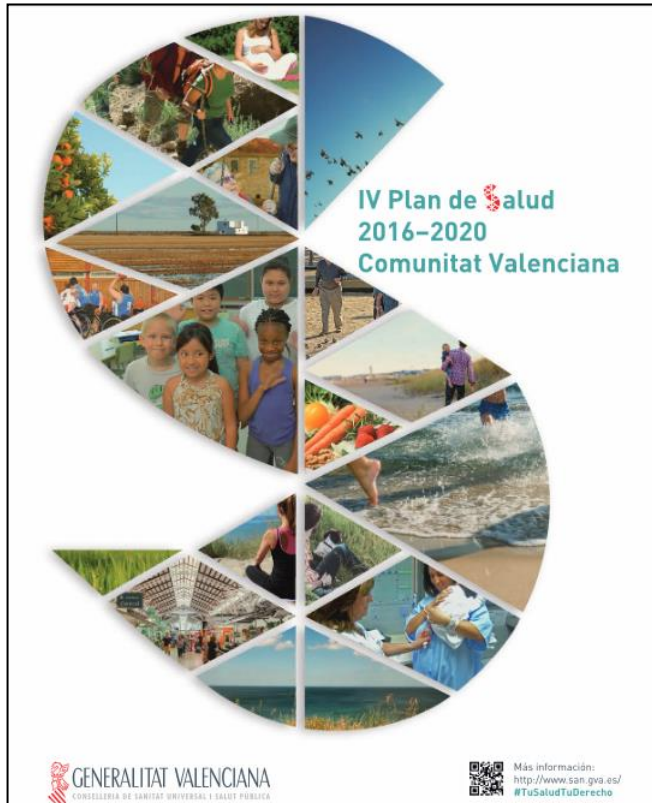
WHO, 2015

More information [here](#)



# (1) Healthy public policy / Health in All Policies

**Health in All Policies:** the commitment in the *IV Pla de Salut de la Comunitat Valenciana*



 **alud en todas las edades**  
**alud en todas las políticas**

“The Valencian Government takes the approach of **Health in All Policies**. Health should be assumed as an objective shared by all levels of government and considered as a common indicator of development. Health promotion is not the sole responsibility of the health sector. It is necessary to cooperate and establish synergies with other sectors and involve citizens.”

More information about the *IV Pla de Salut* [here](http://www.san.gva.es/)

## (2) Reorient health services / community health

**Ottawa Charter:** “The role of the health sector must move increasingly in a health promotion direction, beyond its responsibility for providing clinical and curative services.”

**Community health** (*see also day 1*): There are more and more examples of health centres carrying out community interventions for health promotion. It is a field of growing interest for the administration and professionals, especially in primary care.

**Examples** (*see also day 5*):

Regulations: Strategic Framework for Primary and Community Care (*Marco estratégico para la atención primaria y comunitaria*, Spanish Ministry of Health, BOE 7 May 2019)

Professional networks and working groups:

**PACAP:** Pof Community Activities in Primary Care of the Spanish Society of Family and Community Medicine (semFYC)



“It is a semFYC programme to stimulate, support and promote community activities in the field of primary health care, as well as advance in the field of knowledge of the instruments and methodology of community work.”

More information in <https://www.pacap.net/>

### (3) Create supportive environments / healthy environments

**Ottawa Charter:** “Changing patterns of life, work and leisure have a significant impact on health. Work and leisure should be a source of health for people. The way society organises work should help create a healthy society. Health promotion generates living and working conditions that are safe, stimulating, satisfying and enjoyable.”

#### Healthy environments:

**Environment:** the physical, social and cultural space where you live

**Healthy environment:** one that facilitates and promotes healthy living choices

#### Examples:



**Health promoting schools:** based on the principles of equity, sustainability, inclusion, empowerment and democracy (*more info: <https://www.schoolsforhealth.org/>*)



A healthy **company** considers the impact on the health of employees in all the company's policies (*more info: <https://www.insst.es/promocion-de-la-salud>*)



**Hospitals** have an enormous potential impact on health, and not only on disease, if they undertake actions to protect the health of their staff, to promote healthy behaviours in patients and family members or to reduce their environmental footprint (through the proper management of waste and procurement, control of power consumption, etc.) (*more info [here](#)*)



**High schools**, in addition to being an engine for research and training for future professionals, are living environments where environmental, organisational and personal factors that affect health and well-being interact (*more info: <https://www.unisaludables.es/es/>*).

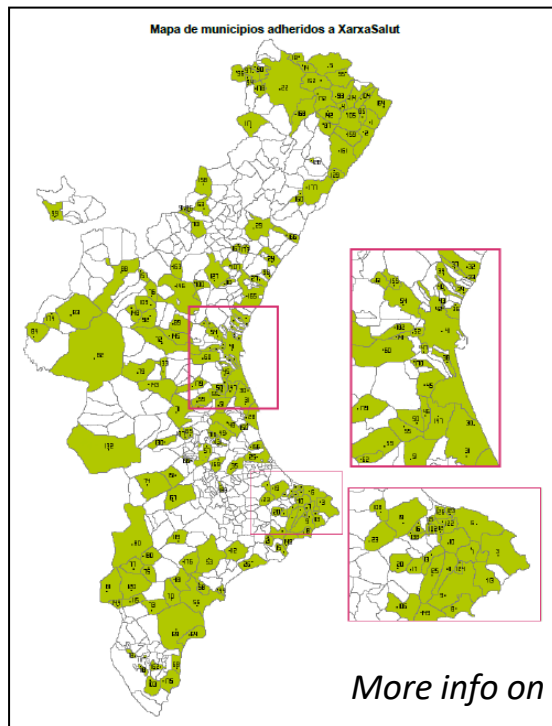
### (3) Create supportive environments / healthy environments

Example: local/municipal area



What is it?

**XarxaSalut** is the network of **municipalities** in the Valencian Community adhering to the IV Pla de Salut (Fourth Health Plan) with the commitment to undertake the local health promotion actions set out in the Plan.



*Guide to good health promotion practices based on evidence from the **local area**.*

Full Guide available [here](#)



More info on XarxaSalut: [www.sp.san.gva.es/xarxasalut](http://www.sp.san.gva.es/xarxasalut)



### (3) Create supportive and healthy environments

Original

Asociación entre las características del entorno de residencia y la actividad física

Gabriel Rodríguez-Romo<sup>a,\*</sup>, María Garrido-Muñoz<sup>b</sup>, Alejandro Lucía<sup>c</sup>,  
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Examples in scientific literature:

*Gac Sanit.* 2013;27(6):487–493



#### Tabla 4

Asociación entre las características del entorno de residencia y la posibilidad de realizar un nivel moderado o alto de actividad física total (personas adultas de la región de Madrid, N = 1500)

	N	(%)	Posibilidad de realizar un nivel moderado o alto de actividad física total			
			OR <sup>a</sup>	(IC95%)	OR <sup>b</sup>	(IC95%)
Alta densidad residencial	676	(45,1)	1.364	(1.054-1.766)	1.300	(1.007-1.679)
Tiendas a una distancia que se puede ir caminando	956	(63,7)	1.727	(1.235-2.415)	1.687	(1.202-2.367)
Transporte público a 10-15 min de casa	446	(29,7)	1.403	(1.049-1.876)	1.404	(1.049-1.879)
Abundantes aceras en el vecindario	1190	(79,3)	1.869	(1.402-2.491)	1.968	(1.468-2.639)
Presencia de carriles bici	538	(35,9)	1.171	(0,896-1.531)	1.195	(0,913-1.564)
Existencia de instalaciones de recreo de bajo coste	703	(46,9)	1.195	(0,926-1.542)	1.211	(0,937-1.565)
Poca delincuencia	545	(36,3)	1.582	(1.093-2.291)	1.586	(1.092-2.303)
Escaso tráfico en las calles	609	(40,6)	1.727	(1.235-2.415)	1.687	(1.202-2.367)
Hay mucha gente físicamente activa	675	(45,0)	1.650	(1.269-2.146)	1.709	(1.311-2.226)
El vecindario es agradable	383	(25,5)	1.817	(1.313-2.513)	1.820	(1.314-2.520)

OR: *odds ratio*; IC95%: intervalo de confianza del 95%.

En *cursiva* se destacan las OR y los IC95% significativos ( $p < 0,05$ ).

<sup>a</sup> Regresión logística sin ajustar por variables de confusión.

<sup>b</sup> Regresión logística tras ajustar por sexo y edad.



### (3) Create supportive and healthy environments

#### The Role of Built Environments in Physical Activity, Obesity, and CVD

James F. Sallis, Ph.D.,  
Department of Psychology, San Diego State University

Myron F. Floyd, Ph.D.,  
Department of Parks, Recreation and Tourism Management, North Carolina State University

Daniel A. Rodriguez, Ph.D., and  
Department of City and Regional Planning, University of North Carolina, Chapel Hill

Brian E. Saelens, Ph.D.,  
Seattle Children's Research Institute, University of Washington

#### Examples in scientific literature:

*Circulation*. 2012 February 7; 125(5): 729–37

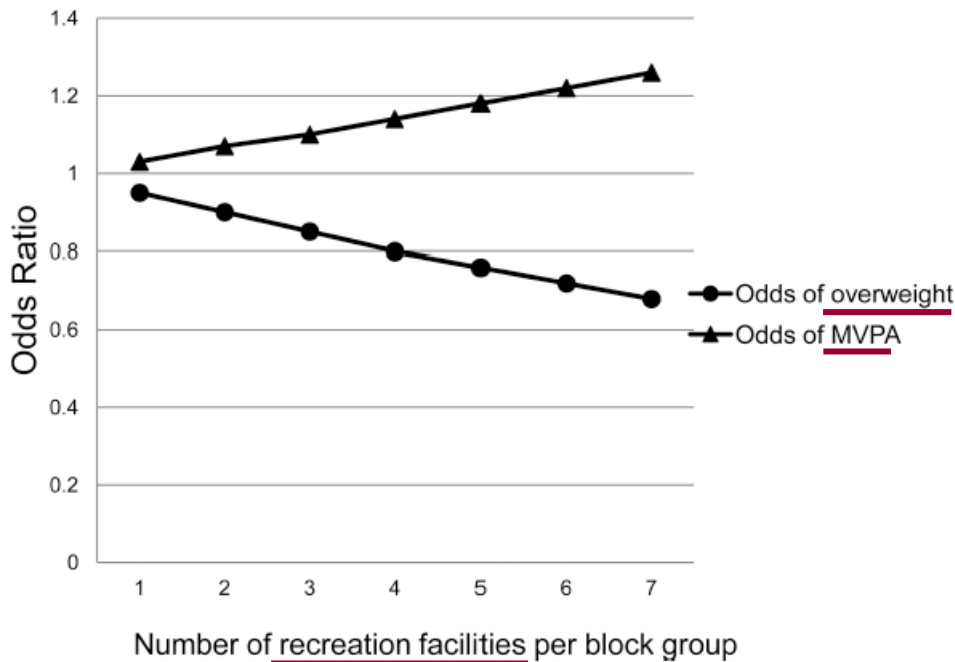


Figure 3.  
Relative odds of overweight and >5 bouts of moderate to vigorous physical activity (MVPA) with increasing number of recreation facilities per block group, adjusted for population density  
Adapted from reference 34

*Recreation facilities:* gardens, parks, greenways, cycle lanes, playgrounds, safe routes to school, etc.

