

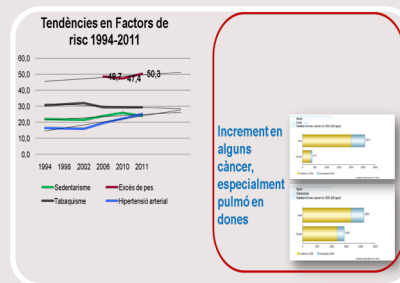
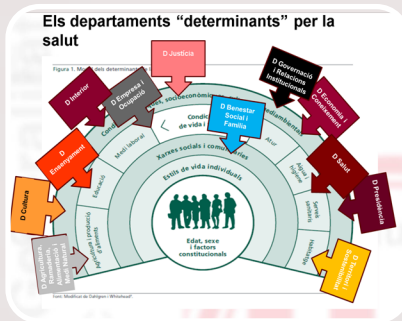


Generalitat de Catalunya  
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**Secretaria de Salut Pública**

# **Interdepartamental Plan on Public Health**

*July 2013*

## Strategic approach



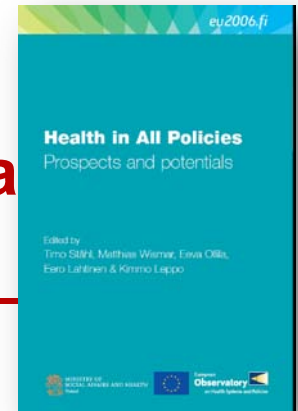
**Health in all Policies**

**Advanced response to health necessities of citizens**

**Professionalization and Excellence**

**Sustainability of the Model**

# Health in all policies is an strategic priority at a national and international level



## Strategic objectives WHO Health 2020: Major equitat i millor governança per a la salut

**Health 2020** recognizes that successful governments can achieve real improvements in health **if they work across government to fulfill two linked strategic objectives:**

- improving health for all and reducing health inequalities
- improving leadership and participatory governance for health.



# Health is one of the fundamental rights of every human being.”...



**World Health  
Organization**

REGIONAL OFFICE FOR **Europe**

*“The enjoyment of the highest  
attainable standard of health is one of  
the fundamental rights of every human  
being.”*

**WHO Constitution**



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**Health is built in the context of our everyday life, daily,** *where people live, work, love, play....*

**Improvement in people's health depends on:**

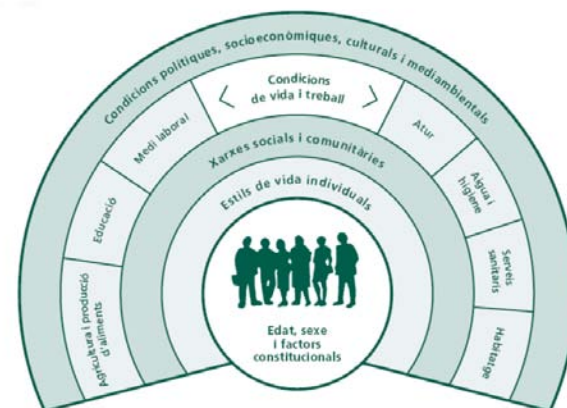
**Let health be  
your own  
business**

*(The individual is the  
principal actor and  
takes responsibility for its  
own health)*



**To make  
healthy  
options is the  
easier option**

**Guarantee equity and  
sustainability**



Adaption by ASPB from Dahlgren G., Whitehead M, 1991



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*From Kickbusch 2006 on Ottawa Charter 1986*



# New dynamics of health

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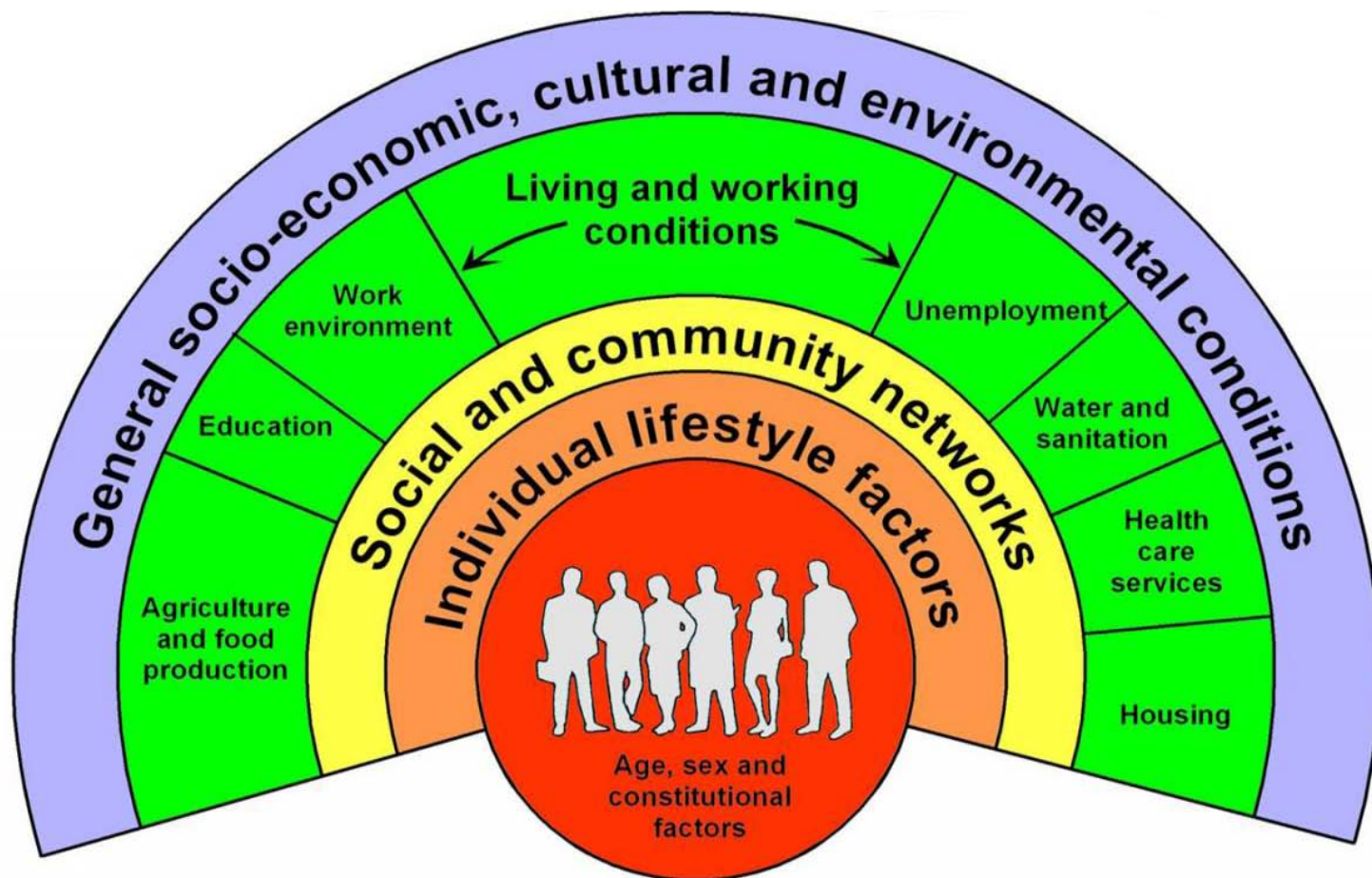
- ☐ *Health is a determinant*
- ☐ *Health is investment*
- ☐ *Health is a resource*
- ☐ *Health is a human right*

***Health is a driving force  
in modern societies***

**We must start working  
on social and politic  
determinants of health  
(not leaving them last )**



# The majority of health determinants reside outside the health system !



Source: Dahlgren and Whitehead, 1991



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## Social inequalities are linked to health

Figura 2.

