

Inter-ministerial public health plan

Health in All Policies

Report No. 1

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Generalitat de Catalunya
Government of Catalonia

Catalonia is one of the countries of the world with the highest life expectancy. Like other European countries, the main health challenges it faces are related, on the one hand, to the ageing population and the increase in chronic diseases and, on the other, to the decrease in health inequalities.

Health is highly valued by our citizens and, therefore, deserves to be given a high priority on the political agenda. The public universal health system we have in Catalonia is a basic part of our welfare state and receives a considerable proportion of the Catalan Government's human and financial resources.

But our population's health is not just the responsibility of the Ministry of Health. It is the responsibility of the entire Government and of society as a whole. Eight of out every ten health determinants are outside the health system, pertaining instead to other fields of activity.

A little more than a year ago, we presented the Inter-ministerial Public Health Plan, which was also explicitly mentioned in the Public Health Law of Catalonia. Although the Ministry of Health has led and coordinated the work carried out by the ministries and other agents that have been involved in this project, it is fundamentally a plan of the Government of Catalonia. In fact, the Plan's presentation was attended by all members of the Government to highlight the cross-cutting nature of the Government's undertaking to improve the population's health by including it in all policies.

The Plan is aligned with the WHO Regional Office for Europe's Health 2020 strategy, which seeks to improve the health of populations and reduce health inequalities by acting on the health determinants through cooperation between all areas of Government and society, applying evidence-based strategies. It is a pioneering, technically robust plan that has been acclaimed by international institutions. I would like to thank the Ministry of Health for its conceptualization, coordination and impetus.

With the presentation of this First Annual Report on the Inter-ministerial Public Health Plan, it is with pride that I reiterate the Government of Catalonia's commitment to continue moving forward in the endeavour to improve everyone's health, with the active involvement of all of our society's sectors and agents.

Artur Mas

President of the Government of Catalonia

'In order to ensure effectiveness of public health policies as a whole, it is necessary to formulate governance plans that include the explicit undertaking to act on the main health determinants. The Government of Catalonia must periodically draw up an inter-ministerial public health plan, emanating from the Health Plan for Catalonia, which must mobilise and hold accountable the various areas of government to improve the levels of health by acting on its main structural and lifestyle determinants. This plan must highlight the obligation of the health authorities with powers in public health to coordinate with each other and cooperate with other public administrations that have responsibilities in public health by means of explicit mechanisms.'

Public Health Law of Catalonia, 18/2009

'The PINSAP fully aligns with the strategies proposed by the WHO with respect to Health in All Policies'

*Zsuzsanna Jakab, MD
WHO Regional Director for Europe*

'I would like to encourage you to continue developing the PINSAP and I invite you to work with us by sharing your experience within the framework of the WHO'.

*Maria Neira, MD
WHO Director, Department of Public Health, Environmental and Social Determinants of Health*



"Health in All Policies (HiP) is an approach to public policies across sectors that takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts in order to improve population health and health equity"

*Health in all Policies (HiP). Framework for Country Action.
January 2014
World Health Organization*

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Foreword

(Foreword by the President of the Government of Catalonia)

1. Executive summary

- In February 2014, the Government of Catalonia launched the Inter-ministerial public health plan [PINSAP], an initiative aligned with the **World Health Organization's** strategy for Europe, *Health 2020. A European policy framework and strategy for the 21st century* and which also follows the WHO's recommendations to promote health from all areas of Government action and from society, as stated in the document *Health in All Policies (HiAP): Framework for Country Action*.
- The aim of the PINSAP is for all sectors of Government, Catalan public administrations and society to capitalise directly on their respective influences on the health and welfare of the Catalan population, in order to contribute jointly to creating healthy public policies and developing certain health promotion and protection initiatives, targeting particularly the **most vulnerable members of society**.
- With the same validity as the Health plan for Catalonia, the PINSAP entails a gradual process of fostering inter-sector action in the design and implementation of initiatives that act on **health determinants**.
- One of the intentions of this document is to provide a compilation of the activities that have impacted on health determinants and which have been carried out by the Government of Catalonia's various ministries. The aim is to show the spirit within which the Inter-ministerial public health plan of Catalonia (PINSAP) is framed, which is precisely to take as a starting point the concept of **health in all policies**, given that most public policies have the ability to impact on health and its equitable distribution in society.
- This has given a total of 566 activities, 389 in 2014 and 177 in the first four months of 2015. This is equivalent to one press release a day on activities impacting on health determinants and which have originated from ministries other than the Ministry of Health.
- Within the domain of **Mobility**, of note are the activities undertaken by the Ministry of Territory and Sustainability to improve transport infrastructures due to their impact on road safety, while the Ministry of Home Affairs has undertaken a number of actions to reduce traffic accidents.
- As regards **Nutrition**, the Ministry of Agriculture, Livestock, Fisheries, Food and Natural Environment has undertaken actions to promote the Mediterranean diet and fruit consumption at schools.

- In the domain of **Environment**, the Ministry of Territory and Sustainability works to ensure that the air quality is within the parameters established in EU regulations and that Catalonia is complying with the Kyoto Protocol as regards the reduction of greenhouse gas emissions by the transport industry and is preparing the pioneering Climate Change Act to reduce them even further. Virtually all wastewater is treated and work is continuing on improving the levels of selective waste collection.
- In the domain of **Employment**, the Ministry for Business and Labour is giving priority to active employment policies to reduce unemployment, particularly among the long-term unemployed, people at risk of social exclusion and also young people through the Youth Guarantee programme.
- In the domain of **Urban Planning and Housing**, the Government has approved the Right to Housing Plan for the period 2013-2016, which pursues three goals in its social policies: prevent people from losing their home, help people gain access to affordable housing and create incentives to put empty dwellings on the subsidised rental market.
- In the domain of **Education**, the Ministry of Education has introduced Dual Training schemes in several vocational training courses to facilitate the transition from education to employment. On a general level, vocational training is contributing to reducing the unemployment rate among young people.
- With respect to **Culture, Leisure and Physical Activity**, the Ministry of Culture is strengthening the network of libraries in Catalonia and their mobile variants (beach library, swimming-pool library or park library) and also the network of museums and other cultural amenities. It is also promoting cultural associations and facilitating access to culture for population groups at risk of social exclusion and discrimination through the socio-educational programme *Apropa Cultura*, run by the Auditorium, or programmes to foster reading, such as *Lletres i salut* (Health and Literature). The Ministry of the Presidency, through the Secretariat-General for Sport and in partnership with the Secretariat for Public Health, has organised a large number of activities to foster sport and physical activity, such as the Physical Activity, Sport and Health Plan (PAFES). It also promotes other programmes and actions that foster physical and sports activities within different spheres (schools and sports federations), ages (schoolchildren, university students, adults and the elderly), and population groups (disabled people, women) such as: The National Plan for the Promotion of Physical Activity, the Catalan Strategic Plan for School Sports, the Catalan Strategic Plan for University Sport, among others.

- The specific activities that were begun or expanded within the framework of the PINSAP focus on addressing five major public health challenges:
 - The first is the prevention and control of obesity and related chronic and non-communicable diseases. **One out of every two adults and one out of every three children are overweight.** On this front, a number of initiatives are in progress, including the *Aquí Sí. Fruita i Salut* (Here, yes. Fruit and Health) project with the active cooperation of the retail sector, as one out of every three people has more than one meal during the working week away from home and only 12% of the population eat the recommended five portions a day of fresh fruit and vegetables. This campaign identifies and promotes establishments that have undertaken to provide fresh, easy-to-eat fruit. So far, it has been implemented in restaurants in Lleida, where the pilot test was run, and also in Les Terres de l'Ebre. It is currently being rolled out to the rest of Catalonia. In addition, the pioneering AMED project, involving establishments that promote the Mediterranean diet, and the first of its kind in Spain, offers Mediterranean food in fixed-price menu restaurants to 62,000 customers in 398 municipalities throughout Catalonia. These projects form part of the Integrated Plan for the Promotion of Physical Activity and a Healthy Diet (PAAS). The PAFES is also included in this Plan.
 - With respect to the **prevention and control of infections**, over a period of 20 years, more than 900,000 cases of illness have been avoided by the vaccination programmes. In Catalonia, more than 3 million doses of vaccinations are administered each year to more than 1,500,000 people. In 2014, a new vaccination schedule has been developed and implemented, which has pioneered vaccinating pregnant women against hepatitis A or whooping cough, reducing the number of cases of newborn whooping cough by more than 25% during the first year. The Government has also been working for many years in coordination with organisations and the health system in prevention and control programmes for HIV and sexually transmitted diseases. The quick HIV test is being rolled out to pharmacies and primary healthcare centres. In 2014, there have been major outbreaks of infectious diseases and proactive, coordinated action has been taken to rule out more than 90 suspected cases of Ebola disease.
 - Within the field of **mental health promotion**, social prescribing is furthering the use of community - mainly municipal - resources to improve mental health. Particular attention is being devoted to people who live alone.
 - As regards the prevention of **addictions**, the *Fitjove* (Get Active!) project, which has already been implemented in a number of municipalities in coordination with the local councils, promotes the practice of sport to prevent addictions among young people at risk. Furthermore, between 2011 and 2013, 200,000 people aged 15 and over have

received help to give up smoking and, in the last 10 years, the *Classe sense fum* (Smoke-Free Classrooms) programme has helped reduce by half the number of students who smoke. A very clear policy has also been implemented with respect to electronic cigarettes, which in 2014 were only used by 0.4% of the adult population of Catalonia.

- As a final challenge, it has been proposed to engage the entire country in overall health building. To achieve this goal, the PINSAP is being deployed in a variety of areas. At the territorial PINSAP seminars, organised in all the health regions, participation by government ministries, local councils, organisations and the health system in the Plan's goals has been active and highly visible, with the goal of increasing the level of cooperation.

2. What is the PINSAP?

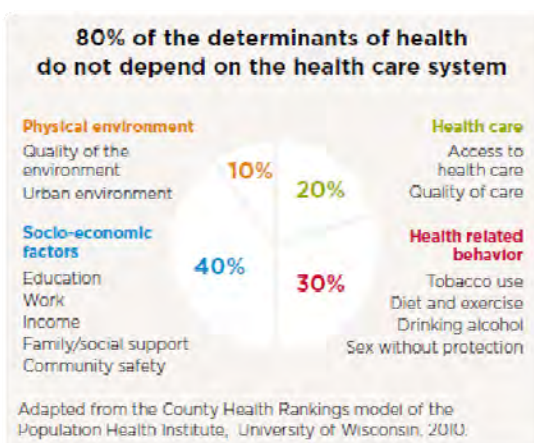
In February 2014, the Government of Catalonia implemented the Inter-ministerial public health plan (PINSAP). This initiative is aligned with the recommendations given by the World Health Organization (WHO) to promote health from all areas of government action and society.

The aim of the PINSAP is for all sectors of Government, Catalan public administrations and society to capitalise directly on their respective influences on the health and welfare of the Catalan population, in order to contribute jointly to creating healthy public policies and developing certain health promotion and protection initiatives, targeting particularly the most vulnerable members of society. With the same validity as the Health Plan for Catalonia, PINSAP initiates the gradual process of promoting inter-sector action in the design and implementation of initiatives on general health determinants.

Rationale

Catalonia, and Spain in general, has one of the world's longest life expectancies but faces significant health challenges, basically associated with the high prevalence of chronic diseases, ageing population and globalisation. Within this framework, the basic goal is to increase the number of years in good health lived by the population.

The population's health is conditioned to a considerable degree by social health determinants. It is estimated that more than 80% of the determinants of health are outside the health system. Efforts to improve a population's health are more effective when they address both individuals (improving their knowledge and their ability to make healthy decisions) and communities and environments (making the healthy option the easiest and the preferred option). Public health authorities alone cannot change these factors; the involvement of all Government ministries and agencies, and also of society as a whole, is necessary to do this.

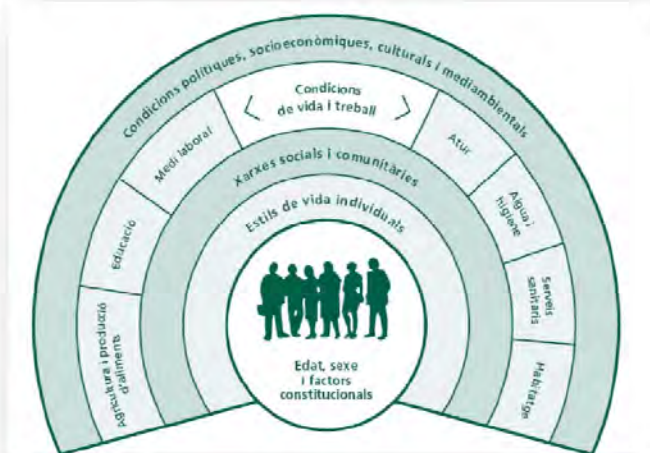


Model and principles

The [PINSAP], launched by the Government of Catalonia, follows the WHO's recommendations for promoting health from all the areas of Government action and society, which are set forth in *Health in All Policies (HiAP): Framework for Country Action*.

The proposal's design takes into account Dahlgren and Whitehead's model of health determinants,

whose simplicity provides a readily understood view of the influence of various sectors of society on the population's health.



*Adapted by the ASPB from
Dahlgren G., Whitehead M, 1991*

Contributions referring to the social inequalities that influence health, the effects of the recession in local settings and the criteria of the Johns Hopkins University's Urban Health Institute have been included. Models of experiences throughout the world, such as that developed in California and the King's Fund, have been taken into account.