*MVPA:* moderate or vigorous physical activity



## (4) Advocate, enable, mediate / advocacy, partnerships

**Ottawa Charter:** “The prerequisites and prospects for health cannot be ensured by the health sector alone. More importantly, health promotion demands coordinated action by all concerned: by governments, by health and other social and economic sectors, by non-governmental and voluntary organisations, by local authorities, by industry and by the media [...]. Health personnel have a major responsibility to mediate between differing interests in society for the pursuit of health.”

**Advocacy, partnerships/alliances** (*see day 1*)

## (6) Strengthen community action / community participation

**Ottawa Charter:** “Health promotion works through concrete and effective community action in setting priorities, making decisions, planning strategies and implementing them to achieve better health. At the heart of this process is the empowerment of communities, their ownership and control of their own endeavours and destinies.”

**Community participation** (*see day 1*)

## (5) Develop personal skills / education for health

**Ottawa Charter:** “Health promotion supports personal and social development through providing information, education for health and enhancing life skills. By so doing, it increases the options available to people to exercise more control over their own health and over their environments, and to make choices conducive to health.”

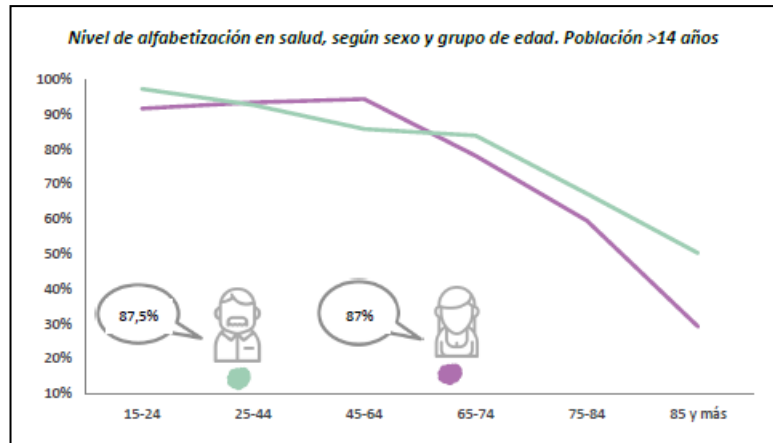
### Education for health:

Help people and communities acquire the skills, knowledge and information that will allow them to make healthy life choices.

- **Individual:** medical advice at the doctor’s office
- **Group:** workshops with groups of patients (*see Patient Actiu*) or users (for example, preparation for childbirth)
- **Population:** programmes at school, institutional campaigns, etc.

## A couple of facts regarding health education...

**Health literacy:** a person's ability to access, understand and use information in a way that allows them to maintain, care for and/or improve their level of health.



Source: Health Survey of the Valencian Community (ESCV) 2016. Health literacy measured using HLS-EU-Q16 questionnaire.

More info about ESCV [here](#)



## School health education programmes in the Valencian Community:

Participación en los programas de promoción de la salud en la escuela. Comunitat Valenciana, curso 2017/18			
Objetivo del programa	Nº de centros docentes participantes	Cursos en los que se imparte el programa	Nº de alumnos y alumnas participantes
Salud bucodental	1.289	1ª a 6ª primaria	121.952
Disminución del consumo de tabaco (aula del tabaco)	252	1º ESO	24.498
Prevención de trastornos de la conducta alimentaria (DITCA)	79	2º ESO	5.372
Educación en salud sexual (PIES)	345	2º y 3º ESO	49.759

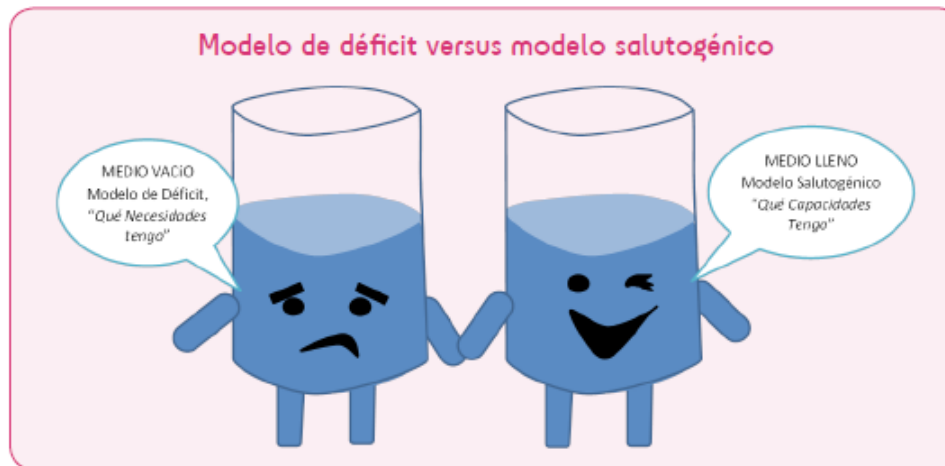
Source: Memòria de gestió 2018. Capítol IX: Salut Pública. Conselleria de Sanitat Universal i Salut Pública.

Available at:

<http://www.san.gva.es/web/comunicacion/memoria-2018>

**Deficit model:** approach to health promotion starting from problems and needs (for example: a sedentary lifestyle, tobacco or alcohol use, lack of health care resources, etc.).

**Salutogenic model:** health-promotion approach to the resources generating health and well-being as identified by individuals and communities.



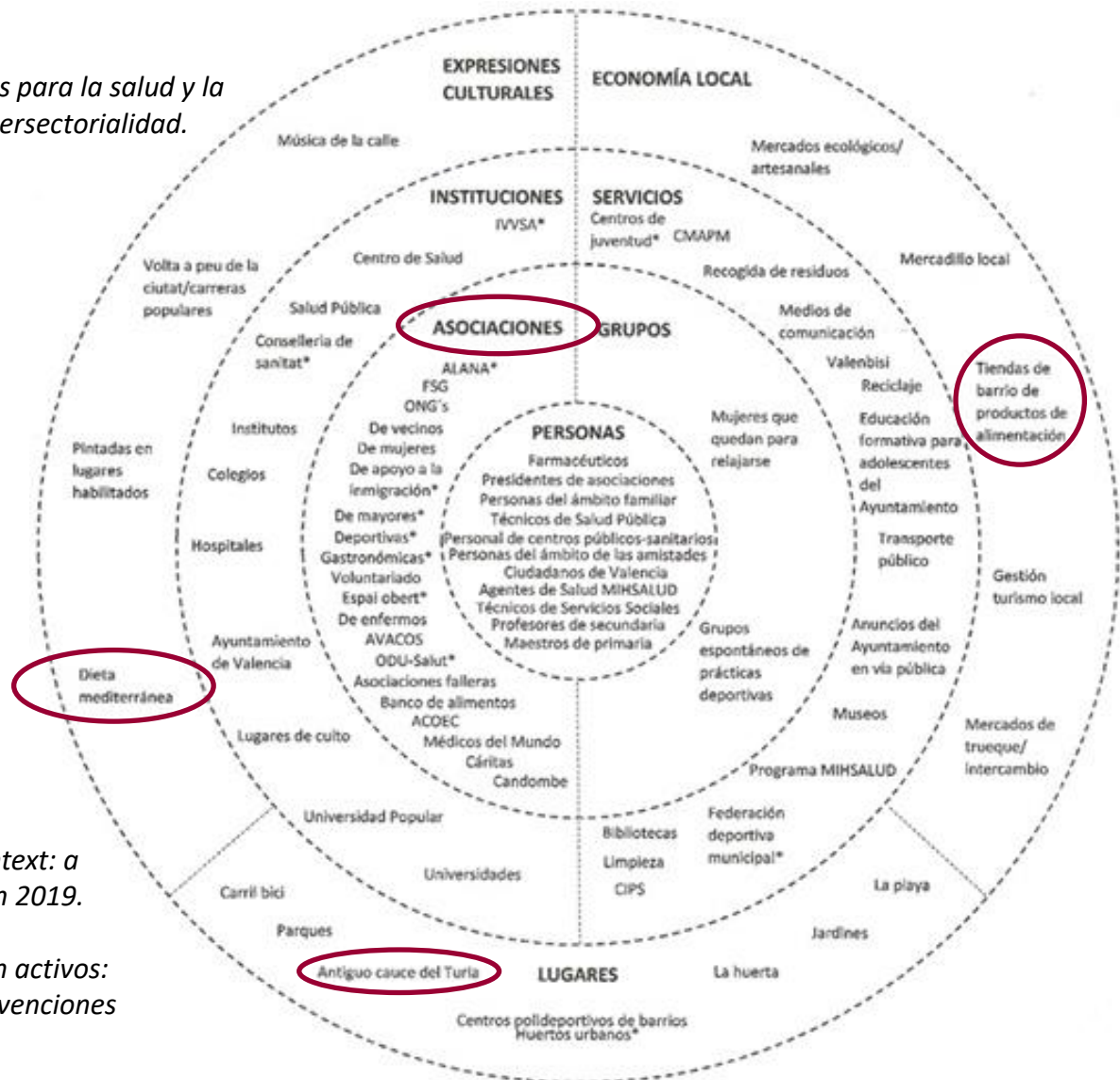
→ **Health assets:** factors or resources that improve the ability of people, groups, communities, populations, social systems and institutions to maintain and sustain health and well-being.

→ **Health asset maps:** inventory of health assets identified by individuals, groups, communities, populations, social systems and institutions.

## Health assets map in the city of Valencia (identified by health and municipal professionals)



Source: Sánchez-Casado et al. Mapa de activos para la salud y la convivencia. Propuestas de acción desde la intersectorialidad. Index Enferm 2017.



### About health assets:

Van Bortel et al. Health assets in a global context: a systematic review of the literature. BMJ Open 2019.

Cofiño et al. Promoción de la salud basada en activos: ¿cómo trabajar con esta perspectiva en intervenciones locales?. Gac Sanit 2016.

## Salutogenic model

**Social prescribing:** prescription of health assets and community activities related to health and well-being during a medical consultation

The screenshot shows a PubMed search for "social prescribing" [ti]. The search results are displayed on page 1 of 4. The first result is titled "Investing resources to address social factors affecting health: the essential role of social prescribing." by Jani A, Bertotti M, Lazzari A, Drinkwater C, Addarii F, Conibear J, Gray M. The search interface includes filters for article types, text availability, and publication dates, as well as options to manage filters and find related data.