Percentatge de població de 19 anys i més amb obesitat segons classe social (dades declarades). Catalunya, 2010

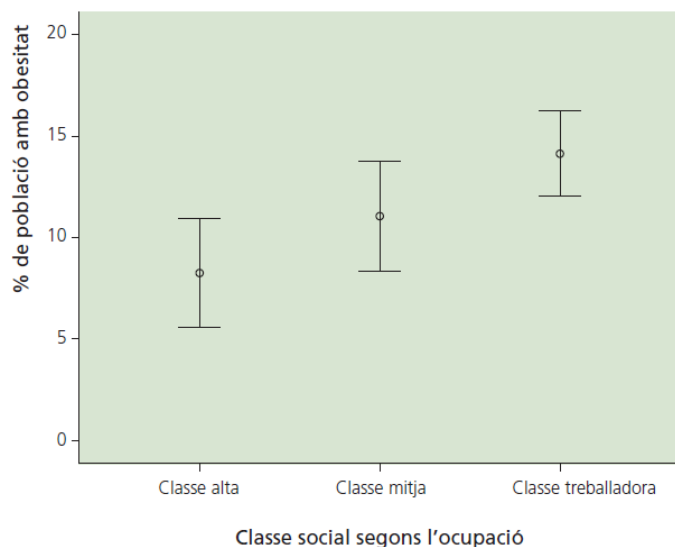
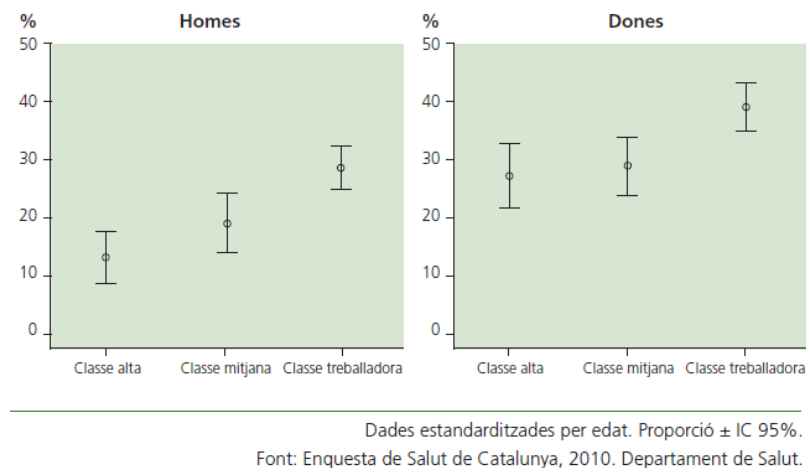


Figura 2.  
Prevalença de mal d'esquena lumbar (IC 95%) segons classe social i sexe.  
Catalunya, 2010



## Obesity



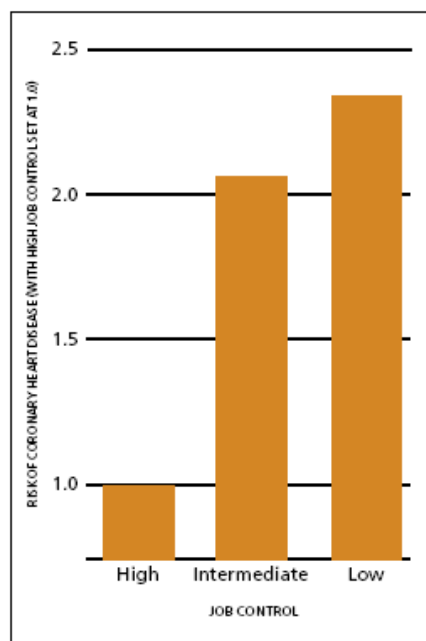
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## Back pain



# Les condicions de treball es relacionen amb les malalties cardiovasculars i amb la salut mental

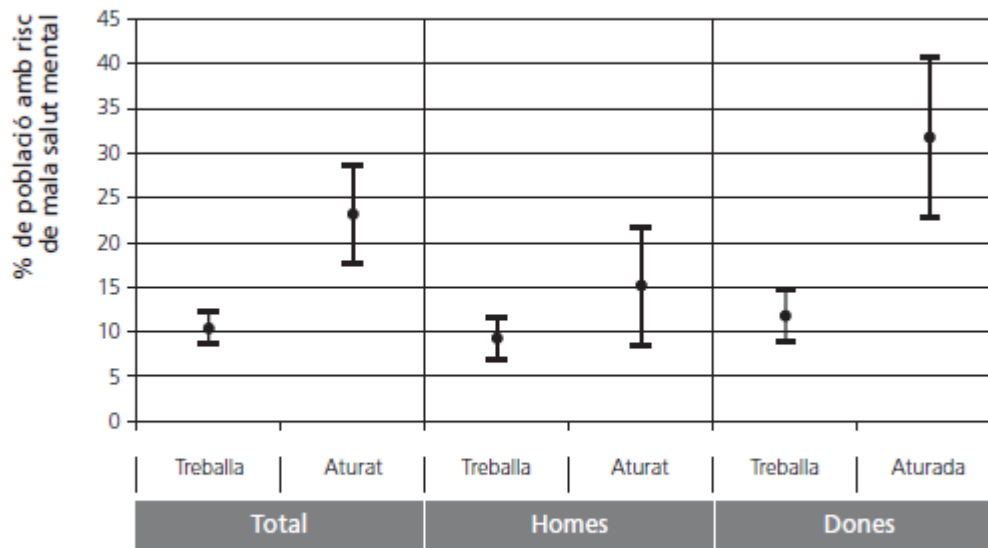
Fig. 4. Self-reported level of job control and incidence of coronary heart disease in men and women



Adjusted for age, sex, length of follow-up, effort/reward imbalance, employment grade, coronary risk factors and negative psychological disposition

Figura 1.

Risc de mala salut mental segons situació laboral per sexe. Catalunya, 2010



Proporció  $\pm$  IC 95%.

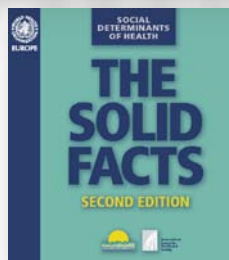
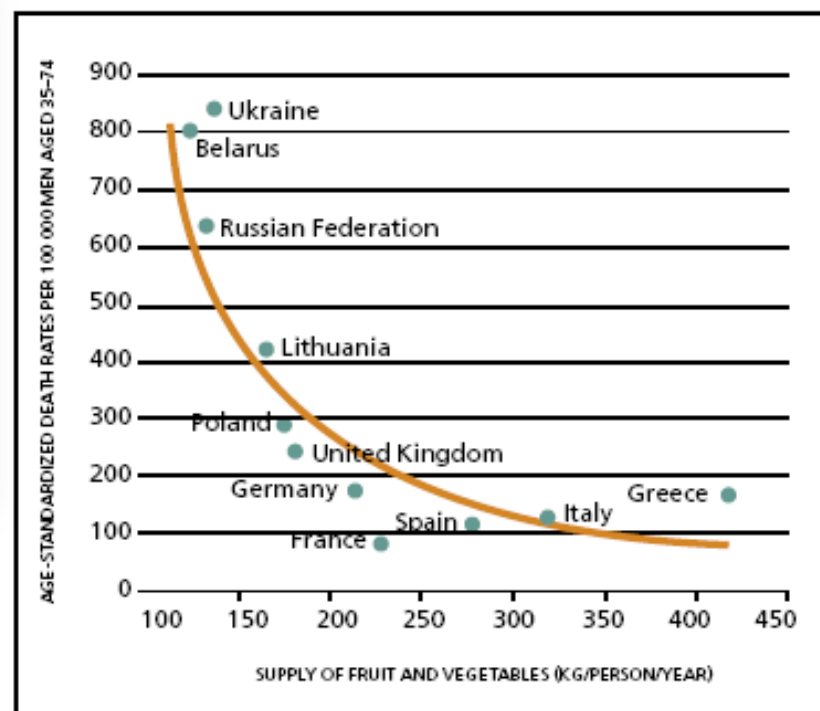
Font: Enquesta de Salut de Catalunya, 2010. Departament de Salut.