With this background, an adaptation has been developed which, once basic aspects such as sanitation and safe drinking water (which are universally available in Catalonia) are guaranteed, deploys factors such as urban planning and housing, culture, physical activity and leisure, the environment, mobility and the social policies that have a significant impact on life in Catalonia.

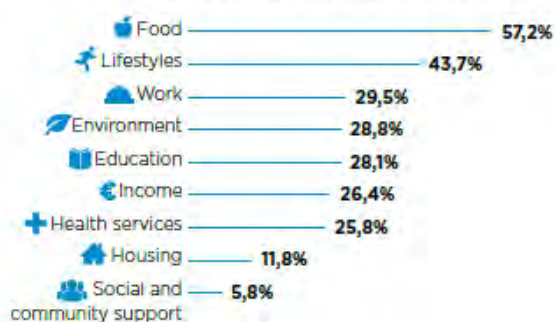
As the gender perspective has also been included in the approach, it has received input from the Institut Català de les Dones (Catalan Institute for Women).



In addition, in the Centre for Opinion Studies' Omnibus 2014-2 survey, performed in July 2014 with a sample size of 1600 adults living in Catalonia, the population was asked to state what, in its opinion, were the main health determinants. The top-rated determinants were diet, lifestyles, work, the environment, education, income and health services, in that order.

How does the the population rate factors that determine our health?

Omnibus Survey 2014-2. Generalitat of Catalonia)



Why was the PINSAP developed and how were the priorities and challenges established?

The Public Health Law of Catalonia (18/2009), unanimously approved by the Catalan Parliament, provides that the Inter-ministerial public health plan (PINSAP), coordinated with the Health Plan, is the basic tool for implementing public health actions in Catalonia and its provisions are binding for the Government. It is the vehicle for the 'Health in All Policies' strategy in Catalonia.

The PINSAP's goals are:

- To effectively incorporate health as one of the core areas of government policy (health in all policies).
- To involve all Government ministries, so that they can capitalise on their positive influence on health.
- To improve coordination and promote synergies that can improve the effectiveness, efficiency and equity of inter-sector policies on health and welfare.

Specific inter-ministerial and inter-sector actions are being studied for 2020, grouped in two core areas and 14 domains:

- Core area 1: Increase the Catalan population's years of good health (promote a healthier Catalonia)
- Core area 2: Incorporate the health vision in the design and evaluation of public policies.



Using the data available on the main health indicators and their determinants, 5 basic challenges have been established for the PINSAP. These include both universal actions (but taking into account the social gradient) and certain specific actions targeting priority or particularly vulnerable social groups.

The challenges are:



- To address the overweight epidemic affecting both children and adults; one out of every two people in Catalonia is overweight.
- To control infections, with a particular focus on sexually transmitted diseases and HIV.
- To foster mental health and mitigate the effects of the economic recession on health, paying particular attention to inequalities.
- To reduce the impact of addictions, particularly in young people.

- To coalesce and further the country's efforts to improve the environment, living and working conditions, and inter-sector work and networking on the structural and social determinants of health.

How were the activities planned?

In choosing from among the interventions proposed, consideration was given to their feasibility, whether they were measures proposed by the corresponding Government ministries, their potential impact on health protection and promotion; and the added value contributed by their reach and their inter-sector nature when included as PINSAP 2020 activities.

Out of a range of ministerial actions, those that have the most impact on living conditions and can contribute most to reducing unfair, avoidable health inequalities among the population were chosen. These actions were analysed in bilateral work sessions from the perspective of each Government ministry and from the perspective of the Catalan Ministry of Health.

PINSAP's activities take place on two levels:

- On one hand, those promoted by each ministry as part of its responsibilities and powers.
- On the other hand, new inter-sector health promotion activities are proposed and designed, particularly in relation to living conditions and other health determinants.

How were the support structures and the processes identified?

As set forth in the Public Health Law of Catalonia, preparation of the Inter-ministerial public health plan is the responsibility of the ministries with powers in areas that impact on public health. It is led by the ministry responsible for health through the secretariat for public health and the agency responsible for health planning, which must act in coordination with the Catalan Health Service.

The procedure for drafting the Inter-ministerial public health plan must guarantee the participation of government agencies, institutions, social and economic agents, scientific societies, professional corporations and society in general.

The Government's role is to approve the Inter-ministerial public health plan.

In order to carry out this mandate of the Public Health Law, the Inter-ministerial Health Commission (CIS) was created, by means of a Government Agreement, with the mission of drawing up the Plan and subsequently monitoring its actions.

Once the Plan had been drafted, a broad-based consultation process was undertaken with local governments, third sector organisations, scientific societies and professional corporations.

The Secretariat for Public Health is responsible for coordinating the Plan and an internal Ministry of Health working group has been created with representatives from all the Directorates-General, the Catalan Health Service and the Agency for Healthcare Quality and Assessment of Catalonia to expedite deployment of the PINSAP.

A professional within the Ministry of Health has been made responsible for each of the actions prioritised in the Plan, with the task of developing the action across ministries and sectors.

3. Why is it important?

- 80% of the determinants of health are outside the health system.
- All of the ministries' policies have health results: Health in all policies.
- Health in all policies is a national and international strategic priority.
- Coordinated with the Health Plan for Catalonia, the PINSAP is the governance tool and the guiding framework for public health actions. Its proposals are binding for the Government.
- It is a legal mandate that arises from a commitment that was unanimously approved in Parliament.
- It is the vehicle in Catalonia for the 'Health in All Policies' strategy.

4. How has it been implemented?

Roles and responsibilities

The PINSAP is a plan of the Government of Catalonia, which is the public body responsible for the public's health.

The Ministry of Health is responsible for leading and coordinating the action of the various Government ministries and other public administrations and social agents.

To draw up the PINSAP, an Inter-ministerial Health Commission (CIS) was formed by the Government Agreement dated 20 November 2012. Its members include representatives from all of the Government's ministries (with a minimum rank of director-general), led by Ministry of Health's Public Health Agency. In addition, a working group was created within the Ministry of Health which first reviewed the sector and inter-sector actions performed by each Government ministry that has a significant



influence on the population's health and, second, with input from it and other social agents, drafted a proposal of specific interventions that could be developed or whose inter-sector or inter-ministerial aspect could be highlighted within the framework of the Plan.

A consultation process was carried out with local organisations, scientific societies and professional associations, third sector organisations and citizen representatives, and input from 42 such organisations has been included.

Deployment of the support structures and processes performed

The Plan was presented on 14 February 2014 at the Palau de la Generalitat by Artur Mas, President of the Government of Catalonia, and Boi Ruiz, Minister for Health. The presentation was attended by Zsuzsanna Jakab, Director of the WHO Regional Office for Europe, who said that 'the PINSAP fully aligns with the strategies proposed by the WHO with respect to Health in All Policies'. During the event, a video was shown in which each of the Government's ministers briefly expressed their commitment to the Plan. An animation video was also shown, summarising the PINSAP's approach.



Zsuzsanna Jakab, WHO Regional Director for Europe, Artur Mas, President of the Government of Catalonia, and Boi Ruiz, Minister of Health. Presentation of the PINSAP on February 14, 2014.

The Inter-ministerial public health plan (PINSAP) was approved by Government Agreement 24/2014, of 18 February, and implementation was begun immediately.

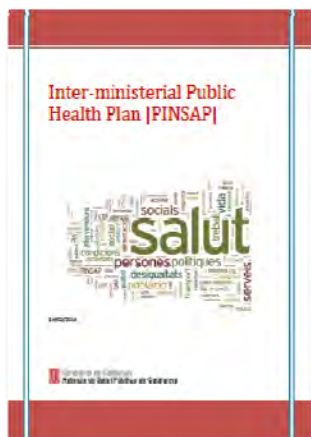
Working groups

One working group has been formed with local authorities, another with third sector organisations and a third with scientific societies and professional corporations.

A standing committee has been created within the Inter-ministerial Health Commission with representatives from the 6 ministries that have most impact on the health determinants: Presidency, Economy and Knowledge, Education, Social Welfare and Family, Territory and Sustainability, and Health.

Seminars and dissemination and participation activities

A [website](#) has been designed within that of the Public Health Agency of Catalonia.



The Plan can be viewed in Catalan, Spanish and English on the PINSAP's website, together with the initial explanatory animation video (in Catalan, Spanish and [English](#)) and the video made after one year of follow-up of the Plan (in Catalan, Spanish and [English](#)).

A large number of dissemination and participation activities have been organised:

- ☐ Presentation to all the Government's boards of directors at regional level.
- ☐ Territorial Health Plan Seminars: PINSAP table at each one.
- ☐ Regional PINSAP Seminars: presided by the Government's territorial representatives.
- ☐ **Catalunya Central:** *Health is everyone's business.*
- ☐ **Tarragona:** Promoting cross-cutting initiatives.
- ☐ **Lleida:** Seminar on PINSAP experiences .
- ☐ **Terres de l'Ebre:** *Mobilise and make the various areas of government accountable for improving the levels of health.*
- ☐ **Girona:** *Combating social inequalities.*
- ☐ **Public Health, Local Authorities, and PINSAP Seminar** organised by the Local Authorities working group, attended by more than 300 people.
- ☐ Presentations to the health regions' health boards
- ☐ Participation in national and international seminars and congresses.
- ☐ Appearance before the Parliament's Health Commission
- ☐ 270 articles in the written and online press have reported on different aspects of the PINSAP .
- ☐ 58 press releases.



The [1st Working Seminar on the PINSAP](#) was held, attended by Dr Maria Neira, Director of the WHO's Department of Public Health, Environmental and Social Determinants of Health, which was attended by the members of the working groups and other people involved in the

Plan's actions. Dr Neira said: *'I would like to encourage you to continue developing the PINSAP and I invite you to work with us by sharing your experience within the framework of the WHO'.*

More than 140 professionals reviewed the programme's achievements in the 2 core areas and its application in the community and debated actions going forward to 2020. During the seminar, the animation [video](#) explaining the main actions carried out during the first year was shown.

Subsequently, a summary of the year was presented at Hospital Sant Joan de Déu, with an [infographic](#) containing the most salient data of the PINSAP's first year. The intention to work with the hospital's Faros Observatory was announced at the session.

It has been awarded a prize at the 13th edition of the awards for the best ideas of the year, at which the *Diario Médico* acknowledges the work of professionals, institutions and companies that have contributed to the improvement of medicine and healthcare during 2014.

Training

Through the seminars, materials and sessions related with the PINSAP, a number of public health professionals from the Ministry of Health have joined the Health Impact Assessment Group of the Public Health Society of Catalonia and the Balearic Islands, which has given courses on this methodology and played an active part in designing it.

Facilitating assessment and involvement

Thanks to the activities of the PINSAP's working groups and the specific activities corresponding to each action, numerous bilateral meetings have been held with the ministries involved in each of the domains and actions and with related organisations.

5. Summary of the actions completed

One of the intentions of this document is to provide a compilation of the activities that have impacted on health determinants and which have been carried out by the Government of Catalonia's various ministries. The aim is to show the spirit within which the Inter-ministerial public health plan of Catalonia (PINSAP) is framed, which is to take as starting point the concept of health in all policies, considering that most public policies are able to impact on health and its equitable distribution in society. A list of the most significant activities is given in Annex 1.

The current status of deployment of the 30 actions in 14 domains and 2 core areas agreed at the Inter-ministerial Health Commission is briefly described in Annex 2.

Given the complexity of describing all the interventions made, this document has included those that are specific to the PINSAP and those others that have had most public impact, communicated by each ministry during all of 2014 and up to April 2015.

These activities, which have preferably been carried out by the ministry responsible for them, have been classified under the corresponding sections of the current PINSAP: Mobility, Nutrition, Environment, Employment, Urban Planning and Housing, Education and Culture, Leisure, Physical Activity, Healthcare and Social Policies.

This has given a total of 566 activities, 389 in 2014 and 177 in the first four months of 2015. This is equivalent to one press release a day on activities impacting on health determinants and which have originated from ministries other than the Ministry of Health.

Communication of the activities performed during 2015 has increased by 36% when the first eight months of each year are compared. Distribution between the various areas of activity is similar to 2014.

There is a clear predominance of activities in the domain of Mobility, which account for 35% of the total, followed by Environment, with 20%, and Urban Planning and Housing and Employment, which account for 15% each. Nutrition, Education and Culture, Leisure and Physical Activity account for about 5%.

The Ministry of Territory and Sustainability has had the greatest presence, with 60% of the activities compiled. In fact, it encompasses three areas of activity, which are those that come within its jurisdiction: Mobility, Environment and Urban Planning and Housing, which account for 70% of the activities.

There are domains in which it is more apparent that the ministries have shared activities. This is the case of Mobility, in which the Ministry of Territory and Sustainability has reported on activities to improve transport infrastructures, with the resulting impact on road safety, or measures aimed at promoting use of public transport and its impact on people's mobility. The Ministry of Home Affairs, on the other hand, has concentrated on campaigns to increase driver awareness, safe

mobility training and education plans or local road safety plans aimed at reducing the number of traffic accidents.

In the domain of Employment, the Ministry for Business and Labour is giving priority to active employment policies to reduce unemployment, particularly among the long-term unemployed, people at risk of social exclusion and also young people through the Youth Guarantee programme. For its part, the Ministry of Social Welfare and Family has created the National Network for Youth Emancipation to provide counselling in work-related matters and job offers on the work market.