The NHS website header features the NHS logo on the left and a search bar on the right. Below the logo is a navigation menu with the following items: About NHS England, Our work, Commissioning, and Get involved.

- Personalised care
- Social prescribing
- Social prescribing – frequently asked questions
- Supporting link workers in primary care networks
- Supported self-management
- Working with frontline teams to embed personalised care
- What is personalised care?
- Finance, contracting and commissioning support for

Home > Personalised care > Social prescribing

## Social prescribing

Social prescribing is a key component of [Universal Personalised Care](#).

A [summary guide](#) has been developed for people and organisations leading local implementation of social prescribing. It sets out what good social prescribing looks like and why social prescribing improves outcomes and experiences for people, their families and carers, as well as achieving more value from the system.

Social prescribing is a way for local agencies to refer people to a link worker. Link workers give people time, focusing on 'what matters to me' and taking a holistic approach to people's health and wellbeing. They connect people to community groups and statutory services for practical and emotional support.



## Examples of social prescription in the Valencian Community:

Participan seis museos y seis centros de salud

### El proyecto de Innovación y Sanidad “Receta Cultura” inicia su fase piloto

Se recetarán visitas gratuitas a museos a personas que sufran soledad no deseada o problemas derivados de la inactividad física

Redacción E3



Archivado en: Carlos Galiana, Isaura Navarro



El concejal de Innovación del Ayuntamiento de València, Carlos Galiana, y la secretaria autonómica de Salud Pública y Sistema Sanitario, Isaura Navarro. | E3

16 January 2020

### Programa Actividad Física y Salud. La práctica deportiva como prescripción sanitaria

19 febrero, 2018 • [Noticias](#), [Salud](#)

La **Fundación Deportiva Municipal de Valencia** en colaboración con la **Concejalía de Deportes, Sanidad y Salud del Ajuntament de València** y la **Conselleria de Sanidad Universal y Salud Pública** de la **Generalitat Valenciana** desarrolla el **Programa Actividad Física y Salud**.



A través de este programa los médicos de los diferentes centros de salud de Atención Primaria de la ciudad pueden prescribir, a través de la denominada **“Receta de Actividad Física”**, un tratamiento basado en el ejercicio físico de los pacientes que es implementado en las instalaciones públicas municipales por personal cualificado de la Fundación Deportiva Municipal adecuando la actividad al correspondiente tratamiento.

## To learn more:

### A paper:

Elia Díez et al. Una buena inversión: la promoción de la salud en las ciudades y en los barrios. Gac Sanit. 2016;30(S1):74–80.

### A video:

*Social prescribing - NHS*

[https://www.healthylondon.org/our-work/personalised\\_care/social-prescribing/](https://www.healthylondon.org/our-work/personalised_care/social-prescribing/)

### A blog:

Grupo de educación sanitaria y promoción de la salud PAPPS (semFYC)

<https://educacionpapps.blogspot.com/>

Degree in Medicine  
Forensic Medicine and Public Health  
2019–20

## Public Health

- Day 1: Concepts, functions, strategies
- Day 2: Health profiles in the population
- Day 3: Health promotion
- Day 4: Health system organisation. Planning, programming and evaluation.
- Day 5: Public health from the doctor's office

Ana M García  
Department Preventive Medicine and Public Health  
Universitat de València  
anagar@uv.es

Medical Degree  
Legal Medicine and Public Health  
2019-20

## **Day 4: Organisation of the health system. Planning, programming and evaluation.**

- Health organisation in Spain: National Health System
- Health organisation in the Valencian Community
- International organisations
- Planning, programming and evaluation of health programmes
- Health economics. Types of economic evaluation.

Ana M García  
Department Preventive Medicine and Public Health  
Universitat de València  
anagar@uv.es

## National Health System (SNS) in Spain: general features

- The current model has its origin in the ***Ley General de Sanidad, 1986*** (promoted by the then Minister of Health, Ernest Lluch).
- Its main **differences with the previous model** for healthcare in Spain are:
  - Universal coverage** (previously partial coverage, complemented by private insurance and charity)
  - Funded by the General State-Wide Budget** (previously funded by employees' and companies' social security contributions)
  - Managed by the **regions** (previously by centralised management)

# National Health System (SNS) in Spain: tensions

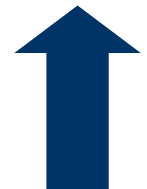
## Universality

*Real Decreto-ley 16/2012 medidas urgentes para garantizar la sostenibilidad del Sistema Nacional de Salud y mejorar la calidad y seguridad de sus prestaciones*

Passed at the height of the economic crisis. Excludes certain groups from health coverage (especially undocumented immigrants). Introduces other economic restrictions (such as the “co-payment”).

*Real Decreto-ley 7/2018, de 27 de julio, sobre el acceso universal al Sistema Nacional de Salud*

One of the first measures taken after the last change of government. It aims to counteract the effects of 16/2012. Pending development.



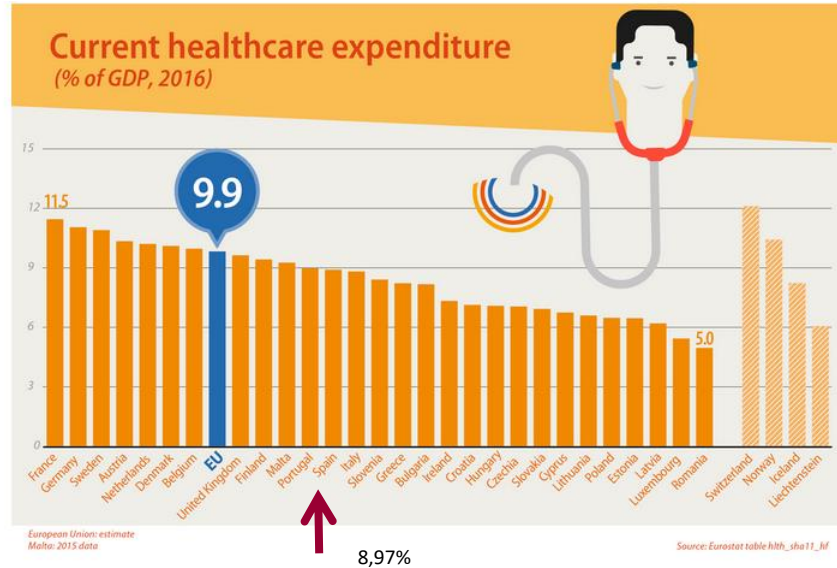
*More info:*

- *Federación de Asociaciones para la Defensa de la Sanidad Pública* (<https://www.fadsp.org/>)
- *Cantero J. A vueltas con el Real Decreto-ley 16/2012 y sus medidas urgentes para garantizar la sostenibilidad del Sistema Nacional de Salud. Gac Sanit, 2014.*
- *Juanmarti et al. The deadly effects of losing health insurance. CRES-UPF Working Paper #201802-104, 2018.*



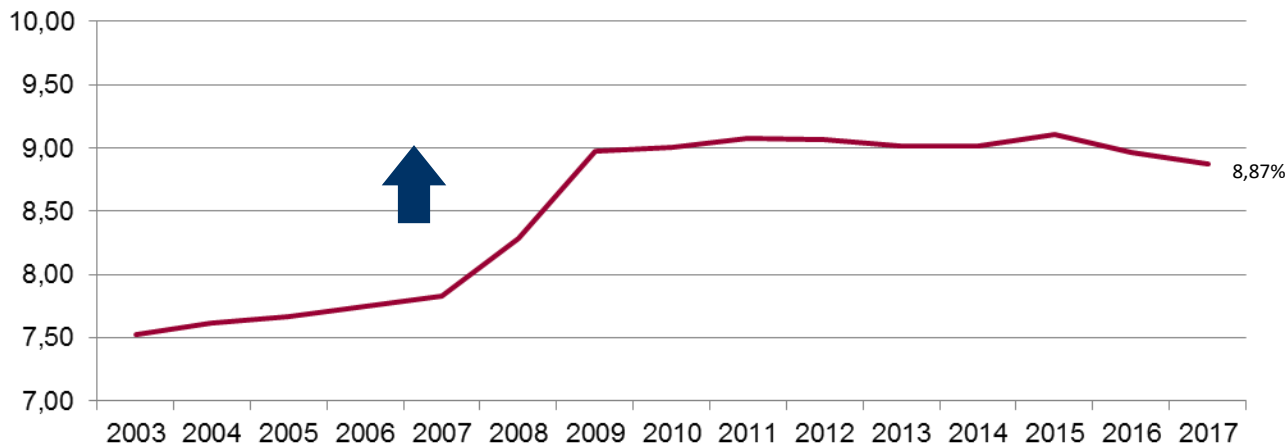
# National Health System (SNS) in Spain: tensions

## Funding

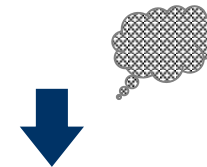


Source: Eurostat

## % GDP invested in healthcare in Spain, 2003–2017



Source: Eurostat





# National Health System (SNS) in Spain: tensions

## Funding

Public health expenditure by region in 2017 (Source: *Public Health Expenditure Statistics. Spanish Ministry of Health, Consumer Affairs and Social Welfare, 2019*)

	Millones de euros	Euros por habitante
Andalucía	9.692	1.153
Aragón	2.048	1.556
Asturias (Principado de)	1.681	1.625
Balears (Illes)	1.557	1.353
Canarias	2.875	1.334
Cantabria	850	1.462
Castilla y León	3.687	1.514
Castilla-La Mancha	2.783	1.363
Cataluña	10.330	1.388
Comunitat Valenciana	6.804	1.379
Extremadura	1.708	1.585
Galicia	3.910	1.443
Madrid (Comunidad de)	8.121	1.254
Murcia (Región de)	2.269	1.540
Navarra (Comunidad Foral de)	1.030	1.608
País Vasco	3.707	1.710
Rioja (La)	444	1.420
<b>Comunidades Autónomas</b>	<b>63.494</b>	<b>1.370</b>

# National Health System (SNS) in Spain: tensions

## Coordination

### ***Consejo Interterritorial del Sistema Nacional de Salud (CISNS, Spanish National Health Service Inter-Territorial Council)***

- According to the Spanish Constitution of 1978, in the health field the Spanish State has exclusive powers over: external health, *general rules*, *coordination* between regions and legislation on pharmaceutical products.
- In the CISNS, the Spanish minister of health meets with the regional and self-governing cities' ministers of health.