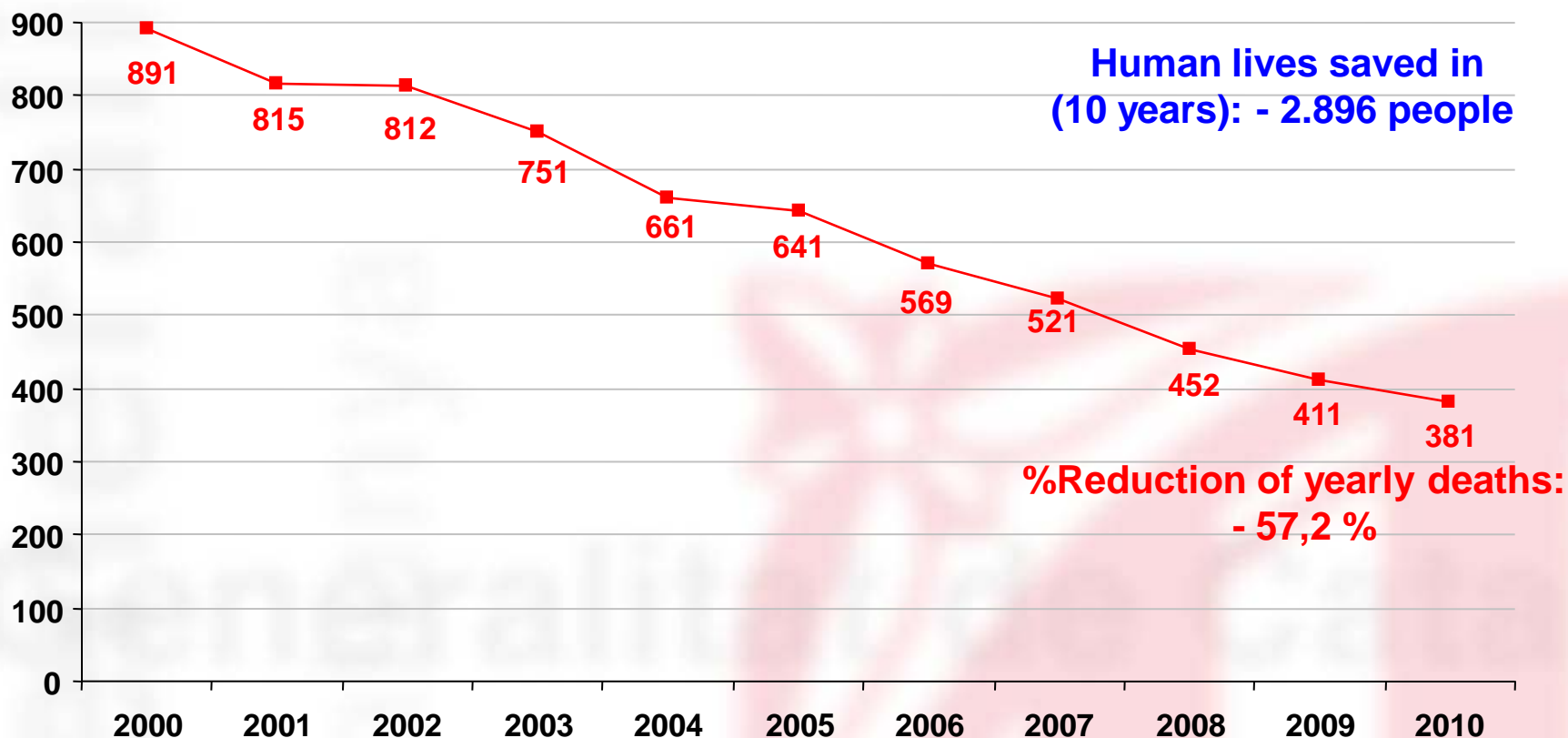
**Fruit intake per person is related to a boost on agriculture and the production sector and inversely to coronary mortality)**



**Fig. 8. Mortality from coronary heart disease in relation to fruit and vegetable supply in selected European countries**



## Road safety policies have been associated in Catalonia with an accumulate saving of 2896 human lives in 10 years



Source: Catalan Traffic Service

The global impact (mortality, income, indirect expense, etc. ) equals saving 18.000 million €.



Schoolchildren that spend more than 60 minuts on physical activity per day improve their academic performance and health

THE MORE THEY BURN  
THE BETTER THEY LEARN



+



(







)

=

REPORT CARD

A

A

B

B

A

YOUR CHILD

AMOUNT OF ACTIVITY

VARIOUS ACTIVITIES

ACADEMIC ACHIEVEMENT

Did you know that kids who are physically active get better grades?

Research shows that students who earn mostly **A**s are almost twice as likely to get regular physical activity than students who receive mostly **D**s and **F**s.

Physical activity can help students focus, improve behavior and boost positive attitudes. Do what you can to help your child be physically active, be it running, biking or swimming. Any type of physical activity is good, and 60 minutes a day is best. Their grades will thank you!

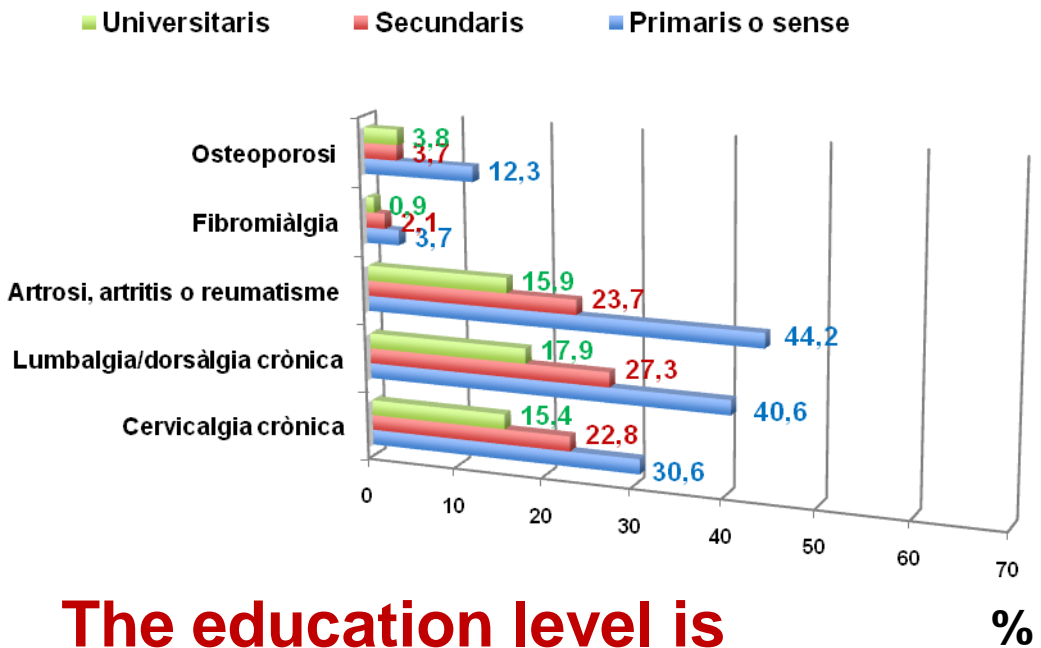


FOR MORE INFORMATION, VISIT  
MakingHealthEasier.org/BurnToLearn

SOURCES |

CDC. Physical Inactivity and Unhealthy Dietary Behaviors and Academic Achievement.

CDC. The association between school-based physical activity, including physical education, and academic performance. Atlanta, GA: U.S. DHHS, 2010.



The education level is related to disease frequency as bone and muscular diseases (ESCA, 2012)

# Present experiences: some current cases

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- ☐ Food Safety Interdepartamental Plan
- ☐ Health Sports and Physical Activity Plan (PAFES)
- ☐ “Fruit at School is Cool”
- ☐ Health, School and Community Plan
- ☐ Neighborhood Health
  - ☐ Poverty, Children and Youth Interdepartamental Plan
  - ☐ Food Safety Plan
  - ☐ Interdepartamental Commission for Drugs, HIV/AIDS





# From interdepartamental collaboration to Health in all Policies

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- ❑ There are numerous experiences of interdepartamental / intersectorial collaboration / cooperation that represent benefits on specific outcomes for the departaments involved and also in health benefits
- ❑ Public Health can introduce health value the prioritization and assessment of the results of policies other than health policies
- ❑ All govern sectors should be able to capitalize the beneficial influences of their policies on health
- ❑ PINSAP should allow the rationalization of previous initiatives, and coordination and capitalization of health contents of governmental action, with transparency/visualization of the results → **Health in all Policies (HiaP)**





## Public Health Interdepartmental Plan



Coordinated with the Health Plan of Catalonia, is the government tool and the framework of public health actions. The Plan proposals bind the government.



A legal mandate: A parliamentary agreement reached unanimously, it is carrier of the Health in all Policies strategy