In the domain of education, the Ministry of Education has introduced Dual Training schemes in several vocational training courses to facilitate the transition from education to employment. On a general level, vocational training is contributing to reducing the unemployment rate among young people.

As regards Nutrition, some of the most salient activities of the Ministry of Agriculture, Livestock, Fisheries, Food and Natural Environment are the campaigns to promote the Mediterranean diet and fruit consumption at schools, supply of fruit and vegetables by various organisations to needy people through the food banks and the extensive variety of activities conducted at the Natural Parks.

In the domain of Environment, the Ministry of Territory and Sustainability works to ensure that the air quality is within the parameters established in EU regulations and that Catalonia is complying with the Kyoto Protocol as regards the reduction of greenhouse gas emissions by the transport industry and is preparing the pioneering Climate Change Act to reduce them even further. Through its work, almost all wastewater is treated and recycled. It also impacts on the improvement in selective waste collection. It seeks to make the population aware of the importance of not wasting food and supports reduced water rates for vulnerable families included in the subsidy scheme.

With respect to Culture, Leisure and Physical Activity, the Ministry of Culture is strengthening the network of libraries in Catalonia and their mobile variants (beach library, swimming-pool library or park library) and also the network of museums and other cultural amenities. It is also promoting cultural associations and facilitating access to culture for population groups at risk of social exclusion and discrimination through the socio-educational programme *Apropa Cultura*, run by the Auditorium, or programmes to foster reading, such as *Lletres i salut* (Words and Health).

The Ministry of the Presidency, through the Secretariat-General for Sport, has included as one of the priorities in its sports policy to promote sport as a source of health and wellbeing, with the following specific actions:

- Support implementation of Catalonia's National Plan for the Promotion of Physical Activity with the goal of increasing physical activity to improve the health of Catalan society in all age groups.
- Redefine the model of physical activity and sport used in school education, supporting the need to increase the number of hours of physical activity during school hours and fostering participation in extracurricular sports activities through deployment of the Catalan Strategic Plan for School Sports and the Catalan Strategic Plan for University Sport. By supporting participation of children and young people in extracurricular sports activities through the school sports programmes promoted by the Catalan Sports Council: Catalan

Sports at School Plan, Catalan School Games programme, *Fitjove* (with the Secretariat for Public Health).

- Create a Network of sports medicine centres in Catalonia, which regulates and guarantees quality in the provision of sports medicine services in Catalonia.
- Support information campaigns for healthy physical activity (World Day for Physical Activity in partnership with the Secretariat for Public Health and local authorities), scientific seminars and other sports activities that promote health and inclusive integration of the population.

In the domain of Urban Planning and Housing, the Government has approved the Right to Housing Plan for the period 2013-2016, which pursues three goals in its social policies: prevent people from losing their home, help people gain access to affordable housing and create incentives to put empty dwellings on the subsidised rental market. In this respect, the Ministry of Territory and Sustainability has granted urgent aid, basically to families who have been evicted from their homes and need some kind of financial support to find alternative housing. There is also the recently created line of financial support for long-term unemployed people, the emergency desk and the Ofideute programme (mortgage brokerage offices). As regards facilitating access, financial support has been provided for rent payments, dwellings have been made available from the Government's stock of public housing and rent subsidies have been provided. One of the measures to encourage the owners of empty dwellings to place them on the market has been the support provided for lease agreements to put dwellings on the subsidised rental market. Lastly, grants have been made available for housing renovation in Catalonia, giving priority to actions on structural defects, accessibility for disabled people and energy efficiency.

With respect to indicators, a series of impacting data are provided, such as the 950 million trips made using public transport (metro, buses, RENFE regional rail, FGC and trams) during 2014, as published by the Metropolitan Transport Authority (ATM). Of these, 96% correspond to the ATM Barcelona, but there has been a general increase all around Catalonia in recent years (from 1.7% for ATM Barcelona to 3% for ATM Lleida compared with 2013). Other data worth highlighting are the 450,000 people who cycle every day and the 2.8 million who cycle with some frequency, equivalent to 44.5% of the population of Catalonia.

Continuing in the domain of Mobility, the number of fatal traffic accidents has been steadily falling and now stands at 17.7% less than 2013 in Catalonia (with a 42.9% drop in the province of Girona) and 43.1% less than 5 years ago. Catalonia is thus well on the way to achieving, on interurban roads, the goals set by the European Union and the Strategic Road Safety Plan 2014-2020 (PESV) to reduce deaths by 50% between 2010 and 2020. Catalonia is also a pioneer in Europe in lifelong road safety education. The Ministry of Territory and Sustainability has been providing road safety education to primary and secondary school children for some years, and it has also signed agreements with universities to provide variable credit road safety courses. Furthermore, together with the Ministry for Business and Labour, employers' associations and trade unions, road safety education is starting to be provided as part of occupational safety courses, and road safety courses are also being developed specifically for the elderly.

In the domain of Employment, registered unemployment has now been falling for one year in year-on-year terms. In June 2014, there were 47,074 less unemployed people than in June 2013, which represents a decrease of 7.6%. It therefore seems that the unemployment situation has finally turned around and Catalonia is starting to create net employment. The unemployment rate has fallen to 19.1%, the lowest since 2011 and 5.5 points below the Spanish rate excluding Catalonia. However, unemployed young people make up a significant percentage of this rate. Accordingly, the Youth Policies Action Plan has been implemented, encompassing the European Youth Guarantee programme, designed to reduce youth unemployment and early school leaving. Supported by a substantial injection of funds for the period 2014-2020, its goal is to reach 300,000 young people aged 16-24 (4,256 young people registered as at 12/2014 and recruitment of 76 promoters). For its part, the Ministry of Social Welfare and Family, through the National Network for Youth Emancipation, has provided 54,000 counselling sessions on job market opportunities, representing 9.2% of the total queries handled by these offices.

To summarise, we can say that the activities, or their diffusion, have increased as time has elapsed since implementation of the PINSAP. More than two thirds of the activities correspond to the domains of Urban Planning and Housing, Mobility and Environment. The Ministry that has reported most activities is Territory and Sustainability, with almost two thirds of the total number of activities recorded. The actions—and the indicators used to measure their performance—are extremely varied, ranging from measures designed to be implemented in all of Catalonia to actions in municipalities with very few inhabitants.

The actions performed are presented in 2 core areas:

Core area 1: Increase the number of years in good health.

Core area 2: Effectively include health as one of the mainstays of government policy.

5.1. ACTIONS

Core area 1: Increase the number of years in good health.

Mobility

OVERALL OBJECTIVE: Promote health by increasing the use of sustainable transport systems by everyone, improving safety and environmental sustainability, and promoting an active lifestyle.

Transport and public health policies share many goals, such as those chosen by the World Health Organization, which can be summarised as follows:

- **Sustainable economic development:** Sustainable transport systems contribute to development while minimising potential negative impacts.
- **Safety.** Sustainable transport systems improve safety.
- **Accessibility for everyone** (no barriers).
- **Environmental sustainability.**
- **Sustainable communities and lifestyles:** Sustainable transport systems foster forms of mobility that are conducive to an active lifestyle and improve quality of life.

ACTIONS

This section highlights the actions that the Ministry of Territory and Sustainability has undertaken, within the framework of improving transport infrastructures, with the resulting impact on road safety, and the measures aimed at promoting use of public transport and its impact on people's mobility. The Ministry of Home Affairs, on the other hand, has concentrated on campaigns to increase driver awareness, training plans and actions to provide training and education in safe mobility, facilitating lifelong learning, or local road safety plans aimed at reducing the number of injuries from traffic accidents.

1. Maintenance of the road network.

Description: Maintenance tasks on more than 5,000 kilometres of road owned by the Government of Catalonia: upkeep of road lighting, traffic lights and road markings in all of Catalonia for the next three years.

Budget: more than 17 million euros.

. The actions that are being implemented now are the final phase in renewal of the maintenance contracts for the Catalan Government's road network, with a total investment of about 200 million euros over the next three years.

2. Road safety improvement strategy.

Objective: reduce the number of accidents on the road network.

It includes more than 180 actions aimed at improving road safety, systematising prior audits when designing new projects and the performance of safety inspections on the Catalan Government's road network.

Budget: 50 million euros (2014-2015).

For the first time, on 14 January 2014, the Government approved the Catalan Strategic Road Safety Plan 2014-2020, with the general goal of achieving a 50% reduction in the number of deaths from traffic accidents by 2020 compared with the 2010 figures. To achieve this target, 6 strategic goals, 23 strategic lines and 51 impulse projects have been defined.

With implementation of the Catalan road safety model, the intention is to ensure that people travel as safely as possible and to reduce the number, severity and consequences of accidents, in the most efficient manner possible.

The Road Safety Plan 2014-2016, approved by the Government on 29 April 2014 seeks to achieve, among other goals, a 12% reduction in the number of deaths and serious injuries on the roads. This plan places particular emphasis on road safety education. Road safety education is available for all age groups in Catalonia, from primary school to old age. Other strategic goals are specified, such as the protection of mobility users, promoting a seamless road safety space (urban and interurban areas), engaging and coordinating public and private organisations in the improvement of safe mobility (creation of the Road Safety Observatory), creating effective management tools and applying R&D&I to road safety.

Budget: the cost of the activities carried out by the different ministries represented on the Catalan Traffic and Road Safety Commission has totalled €152,453,000.

Impact: The number of deaths from road accidents dropped 16.7% in 2014 compared with 2013.

3. Promote active mobility (walking—roadside footpaths, school routes; cycling—cycle lanes, community bicycle services, greenways; etc.) both as part of daily activities and as a leisure activity. Integrate the concepts of health and safety in mobility plans and design.

The Secretariat for Public Health proposed giving priority to inter-ministerial and inter-sector work to increase the number of schools with safe school routes and the number of urban itineraries/environments/km adapted to the needs of the most vulnerable pedestrians (children, elderly...). A number of Government ministries, provincial councils and local councils are performing actions aimed at encouraging Catalan schoolchildren to walk or cycle to and from school each day.

A working group has been formed with representatives from the Ministries of Education, Territory and Sustainability, Home Affairs and Health. The group has held 3 face-to-face meetings to identify actions that would help promote active transport to school and other parallel interventions. It has been found that this line of action of the PINSAP is also reflected in other Government plans, such as the Inter-Ministerial Road Safety Plan and the Air Quality Improvement Action Plan.

Individual actions by different ministries to promote active transport have also been identified, such as the Bicifeina programme, promoted by the Ministry of Territory and Sustainability, to encourage government employees to use the bicycle to commute, lending them a bicycle free of charge for 6 months, among other actions.

Members of the group have taken part in the 10th Technical Workshop on Mobility: School Routes under Debate, organised by Barcelona Provincial Council, where the results of a study on the implementation of school routes in Catalonia were presented.

It is planned to expand the group during this year, including representatives from the provincial councils and some local councils that are particularly active in promoting school routes.

The group's work will enable best practices to be identified in promoting active travel to school, with the publication of a guide to implementing school routes.

4. Bicifeina: cleaner air, less noise.

Within its mobility and air quality policies, the Ministry of Territory and Sustainability is promoting the 'Bicifeina: cleaner air, less noise' initiative as a tool for increasing awareness of air pollution and noise and encouraging action to mitigate them that can be put into practice by employees working at the different Government ministries.



The project forms part of the Air Quality Improvement Action Plan and is sponsored by the Directorate-General for Environmental Quality, with the support of the Bicicleta Club de Catalunya (BACC).

At present, bicycles are used for only 9% of urban commutes to work. The goal pursued by this initiative is to encourage people to cycle not just for leisure but also for local urban travel, reducing pollution and noise.

In the last 8 years, since the public bicycle service 'Bicing' first started, Barcelona has created a network of cycle lanes and bicycle parking points that have made the Catalan city one of the most bike-friendly cities of the Mediterranean, although still behind cities such as Copenhagen or Amsterdam in the number of citizens who use these infrastructures to commute to work.

Often, taking the step to use the bicycle for commuter travel requires overcoming a series of barriers, such as feeling safe, guaranteeing parking both at home and at work, taking out insurance, knowing how to move around the city and knowing how to use the protective equipment.

With the goal of removing these obstacles and enabling employees to see this clean, competitive mode of transport as an attractive alternative for travelling to work, the Ministry of Territory and Sustainability has been offering its employees since late 2014 the possibility of having a bicycle on

'loan' for private and personal use during a maximum of 6 months, in return for the undertaking to use it to travel to work.

This service includes instruction on urban cycling, insurance, chain and padlock, basket, protective equipment, anti-theft registration, maintenance, and secure, guarded parking at the place of work; in addition, the bicycle can be folded to make it easier to store at home. The employee is required to sign a written undertaking to use the bicycle to go to work, showing consideration for pedestrians and abiding by traffic regulations.

The **ultimate goal** is to bring about a culture change, inducing the employee to take the step as soon as possible to acquire a bicycle of his or her own to go to work, which would enable the service to be offered to more employees.

Since June 2015, the Ministries of Home Affairs and Health have also started promoting this clean, healthy, safe means of transport and have started lending bicycles to their employees, who have shown considerable interest in the initiative.

The next steps:

The next step is to make the Bicifeina service known to companies that have certified environmental management systems such as EMAS or ISO 14000, or companies that are committed to corporate social responsibility, so that they can study the possibility of offering it to their employees.

At the same time, the Directorate-General for Environmental Quality continues to give support to other ministries of the Government of Catalonia with a view to implementing this service.

5. Ferrocarrils de la Generalitat de Catalunya (Catalan Government Railways) has installed defibrillators in different parts of its network.