### ***Comisión de Salud Pública del Consejo Interterritorial del Sistema Nacional de Salud (Public Health Committee at the CISNS)***

- Coordination of public health officials in the Ministry of Health and the regions.
- Issues addressed (examples):
  - Vaccination calendars
  - Joint response to emerging diseases (for example, Chikungunya, Zika, Coronavirus , etc.)
  - Common programmes (for example, cancer screening programmes)
  - Common strategies (for example, *Health Promotion and Prevention Strategy* in the SNS)

# National Health System (SNS) in Spain: tensions

## Coordination

DISCREPANCIAS AUTONÓMICAS

## Así es el calendario vacunal según la CC.AA. en la que vivas

La decisión de Canarias y Castilla y León de financiar la vacuna frente al meningococo B despertó la crítica del Ministerio y de algunas consejerías como Galicia, Baleares o Extremadura.

9 August 2019

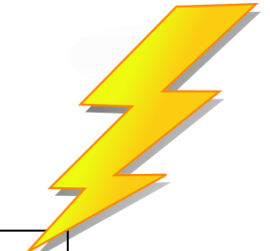
5 February 2019

Inicio > ASP > Buena sintonía y llamamiento a la calma en el Consejo Interterritorial sobre...

ASP POLÍTICA SANITARIA

### Buena sintonía y llamamiento a la calma en el Consejo Interterritorial sobre el coronavirus

5 febrero, 2020



# Organisation in the Valencian Community:

## Sistema Valencià de Salut (Valencian Health System)

(see day 1) All the centres, services and establishments of the Valencian Community under the responsibility of the Generalitat (Valencian Government), aimed at fulfilling the right to health protection, including both **health care** and **public health actions** (*Llei 10/2014 de Salut de la Comunitat Valenciana*).



Población SIP 2018

Departamento de salud	Total
Vinaròs	90.675
Castelló	281.200
la Plana de la Vila Real	186.572
Sagunto	151.274
Valencia - Clínico-Malvarrosa	344.538
Valencia- Arnau de Vilanova- Llíria	316.981
Valencia-La Fe	285.066
Valencia - Dr. Peset	278.345
Valencia – Hospital General	360.488
Requena	51.746
la Ribera	258.394
Gandía	176.957
Denia (Marina alta)	168.808
Xàtiva-Ontinyent	194.740
Alcoi	136.788
Marina Baixa	181.908
Alacant – Sant Joan d'Alacant	220.965
Alicante – Hospital G <sup>a</sup>	274.122
Elda	189.573
Elx	165.692
Orihuela	167.546
Torreveija	182.739
l'Horta Manises	205.202
Elx-Crevillent	155.311

**24 Health Departments**, each one with:

- One or more hospitals
- Emergency services
- Primary health centres
- Support units (Physiotherapy, Social Work, Addictions, Mental Health, Oral Health, Sexual and Reproductive Health, etc.)
- Public health centres

# International organisations involved in health

## At the United Nations (UN):

- **WHO**

Coordination of international **health** work (*WHO Regional Office of Europe*)

- **UNICEF**

Promoting rights and quality of life in **childhood**

- **UNHCR**

Promoting rights and welfare of **migrants, displaced persons or refugees**

## In the European Union:

- **DG Santé**

Directorate General for Health and Food Safety of the European Union (formerly DG SANCO).

Responsible for ensuring compliance with European regulations on the **safety of food and other products, consumer rights and health protection of the population.**

*DG Santé's portal for public health information: [https://ec.europa.eu/health/home\\_en](https://ec.europa.eu/health/home_en)*

## Reference organisations for public health coordination at the international level

**European Centre for Disease Prevention and Control (ECDC):** European Union agency for monitoring and control of infectious diseases

*More information:* <https://www.ecdc.europa.eu/en/about-ecdc>

**European Food Safety Authority (EFSA):** advisory body of the European Union and member states on food safety

*More information:* <http://www.efsa.europa.eu/>

**Rapid Alert System for Food and Feed (RASFF):** European Union alert system for the exchange of information on human health risks related to food and animal feed

*More information:* [https://ec.europa.eu/food/safety/rasff\\_en](https://ec.europa.eu/food/safety/rasff_en)

**International Health Regulation (IHR):** agreement between WHO member states to develop their capacity to detect, evaluate and report public health events

**Global Outbreak Alert and Response Network (GOARN):** WHO resource to coordinate the response to international epidemic outbreaks

*More information:* [https://www.who.int/ihr/alert\\_and\\_response/outbreak-network/es/](https://www.who.int/ihr/alert_and_response/outbreak-network/es/)

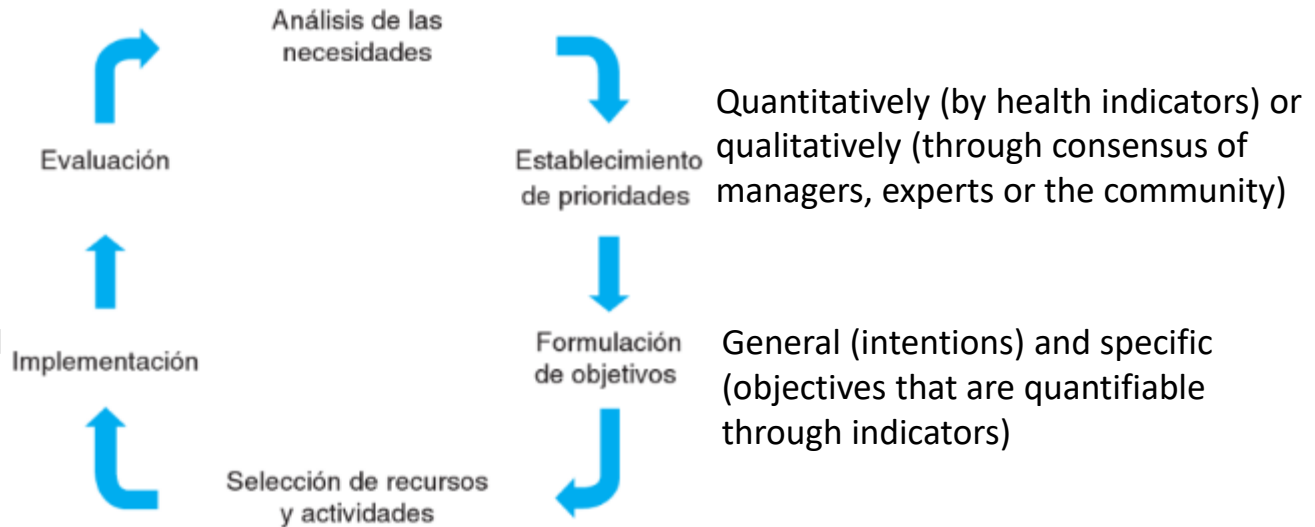
# Health services planning

Continuous process of forecasting the resources and activities necessary to achieve certain health objectives according to priority criteria and in a given population

Regulations, identified by professionals or perceived by the population

Adjustment of processes to achieve desired results and measurement of results obtained against initial objectives

Programme execution as planned



Programming necessary activities and resources, naming managers and setting a schedule



# IV Pla de Salut de la Comunitat Valenciana, 2016-2020

Fourth Health Plan for the Valencian Community (an example of health planning)

Planning

IV Pla Salut CV

## Direcció General de Salut Pública

Está en: Inicio / Políticas de Salud / Planes de Salud / IV Plan de Salud, 2016-2020

Acceso al área personal



### Menú

- Seguridad alimentaria y laboratorios
- Políticas de Salud
  - Planes de Salud
  - Encuestas de Salud
  - Estrategias de Salud
  - Evaluación del Impacto en Salud
  - Participación en Salud
- XarxaSalut
- Salud Ambiental
- Promoción de la Salud y Prevención
- Epidemiología, Vigilancia de la Salud
- Vacunaciones
- Inscripciones, suscripciones y solicitud de datos de Salud Pública
- OVS!



### Destacamos

- Inicio
- Mapa Web
- Correo
- Noticias
- Agenda



### IV Plan de Salud, 2016-2020

- IV Plan de Salud
- Informes
- El plan de salud en los municipios



Available from  
<http://www.sp.san.gva.es/>

# 1) Background

## Regulations

*Llei de Salut 10/2014 de la Comunitat Valenciana (Article 12)*

“The Health Plan of the Valencian Community is the strategic instrument for **planning and programming of health policies** in the Valencian Community. It will include the assessment of the population’s health **needs**, as well as the basic health **objectives** and **priorities** of health policy.”

## Evaluation of the results of the Third Health Plan

*Quantitative:*

- **Survey of health professionals** (n = 54)
- **Indicators from health information systems**: mainly, ABUCASIS (primary care) and CMBD (hospital care)

*Qualitative:*

- **Consensus between key informants** (n = 109, including health managers and professionals, specialists from other, non-health sectors, citizens and patients’ associations)

## 2) Identification of needs

### Conceptual framework (scientific evidence)

- *Social determinants of health model (see day 2)*
- *Principle of Health in All Policies (see day 3)*
- *Attention to inequalities in health and proportional universality (see day 2)*
- *Actions throughout people's entire life cycle (see day 2)*
- *Attention to chronicity (see day 2)*
- *Salutogenic model and health assets (see day 3)*



### Organisational framework (see day 4)

- WHO European Regional Office
- EU health action programmes
- Health strategies of the Spanish National Health System
- Other sectors' strategies in the Valencian Community

### Characteristics of the target population (see day 2)

- *Demographic and health profile of the population in the Valencian Community*

### 3) Formulation of objectives and priorities

Qualitative methods (Metaplan, Delphi)

#### Descripción de las sesiones realizadas con la técnica **Metaplan**

Perfil	Sede	Nº grupos	Nº participantes
Técnicos de la Conselleria de Sanitat Universal i Salut Pública	EVES	4	41
Profesionales de otras consellerias y administraciones locales	DGSP	1	13
Asociaciones de ciudadanos	DGSP	3	27
Asociaciones de pacientes	HGUA		
Equipos directivos de salud pública y departamentos	DGSP	2	18
Profesionales y sociedades científicas	DGSP	3	38
	HGUA		

EVES: Escuela Valenciana de Estudios de la Salud. DGSP: Dirección General de Salud Pública. HGUA: Hospital General Universitario de Alicante

#### Descripción de las consultas, rondas, recuerdos y respuestas de **método Delphi**

Consulta	Rondas	Nº recuerdos	Nº expertos invitados	Nº respuestas válidas
Técnicos Conselleria de Sanitat Universal i Salut Pública, directivos	1	2	201	125
	2	2	125	110
Técnicos Otras consellerias y municipios	1	3	136	70
	2	3	70	52
Profesionales y sociedades científicas	1	4	145	100
	2	3	100	84
Asociaciones ciudadanas y pacientes	1	4	49	34
	2	4	34	27

## Public consultation

Before closing the definitive version of the IV Pla de Salut, a public consultation was held in which any interested party could participate

(see the report with the results of this public consultation and citizens' proposals [here](#)).