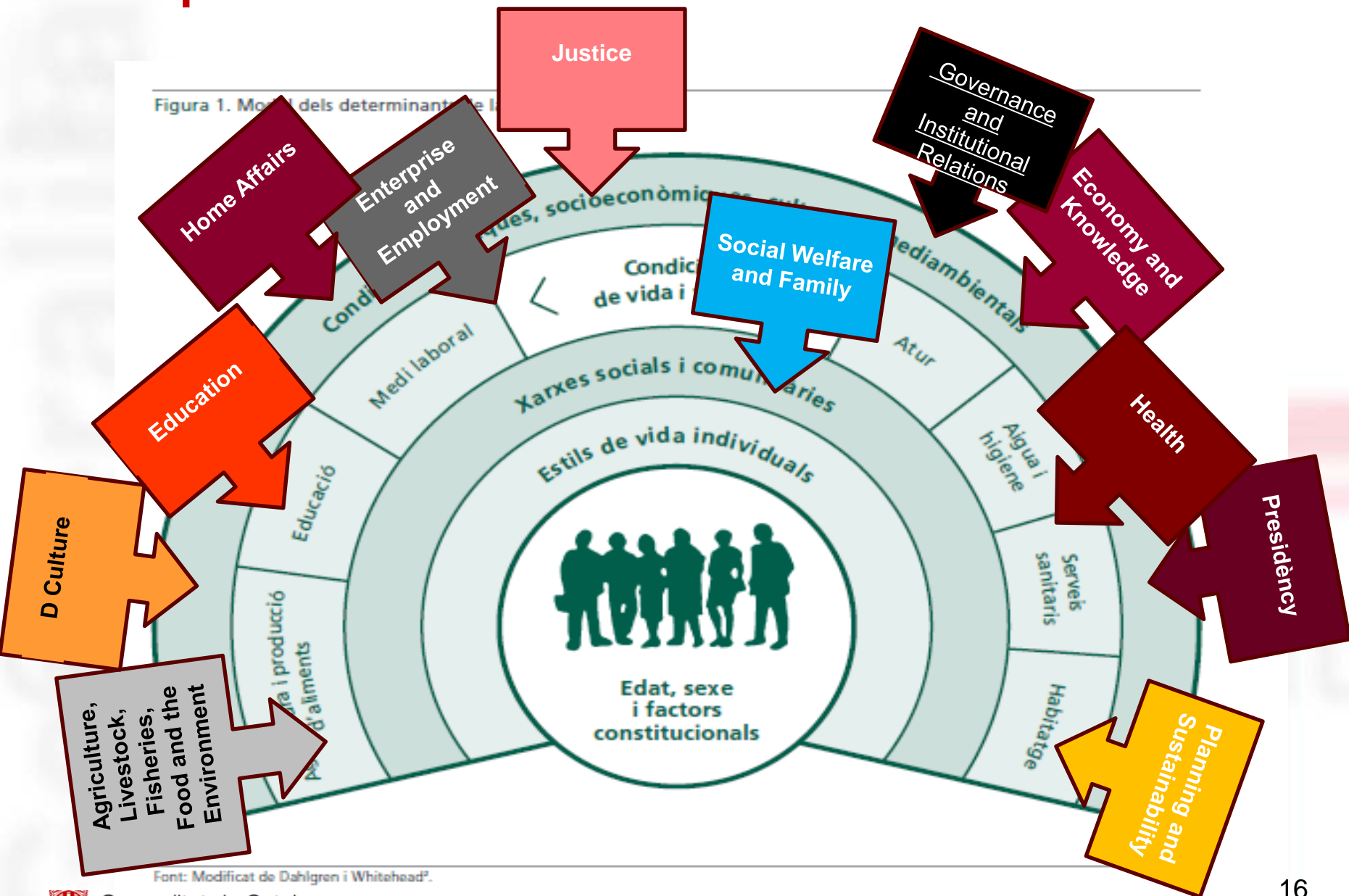


The Health Ministry through the Public Health Secretariat and DGPR bears a leading roll, working in coordination with CatSalut

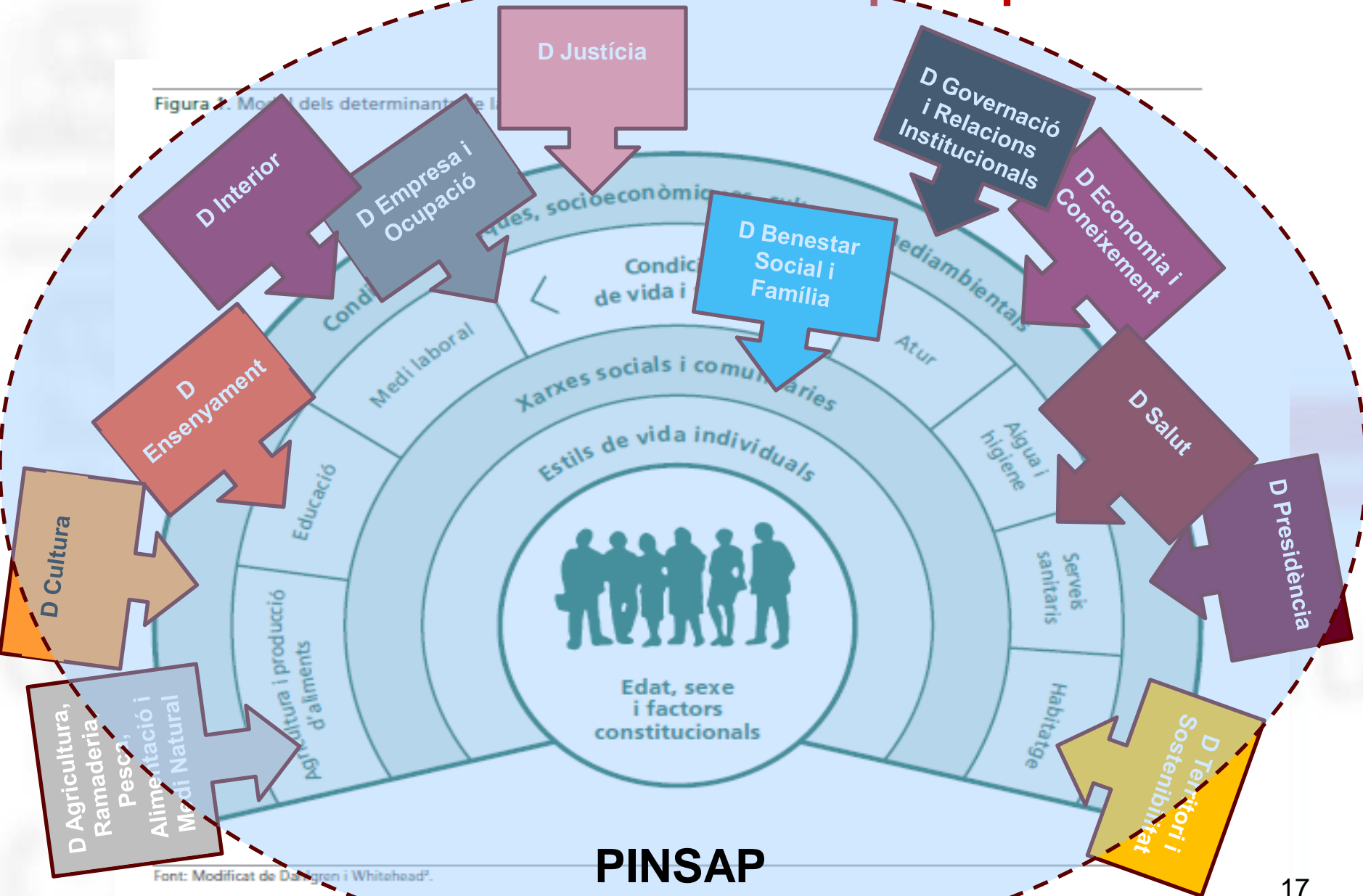


November 20th of 2012 a government agreement was passed to create the Interdepartmental Commission that will develop the PINSAP. The Commission was established on the 13.05.13