The first units have been installed in two stations, and will be progressively rolled out to more.

Station employees have received specific training but anyone can use them.

As soon as the units are taken out of their enclosure, an automatic call is made to the emergency number 112 and an ambulance is sent directly from the Medical Emergencies System.

Nutrition

OVERALL OBJECTIVE: Improve the general population's access to a healthy diet, thereby contributing to controlling obesity and reducing the incidence of chronic health problems and supporting sustainable economic growth.

The coordinated action of agricultural and public health policies may help protect and promote health through the diet, in line with the following goals included in the World Health Organization's Global Strategy on Diet, Physical Activity and Health:

- To increase the consumption of healthy food, mainly fruit and vegetables, olive oil, nuts and seeds.
- To promote the consumption of seasonal and local products.
- To promote healthy eating at points of sale and in restaurants.
- To reduce the consumption of food with low nutritional value.
- To guarantee access to suitable basic foodstuffs.
- To promote food safety.

ACTIONS

Of the activities carried out by the Ministry of Agriculture, Livestock, Fisheries, Food and Natural Environment, the following are particularly worth mentioning: support and promotion of the Mediterranean diet, promotion of fruit consumption at schools, supply of fruit and vegetables by organisations to needy people through the food banks and the extensive variety of activities carried out at the Natural Parks.

1. Plan for Fruit and Vegetable Consumption at Schools.



Description: Varied, seasonal, quality fruit is handed out to schoolchildren and educational workshops are organised at the schools.

Result: this year, the scheme has reached more than 294,000 pupils.

Budget: (2014-2015 academic year).

- Fruit distribution: 1,899,000 euros, 75% from the European Union's budget and the remaining 25% provided by the Ministry.
- 280,000 euros for workshops, informative leaflets and information campaigns.

Expected impact: reduction in obesity.

2. Agreement with Banc dels Aliments to make juice from the fruit withdrawn from the markets and distribute it among the most needy people.

Description: The Ministry of Agriculture, Livestock, Fisheries and Food subsidises the project, which is included in the Taula de Distribució Solidària d'Aliments (Solidarity in Food Distribution Table).

Budget: 144,000 euros (2014).

3. Food Assistance Plan for the Needy.

Description: Basic quality foodstuffs are provided free of charge to needy people, using surpluses of certain farm products.

Scope: The statistics for the 2013 plan are: 1,006 organisations, 322,405 beneficiaries and 12 million kilogrammes of food, equivalent to a cost of 11.6 million euros.

4. Actions on the food chain and labelling.

Description: Together with the Public Health Agency and the Catalan Consumer Affairs Agency, the Ministry has undertaken a series of actions aimed at supervising the entire agri-food chain and guaranteeing the truthfulness and adequacy of the information provided on food labels. The goals are to prevent fraud and minimise the possibility of misleading information being given to consumers, and also to improve consumers' understanding of the information given on food labels. The actions include:

- Verification of the implementation of the new regulations on food labelling.
- Inspection of the information concerning the origin of fresh meat.
- Verification of correct use of quality emblems.

5. New measures to improve traceability and food safety in horticultural holdings.

Objective: assure the hygiene of food products intended for human and animal consumption within the framework of primary agricultural production.

These measures include:

- Creation of a register of farm holdings and implementation of an inspection plan.
- Inspection programme for the equipment used to apply plant protection products.

6. Inventory of the Mediterranean diet and creation of the logo 'MD product, the world's healthiest diet'.

The goal is to educate society to accept that the Mediterranean diet is good for human health.

7. Catalan Food Safety Plan 2012-2016.

Description: An instrument for cooperation, coordination and communication between the parties involved in food safety in Catalonia, such as food chain operators, Catalan government ministries, local authorities and the general public.

With leadership from the Secretariat for Public Health's Catalan Food Safety Agency (ACSA).

8. Aquí Sí. Fruita i Salut project. Fresh, accessible, easy-to-eat fruit.

The goal is to increase the availability of healthy foods by promoting the option of fresh, convenient, locally produced fruit at food retail establishments and restaurants.

Impact on health and country.

Regularly eating fruit is good for health. It has been shown that every additional portion of fresh fruit or vegetables eaten regularly reduces the risk of coronary artery diseases by 7%. Low consumption of these products is associated with a higher risk of colorectal cancer, while a high consumption of fruit and vegetables is known to protect against this malignancy. A number of studies have also shown that fruit and vegetable consumption can prevent being overweight and diabetes. Catalonia is a major producer of quality fruit (69% of the apples, 55% of the pears; 35% of the peaches and nectarines grown in Spain).

Brief description



The PINSAP's strategy to promote the consumption of fresh, varied, high-quality, locally produced fruit is to offer fresh fruit in the menus of the Catalonia's bars and restaurants. This is the rationale behind *Aquí Sí. Fruita i Salut* (Here, yes. Fruit and Health), a promotional campaign that

identifies bars and restaurants that have undertaken to offer portions of fresh, ready-to-eat fruit to their customers in all their meals.

The goal is to sign up as many bars and restaurants as possible so that fresh fruit consumption becomes a common habit practised by the entire population throughout the territory.

Agents involved

The initiative has originated from Public Health, in partnership with the Ministry of Agriculture, Livestock, Food and Natural Environment and the Ministry for Business and Labour, together with hospitality and restaurateur guilds and associations, the Alicia Foundation, farmers' organisations (Unió de Pagesos, ASAJA, JARC and FCAC), the Catalan Fruit Companies' Association (AFRUCAT) and the Barcelona Association of Fruit and Vegetable Wholesalers (AGEM).

Actions performed

During 2014, as a preliminary step, a project dossier and a standard presentation were prepared. Meetings were held with the sectors involved and an agreement was reached as to the criteria that the establishments interested in joining the project had to meet:

- * Have fresh fruit visible at the entrance to the establishment or in some other visible place that makes people want to order it.
- * 50% of the desserts offered both in the fixed-price menu and in the à la carte menu are based on fresh, quality fruit presented in a manner that is easy to eat (peeled, sliced, etc.).
- * Have a varied, high-quality offering of fresh fruit (3 or more different types of fruit during the week).
- * At least two of the fresh fruit options are seasonal products sourced in Catalonia.

The following are desirable but are not mandatory requirements:

- * Include fruit in the preparation of appetisers, first courses and main courses.
- * Also offer fruit for breakfast and afternoon snacks, in other words, have fruit readily available all day long.

An online form, an identification and a website were created within the ASPCAT's (Public Health Agency) PINSAP section.

Being a well-known fruit-producing region, having a Designation of Origin (DO) and being where the sector's organisations have their head offices, it was decided to start with Lleida and a meeting was organised with the sectors involved to introduce the project. As a result of this meeting, it was agreed to continue with the project and a new sub-project was included, *Hello fruits*, in which greengrocers, particularly those located near schools, had freshly sliced fruit for sale at attractive prices. A brief procedure was written on fruit preparation and handling at the place of sale and consumption.

Shortly after, the territorial ASPCAT actively recruited interested establishments that met the criteria and a public presentation was organised at which identifying labels and membership diplomas were given. A *Hello fruits* pilot test has also been started at the greengrocers near schools.

A document has been drawn up, detailing the procedure to ensure consistent implementation of the *Aquí Sí. Fruita i Salut* project in all the regions.

During 2015, it is planned to roll out the project to the rest of Catalonia, starting with Girona (1st quarter) and the Barcelona metropolitan area, Catalunya Central (2nd quarter) and Tarragona (4th quarter).

The form is also included in the Virtual Procedures Office's (OVT) website.

Indicators:

- Number of member establishments: By February 2015, 34 establishments had joined in Lleida and Les Terres de l'Ebre.
- Number of regular daily customers in the member establishments.

9. Improve the sanitary quality of Catalan food products intended for export.

The **goal** is to improve the sanitary control of foods and establishments involved in international food trade and provide technical and administrative support to exporting companies within the framework of stricter sanitary controls.

This project entails actions on two levels: establish criteria for the additional sanitary control of exporting establishments and food products intended for export, in order to guarantee compliance with the requirements of third countries, while also providing technical and administrative support in international food trade for exporting companies, promoting sanitary quality as one of the hallmarks of the food products produced in Catalonia and intended for the international market.

For this stricter sanitary control, the actions of the official veterinary services and the auxiliary veterinary inspection officials (AOIVs) are vital. In drawing up the project, it has been found that regulation of the AOIVs dates from 2003, while the hygiene package, the EU regulations that regulate, among other things, official inspections in food establishments, dates from 2004 and came into force in January 2006. For this reason, it has been considered necessary to amend beforehand the Decree regulating the AOIVs.

During 2015, therefore, work has been concentrated on drafting the AOIV Decree, to later draw up the project that regulates the Inter-ministerial Committee for the Sanitary Quality of Food Products Produced in Catalonia.

10. Promote the prevention of eating disorders in children, establishing the protocol for the coordinated action of Social, School and Health Services.

On 15 July 2013, the Catalan Government's Ministries of Education and Social Welfare and Family, the Catalan Association of Municipalities and Regions (ACM) and the Federation of Municipalities of Catalonia (FMC) signed the 'Protocol on the detection and monitoring of situations of difficulty

in the nutrition of children and teenagers', with the goal of increasing joint action in detecting and addressing situations of particular difficulty in the nutrition of children and teenagers in Catalonia.

In February 2014, the [DOCUMENT BROADENING AND DEVELOPING THE PROTOCOL ON THE DETECTION AND MONITORING OF SITUATIONS OF DIFFICULTY IN THE NUTRITION OF CHILDREN AND TEENAGERS](#) was signed. In this document, the Catalan Government's Ministry of Health was included, as one of the organisations most deeply involved in the process, in order to set forth in the same document the work being done via the social, educational and health networks to provide coordinated coverage of the population's nutritional needs, and those of children and teenagers in particular.

Thus, on 10 March 2014, [Instruction 02/2014](#) for the detection and monitoring of situations of difficulty in the nutrition of children and teenagers was approved. This Instruction provides for application of the above-stated protocol within the sphere of action of CatSalut (Catalan Health Service).

Increased resources have been allocated to social benefits and subsidised school meals to address the situations of particular difficulty that have been detected.

11. Increase access to a healthy Mediterranean diet in work canteens, through the AMED project, giving priority to those belonging to the Catalan health system (SISCAT).

The AMED project for establishments promoting the Mediterranean diet seeks to promote this diet as a model of healthy eating in the collective catering sector.

It is based on 3 premises:

- * Diet and physical activity affect people's health.
- * The Mediterranean diet is considered a very healthy option.
- * The catering industry plays an increasingly important role in the current dietary model. One out of every 3 people in Catalonia eats more than once during the working week in a catering establishment.

The goals are to promote, identify and certify the establishments that offer Mediterranean diet options to their customers. The project improves the existing dietary offering, as the restaurants who apply to join the project make changes in their offering to align it with the principles of the Mediterranean diet.

Certified restaurants are identified with a label on the façade that identifies them as AMED establishments. Any restaurant or canteen complying with the requirements can be certified, although the project targets primarily establishments that offer fixed-price menus. The cuisine offered at these restaurants/company canteens guarantees:

- The use of olive oil to season and prepare dishes.
- A variety of fruit, vegetables, and pulses in the menus.



- Preferential use of fish and lean meats in the dishes.
- Abundant fresh, seasonal fruit in the desserts.
- The inclusion of wholemeal products.
- The availability of low-fat dairy products.
- Availability of material and information about healthy eating and active leisure.

After performing a pilot test in Granollers, the project is now being rolled out in the rest of Catalonia. 398 catering establishments, in 103 municipalities, with more than 62,000 diners, have been certified. All of the catering establishments in the Healthy Universities Network and more than 90% of the canteens in the hospitals contracted by the public system (SISCAT) are certified. The AMED is a pioneering project in Spain that has been used as a reference model for international projects (www.amed.cat).

Environment

OVERALL OBJECTIVE: Improve access for all the population living in Catalonia to a health-generating environment.

At the last Ministerial Conference on Environment and Health, held in Parma in March 2010, the World Health Organization for Europe and the ministers of health and environment of the European region Member States, agreed to intensify efforts with respect to:

- The impacts of climate change on health and the environment.
- The health risks for children and other vulnerable groups resulting from precarious environmental, working and living conditions (in particular, the lack of safe drinking water and sanitation).
- The effects of socioeconomic and gender inequalities on the human environment and health, exacerbated by the financial crisis.
- The burden of non-communicable diseases, insofar as this can be lessened by adequate policies in areas such as urban development, transport, food safety and nutrition, and improved working and living conditions.
- The concerns voiced about persistent harmful chemicals, endocrine disruptors and bioaccumulative pollutants, (nano)particles and emerging problems.
- Insufficient resources in some parts of the WHO's European Region.

Air quality during 2014: The concentration of the most problematic pollutants is decreasing.

The Directorate-General for Environmental Quality has validated all the data corresponding to air quality in Catalonia during 2014. In general, the period can be defined as very good, with **nitrogen oxide (NO_x) and particulate matter (PM₁₀) levels stabilised in the Barcelona metropolitan area**, which is where there are most instances of values above the limits established by the European Union.

In particular, **the pollutant PM₁₀ has not exceeded these limits at any time during the year in the air quality zones 1 (Barcelona Area) and 2 (Vallès-Baix Llobregat)**. This is the first time since measurements of this pollutant were begun, in the year 2000, that all the targets have been achieved for both daily and yearly values.