**Título:** Información y consulta pública del IV Plan de Salud 2016-2020 de la Comunitat Valenciana

**Promueve:** Conselleria de Sanitat Universal i Salut Pública

**Dirigido a:** Pacientes y sus asociaciones, ciudadanía, colectivos sociales, profesionales de la salud, sociedades científicas y profesionales y demás personas interesadas en las políticas de salud de la Comunitat Valenciana

**Resultado esperado:** Recoger opiniones, consideraciones y propuestas de mejora a través de un foro de discusión

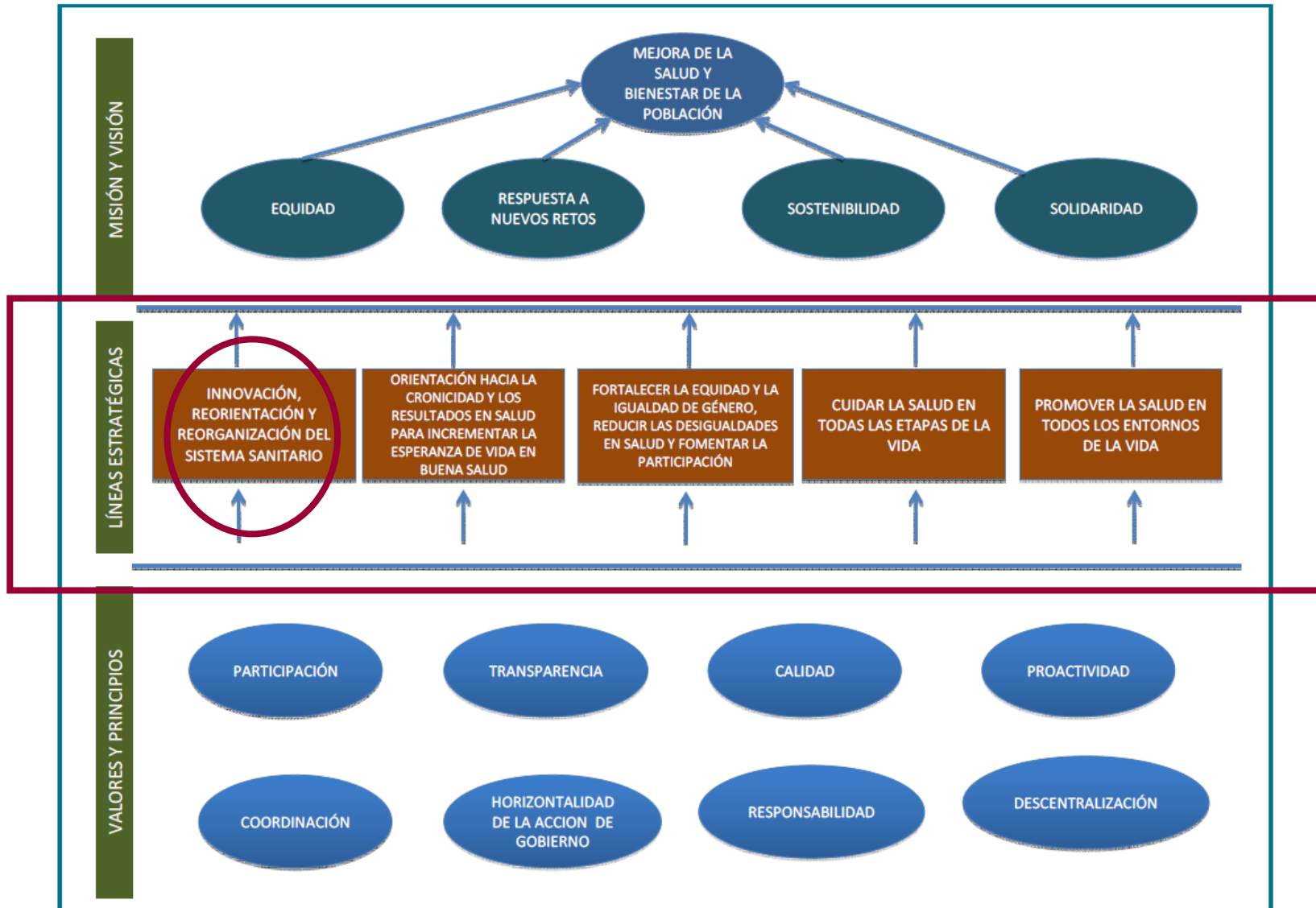
**Plazo de publicación:** desde las 11:30 horas del 24 de febrero hasta las 15:00 horas del 11 de marzo de 2016

Las preguntas de la consulta eran:

- *¿Qué opinas sobre la línea estratégica? ¿Consideras que podría enunciarse de forma distinta, que debería completarse con alguna otra línea, que podría eliminarse?*
- *¿Qué opinas sobre el objetivo? ¿Consideras que se podría mejorar su enunciado, que deberían incluirse más objetivos, o que podría eliminarse?*
- *¿Tienes alguna propuesta concreta de acción sobre el objetivo?*
- *¿Sugieres algún indicador que consideres idóneo para medir la consecución del objetivo?*

# 4) Results: structure and contents of the IV Pla de Salut

Valores, principios y líneas estratégicas del Plan de Salud 2016 - 2020



**Línea 1. Innovación, reorientación y reorganización del sistema sanitario para asegurar la máxima calidad y la mejor valoración percibida por los y las pacientes**

(1) Strategic line of action

- 1.1. Orientarse a los resultados en salud de la población
- 1.2. Aumentar la calidad del sistema sanitario público
- 1.3. Garantizar la sostenibilidad del sistema sanitario público incrementando su efectividad
- 1.4. Poner la información al servicio de la mejora de la salud
- 1.5. Considerar a los y las profesionales como valor esencial del sistema

(2) General objectives

**Objetivo 1.2**

**Aumentar la calidad del sistema sanitario público**

Aumentar la **calidad** del sistema sanitario en todas sus dimensiones: adecuación, accesibilidad, seguridad, efectividad, puntualidad, eficiencia y equidad, con el centro en la experiencia satisfactoria de los pacientes.

**Acciones**

- 1.2.1. Potenciar el uso de **guías clínicas basadas en la evidencia** y las recomendaciones de las guías y protocolos incorporados en la prescripción informatizada.
- 1.2.2. Elaborar, validar y difundir recomendaciones para no realizar **intervenciones innecesarias**: "lo que no se debe hacer".
- 1.2.3. Identificar y promover la adopción de **buenas prácticas** para mejorar la adecuación y la seguridad de la asistencia sanitaria.
- 1.2.4. Promover la aplicación de los resultados de la **evaluación de tecnologías sanitarias**, tanto diagnósticas como terapéuticas u organizativas, a todos los niveles de la organización.
- 1.2.5. Promover la extensión y plena integración a todos los niveles asistenciales de la notificación de efectos adversos e incidentes relacionados con la **seguridad**.
- 1.2.6. Valorar la **satisfacción percibida por la ciudadanía** en los diferentes niveles de la atención sanitaria, identificando áreas deficitarias e impulsando medidas de mejora, haciendo públicamente accesibles los resultados de estos estudios.
- 1.2.7. Valorar la **satisfacción percibida por las y los profesionales** como activos fundamentales en la **mejora continua de la calidad** del sistema sanitario.
- 1.2.8. Fomentar e impulsar la utilización de **modelos y/o herramientas de gestión de calidad** en los centros sanitarios, que faciliten la detección de áreas de la organización susceptibles de mejora, implicando a los profesionales sanitarios en la mejora continua de los procesos de atención.
- 1.2.9. Potenciar y desarrollar los **órganos garantes de los derechos de los pacientes**, para asesorar ante situaciones de conflicto de manera que quede en todo momento protegida la dignidad de las personas.

(3) Specific objectives (actions)



## Objetivo 1.2

Aumentar la calidad del sistema sanitario público

(4) Indicators  
(follow-up and evaluation)



### Indicadores

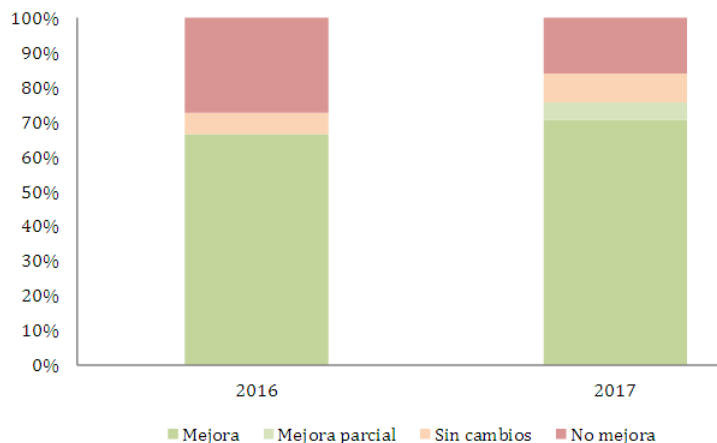
ESENCIALES/BÁSICOS	SITUACIÓN ACTUAL	OBJETIVO 2020	FUENTE
Tasa de fracturas de cadera intervenidas en las primeras 48 horas	50,45% (2014)	↑	CMBD AG (135.3)
Tasa de retorno a urgencias a las 72 horas	5,96% (2014)	↓	ALUMBRA AG (URG037.1)
Tiempo medio de demora para primeras consultas de atención especializada	45 (2014)	↓	LECEX AG (25.1)
Porcentaje de pacientes con demora quirúrgica > 180 días	5% (2014)	↓	LEQ AG (283.1)
Proporción de intervenciones quirúrgicas con aplicación checklist	91% (2014)	↑	AG (6001.1)
Prevalencia de pacientes con infección nosocomial	4,88% (2013)	Media nacional	EPINE DGIITC
% de efectos adversos ligados a la asistencia sanitaria que son evitables	47,1% (2013)	Disminución mínima del 10%	EPIDEA DGIITC
Grado de satisfacción de los ciudadanos con el funcionamiento del sistema sanitario público	6,1/10 (BS, 2014) 8,3/10 (EOP, 2013)	↑	BS (INCLASNS) EOP (DGIITC)

Conjunto Mínimo Básico de Datos

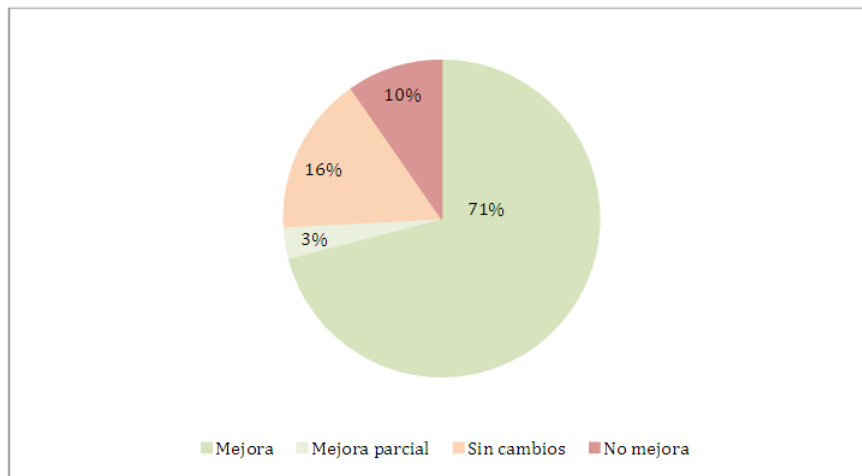
Barómetro Sanitario

# 5) Follow-up and evaluation (2018)

Evolución de los indicadores (n=156) para los objetivos y acciones del IV Plan de Salud de la Comunitat Valenciana, 2016-2018.