# Departaments “determinant” for Health



# Articulació de la salut en totes les polítiques

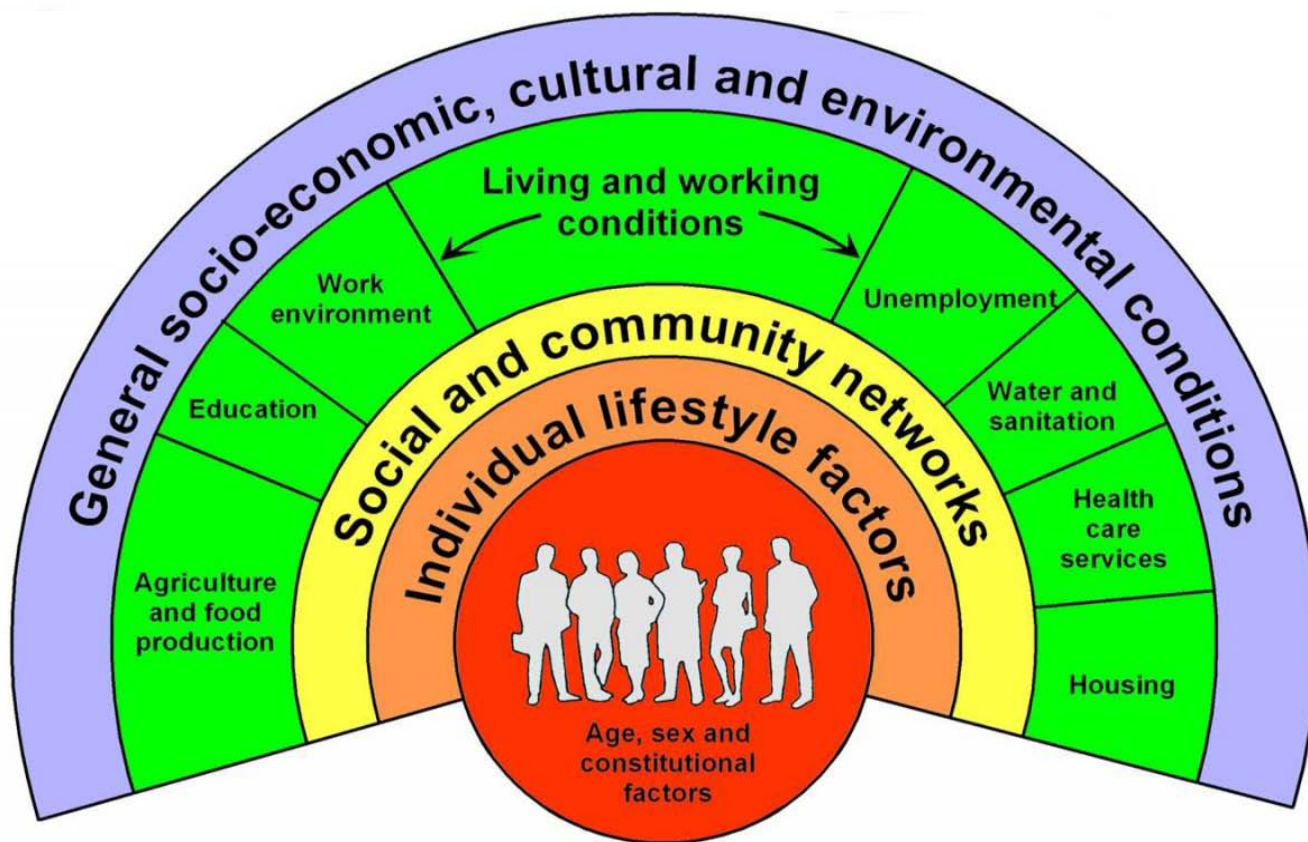


<b>Cases</b>	<b>Leading Department</b>
<ul style="list-style-type: none"> <li>•Guarantee that children know how their body works</li> <li>•Guarantee the best educational level for the population /reducing school failure</li> </ul>	Education
* Increasing production and availability of healthy and safe foodstuff	Agriculture, Livestock, Fisheries, Food and the Environment
<ul style="list-style-type: none"> <li>•Promotion of active transport and healthy planning: wide sidewalksremove barriers, parks green areas. Improvement of housing conditions.</li> </ul>	Planning and Sustainability
<ul style="list-style-type: none"> <li>•Access to jobs and improvement of labour conditions and of safety at work</li> </ul>	Enterprise and Employment
<ul style="list-style-type: none"> <li>•Social and family support and integration: abuse prevention, action against poverty and social exclusion acting on children, women and the elderly.</li> </ul>	Social Welfare and Family
Promotion of sports and physical activities	Presidency (Sports), Planning and Sustainability
Promotion of Public Health research /Impact assessment indicators (IDESCAT)/ Integrated management of knowledge	Economy and Knowledge
<ul style="list-style-type: none"> <li>•Road safety. PH Emergencies</li> </ul>	Home affairs
<ul style="list-style-type: none"> <li>•Promotion of laboural reintegration/ Preveting infectious diseases in prisions</li> </ul>	Justice
<ul style="list-style-type: none"> <li>•Promotion of participation in cultural activities</li> </ul>	Culture
<ul style="list-style-type: none"> <li>•Across Communication and coordination</li> </ul>	Presidency, Governance and Institucional Relations



# The tobacco case

***Causing more than 25 diseases, more than 9500 deaths/year in Catalonia, shortening more 10 years of life and a health expense of more than 29.000 millions at the EU.***



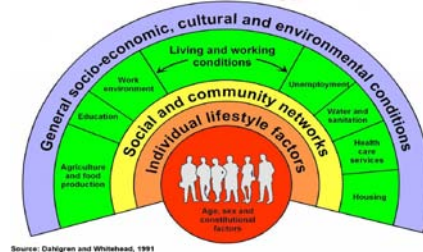
Source: Dahlgren and Whitehead, 1991

# Social determinants of tobacco consumption, Catalonia 2012 (I)



layer	area		
Age Sex Constitutional Factors	Age	<b><i>Tobacco consumption differs according to age and sex, being in Catalonia during the 2012 higher in men in all age groups (adults). The trends differ in men and women. Studies of twins show that environmental influence is greater than genetics, but there are genes associated with both greater addiction to nicotine as a greater vulnerability to the effects of consumption</i></b>	
	Sex		
	Constitutional factors		
Other individual lifestyles	Alcohol consumption	<b><i>Tobacco consumption is associated with excessive consumption of alcohol, a sedentary lifestyle and an inappropriate diet.</i></b>	
	Sedentary lifestyle		
	Diet		
Social and communitary network		<b><i>The Framingham study has shown the importance of social networks in both smoking and quit smoking/no smoking. One of the main factors for the consumption is peer pressure in adolescence</i></b>	

# Social determinants of tobacco consumption, Catalonia 2012(II)



Layer	Area	
Life and work conditions	Education	<i>Higher tobacco consumption at lower educational levels, especially in men</i>
	Unemployment	<i>Higher consumption in unemployed, above all without subsidy, mainly in men and young people</i>
	Work environment	<i>Higher consumption in less qualified jobs, particularly in men. Limited prevention resources.</i>
	Agriculture	<i>Catalonia does not produce tobacco. Spain is the 4th European producer. From 2010 there are non specific subsidies, but there is a "program for development of tobacco quality" and aid for the restructuring of the sector.</i>
	Health services	<i>There is a wide network of assistance to quit smoking integrated into the health system, but may be underused. Only a small part of the population discontinues to smoke with the direct help of the health system</i>
	Water/hygiene	<i>The cultivation of tobacco needs water. In smoking environments it is necessary to increase cleaning (cigarette butts, ashes, packages, smoke, etc.)</i>

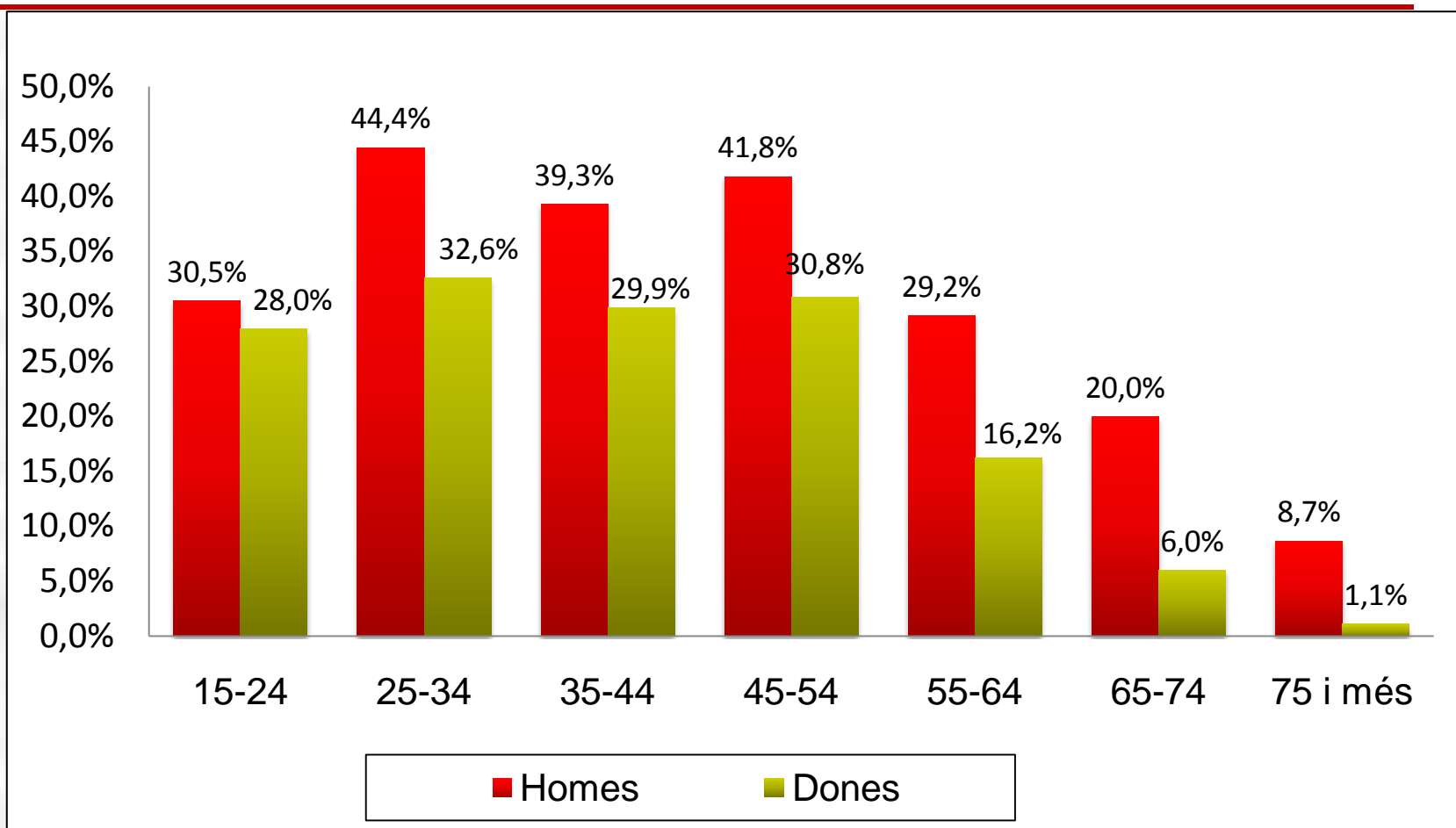
# Social determinants of tobacco consumption, Catalonia 2012(III)