ACTIONS

In the domain of the Environment, the Ministry of Territory and Sustainability works to ensure that the air quality is within the parameters established in European Union regulations and that Catalonia is complying with the Kyoto Protocol as regards the reduction of greenhouse gas emissions by the transport industry. It is also preparing the pioneering Climate Change Law to reduce these emissions even further. It is also working to treat almost all wastewater in treatment plants and to improve selective waste collection rates.

Through its ministries and inter-sector actions, the Government seeks to make the population aware of the importance of not wasting food and promotes reduced rates for water and other basic necessities for vulnerable families included in the subsidy scheme.

1. Action Plan for Improving Air Quality in Special Atmospheric Environment Protection Areas.

The Air Quality Improvement Action Plan (PMQA) is the instrument that channels the effort to guarantee fulfilment of the European air quality directives.

40 municipalities in the conurbation of Barcelona have been declared Special Atmospheric Protection Areas. Although they only account for 2.3% of the area of Catalonia, they are home for 4.6 million people (60% of the population of Catalonia).

According to the Plan's implementation timeline, the period 2014-2015 has been allocated to amending and approving the legal bases and instruments for enacting measures that require changes in the legislation. The intention is that these measures will be applied progressively with the ultimate goal of achieving optimal air quality levels.

Grants related with the Air Quality Improvement Action Plan.

Among the funding schemes currently available and related with one or other of the measures contained in the Action Plan for Improving Air Quality in Special Atmospheric Environment Protection Areas, there are the following:

- * Grant programme for modal change and modes of transport, with a budget of €8,000,000 (2015).
- * MOVELE 2015 Programme: subsidies to stimulate and promote the acquisition of new electric vehicles during 2015, endowed with 7 million euros.
- * Subsidies to promote the acquisition of low-emission vehicles for use as taxis within the Special Atmospheric Protection Area. Maximum funding: €150,000 (2015).
- * Efficient Vehicle Incentives Plan: PIVE 7, renovation of transport fleets. Budget, 175 million euros (2015).
- * Environmental Promotion Plan 'PIMA Aire 4': subsidies to renovate the present commercial vehicles fleet, replacing them with more efficient vehicles with a lower environmental impact. The budget allocated to the PIMA Aire 4 project for all of Spain is 9.6 million euros, of which 7.5 million euros are allocated to financing the purchase of commercial vehicles, 1.6 million euros to purchasing gas-powered vehicles and €500,000 to purchasing electric bicycles.
- * Subsidised public transport rates: subsidised tickets to guarantee accessibility to public transport for all the population, reducing the use of private vehicles.

* Discounts at tolls (30%) and access to the Bus-HOV lane (at road C58) for vehicles that meet low emission requirements.

Estimate of the **health impact** of the measures intended to improve air quality:

* According to the Aphekom project, developed by 60 scientists, in 25 cities of 12 countries, reducing suspended particulate matter to the levels recommended by the WHO (average yearly value for $PM_{2.5} \leq 10 \mu g/m^3$) in the city of Barcelona is estimated to add an average of 27 months to the life expectancy of people aged 30 and over.

* According to a study performed by the CREAL (Centre for research in environmental epidemiology) in 2008, reducing pollution in the Barcelona metropolitan area to the levels recommended by the WHO (average yearly value for $PM_{10} \leq 20 \mu g/m^3$) can be expected to reduce all-cause mortality in people aged 30 and over by 12%, which would mean 3,500 less deaths a year. In the study, the area's population was given as 3.8 million inhabitants (2004 census).

2. Law 12/2014 concerning pollutant emissions by commercial air transport, industrial activity and nuclear power production.

On 17 October 2014, Law 12/2014 of 10 October, concerning the tax on the emission of nitrogen oxides into the atmosphere by commercial air transport, the tax on the emission of gases and particulate matter into the atmosphere by industry and the tax on nuclear power production, was published in the DOGC, coming into force on 1 November 2014.

Purpose:

To create and regulate the tax on pollutant emissions of nitrogen oxides into the atmosphere by commercial aviation, the tax on the emission of gases and particulate matter into the atmosphere by industry, and the tax on nuclear power production.

The emissions subject to taxation are those of nitrogen oxides, sulphur dioxide, particulate matter and organic carbon, provided that the emissions exceed 150 tonnes per year of sulphur dioxide, 100 tonnes per year of nitrogen oxides, 50 tonnes per year of particulate matter, or 150 tonnes per year of total organic carbon.

The tax rate, after subtracting the exempt quantities in each case, is as follows:

- 45 euros per tonne of sulphur dioxide.
- 75 euros per tonne of nitrogen oxides.
- 60 euros per tonne of particulate matter.
- 45 euros per tonne of total organic carbon.

The revenues obtained from this tax are used to endow the Atmospheric Environment Protection Fund, created by the Law 22/83 on atmospheric environment protection, the Atmospheric Environment Surveillance and Control Programme and measures to counteract atmospheric pollution.

Management, collection and inspection of this tax are carried out by the Tax Agency.

It is estimated that 50 million euros will be collected each year, which will be used, in part, to invest in environmental improvements.

3. Pollutant Emissions Calculation Guide.

The guide for calculating pollutant emissions into the atmosphere is a tool for estimating pollutant emissions into the atmosphere by different anthropogenic sources of emission and also by natural sources of emission accelerated by human activity. It is designed to make it easier for organisations and the general public to make these calculations.

All of the factors in the guide have been developed internally, based on the design described in the European Environment Agency's *EMEP/EEA air pollutant emission inventory guidebook 2013*. The guide is updated every year.

As an educational tool, an Atmospheric Pollutant Emissions Calculator has been created. This is an application that calculates emissions of two pollutants by domestic fuel consumption and traffic: nitrogen oxides (NO_x) and particulate matter with a diameter less than 10 microns (PM10). In the case of traffic, the emissions from the vehicles currently on the market have been considered.

4. Clean vehicles: discounts at motorway tolls.

Environmental quality emblem for environment-friendly vehicle fleets.

In 2015, the Directorate-General for Environmental Quality has increased the budget for air quality monitoring by 25% and the budget for pollution prevention by 75%, increasing the total allocation from 2 million euros to 4 million euros.

This increase has been possible thanks to the revenues expected for 2015 generated by the environmental taxes approved by the Parliament in October 2014. These taxes are levied on pollutant emissions by industry, power generation and on the nitrogen oxide (NO_x) emissions by air transport, and are used to endow the Atmospheric Environment Protection Fund. With more resources allocated to air quality monitoring, it is possible to upgrade the equipment and increase the number of pollutants measured.

As regards the budget increase to prevent pollution, the measures are aimed at acting on industrial emissions; raising the level of awareness among the public; promoting clean, low-emission vehicles; the environmental emblem for road transport fleets; promoting the use of bicycles for urban commuting, within the framework of the campaign 'more bikes, less pollution'; and supporting municipalities in the development of the urban areas with protected atmosphere specified in the Air Quality Improvement Action Plan.

5. Environmental education.

Subsidies for environmental education and awareness-raising projects for the period 2014-2015. 18 projects have been chosen, with a **total amount** subsidised of €575,594.32.

6. Activation of environmental episodes.

The activation of environmental pollution episodes is a measure provided within the Air Quality Improvement Action Plan, with the goal of complying with the pollutant limits required by EU regulations. As well as varying the speed limits on motorways and dual carriageways, the population is asked to use public transport for travel, general advice is given through the CECAT (Catalan Centre for Operational Coordination) and the ATM (Metropolitan Transport Authority) and electricity companies and cement plants are required to reduce emissions. Within this framework, the health advice is coordinated with the Secretariat for Public Health at the Ministry of Health.

In January 2015, for example, the atmospheric pollution protocol was activated in the area of Barcelona, due to an environmental episode that hampered dispersion of nitrogen oxides (NO₂) and suspended particulate matter (PM₁₀).

7. Improve and monitor air quality and reduction of emissions.

The action planned in the PINSAP within the Environment domain of core area 1 is to improve and monitor air quality and reduce emissions produced by goods and people transport, industrial activities and electricity generation, and to reduce exposure of people to atmospheric pollution.

This action is applied on two levels:

- on one hand, support and monitor the actions set forth in the Action Plan for Improving Air Quality in Special Atmospheric Environment Protection Areas approved by the Government of Catalonia; and,
- on the other hand, inform the public so that people can take preventive measures and reduce exposure to atmospheric pollution when certain levels are exceeded that may pose a health risk for specific population groups or for the general population, depending on the levels.

In order to develop the first level, two meetings have been held with the Directorate-General for Environmental Quality (DGQA) to review the actions contained in the Plan that were scheduled for 2014 and define the indicators used for assessment of the results by the PINSAP. A number of indicators were agreed to assess performance of the Plan (number of measures included in the Action Plan and actually performed in 2014, and number of instances that the daily/hourly limit values and the annual average values for PM₁₀ and NO₂ were exceeded). It was agreed that these indicators would be available starting in 2015.

In order to develop the second level, meetings have been held with the CREAL and the Directorate-General for Environmental Quality, and the Secretariat for Public Health's Health and

Environment Observatory in El Camp de Tarragona has been contacted. The Health Protection Directorate and the Subdirectorate-General for Epidemiological Surveillance and Public Health Emergency Response (SGVRESP) at the Ministry of Health have worked on these issues. The document is available on the ASCPAT's and Ministry of Health's websites. Work has also started on defining indicators in order to determine whether they are effective and useful. However, they have not yet been fully defined and agreed.

One of the indicators that it is expected to use is the number of queries made to the website, but the DGQA is also working on the possibility of developing others that might help determine whether the health recommendations actually reach the population when there is a situation of risk. One example would be the performance of surveys at the local councils that have temporarily exceeded the recommended levels in order to ascertain the feedback from the e-mails that Civil Defence sends to these councils with the appropriate health recommendations when the ozone levels are exceeded.

Work needs to be continued on this, with the SGVRESP, to find out whether there could be an indicator that determines the effectiveness of notifying the primary care centres (CAP) when it is forecast that the levels of pollution will be exceeded.

Accordingly, during 2015, work will continue on defining the indicators corresponding to this area of action and we will analyse the results corresponding to 2014 for the first area.

8. Noise pollution.

The Ministry of Territory and Sustainability is organising the activity '**Is it noisy where you live?**' to increase public awareness of the concept of ambient noise, the levels which they are exposed to and their perception of the noise.

The action familiarises people with the measuring methodologies used, the levels, current regulations or the meaning and perception of the decibel (dB) scale.

9. During 2014, the Catalan Water Agency has carried out almost 2,300 inspections of the wastewater treatment plants.

The purpose of these inspections is to verify the quality parameters of the water treated at the treatment plants.

At present, there are 489 operational wastewater treatment plants in Catalonia.

10. Announcement of subsidies for water supply projects.

These subsidies target municipalities, giving priorities to those that have most water supply problems due to excessive nitrate levels in their aquifers.

These subsidies enable local councils to create alternative supply systems, such as new underground abstraction points or water treatment plants equipped with technologies that guarantee the quality of the water supplied.

Employment

OVERALL OBJECTIVE: Improve access to quality, healthy employment for the population of Catalonia.

Employment (work) provides income, a sense of identity and helps structure a person's everyday life. It is influenced by individual factors such as age and gender and, in turn, influences other important health determinants, such as:

- Living conditions.
- Socioeconomic, cultural and environmental factors.
- Connectedness with social and community networks.
- Lifestyles.

Unemployment often leads to material and social deprivation, psychological stress and the practice of risk behaviours that endanger health and survival.

Lack of employment is associated with physical and mental health problems, which include depression, anxiety and increased suicide rates.

For the World Health Organization, a healthy workplace is one in which workers and managers collaborate in a process of continuous improvement to protect and promote the health, safety and welfare of all the workers, as well as the sustainability of the workplace, based on identified needs that take into account the influence that the following aspects have on health and safety:

- The physical work environment.
- The psychosocial work environment, including work organisation and organisational culture.
- Personal health resources at the workplace (supporting and encouraging healthy lifestyles).
- Community participation systems to improve the health of workers, their families and other members of the community.

In the domain of Employment, the Ministry for Business and Labour is giving priority to active employment policies to reduce unemployment, particularly among the long-term unemployed, people at risk of social exclusion and also young people through the Youth Guarantee programme. Furthermore, the Ministry of Social Welfare and Family has created the National Network for Youth Emancipation to provide counselling in work-related matters and job offers on the work market.

In Catalonia, according to the Active Population Survey (EPA) corresponding to the first quarter of 2015, unemployment fell by 82,000 people compared with the first quarter of the previous year. In April 2015, there were 758,000 unemployed people in Catalonia, which gives an unemployment rate of 20.05%. This rate is 2.1 points below the first quarter of 2014.

ACTIONS:

The main actions carried out during 2014-2015 have been focused on the more disadvantaged social groups, implementing different active employment policies.

The population groups considered eligible for priority action continue to be people with **disabilities, people receiving the Minimum Income Allowance (RMI), young people and long-term unemployed.**

1. Protecting and fostering the employment of people with disabilities.

This includes financing special work centres (CETs) and the POIN (Workplace Insertion Guidance and Mentoring) and TAS (Work with Support) programmes.

Budget: it is endowed with a total of 75 million euros, of which 41.5 million euros are own resources.

2. Protecting and fostering the employment of people at risk of social exclusion.

This includes all the support programmes of the occupational insertion companies and work insertion schemes for over 1,800 people receiving the Minimum Income Allowance.

Budget: endowed with almost 8.4 million euros.

2.1. Support for the social and work integration of people at risk of exclusion through occupational insertion companies.