Evolución de los indicadores (n=31) para los objetivos y acciones de la línea 1 del IV Plan de Salud de la Comunitat Valenciana: innovación, reorientación y reorganización del sistema sanitario, 2018.



# Prevention of Cervical Cancer Programme in the Valencian Community

Planning

Public health programme

## 1) Background:

- Cervical cancer epidemiology in the Valencian Community, Spain, Europe or worldwide
- Epidemiology of infection with human papillomavirus (HPV)
- WHO, EU, SNS screening recommendations
- Analysis of the current programme in the Valencian Community (opportunistic screening)

## 2) Programme design: target population, tests, screening circuit

## 3) Organisation of resources:

- Public health
- Primary care
- Sexual and reproductive health centres (CSSR)
- Hospital services: pathological anatomy, microbiology, gynecology
- Health information systems (for monitoring and evaluation)

## 4) Presentation of the programme to the Advisory Commission (made up of professionals, scientific societies, patient associations and citizens)

## 5) Pilot study

# Health economics

- A discipline that helps to make decisions related to health planning and policy, the management of centres and services and clinical management.
- Clinicians and managers should know and assess the results of the economic evaluation of their diagnostic and therapeutic decisions (and always choose the best option).

## Economic evaluation:

A technique allowing us to measure the efficiency of different alternatives of action comparing them both in terms of costs and results. Costs (direct and indirect) are measured in monetary units. Depending on the units to measure results, there are different types of economic evaluation:

- Cost-minimisation: if the same results are achieved, the least expensive intervention is chosen.
- Benefit-cost analysis (BCA): health outcomes are also quantified in monetary units.
- Cost-effectiveness analysis (CEA): results are quantified in clinical/health benefits (for example, life expectancy).
- Cost-utility analysis (CUA): the results are quantified in quality-adjusted life years (QALY or AVAC), a combination of the number of years of life expectancy gained and the quality of life during those years.

ORIGINAL

Economic evaluation

Examples in scientific literature

## UN ESTUDIO DE MINIMIZACIÓN DE COSTES EN LA PRESCRIPCIÓN DE ANTIINFECCIOSOS EN DOS ÁREAS DE ATENCIÓN PRIMARIA

Susana Castán Cameo (1), Florencio Jesús García Latorre (2), M.ª José Sierra Moros (1), Víctor Manuel Solano Bernad (1) y A

(1) Servicio de Medicina Preventiva, Hospital Miguel Servet, Zaragoza.

(2) Gerencia de Atención Primaria, Áreas 2 y 5, Zaragoza.

CIR. ESP. 2014;92(8):553-560



CIRUGÍA ESPAÑOLA

www.elsevier.es/cirugia



Original

## Estudio de coste-beneficio comparando la reparación de la hernia ventral abierta y laparoscópica<sup>☆</sup>

Rosa Fernández Lobato<sup>\*</sup>, Juan Carlos Ruiz de Adana Belbel, Francisco Angulo Morales, Iavier García Sentiem. Francisco Iavier Marín Lucas y Manuel Limones Esteban

afe, Getafe, Madrid, España

NIH Public Access

Author Manuscript

*J Am Coll Cardiol*. Author manuscript; available in PMC 2014 March 26.

Published in final edited form as:

*J Am Coll Cardiol*. 2013 March 26; 61(12): 1250–1258. doi:10.1016/j.jacc.2012.12.034.

## Cost-Effectiveness of Statins for Primary Cardiovascular Prevention in Chronic Kidney Disease

Kevin F. Erickson, MD, MS<sup>1,2</sup>, Sohan Japa, MBA, Douglas K. Owens, MD, MS<sup>3,2</sup>, Glenn M. Chertow, MD, MPH<sup>1</sup>, Alan M. Garber, MD, PhD<sup>4</sup>, and Jeremy D. Goldhaber-Fiebert, PhD<sup>2</sup>

<sup>1</sup>Division of Nephrology, Stanford University School of Medicine, Palo Alto, CA

## To learn more:

### A scientific paper:

García-Altés y cols. Evaluación económica de intervenciones de salud pública. Gac Sanit. 2011;25(Supl 1):25-31.



### A study paper:

Ortún V. ¿Qué debería saber un clínico de economía? Dimensión Humana. 1997; 1(4): 17-23.



### A journal:

Gestión Clínica y Sanitaria  
<http://iiss.es/gcs/index.htm>



Degree in Medicine  
Forensic Medicine and Public Health  
2019–20

## Public Health

- Day 1: Concepts, functions, strategies
- Day 2: Health profiles in the population
- Day 3: Health promotion
- Day 4: Health system organisation. Planning, programming and evaluation.
- Day 5: Public health from the doctor's office

Ana M García  
Department Preventive Medicine and Public Health  
Universitat de València  
anagar@uv.es



Degree in Medicine

Forensic Medicine and Public Health

2019–20

## **Day 5: Public health from the doctor's office**

- Does and don'ts in health prevention and promotion
- Community-oriented health services
- Ethics in prevention and public health

Ana M García

Department Preventive Medicine and Public Health

Universitat de València

[anagar@uv.es](mailto:anagar@uv.es)

# “A new kind of doctor...”

*“Tudor Hart described a ‘new kind of doctor’, who would not only care for the individual needs of patients but would also **look beyond the walls of the health centre**. This would entail considering **the health not only of those who do attend, but also the health of those who do not attend**. Likewise he saw an important role for the doctor to be involved in the local area and its wider health needs, and being an advocate for the health of the population.”*

*Hart J. A new kind of doctor: the general practitioners part in the health of the community. London, 1988.*

*Cited in: Bradley S, McKelvey SD. General practitioners with a special interest in public health; at last a way to deliver public health in primary care. J Epidemiol Commun Health, 2005*

## One question:

**What can I do for the prevention and health promotion (PHP) of my patients and my population from my office?**

## Two answers:

- 1) Apply evidence-based **PHP recommendations** to my patients.
- 2) Promote and/or participate in **community-oriented health interventions** for my population.

## Programme of Preventive Activities and Health Promotion (PAPPS)

A project by the Spanish Society of Family and Community Medicine to enhance health prevention and promotion activities

### Goals:

- To stimulate the quality of care in primary care centres by promoting the integration of a programme of preventive activities and health promotion within the tasks normally carried out in primary care consultations.
- To detect the difficulties generated by its implementation as well as identify the staff and infrastructure needed to put it into practice.
- **To generate periodic recommendations of priorities and preventive methods** based on scientific evidence, morbidity and mortality data, available resources and the results of evaluations of the preventive activities of primary care teams.
- To promote training and research in prevention in primary care, carrying out specific projects related to the programme.

*More information:*

[www.papps.es](http://www.papps.es)

[www.papps.es/resumen\\_recomendaciones.php](http://www.papps.es/resumen_recomendaciones.php)

## Types of PAPPS does and don'ts in the consultation:

- Cardiovascular preventive recommendations
- Lifestyle recommendations
- Cancer prevention recommendations
- Infectious diseases prevention
- Prevention of mental health disorders
- Preventive activities in the elderly
- Preventive activities in women
- Preventive activities in childhood and adolescence

All recommendations updated in the magazine Atención Primaria 2018;50(S1)



## Examples:

### Recomendaciones del PAPPS para el cáncer de próstata

- No hay pruebas científicas suficientes para recomendar el cribado sistemático del cáncer de próstata en las personas asintomáticas.

Don't!

### Hipercolesterolemia

#### *Criterio de definición*

Se considera que un paciente tiene hipercolesterolemia límite cuando presenta unas cifras de colesterol sérico entre 200 y 249 mg/dl, y se considera hipercolesterolemia definida a partir de cifras  $\geq 250$  mg/dl, siempre tras medir el colesterol total en 2 ocasiones separadas en el tiempo.

#### *Recomendación PAPPS*

Se recomienda realizar una determinación de colesterol total sérico al menos una vez en los varones antes de los 35 años y en las mujeres antes de los 45 años de edad.

Después se determinará cada 5 o 6 años hasta los 75 años de edad.

En las personas mayores de 75 años se realizará una determinación si no se les había practicado ninguna anteriormente.

Do each  
5 or 6 years!

# Other institutions and sources of reference:

**Recommendations**

**USPSTF**

U.S. Preventive Services TASK FORCE

Search USPSTF Website search

E-mail Updates Text size: a A A

You are here: Home » Recommendations for Primary Care Practice

## Recommendations for Primary Care Practice

The U.S. Preventive Services Task Force is an independent panel of experts in primary care and prevention who systematically reviews the evidence of effectiveness and develops recommendations for clinical preventive services. These reviews are published as U.S. Preventive Services Task Force recommendations on the Task Force [Web site](#) and/or in a peer-reviewed journal.

Use the search field(s) below to find specific recommendations.

Search USPSTF Topics Search

**Browse All Published Recommendations**

### Frequently Viewed Topics

- [Lung Cancer: Screening, December 2013](#)  
Cancer (Adult, Senior) (2013)
- [Aspirin Use to Prevent Cardiovascular Disease and Colorectal Cancer: Preventive Medication](#)  
Cancer, Cardiovascular Disorders (Heart and Vascular Diseases) (Adult, Senior) (2016)
- [Colorectal Cancer: Screening](#)  
Cancer (Adult, Senior) (2016)
- [Gonorrhea and Chlamydia: Screening, September 2014](#)  
Infectious Diseases (Adolescent, Adult, Senior) (2014)
- [Breast Cancer: Screening](#)  
Cancer (Adult, Senior) (2016)

### Recommendations In Progress

Find out which recommendations the Task Force are working on right now.