Layer	Area	
Environmental, cultural, economic, social and political conditions	Political	<b>WHO Framework Convention, European Directives and National and Autonomic Laws. Lack of a national plan with funding</b>
	Social-economic	<p><b>Very low price (relin relation to EU)</b>  <b>82% of the price of a tobacco pack goes to the State (58% in the CCAA).</b>  <b>The economic crisis has been associated with a continuing decline in sales of tobacco and to an increase of the gap/inequities.</b>  <b>Contraband. tax increases are related to a drop in sales, especially in young people and disadvantaged classes.</b>  <b>Tobacco consumption is associated with a health expense of 29,000 million in the EU</b></p>
	Cultural	<b>The pattern and the type of consumption differs greatly between the sexes in the different ethnic groups/countries of origin of immigrants</b>
	Environmental	<p><b>Environmental tobacco smoke is one of the main environmental pollutants and a cause of very frequent fires.</b>  <b>The time for which a cigarette butt disappears of environment is very long</b></p>

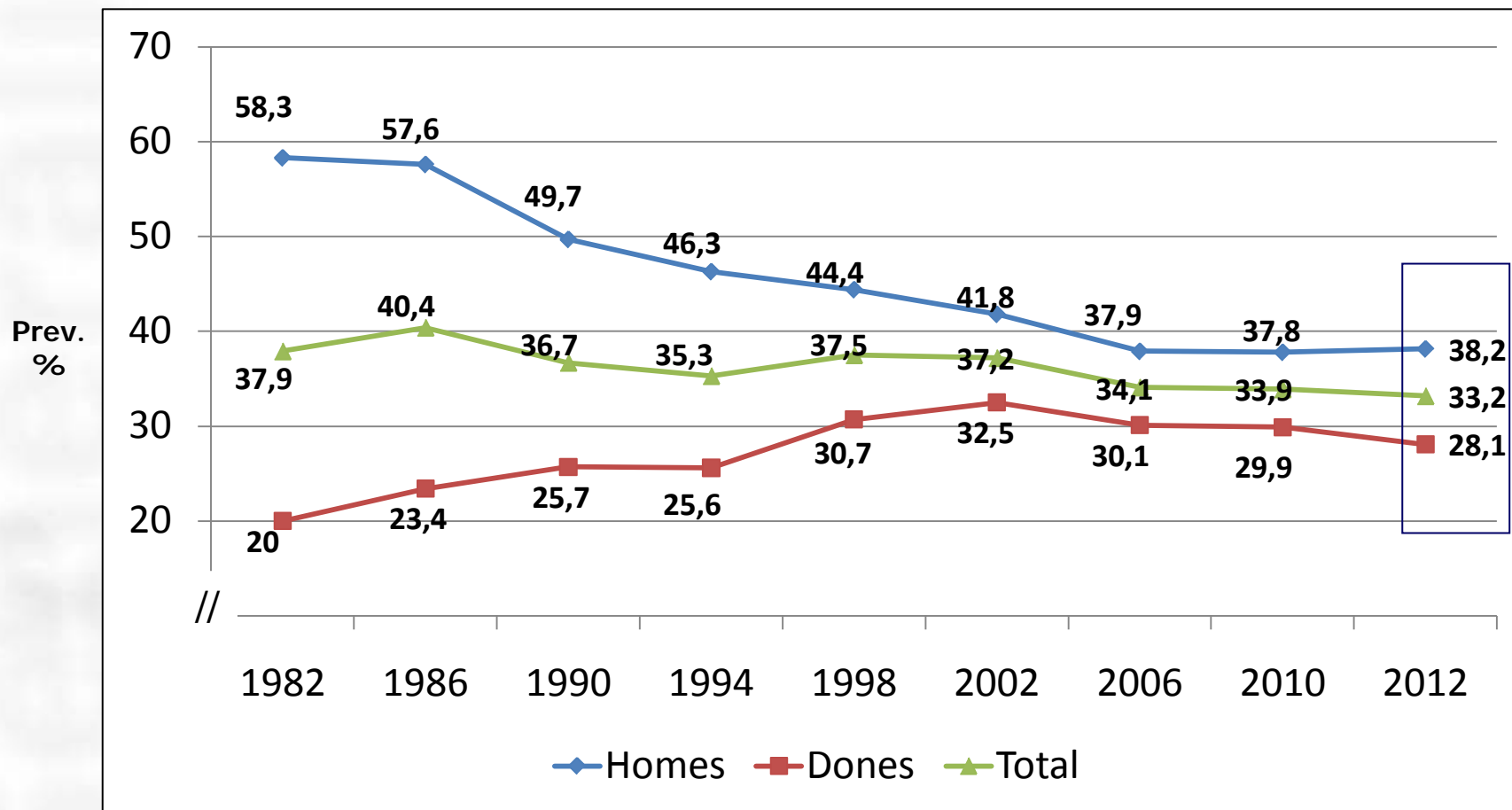


# Smoking\* prevalence by age groups and sex Catalonia 2012





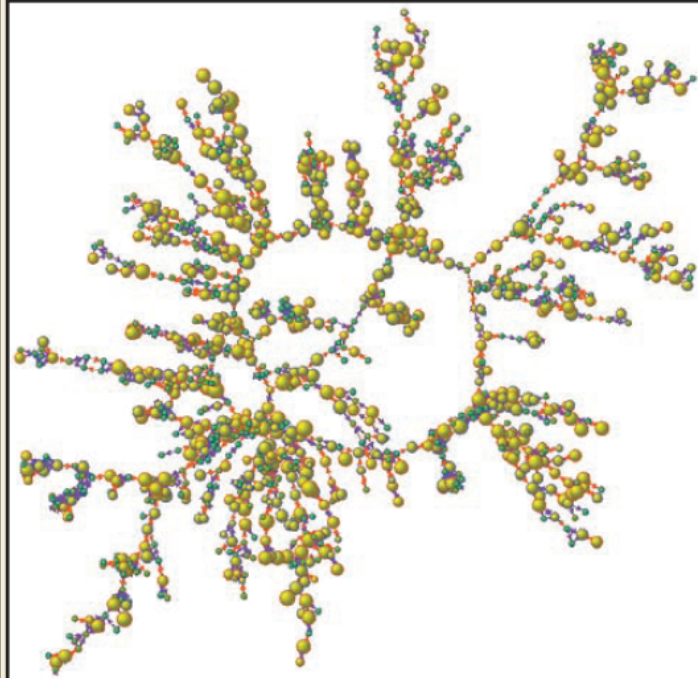
# Prevalence Evolution of smoking population aged 15-64, by sex Catalonia, 1982-2012



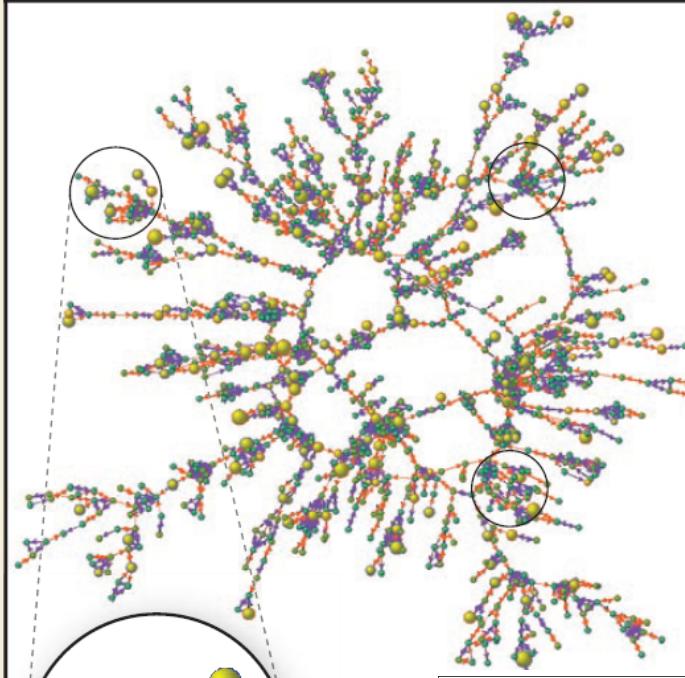
\* Fumadors diaris i ocasionals / Població de 15-64 anys

Font: ESCAc 2012. Departament de Salut, Generalitat de Catalunya

1971



2000



SPECIAL ARTICLE

## The Collective Dynamics of Smoking in a Large Social Network

Nicholas A. Christakis, M.D., Ph.D., M.P.H., and James H. Fowler, Ph.D.