The Ministry provides funds to occupational insertion companies to implement actions aimed at improving the employment and workplace insertion of social groups at risk or in a situation of social exclusion, specifically:

1. Subsidise the recruitment of workplace insertion or production mentoring specialists.
2. Incentives for recruiting people at risk of social exclusion by occupational insertion companies, with a recruitment allowance of between 75 and 110% of the Catalan Adequate Income Index. Of the people who completed their itinerary during 2012, 37% have succeeded in finding employment.

Target population: unemployed people at risk of social exclusion (people receiving the Minimum Income Allowance, immigrants and young people).

Estimated result: at present, there are 60 employment insertion companies in Catalonia that give work to 1,707 people (892 insertion personnel).

Budget: 2.7 million euros.

2.2. The Minimum Income Allowance programme ended 2014 with 8.3% more holders and 9.4% more beneficiaries.

Specifically, on 31 December 2014, there were 27,071 holders and 68,559 beneficiaries.

173 million euros were allocated to the programme in 2014, increasing to 185 million euros in 2015.

The Ministry for Business and Labour has allocated almost 11 million euros out of the RMI's total budget to developing a series of active policies that seek to increase the recruitment of unemployed people by increasing their skill levels, which in turn increases their employability and, consequently, the chances of finding work.

'Work and training for beneficiaries of the Minimum Income Allowance in cooperation with local authorities', with an allocated budget of 10,890,000 euros, which will train and insert some 1,340 beneficiaries of the Minimum Income Allowance (RMI).

3. Young people under 30 comprise a priority target for employment policies both through the Inserjoves Plan and with a pre-allocation of 25% of the places on the other programmes offered by Catalan Employment Service (SOC) and through implementation of the European Youth Guarantee.

3.1. Inserjoves seeks to offer solutions for different profiles of unemployed youth. It includes: the *Fem Ocupació per a Joves* (Let's Make Work for Young People) and *Joves per l'Ocupació* (Young People for Work) programmes, the Initial Work Skills Programme (PQPI), the Young University Graduates Support Programme, and the Eurodissey and Leonardo da Vinci programmes.

3.2. Pre-allocation of 25% of the places for young people on the SOC's other programmes.

3.3. Youth Guarantee: This includes the programmes developed in fulfilment of the **European Youth Guarantee**.

Objective: Its goal is to reduce youth unemployment and early school leaving. This guarantee, mandatory for EU Member States after 2014, stipulates that all young people between 16 and 24 should receive an offer for training, work or apprenticeship within four months after completing their compulsory education or becoming unemployed.

Beneficiaries: Between 2015 and 2020, Youth Guarantee plans to benefit about 300,000 young Catalans aged between 16 and 24 (up to 30 in the case of people with a level of disability greater than 33%). The Government of Catalonia offers a portfolio of services and programmes to about 33,000 young people during 2015, guaranteeing a job offer, training or apprenticeship within a maximum of 4 months.

Budget: The Youth Guarantee programmes implemented during the period 2014-15 will be funded with a total of 165.2 million euros (80 million euros en 2015).

3.3.1. Youth Guarantee Promoter Network.

With this call, the SOC recruits 76 young people during all of 2015 to promote this plan among the population group entitled to benefit from it.

Target population: directly 76 young people, but the intention is to reach all young people in Catalonia.

Budget: the Government of Catalonia allocates 2.4 million euros to creating the network.

3.3.2. Training for young people aged 16-24 who are neither studying nor working.

The Government of Catalonia has allocated 4.5 million euros to training in information and communication technologies (ICT) and languages for about 5,000 young Catalans.

It forms part of the Youth Guarantee Plan 2014-2020.

Target population: the action, which provides training in ICT and languages, targets 5,000 young people.

Budget: the action announced for 2015, consisting of training in ICT and languages, has a budget of 4.5 million euros.

3.3.3. Joves per l'Ocupació (Young people for Work) programme, 2014.

It combines guidance, tutoring and individualised monitoring actions with training and acquisition of work experience in companies.

Its goal is to facilitate the work insertion of young people aged 18 to 30 years who are unemployed and have no specialised work skills.

The **beneficiaries** of this initiative are unemployed young people, aged 16 to 30 and with little or no job skills. The programme's itineraries may conclude next year with employment contracts for a minimum of 6 months.

In 2014, of 1,139 young people recruited within the framework of this programme, 59% were aged between 18 and 24.

Budget: 11 million euros in 2014 to subsidise local organisations, and 11.1 million euros in 2015, supplemented with 4 million euros contributed by the SOC, for the companies taking part in the work experience phase.

3.3.4. *Aprenent i treballant* (Learning and Working) programme.

Targeting unemployed young people aged between 16 and 30, with little or no job skills, it enables them to combine training and paid work for a minimum of one year. Upon completion of the programme, they are given a Certificate of Professionalism as official accreditation of the training received.

Budget: 700,000 euros, and 1 million euros in 2015.

Target population: unemployed young people aged between 16 and 30 with little or no job skills, approximately 250 people in 2014.

3.3.5. *Forma i Insereix* (Train and Find Work) programme.

The programme targets people who are unemployed, giving priority to those aged under 30, with difficulties in finding work or who have exhausted all unemployment benefits.

The initiative's goal is to provide training to workers that is matched to companies' specific needs and, consequently, encourage hiring in the short or medium term.

The subsidies, provided to companies, employers' organisations and training centres, carry the mandatory requirement to find jobs for at least 60% of the people receiving the training.

Target population: it is planned to benefit about 2,000 unemployed people.

Expected result: jobs for 1,200 people (60%).

Budget: 4 million euros.

3.4. The Government of Catalonia and the Catalan universities are supporting a **new workplace insertion and employability improvement programme for 27,000 university undergraduates and graduates**, endowed with 50 million euros.

4. Continuation of the initiatives currently in progress which also gave priority to **long-term unemployed** and/or **people over 45**.

Measures for **long-term unemployed people**, who no longer receive any unemployment benefits or only receive the **Minimum Income Allowance (RMI)**. About 30 million euros are allocated to: Mixed work and training programmes targeting long-term unemployed people, workplace insertion itineraries for people receiving the Minimum Income Allowance and social cooperation programmes. Added to these are the *Treball a les 7 Comarques* (Work in the 7 Regions) and *Treball als Barris* (Work in the Neighbourhoods) programmes.

Active insertion measures: The Government of Catalonia has allocated 2.6 million euros to specific job guidance work insertion mentoring programmes, which have benefited more than 4,000 recipients of the Minimum Income Allowance.

4.1. Treball als Barris (Work in the Neighbourhoods) programme.

- *Treball als Barris* contributes to the territorial balance of the neighbourhoods with greater employment needs and support for social cohesion.
- Through the Catalan Employment Service (SOC), a range of employment actions are made available to unemployed people in a situation of social exclusion.
- **Target population:** this initiative by the Catalan Employment Service helps 14,000 unemployed people in a situation of social exclusion. About 11,500 people will be able to obtain an employment contract by means of actions that combine training and work.
- **Budget:** more than 23.4 million euros.

4.2. Treball i Formació (Work and Training) programme.

- It benefits people without work, preferably aged over 30, who have exhausted all their unemployment benefits or allowances.
- The SOC covers the full cost of the training activities and pays up to a maximum of 850 euros per month for wages and Social Security contributions for each contract signed, which must be for a minimum of 6 months.
- **Budget:** 18 million euros in 2014 and 19 million euros in 2015.
- **Target population:** it is planned that it will benefit 2,000 unemployed people, preferably over 30, who have exhausted all their unemployment benefits or allowances (985 in 2014).
- The programme also targets about 3,000 unemployed young people, aged 16 to 24, with low skill or education levels and people under 30 with a level of disability equal to or greater than 33%.

4.3. Intensive job search network.

- The Government of Catalonia has allocated about 1.8 million euros to maintaining the intensive job search network in all of Catalonia. A total of 34 new facilities in different parts of Catalonia have been added to the job search rooms provided by the SOC to facilitate the entry of unemployed people in the job market.
- Each facility, administered by local councils or private organisations, provides support and job guidance for about 1,000 people.
- **Target population:** unemployed people. It is planned to provide support for 34,000 people.

- **Budget:** 1.8 million euros.

5. Job guidance.

- The Catalan Government has also devoted resources to job guidance. This service has enabled 50,000 unemployed people to receive individual, personalised job itineraries.
- During 2015, support has been provided to the 'Employment Guidance Network's work insertion guidance and mentoring actions', with a budget of 6,241,000 euros. It will benefit at least 18,900 people.

6. The new **Catalan Framework Strategy for Health and Safety at Work** 2015-2020 has been approved.

The framework has been drawn up with the added involvement of all the stakeholders involved in accident prevention (insurance companies specialised in occupational injuries, professional associations, universities, research centres, etc.) and input from other public administrations such as: health, education, industry and traffic.

Target population: not indicated (the framework is to be developed through specific programmes and actions).

Budget: not indicated (the framework is to be developed through specific programmes and actions).

7. Training module in road safety in the work environment.

A joint action by the Ministry of Home Affairs and the Ministry for Business and Labour to improve road safety in the work environment.

Target population: more than 6,600 workers in all Catalonia.

8. European campaign on the risk of falls on a horizontal level (slips and trips) at the workplace.

The goal of this initiative is to implement the necessary measures to eliminate occupational hazards caused by falls on a horizontal level and to prevent these hazards from harming the health of people at work.

Falls are the main cause of accidents in all economic sectors and are linked to 24% of recorded accidents at work.

The intention of the campaign is basically to raise awareness.

Expected result: reduction of workplace accidents due to falls.

9. CETEMMSA and the Institut Guttmann are developing a sensorized textile sleeve to monitor the rehabilitation of stroke patients.

Sensors printed in the sleeve detect the movements that the patient makes with his or her arms and the therapist can view them remotely on a smartphone or computer.

The project, currently in the patent submission stage, has been supported by the Ministry for Business and Labour via ACCIÓ (Agency for Enterprise competitiveness).

Budget: started in 2009, the project has a budget of about 500,000 euros.

10. Improve the health of the employed population through the creation of a health-promoting employer brand and its recognition in public sector contracts.

The purpose is to improve the health of the working population by encouraging companies to protect their employees' health and create suitable environments that foster healthy habits.

The actions consist of:

*The creation of a 'health-promoting company' accreditation which can be taken into consideration in public sector contracts (companies that protect and improve workers' health and wellbeing at the workplace, encouraging them to acquire and maintain healthy habits in the work setting).

*Creation of a toolkit that helps companies to promote health at work, with instruments such as: templates for declarations of health promotion policies integrated in the company's organisation and specific programmes (healthy diet, physical activity, prevention of substance abuse and emotional wellbeing).

The following tasks have been performed, which were identified in the different stages of the project's implementation:

Stage 1

1. The concepts and currently existing recognitions and/or accreditations have been reviewed.
2. The main indicators corresponding to the requirements for accreditation as a health-promoting company have been pre-designed and defined.
3. Preliminary contact has been made with the appropriate government agency (the Public Contracting Supervision and Assessment Office, affiliated with the Ministry of Presidential Department) to determine the necessary requirements for consideration in public sector contracts, with a favourable response.

Stage 2

1. Work has begun on identifying the tools that are currently available at the ASPCAT related with promoting health at work (existing programmes and templates for declarations of policies integrating health promotion at work).
2. The 2nd 'Building Healthy Companies' Awards have been awarded within the 2nd Occupational Health Seminar, with the goal of recognising once again the work done by companies and professionals in the field of occupational health and safety, in the endeavour to create workplaces that actively seek to improve employees' health and wellbeing.

Activities in 2015

1. Conclude development of the agreed requirements. Adapt to the different types of company, particularly small and medium-sized enterprises.
2. Agree with the other agents: with the Ministry for Business and Labour: the requirements related with the management of work health and safety; with the Ministry of Territory and Sustainability: the requirements related with environmental regulations, but also with the National Institute of Work Safety and Hygiene.
3. Define the accreditation procedure (participants, frequency).
4. Information and communication campaign.
5. Evaluate the accreditation applications received from companies.
6. Complete the design of a toolkit (particularly for SMEs) as support for implementing the accreditations; update the health- and accessibility-promoting company guide using a website.
7. Maintain the benchmarking seminar and the award.

11. Application in Catalonia of the WHO healthy workplace model: pilot experience in the Catalan Government's building in Girona.

The actions have a direct impact on the 1,185 employees working in the building.

Employees' health, safety and wellbeing are fundamentally important for themselves, their families and also for companies' productivity, competitiveness and sustainability.

In 2007, the World Health Organization's (WHO) World Health Assembly launched the Global Plan of Action on Workers' Health 2008-2017 with the objective of urging Member States to devise national policies and plans of action on workers' health. In this document, the WHO established a healthy workplace model with four interrelated key areas which should be given priority or which can be influenced. These are the physical work environment (ergonomic factors, physical factors...), the psychosocial work environment, personal occupational health resources (encouraging physical activity, healthy eating at the workplace...) and the company's engagement with the community.

The team driving this project in the pilot test in Girona is composed of professionals from the Common Services Department, of the Public Health Agency of Catalonia and the Secretariat-General for Sport.

This healthy workplace model applied by the Catalan Government's building in Girona was awarded last December the prize for the best project in the occupational field by Boi Ruiz, Minister for Health, during the 7th Conference on the Integrated Plan for the Promotion of Physical Activity and a Healthy Diet (PAAS), for its cross-cutting, inter-ministerial work that enhances the benefits of promoting physical activity and healthy diet in the work environment, applying concrete, sustainable proposals for workers' physical, mental and social wellbeing. This project was also one of the 50 finalists of the 4th Health Plan Conference in Sitges, at which more than 900 initiatives were presented by health professionals.