[See recommendations under development »](#)

### Get USPSTF recommendations on your mobile device!

Download the ePSS app<sup>®</sup> to search for USPSTF recommendations by specific patient characteristics:

- age,
- gender, and

*“The **U.S. Preventive Services Task Force** is an independent, volunteer panel of national experts in disease prevention and evidence-based medicine. The Task Force works to improve the health of all Americans by making evidence-based recommendations about clinical preventive services.”*

## Types of recommendations:

- Advice
- Preventive medication
- Screening

More information:

[www.uspreventiveservicestaskforce.org/Browse/Rec/Index/browse-recommendations](http://www.uspreventiveservicestaskforce.org/Browse/Rec/Index/browse-recommendations)

## Example:

## Prevention of Human Immunodeficiency Virus (HIV) Infection: Preexposure Prophylaxis

Release Date: June 2019

Sanidad financiará la PrEP, la pastilla de prevención del VIH: "Hay sobrada evidencia científica"

Salud

La directora del Plan Nacional sobre el sida, Julia del Amo, ha anunciado la inclusión de la profilaxis pre-exposición (PrEP) en la cartera de los servicios básicos de la Seguridad Social

En 2015, la Organización Mundial de la Salud (OMS) recomendó su uso para las personas en riesgo de contraer el virus y desde entonces distintos colectivos y organizaciones denunciaban su retraso de su inclusión en la sanidad española

CLAVES | En qué consiste, para quién es y cómo se pide: guía para saber qué es la PrEP (más allá de que previene el VIH)

Clara Roca [Seguir a @ClaraRoca](#)

10/10/2019 - 14:31h

Recommendation Summary		
Population	Recommendation	Grade (What's This?)
Persons at high risk of HIV acquisition	The USPSTF recommends that clinicians offer <u>preexposure prophylaxis (PrEP)</u> with effective antiretroviral therapy to <u>persons who are at high risk of HIV acquisition.</u>	<b>A</b>

[Read the Full Recommendation Statement](#)

- ### Supporting Documents
- [Final Research Plan](#)
  - [Final Evidence Review PDF Version \(PDF Help\)](#)

## Other institutions and sources of reference:

Recommendations

NICE

# NICE

National Institute for  
Health and Care Excellence

- Agency at the **United Kingdom** Department of Health serving its National Health System (NHS)
- Objective: “We use **the best available evidence** to develop recommendations to improve health and social care.”


Available at: <https://www.nice.org.uk/guidance/published?type=ph>

## Examples:

Showing 1 to 10 of 68			
◆ Title	◆ Reference number	▼ Published	▼ Last updated
Indoor air quality at home	NG149	January 2020	January 2020
Workplace health: long-term sickness absence and capability to work	NG146	November 2019	November 2019
Alcohol interventions in secondary and further education	NG135	August 2019	August 2019
Preventing suicide in community and custodial settings	NG105	September 2018	September 2018
<u>Flu vaccination: increasing uptake</u>	NG103	August 2018	August 2018
Community pharmacies: promoting health and wellbeing	NG102	August 2018	August 2018
Stop smoking interventions and services	NG92	March 2018	March 2018
Physical activity and the environment	NG90	March 2018	March 2018

# Community participation/engagement

**NICE** National Institute for Health and Care Excellence

Search NICE... 

Sign in

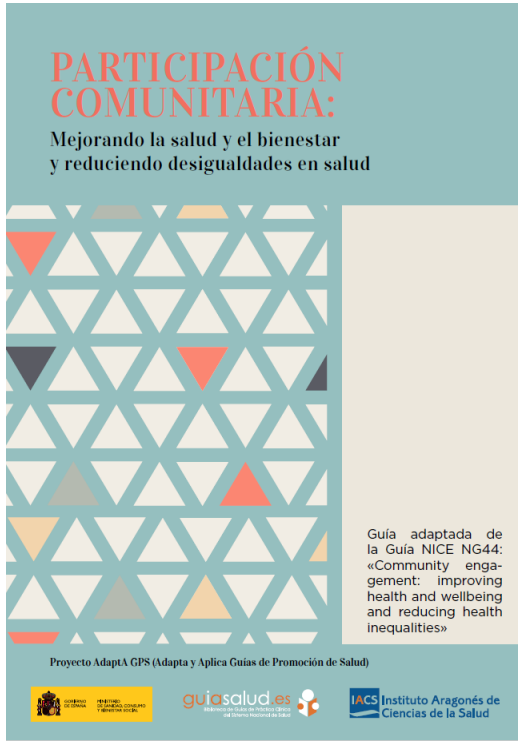
- NICE Pathways
- NICE guidance**
- Standards and indicators
- Evidence search
- BNF
- BNFC
- CKS
- Journals and databases

Home > NICE Guidance > Settings > Community engagement

## Community engagement: improving health and wellbeing and reducing health inequalities

NICE guideline [NG44] Published date: March 2016

Available at: <https://www.nice.org.uk/guidance/ng44>



guiasalud.es

Biblioteca de Guías de Práctica Clínica del Sistema Nacional de Salud



Available at: <https://portal.guiasalud.es/>

# What is it?

## Terms:

- Community-Oriented Primary Care (COPC)
- *Atenció primària orientada a la comunitat* (APOC)
- Community-oriented health services

## Concepts:

- COPC **integrates attention to individual health problems with attention to the principal health problems in the reference community** through promotion and prevention programmes aimed at target groups.
- In COPC, **the doctor regards the community as a whole as their *patient***, considering not only the ailments and symptoms that lead to the health care consultation but also the health needs of the whole community.
- COPC brings together the **concepts, functions and strategies of public health** with those of healthcare medicine.



# What does it do?

Source: March y cols. *Revisión documental de experiencias de actividad comunitaria en atención primaria de salud. Aten Primaria. 2011;43(6):289-96.*

Tabla 2 Objetivos de las actividades comunitarias.

Objetivo	Nº	% sobre el total <sup>a</sup>
Capacitar a la comunidad para que opte por comportamientos más saludables	123	26,3
Transmitir información sanitaria a la población	117	24,8
Aumentar la capacidad de autocuidado de la población	96	20,3
Desarrollar un programa para solucionar un problema concreto	88	18,6
Identificar y priorizar problemas o necesidades	57	12,1
Otros objetivos <sup>b</sup>	47	10,0
Mejorar la calidad de vida y bienestar de un territorio o de una comunidad	47	10,0
Constituir un consejo de salud o equivalentes	35	7,4
Evaluar la efectividad de un programa	29	6,1
Realizar una acción intersectorial	24	5,1
Mejorar la calidad de los servicios sanitarios	22	4,7
No queda claro cuál es el objetivo	8	1,6
Identificar los recursos de la comunidad	2	0,4

<sup>a</sup> Cada actividad comunitaria podía tener más de un objetivo.

<sup>b</sup> En la mayoría de los casos, se trata de objetivos muy generales, como: "mejorar la salud", "promover la salud", "favorecer las relaciones", "promover el asociacionismo"...

# What does it do?

## Examples:

### In Aragon, Red Aragonesa de Proyectos de Promoción de la Salud (RAPPS)

More info: *Gac Sanit.* 2016;30(S1):55–62

Tabla 1

Contenidos de los proyectos de la RAPPS. Número y porcentaje del total<sup>a</sup> en 1996<sup>b</sup> y en 2015<sup>c</sup>

Materias incluidas en los proyectos	n° proyectos 1996	n° proyectos 2015
Bienestar emocional	13	41
Autocuidados	14	33
Prevención de tabaco, alcohol y otras drogas	21	28
Alimentación	12	24
Actividad física saludable	3	20
Salud sexual y reproductiva	14	17
Parentalidad positiva	1	13
Ayuda mutua de personas con enfermedades crónicas	0	9
Uso saludable de las TIC	0	8
Ambiente y salud	13	7
Prevención de enfermedades	4	7
Cooperación y desarrollo rural	0	7
Fomento del tiempo libre saludable, Prevención de lesiones	3	6
	10	6



### In Catalonia, Xarxa AUPA (Actuant Units per la Salut)

More info: *Fam Med* 2008;40(3):196-202

<i>Health Problems Addressed (by One or More Teams)</i>	
<ul style="list-style-type: none"> <li>• Dependency in elderly</li> <li>• Obesity in children</li> <li>• Teenager health risks</li> <li>• Health education in patient groups</li> <li>• Healthy eating habits in children</li> <li>• Healthy lifestyles and self care in adult age</li> <li>• Mental health in adult age</li> </ul>	
<ul style="list-style-type: none"> <li>• Teenager health risks</li> </ul>	
<ul style="list-style-type: none"> <li>• Fragility in elderly</li> <li>• Falls in elderly</li> <li>• Health of immigrants</li> <li>• Self care in all age groups</li> </ul>	
<ul style="list-style-type: none"> <li>• Alcohol abuse in young and adult people</li> <li>• Absenteeism from school</li> </ul>	

# What does it do?

## Examples:

### The Valencian Community

- There is no network.
- Some experiences are collected and disseminated via the BBPP (*bones pràctiques* or good practice) Registry (see day 1).



Disponible en: [www.sp.san.gva.es/ovs](http://www.sp.san.gva.es/ovs)

#### Buenas prácticas por tema

- ↳ Accesibilidad y calidad asistencial
- ↳ Empoderamiento y participación
- ↳ Género y salud
- ↳ Salud mental
- ↳ Salud reproductiva
- ↳ Vulnerabilidad y reducción de desigualdades en salud

#### Temas

Listado por temas de los proyectos acreditados de buenas prácticas vinculados a la línea estratégica 3 del IV Plan de Salud: Fortalecer la equidad y la igualdad de género, reducir las desigualdades en salud y fomentar la participación.

- There are also experiences of community intervention in **XarxaSalut** (see day 3):



**XarxaSalut** is the network of municipalities in the Valencian Community adhering to the IV Pla de Salut (Fourth Health Plan) with the commitment to undertake the local health promotion actions set out in the Plan.

# What does it do?

Community orientation

## Valencian Community, BBPP



16 de abril 2018  
10.30 h.