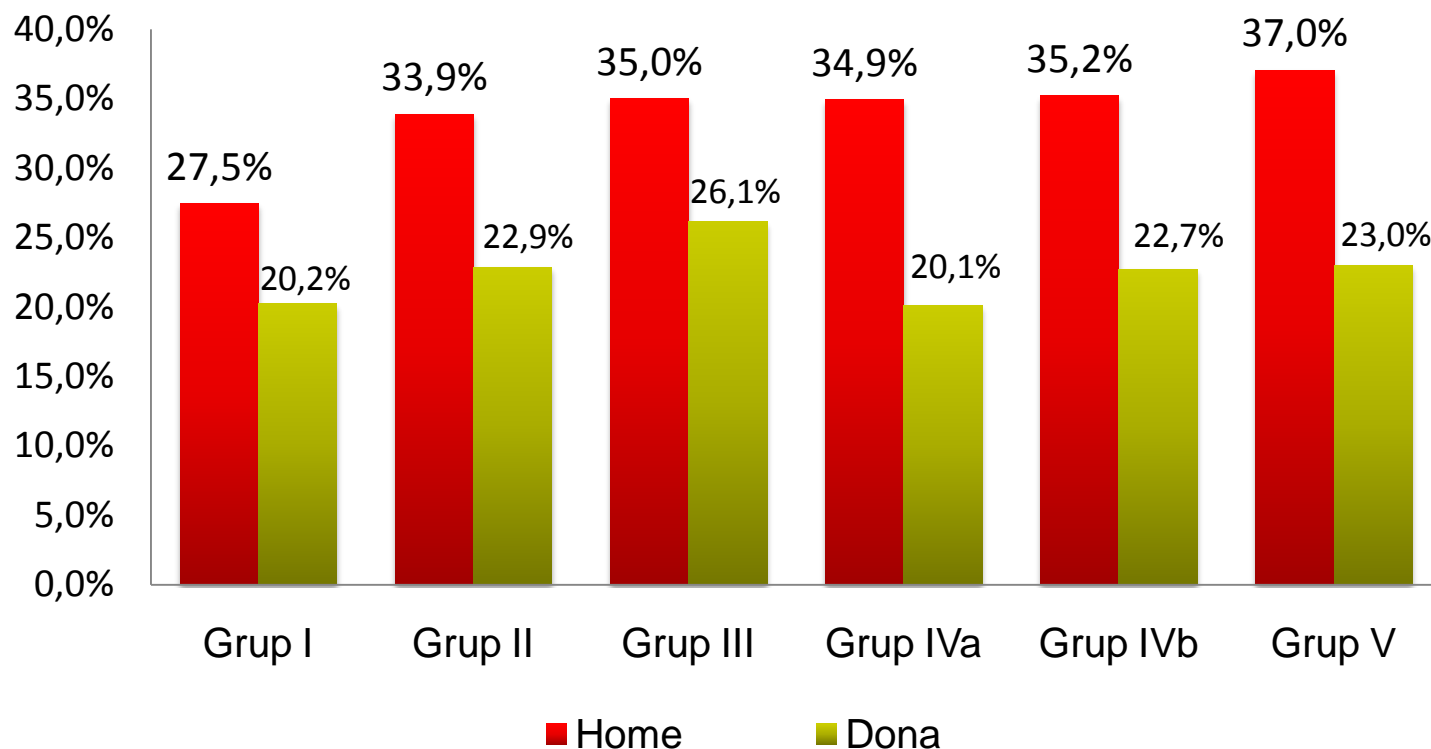
**Figure 1.** Part of the Social Network from the Framingham Heart Study, with Information about Smoking in 1971 and 2000.

A random sample of 1000 subjects in the social network from the Framingham Heart Study chosen from the largest connected subcomponent at examination 1 (left) and examination 7 (right) is shown. Each circle (node) represents one person. Circles with red borders denote women, and circles with blue borders denote men. The interior color of the circles indicates the person's cigarette consumption (yellow denotes  $\geq 1$  cigarette per day, and green denotes no cigarettes). The size of each circle is proportional to the number of cigarettes consumed. The colors of the ties between the circles indicate the relationship between them: orange denotes a friendship or a marital tie and purple denotes a familial tie. By 2000, smokers were more likely to appear at the periphery of their networks. In addition, smokers are usually in smaller subgroups than nonsmokers. The larger black-encircled areas in the network for the year 2000 identify densely connected clusters of green circles in which there are no smokers or in which the smokers appear at the edge of the subgroup.

# Smoking Prevalence \*

## by social class\*\*

### Catalunya ESCA 2012



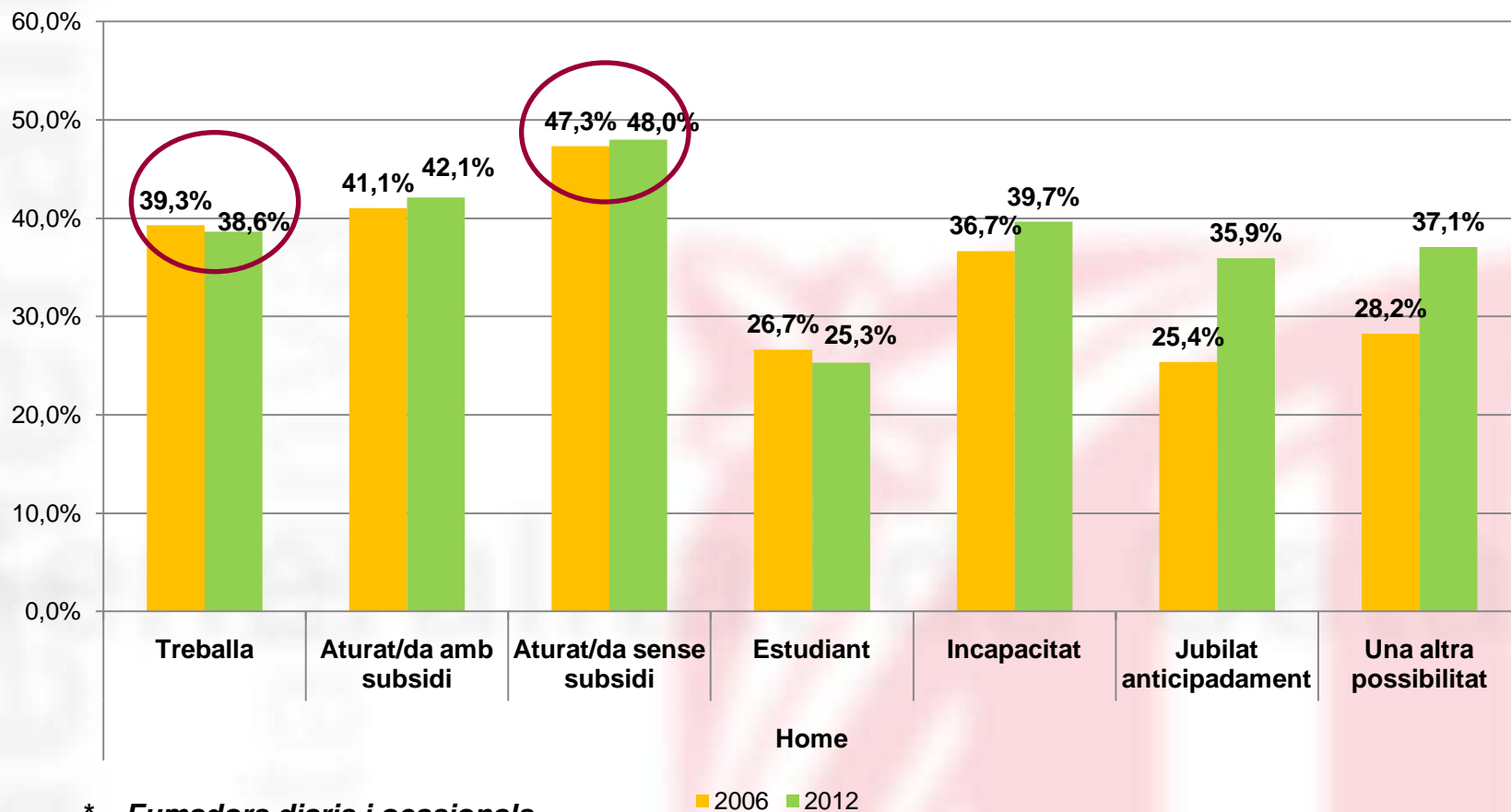
\* *Daily and occasional smokers*

\*\* *Social class per occupation*



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# Smoking prevalence\* according to labour status in men Catalonia 2006-2012



# Only a small part of the population quits smoking directly with the health care system



ENSE2011/12

3.056.- Ayuda de un profesional sanitario para dejar de fumar

Distribución porcentual según sexo.