12. Prevent health problems through coordinated intensive action by the employment, health and social services, in areas with high unemployment levels.

Cooperation between the Catalan Employment Service (SOC), Primary Care and ASPCAT.

Unemployment and job insecurity have increased in Spain and Catalonia to very high levels. The relationship between unemployment and the appearance of health problems is linked to several factors. First of all, unemployment leads to material hardship and poverty. Second, losing a job is a highly stressful event that lowers self-esteem, disrupts the daily routine and increases anxiety. Third, unemployment increases the likelihood of unhealthy coping habits such as smoking and alcohol consumption.

The existing literature on programmes that offer emotional support and training to unemployed people to facilitate their reintegration in the workforce has been reviewed. The JOBS programme, implemented in several countries in Europe, has been the only one, of those published between 1990 and 2008, that has shown significant results.

As a pilot test, the Catalan Employment Service will offer three workshops on health determinants that will complement the courses on job seeking that target unemployed people over 45 who have exhausted their unemployment benefits. These 3 workshops, with a duration between 60 and 90 minutes, will address: diet, emotional health and energy efficiency.

The work will be coordinated with the SOC to choose the municipality where the programme will be deployed, the features of the target population, the inclusion criteria and the health tests that will be used.

Urban planning and housing

OVERALL OBJECTIVE: improve the access of people having a lower socioeconomic status to adequate housing in suitable condition, as a factor that contributes to reducing health inequalities.

The availability of and access to decent housing in an adequate physical and community environment has an effect on people's physical, psychological and social health. Furthermore, housing has been acknowledged as one of the determinants of health inequalities, insofar as people with a lower socioeconomic status have a greater likelihood of living in worse housing conditions and, therefore, in worse health. Scientific evidence shows that prevention and early intervention in housing improves health, wellbeing and self-reliance.

ACTIONS:

1. Right to Housing Plan.

Action: Decree 75/2014, of 27 May, concerning the Right to Housing Plan.

Ministry of Territory and Sustainability.

Budget allocation: 109 million euros (4 years).

Description: This plan encompasses the period 2013-2016 and includes three groups of measures that are summarised below.

- Avoid losing one's home: urgent aid, mainly for families who have been evicted and need some type of financial support to find alternative housing. This aid is supplemented with that recently enacted for long-term unemployed people, which is forecast to help about 4,000 families. At present, about 2,500 applications are being processed. The plan also includes the emergencies desk and the Ofideute programme which, during 2014, has achieved a 64% success rate in finalised, accepted mediations. Thanks to the application of these measures, 2,865 evictions will have been avoided.
- Facilitate access to affordable housing by means of three mechanisms: assistance in rental payments, which is currently provided to 18,949 families; the Catalan Government's stock of public housing, consisting of 14,128 dwellings; and the rent subsidies, which currently attend to the needs of 9,341 families.
- Provide incentives to put empty dwellings on the subsidised rental market. Apart from the tax on empty flats held by financial institutions, the plan stimulates the conclusion of lease agreements to put dwellings on the subsidised rental market.

Beneficiaries: 210,000 families (4 years).

Impact: Reduction of the population at risk of exclusion.

2. Increase protection against energy poverty.

Action: Law 20/2014, amending the Consumer Code to extend the protection against energy poverty.

Ministry of Territory and Sustainability.

Budget allocation: The Energy Solidarity Fund is endowed with 40 million euros.

Description:

The Catalan Consumer Code has included protective measures for people in a situation of energy poverty. The new text defines energy poverty as a 'household's inability to provide itself with the minimum level of energy services and to ensure the basic needs of life', and provides that companies cannot cut off utility supplies—water, electricity and gas—during critical periods to those families who can show that they are in a situation of economic vulnerability.

The Government has also presented a proposal for an Energy Solidarity Fund, a mechanism targeting families in a situation of economic vulnerability who cannot pay for basic utility supplies.

Beneficiaries: The criteria used to define who is in a situation of economic vulnerability include family income and the prior application of subsidised rates and measures to reduce spending on utility supplies.

Impact: Reduction in the number of people at risk of exclusion who cannot afford housing in suitable condition for their health and welfare.

3. Incorporate the health vision into the assessment of housing benefits in situations of severe financial and social hardship and other cases with special needs.

Action: Inclusion of people with complex chronic health problems among those who have priority for receiving housing benefits in situations of severe financial and social hardship.

Ministry of Territory and Sustainability.

Budget allocation: operating cost.

Description: Incorporate the health value (by including a new personal profile in the criteria used to assess entitlement to the benefit, such as chronically ill patients and patients with complex chronic diseases) in the evaluation of entitlement to housing benefits in situations of severe financial and social hardship, and in other cases with special needs, both as regards the availability of and access to housing and as regards the housing's adequacy and conditions (amendment of the evaluation panel's regulations for awarding dwellings owned by the Catalan Housing Agency). There is also the possibility of evaluating the impact that this measure has on maintaining the state of health of the people concerned.

The solution agreed between the Ministry of Health (Public Health) and the Ministry of Territory and Sustainability (Housing) is to include this criterion in:

1. As regards availability of and access to housing:

1.1. Approval of accommodation applications and the implicit payment of rental:

1.1.1. As a priority, in situations of severe financial and social hardship:

* In those cases where there is a risk of imminent loss of the dwelling or a risk of residential exclusion (as difficulties in paying bills, the mortgage or upkeep of the dwelling are related to low levels of psychological wellbeing and a greater likelihood of needing medical care).

* In certain situations of homelessness (people who do not have an address, live on the street or in a place that is not suitable for use as a dwelling). Homeless status is also given to people who have been evicted due to proven inability to pay their rent.

1.1.2. In other cases with special needs.

* In people who find themselves in situations of sexist violence, victims of property mobbing, people who have suffered a disability, changes of dwelling from the same public housing stock due to economic and social needs, cases referred by the Inclusion Network or by the local authorities, and chronically ill patients, particularly patients with complex chronic diseases.

2. As regards the dwelling's adequacy and condition:

2.1. Foster environmental or infrastructure changes in the dwellings:

2.1.1. Avoid low temperatures inside the homes.

a) Improve the dwellings' heat insulation.

b) Finance or subsidise heating (electricity/gas/butane bills).

Improvements in household heating systems help reduce respiratory problems in children and even improve mental health. The elderly and young children are the groups most vulnerable to low temperatures, and an action of this type can reduce the risk of cardiovascular diseases, respiratory diseases and stroke, and also the excess mortality due to low indoor temperatures in winter, and they may also reduce the levels of damp and allergens in the dwelling.

Goals pursued by the process:

- Include chronically ill patients and patients with complex chronic diseases in the priorities established in the regulations of the Catalan Housing Agency's assessment panel for providing dwellings for situations of severe financial and social hardship, and for other cases with special needs.
- Monitor the health of the people receiving financial assistance for housing or for heat insulation within the dwelling and/or funding or subsidies to pay electricity/gas/butane bills in the case of families suffering situations of severe financial and social hardship, and other cases with special needs.

Expected results:

- Maintain the health of people diagnosed with chronic diseases or complex chronic diseases who have been provided housing for situations of severe financial and social hardship and other cases with special needs by the Catalan Housing Agency.

- Maintain the health of the people receiving financial assistance for housing or for heat insulation within the dwelling and/or funding or subsidies to pay electricity/gas/butane bills in the case of families suffering situations of severe financial and social hardship, and other cases with special needs.

The established health criteria are:

People who comply with one of the following criteria:

- Polypathology (3 or more chronic conditions)*
- Polypharmacy (10 or more drugs for chronic conditions)
- Chronic pain (VAS assessment scale)

Priority for people who meet the following criteria:

- Complex Chronic Patient (CCP)/ advanced chronicity care model (ACCM)
- Life expectancy < 6 months

. Identification of the conditions most closely related with the effect of low temperature, damp and allergens in the dwellings.

. Search for sources of information (economic, social, state of the dwelling and health).

Partners:

Ministry of Territory and Sustainability (Catalan Housing Agency), Ministry of Social Welfare and Family (Catalan Institute of Social Care and Services - ICASS), Ministry of Economy and Knowledge, Ministry of Health.

Other partners:

Local authorities, specific network of third sector organisations, Caritas, Síndic de Greuges (Ombudsman).

Beneficiaries: People with chronic diseases and complex chronic patients.

Impact: Impact indicators of the interventions proposed (health impact assessment, HIA):

Maintenance of the Psychological Wellbeing Index (Statistical Institute of Catalonia -Idescat + EPA).

Avoidable deaths due to related causes (elderly people dying of cold in winter) (Health Survey of Catalonia -ESCA/Mortality Register of Catalonia).

() Ten diseases: heart failure, COPD/asthma, diabetes mellitus, severe and very severe mental disorders, depression, dementia, cancer, kidney disease, chronic pain and diseases of the musculoskeletal system.*

Education

GENERAL OBJECTIVE: improve the population's level of education and reduce education inequalities as determinants of the level of health.

ACTIONS:

1. Ofensiva de país a favor de l'èxit escolar (Country-wide Offensive for Scholastic Victory) 2012-2018 plan.



Action: Promotion of a national offensive in favour of school success, with the goal of engaging Catalan society as a whole in improving school performance and reducing school failure and early school leaving.

Ministry of Education.

Description: The Plan for reducing school failure seeks to provide an answer to a problem in our educational system that has serious personal and social consequences, and sets the goal of halving school failure within a period of eight years, which is defined in terms of specific milestones related with pupils' skill level, academic performance and early school leaving, taking into account the corresponding indicators' current values.

In the year 2010-2011, the suitability rate was 69.3%. Since then, it has increased to 73.7% in 2014-2015, which means that a total of 46,320 pupils aged 16 are enrolled in a first year of post-compulsory education.

Beneficiaries: All pupils in the educational system.

Impact: Improvement in the academic performance of pupils in compulsory secondary education, increase in the percentage of pupils who complete compulsory secondary education, increase in the suitability rate of 16-year-old pupils who are studying the first year of post-compulsory education, as corresponds to them by age, and reduction in early school leaving.

2. Subsidised school meals.

Action: Funding for subsidised school meals for pupils in a disadvantaged socioeconomic situation.

Budget allocation: 48 million euros (2014-15 academic year).

Description: Subsidised school meals guarantee social equity by providing assistance to school children with nutritional needs.

Beneficiaries: 69,000 pupils (2014-15 academic year).

Impact: A direct impact on the health of the school population suffering greatest economic difficulties, by ensuring a better-quality nutrition.

3. Protocol on the detection and monitoring of situations of difficulty in the nutrition of children and teenagers.

Description: The Ministry of Education, the Ministry of Social Welfare and Family, the Catalan Association of Municipalities and Regions, and the Federation of Municipalities of Catalonia signed the 'Protocol on the detection and monitoring of situations of difficulty in the nutrition of children and teenagers' on 15 July 2013 with the goal of intensifying joint action in detection and outreach in situations of difficulty in the nutrition of children and adolescents in Catalonia.

On 4 March 2014, the 'Document broadening and developing the Protocol on the detection and monitoring of situations of difficulty in the nutrition of children and teenagers' was signed, with the goal of defining and unifying the joint action of the basic social services, the professionals working in schools and health centres in detection and outreach in situations of difficulty in the nutrition of children and adolescents.

Budget allocation: The cases detected receive subsidised school meals.

Beneficiaries: Children and teenagers in situations of difficulty in nutrition.

Impact: The number of children and teenagers receiving subsidised school meals due to situations included in the protocol is unified within the Ministry of Social Welfare and Family.

4. Paediatric reports for pupils starting EI3 (the first pre-school year) as a measure for detecting and preventing learning disorders.

Action: A measure of the Ministry of Education in collaboration with the Ministry of Health.

Budget allocation: operating cost.

Description: This report has been created to facilitate detection and intervention for learning difficulties in pre-school and primary education. The report contains information on medical aspects that are important in teaching EI3 pupils. This document complements the information held by schools on their pupils' educational needs, enabling them to adapt their teaching practice as soon as possible and create favourable conditions for learning.

The goal is to guarantee equal opportunities for all pupils from the time they start classes in P3.

The measure targets pupils starting EI3 in the year 2015/16.

Beneficiaries: 71,000 pupils starting EI3 in the 2015-16 academic year.

Impact: Early detection of learning difficulties to improve the children's school success.

5. Personalised school support (SEP) in primary education.

Action: Temporary support for pupils in pre-school and primary education so that they receive the attention they need from the moment that learning difficulties are detected.

Description: The support is intended for pupils who show learning delays in:

- a) The acquisition of reading and writing skills.
- b) The acquisition of mathematical skills.
- c) The acquisition of work, organisation and study habits.

Support is also given to pupils with very high abilities who need personal attention.

Budget allocation: operating cost.

Beneficiaries:

Priority is given to pupils in the first and third cycles of primary education, without this detracting from the support that may be provided to pupils in other years.

The support for children in pre-school education is provided during school hours.

Impact:

2014/2015: 27.6% of the pupils in primary education have received a SEP.

Of these pupils, 44% have received support to improve the acquisition of reading and writing skills, 26% to improve mathematical skills, 11% to improve work habits and 1.7% of the support has been allocated to pupils with very high abilities.

6. Measures to respond to pupils' individual learning needs to enable them to successfully complete compulsory secondary education.**Action:**

Intensive Improvement Programme (PIM).