Aula Magna de la Facultat de Medicina i Odontologia de la Universitat de València  
Avda. Blasco Ibáñez 15 – 46010 València



## II JORNADA DE BUENAS PRÁCTICAS EN EL SISTEMA VALENCIANO DE SALUD

20 de febrero de 2019 a las 12 horas

Aula Magna de la Facultat de Medicina y Odontologia de la Universitat de València  
(Av. Blasco Ibáñez 15, 46010 València)



## III Jornada de Bones Pràctiques en el Servei Valencià de Salut (coming soon)

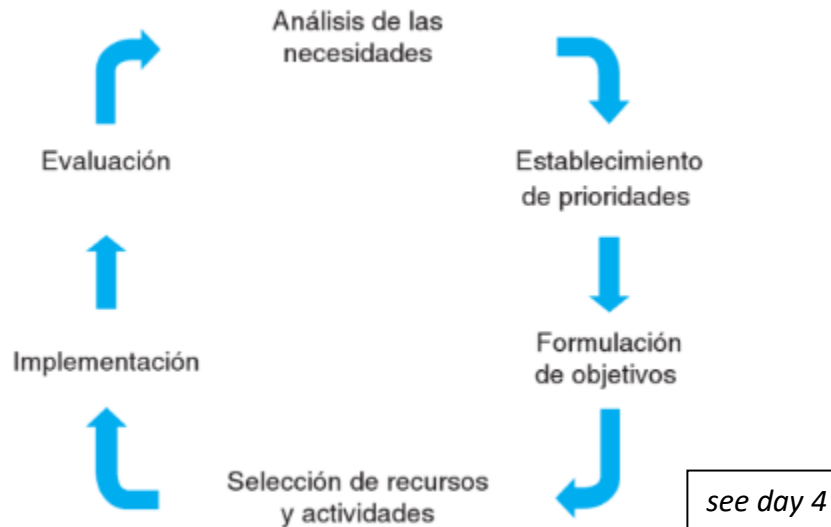
**Subject:** Actions to optimise the use of medicines and health products, as well as experiences in social prescription and health asset recommendation

(see day 3)

# How?

Community orientation

## Health diagnosis in the community



**+ public health strategies:**  
multi-professionality/multi-disciplinarity  
advocacy  
partnerships  
community participation

see day 1

# How?

## Community orientation

Community-oriented work from the health centre requires the **involvement in all phases of its programming (diagnosis, prioritisation, implementation, evaluation) of local community resources** that guarantee multi-professionality and multi-disciplinarity, advocacy, alliances and participation.

Examples of community resources useful to community-oriented healthcare work:

Instituciones	Servicios	Tejido asociativo
Ayuntamiento	Centro de salud	Asociaciones de vecinos
Diputación	Centro de planificación familiar	Asociaciones de mujeres
Gobierno autonómico	Centro de drogodependencias	Asociaciones de jóvenes
Ministerios	Centro de Salud mental	Asociaciones de la Tercera Edad
	Servicio de sanidad ambiental	Asociaciones culturales
	Farmacias (privado)	Clubes deportivos
	Residencias de ancianos	Sindicatos
	Centro de servicios sociales	Partidos políticos
	Centros de empleo	Asociaciones profesionales
	Centros de información juvenil	Organizaciones no gubernamentales
	Centro de la tercera edad	Parroquias
	Guarderías	Grupos de autoayuda
	Colegios de educación primaria	Grupos informales (pandillas, peñas)
	Institutos de enseñanza secundaria	Líderes comunitarios
	Gabinete psicopedagógico	
	Centros culturales	
	Centros deportivos	

# How?

“Community-oriented health services put forward the joint responsibility for the health of the community with which they work, in contrast to an approach that only responds to demand, the treatment of symptoms and diseases.”

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- › Orientación comunitaria: no hacer en Atención Primaria
  - › 1. No medicalizar los malestares de la vida diaria
  - › 2. No culpabilizar a las personas de su estado de salud ni de su estilo de vida
  - › 3. No creernos protagonistas de los procesos comunitarios
  - › 4. No respetar la autonomía de las personas
  - › 5. No dejar la orientación comunitaria al voluntarismo profesional
  - › 6. No obsesionarse con la evidencia de la eficacia de las intervenciones comunitarias



Available [here](#)



# How?

**Example:** Barrios y cols. Intervención comunitaria para la prevención y control del tabaquismo. Comunidad. 2019;21(2).



- Setting:** Las Olivas Health Centre (HC) (Aranjuez, Region of Madrid), 2011-2018  
Reference population: 59,307 inhabitants (2018 census)
- Background:** High frequency of passive-smoking children in their population
- Aim:** Build an anti-smoking network in the community involving all relevant agents
- Alliances:** Education community  
Media: radio and local press, social networks  
City council (*Aranjuez con la Salud* (Aranjuez is Pro-Health) municipal project)
- Implementation:** Drawings for World No Tobacco Day (schoolchildren)  
Workshops and prevention talks in schools and highschoools  
Information events with the city council  
Information points at the health centre (for World Days)  
Outreach via messages and activities in local media
- Evaluation:** 1,217 schoolchildren participating in the competitions  
996 people requesting information at the tables  
239 people joining smoking cessation programmes at the health centre



# How?

**Example:** Menárguez y cols. Mejorar el uso de benzodiazepinas. Una experiencia comunitaria de desmedicalización. Comunidad. 2016;18(3). 

- Setting:** Primary care teams in Molina del Segura (Murcia), since 2015. Reference population: 70,971 inhabitants.
- Background:** A study of its reference population indicates misuse in 80% of people medicated with benzodiazepines (BZD).
- Aim:** Reduce the use of BZD
- Alliances:**  
City council social welfare services  
Local women's associations  
Local pharmacists  
Local psychologists  
Local media
- Implementation:**
- Multi-disciplinary and open-to-all working group (to set objectives and priorities, determine the target population, design and monitor the intervention)
  - Information activities for the population (local media, conferences, Health Week about “Build your health, don’t medicalise it.”)
  - Intervention among health professionals (correct use and therapeutic alternatives to BZD)
  - Information activities and workshops with local women's associations
- Evaluation:** *No information*

## III. OTRAS DISPOSICIONES

### MINISTERIO DE SANIDAD, CONSUMO Y BIENESTAR SOCIAL

6761 Resolución de 26 de abril de 2019 de la Secretaría General de Sanidad y Consumo, por la que publica el Marco estratégico para la atención primaria y comunitaria.

## Strategic Framework for Primary and Community Care

### Strategy D: Strengthen community orientation, health promotion and prevention in primary health care (PHC)

Objective D.1: Strengthen coordination between PHC, public health and other sectors for community health planning, health promotion and prevention.

day 1: alliances

Objective D.2: Promote a bio-psychosocial approach in PHC consultation, through comprehensive a clinical interview and recommendation of health assets and community resources.

day 3: salutogenesis

Objective D.3: Promote health education for individuals and for groups aimed at health determinants.

day 3: health education

Objective D.4: Promote community health from the PHC, through community action, inter-sectorality and participation, to address the health of the population and its social determinants.

day 1: PH strategies

Objective D.5: Extend self-care programmes for people and caregivers (PAPC) to all health areas.

day 3: Pacient Actiu

## Red de Actividades Comunitarias (RAC) at semFYC

More info: <https://www.pacap.net/pacap/que-es-la-red-pacap/>



(see day 3)

### Goals:

- To facilitate contacts and information exchange between groups that carry out community work.
- To circulate experiences of community orientation that can become “examples of good professional practice”.
- To stimulate implementing community actions through a variety of initiatives generated by the networks’ members.
- To generate useful methodologies and materials for community and group work.
- To help establish multi-centre research teams.
- To provide the scientific community with a database that can be used for research.
- To advance the theoretical framework of community orientation, summing up the principles behind its practical application throughout the network.

## Concepts:

**Ethics:** study of the moral assessment of **human actions** carried out freely and consciously. Ethics tries to provide reasons to adjust behaviours for **the good of people and society**.

**Bioethics:** systematic study of human behaviour in the field of **life sciences and health care**.

*More frequent in clinical medicine*

## Basic principles for decision-making in bioethics:

**Principle of self-governance:** recognises people's ability to act freely, respecting their opinions and decisions reached using the knowledge necessary to do so and without coercion.

**Principle of do no harm:** the consideration to do no harm when performing an intervention, and to avoid deliberately inflicting damage.

**Principle of greatest good:** recognises the moral obligation to act in the benefit of others.

**Principle of fairness:** ensures impartiality in the distribution of the risks and benefits of interventions.

*More frequent in public health*



*“It is a paradox that medical experimentation on individuals, whether patients or healthy volunteers, is now controlled by strict ethical guidelines, while no such protection exists for whole populations which are subjected to medical interventions in the name of preventive medicine or health promotion. As many such interventions are either of dubious benefit or of uncertain harm-benefit balance, such as mass screening for cancers or for risk factors associated with coronary heart disease, there is no justification for maintaining the ethical vacuum in which preventive medicine finds itself at present.”*



*Why is preventive medicine exempted from ethical constraints?  
J Med Ethics. 1990;16:187-90*

Skrabaneck P



**SCEPTICAEMIA:** *an uncommon generalised disorder of low infectivity. Medical school education is likely to confer life-long immunity.*



Skrabaneck & McCormick. Follies and Fallacies in Medicine, 1998

**Scepticaemia:** school of thought favouring scientific skepticism in medicine

## Ethical public health:

- It should seek for the **highest possible level of health** in the community.
- It must respect the **rights of individuals** in the community.
- It must address the **diversity of values and beliefs among individuals** in the community.
- It should pay special attention to the **most disadvantaged people**.
- It should seek to **reduce health inequalities**.
- It must be based on **scientific evidence**.
- It must properly **inform** the community.
- It must respect the **confidentiality** of certain types of information.
- It must guarantee the **competence** of public health professionals.
- It must promote **transparency and participation**.

*“Public-health decisions commonly involve **conflicting and ambiguous ethical principles**. Ideas like efficiency, human rights, cultural respect, equity, and individual choice are commonly invoked but rarely analysed in public-health debates. Yet **how these concepts are understood and used can lead to quite different policies**.”*



Roberts MJ, Reich MR. Ethical analysis in public health. *Lancet*. 2002;359:1055-9.



## Examples:

**Obligations and sanctions in the field of road safety:** the obligation to wear a helmet or wear a seatbelt are examples of health protection interventions to prevent or mitigate injuries, but are decisions that limit people's autonomy in order to condition their behaviour, a conflict between the principles of greatest good and self-governance.

**Fluorisation of the public water supply:** a conflict between the right of citizens to drink water without additives and the interest of the authorities in preventing tooth decay. Among the detractors most extreme arguments either argue that fluoride is a danger to health, or uphold the right not to receive any collective treatment without accepting it.

**Advertising messages:** The involvement of professionals in advertising has to do with the legitimacy of the messages in the ads. If nine out of ten dentists recommend a toothpaste, it is likely that the public will look favourably upon it. The same applies to the participation of professional societies that sometimes endorse certain commercial products.





“These are packaged sweets, the kind that contribute to the high rates of obesity that we suffer in our country; and that is very worrying.” (Julio Basulto, nutritionist)



## ALIMENTACIÓN

# La AEP cobró más de dos millones de euros en cinco años por prestar su logotipo a productos infantiles

Empresas de alimentación, farmacéuticas y marcas de puericultura pagan cada año cientos de miles de euros a la Asociación Española de Pediatría entre acusaciones de conflicto de intereses.




5 June 2018



## To learn more:

### A paper:

Astray Coloma L. La intervención comunitaria en la encrucijada. Aten Primaria. 2003; 32(8):447-50. 

### A video:

Xavier Blancafort. Primary care doctor.

<https://www.easp.es/minuto-experto-87-salud-comunitaria-desde-atencion-primaria-xavier-blancafort/>

### A website:

Gonzalo Casino. Escepticemia.

<https://www.escepticemia.com/>

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