Población de 15 y más años que no fuma actualmente pero ha fumado antes.

	TOTAL	EN ATENCIÓN PRIMARIA	EN ATENCIÓN ESPECIALIZADA	MÉDICO DE EMPRESA	OTROS	NINGÚN PROFESIONAL SANITARIO
AMBOS SEXOS	100,0	1,63	0,87	0,25	1,48	95,77
HOMBRES	100,0	1,5	0,8	0,2	1,2	96,3
MUJERES	100,0	1,9	1,0	0,3	2,0	94,8

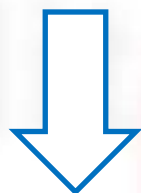
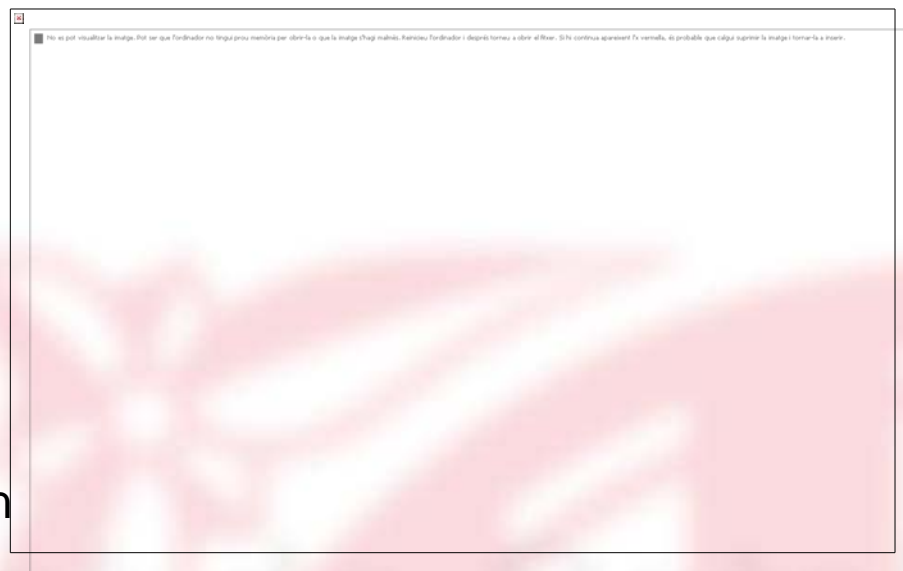




# Constitution of the Interdepartmental Commission of Health

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- Constitution meeting 13.05.13
- Working group
  - + Provide Interdepartmental coordination
  - + First action proposal
  - + Effect assessment/Evaluation



**Layout of PIN SAP (2013)**



# Aim of the Interdepartamental Commission

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- To promote the design and the preparation of the plan, collecting contributions from administrations, institutions, social and economic agents, scientific societies, professional corporations and civil society in general.

## Functions of the Interdepartamental Commission

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- ☐ Promote the design of PINSAP
- ☐ Determine impact indicators that allow to relate public interventions with the effect on the health of the population.
- ☐ Coordination of tasks related to the preparation of the Plan
- ☐ Fix criteria for the evaluation of PINSAP
- ☐ Determine the mechanisms most suitable for promoting participation
- ☐ Collect and assess, where applicable, contributions that are made

## Final Product

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- ❑ A specific plan including government actions that have results in health (*allowing all governmental sectors to capitalize any influences on health of the policies they promote*)
- ❑ With **defined objectives that can be assessed**, prioritizes and collects a series of intersectoral and interdepartmental initiatives that act upon the key determinants of health
- ❑ A set of concise indicators which allow to render an account / and transparency of results
- ❑ A dynamic product able to incorporate new activities and drop others
- ❑ In line with other international experiences.
- ❑ Bearing particular attention to the **socioeconomical situation** and inequality axes



**A healthier and more  
productive Catalonia**

# PINSAP Conference (fall 2013): The importance of evaluation

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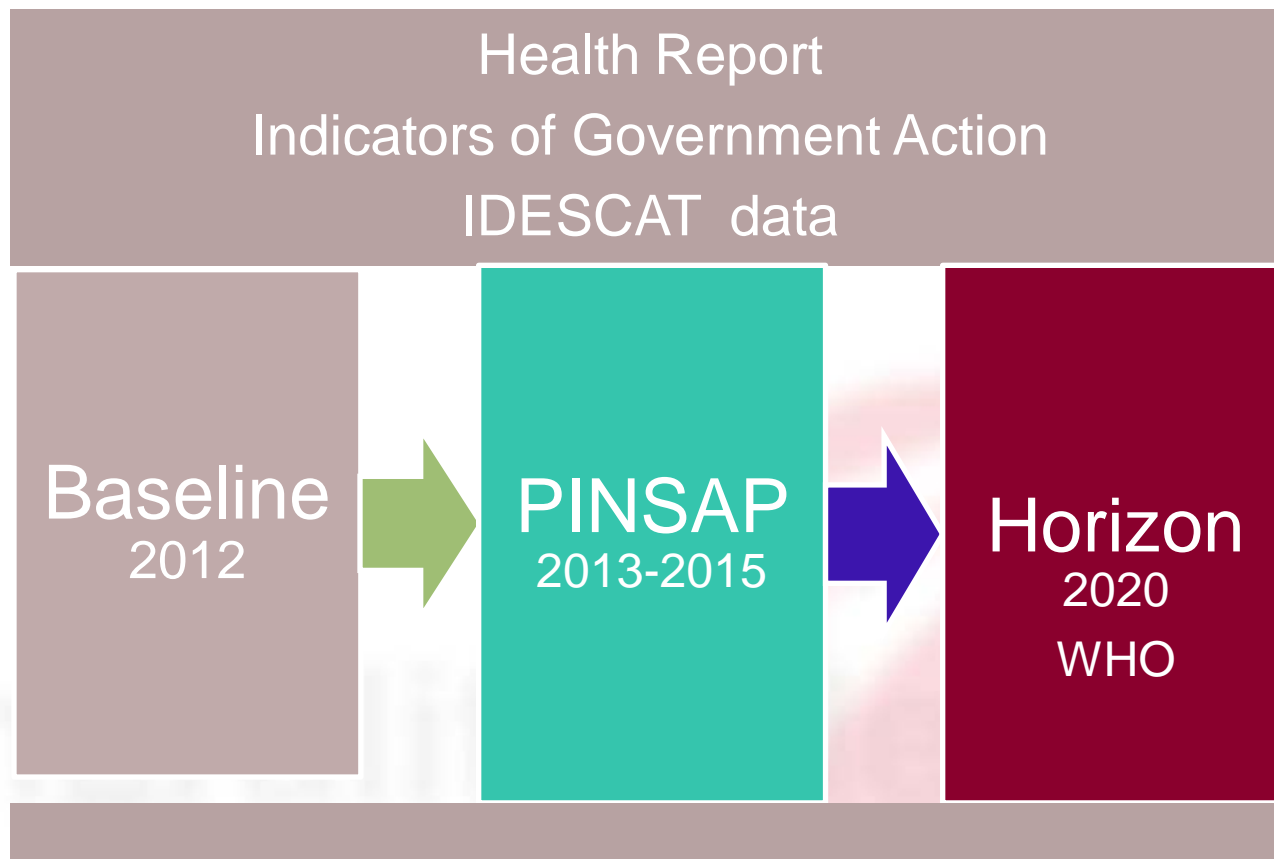
- ☐ Health in all Policies
- ☐ The PINSAP
- ☐ Emphasis on evaluation: assessment of impact on health
- ☐ A participative process (Scientific societies, Civil societies, etc)
- ☐ ...

**A proposal:**

**Manel Nebot memorial**









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**Secretaria de Salut Pública**

**<http://canalsalut.gencat.cat>**