Special projects.

Shared Schooling Units (UEC).

Budget allocation: €21,103,398.84 (academic year 2014-15).

Description:

Intensive Improvement Programme (PIM):

This is a specific, temporary measure to cater for diversity in schools, targeting pupils in the first and second years of secondary education, to provide additional support in basic language (Spanish and Catalan) and mathematics skills, increasing the number of class hours spent by pupils on these subjects and applying methodologies that provide a more personalised learning process more closely matched to their educational needs.

Special projects:

These are a resource that combines school work with short training periods in companies. This enables a learning space to be created that is matched to pupils' needs, in which the learning process is attractive and motivating. By this means, the level of education can be improved by developing work skills and also enables accreditation of compulsory secondary education.

Shared Schooling Unit (UEC):

These are units outside the schools that provide education for pupils in the 3rd and 4th years of compulsory secondary education who cannot adapt to the school atmosphere. In these units, they are offered activities adapted to their needs.

Beneficiaries:

PIM: Pupils in the 1st and 2nd years of compulsory secondary education who have general learning difficulties or show a low level of achievement of basic skills in primary education.

Special projects and UEC: Pupils in the 3rd and 4th years of compulsory secondary education.

Impact:

Number of pupils: 10,166.

7. Família i Escola (Family and School) programme.**Action:**

Promotion of co-responsibility in education between family and school.

One of the priority goals of the Ministry of Education is to foster the families' involvement in their children's educational and schooling process and facilitate parents' engagement with schools. Family and school share the same goal: the educational success of all children and young people. To achieve this goal, it is necessary to advance towards a consistent, coordinated action, that is, towards co-responsibility in education.

Budget allocation: operating cost.

Description:

Família i Escola. Junts X l'Educació (Family and School. Together for Education) website, which provides information about their children's schooling, enabling them to monitor their progress, and also provides guidance and resources to help them in their task as educators. The *Escola i Família. Junts X l'Educació* software application also includes diagnostic features, guidance and resources to help schools engage families in their children's educational and schooling process.

Beneficiaries:

Família i Escola website: families.

Escola i Família software application: schools.

Impact: Improve families' participation in their children's educational and schooling process and in the school's functioning.

8. Salut i escola (Health and School) programme.

Description:

The purpose of the *Salut i escola* programme (PSiE), sponsored by the Ministry of Education and the Ministry of Health, is to improve coordination between schools, educational services and health services in health promotion and pupil care.

By means of the **open consultation** (a professional nurse who regularly visits the school), the PSiE seeks to increase accessibility in the prevention of risk situations and early attention to teenagers' health problems, guaranteeing privacy, confidentiality and approachability.

Budget allocation: operating cost.

Beneficiaries: During the 2013-14 academic year, more than 13,000 open consultations and more than 7,000 education for health activities have been carried out within the *Salut i escola* programme.

Impact: During the 2013-14 academic year, the Health and School Programme has attended a total of 13,201 consultations made by teenagers at the schools, with a total of 27,658 subjects discussed. The subject for which teenagers have most commonly sought advice has been dietary health.

9. Community service.

Action: Progressive deployment of the community service project in all secondary schools in Catalonia.

Budget allocation: operating cost.

Description:

Community service is an educational action aimed at developing social and citizenship skills. In this programme, the pupil performs a service for the community, with the goal of improving the immediate environment, applying his or her knowledge, abilities and skills, while also learning how to actively exercise their citizenship.

The goal of community service is to guarantee that all students, during the course of their schooling, experience and lead civic engagement actions. It forms part of the learning process and renders an active service to the community, in accordance with the needs that have been detected.

During the 2014-15 academic year, 144 schools have implemented community service projects and 150 new schools are expected to join the scheme during the 2015-16 academic

year.

Beneficiaries: pupils in compulsory secondary education.

Impact: Foster the civic engagement of all pupils and their active involvement in improving their environment.

10. Action protocol between the Ministries of Social Welfare and Family and Education for detecting, reporting, referring and coordinating situations of abuse of children and teenagers in the school setting.

Action:

In order to ensure effective coordination between the two institutions, it is necessary to establish referral and coordination mechanisms and administrative and technical circuits that enable rapid, targeted action between the education and child and adolescent protection areas in the detection and reporting of risk situations or cases of sexual abuse or other types of abuses of children. It is also necessary to create referral circuits that will be activated to ensure effective protection of children and teenagers both for the prevention of abuse and for detection and intervention when the abuse is actually happening.

Budget allocation: operating cost.

Description: The protocol's circuit offers to support the case assessment process using the Risk Management Support Module's simulator. This simulator enables the level of severity to be defined, establishing the intervention required in each case: minor, moderate or severe.

Beneficiaries: All pupils included in the educational system in Catalonia.

Impact: Improved effectiveness and efficiency in the detection, reporting, referral and coordination of situations of abuse of children and adolescents in the school setting.

11. Local education plans (PEE).

Action: Development of the local education plans in 74 municipalities with the goal of offering an integrated, community-wide response to the educational needs of boys and girls, increasing school success and reducing educational inequalities.

Budget allocation: €531,600.

Description: The local education plans are an open initiative in educational cooperation between the Ministry of Education and municipal bodies, with the goal of achieving education success for all pupils, and they contribute to social cohesion through equity, intercultural education, fostering peaceful coexistence and use of the Catalan language within a framework of respect for language and cultural diversity. The local education plans provide a community-level response to education challenges, giving continuity and consistency to the actions of the various education stakeholders in a territory. These plans deliver institutional and economic

support to social and educational intervention projects organised in a coordinated fashion by local agents and whose purpose is to increase educational equity and social cohesion and improve the situation of the socially more fragile and vulnerable population groups.

At present, 93 PEEs have been implemented in 74 municipalities. During this academic year, 333,790 pupils enrolled in 895 state and subsidised private schools have received attention under these plans.

Beneficiaries: Pupils and families, particularly the more vulnerable members.

Impact: Increase in education success and social cohesion.

12. Salut Integral (Integrated Health) programme.

Action:

The *Salut Integral*, or *SI!*, programme is carried out in partnership with the SHE Foundation for the promotion of healthy habits, chaired by Dr Valentí Fuster. It is a school-based intervention aimed at fostering healthy habits that accompanies children from the age of 3 to 16. In a first stage, it has been implemented in 48 pre-schools and primary schools.

Budget allocation: operating cost.

Description:

Instil healthy habits in children aged 3 to 16 to reduce the risk of cardiovascular disease and improve quality of life in adulthood.

The SI! programme focuses on four basic, interrelated components:

- Acquisition of healthy eating habits.
- Development of physical activity.
- Knowledge of how the body and heart function.
- Handling emotions and fostering protective factors against addictions and the consumption of substances that are harmful (tobacco, alcohol and drugs).

The SI! programme encompasses 4 levels of intervention: pupils, families, teachers and milieu.

Beneficiaries: Pupils enrolled in 48 schools, teachers and families.

Impact:

Academic year 2014-15: 12,275 pupils.

After the 3-year intervention, the SI! programme has not only been shown to be an effective, feasible strategy for instilling healthy habits among children aged 3 to 16, but also for impacting on adiposity markers.

Culture, leisure and physical activity

OVERALL OBJECTIVE: Improve health through participation in cultural and leisure activities and healthy physical activity for all the population, reducing access inequalities.

Fostering access to culture and participation in cultural and sports activities are elements that have a positive impact on health. Furthermore, when they are taken to the more disadvantaged groups, they can contribute to reducing health inequalities.

ACTIONS:

The Ministry of Culture is strengthening the network of libraries in Catalonia and their mobile variants (beach library, swimming-pool library or park library) and also the network of museums and other cultural amenities. It is also promoting cultural associations and facilitating access to culture for population groups at risk of social exclusion and discrimination through the socio-educational programme *Apropa Cultura* (Closer to Culture), run by the Auditorium, or programmes to foster reading, such as *Lletres i salut* (Words and Health).

The Ministry of the Presidency, through the Secretariat-General for Sport and in partnership with the Secretariat for Public Health and local authorities, has sponsored a large number of activities that promote sport and physical activity.

It also promotes other programmes and actions that foster physical and sports activities in different spheres (schools and sports federations), for different ages (schoolchildren, university students, adults and the elderly), and for different population groups (disabled people, women) such as: The National Plan for the Promotion of Physical Activity, the Catalan Strategic Plan for School Sports, the Catalan Strategic Plan for University Sport, among others.

1. Promote participation in cultural activities among people with disabilities and/or health problems.

The cultural amenities that are the responsibility of the Ministry of Culture (museums, libraries, etc.) encourage people's participation in cultural events. There is a considerable body of studies that have established a relationship between engaging in cultural activities and improved health.

The project encourages participation in a variety of cultural activities:

Supporting the work of disabled artists, with the goal of fostering social and professional inclusion through art.

Art therapy activities in various regions in the province of Lleida and the Pyrenees.

Activities in various hospitals.

2. Promote participation in cultural activities. Implementation of programmes such as *Lletres i salut* (Words and Health). Promoting reading and reflection in health, community and cultural centres on subjects related with self-care, health promotion, coping with disease, death, etc.

Action: lecture series.

Ministries of Culture (Institute of Catalan Literature) and Health.

Budget allocation: €4000.

Description: The Public Health Agency of Catalonia (ASPCAT) and the Institució de les Lletres Catalanes (ILC), in partnership with the Catalan Network of Hospitals and Health Promotion Centres, have created the lecture series *Health and Literature*. The programme includes the participation of leading writers and literature teachers and seeks to open a window of reflection on life, illness and health. It has been organised within the framework of the Inter-ministerial public health plan (PINSAP), and considers the health benefits obtained by practising cultural activities.

For this first edition, Laura Borràs, the ILC's director, professors Pep Valsalobre and Margalida Pons, and the writers Manuel Baixauli, Rafael Argullol and Víctor Panicello have given talks at the Public Health Agency's headquarters, in primary care centres around Catalonia and in some hospitals, such as Hospital Clínic (Barcelona) and Hospital Sant Joan de Déu.

The cycle offers a thought-provoking insight into the analysis of diseases in literature, an overview of the most prominent ethical debates on the limits in the use of medical technology and an attempt to account for the relationship between illness and health, all of them subjects of universal interest discussed by some of the most respected writers of contemporary literature.

Beneficiaries: general population.

Impact: improvement in health by promoting attendance of cultural activities.

3. Programme prescribing social and cultural activities for people in a situation of vulnerability. **Social prescription.**

Action: Pilot plan - inter-ministerial programme.

Ministries of Health, Social Welfare and Family, and local authorities.

Budget allocation: operating cost.

Description: In the course of an inter-sector project, the community resources available in a municipality are identified and a catalogue is drawn up of existing social and cultural activities that can be prescribed from primary health care, particularly to people in a situation of vulnerability, such as elderly people who live alone.

The Social Prescription pilot programme has been started in three municipalities in Catalonia. In each municipality, the programme is in different stages of development. The intervention's effectiveness in reducing social isolation and promoting mental health is currently being evaluated with a randomised controlled trial. The programme has given rise to a qualitative assessment of the process, whose results have already been used to improve the intervention and referral.

Primary health care teams from three municipalities in Catalonia are taking part; a total of 6 ABS (Basic Health Care Areas), 40 civic organisations, 28 active participants.

The goal is to complete all the pilot programmes and document their effectiveness by the end of 2015.

Beneficiaries: patients from the 3 municipalities where the pilot programme has begun.

Impact: Improve health by promoting participation in social and cultural activities.

4. Use of information and communication technologies to improve accessibility to community resources and health assets.

Action: A smartphone app that shows a map of community resources and assets.

Budget allocation: €18,000.

Description:

At present, the requirements for adapting this new tool and the information to be included are being determined.

This PINSAP smartphone app is conceived as a map of geolocated resources and assets to promote health throughout Catalonia. The operational development has been completed and the healthy routes, the AMED and *Aquí Sí. Fruita i Salut* establishments, the health centres, the libraries and the condom vending machines have been uploaded to the app.

Beneficiaries: The entire population, but particularly teenagers and young adults.

Impact: Improve the accessibility and visibility of community resources and health assets, and also the activities they perform.

5. Health promotion to youth through the social media. *Fitjove*. Encourage the practice of sport to promote health in adolescents at risk.

Action: Inter-ministerial health promotion programmes.

Ministries of Health, Presidency (Secretariat-General for Sport), Social Welfare and Family, and Education; local councils and EsportSalut Foundation.

Budget allocation: operating cost.

Description: *Fitjove* (Get Active!) is a programme to prevent drug consumption among teenagers in the 4th year of compulsory secondary education (15 and 16 years old) by promoting sports activities in community facilities.

During the 2013-14 academic year, the programme has targeted teenagers at state and subsidised private schools and has been implemented in L'Hospitalet, Terrassa, Badalona and Gavà.

36 educational outings have been conducted with 799 pupils, 54% of which did not practice any sport and 57% had consumed tobacco, alcohol or cannabis on some occasion.

It includes the proposal to practice monitored activities two afternoons a week at a sports centre and an optional outing once a month to practice urban sport. 177 pupils have taken part in these activities, 41% of whom had the afternoon free. 71% of the participants were girls. 80% of these young people had consumed substances on some occasion. The participants have rated positively the work of the monitors, the activities and the sports centre.

Continuation of the *Fitjove* programme in all four territories has been approved for the year 2014-15 and the availability of sports activities in the municipalities will be increased to include the summer period. The programme will also be extended to one municipality in each of the remaining four territories (Lleida, Girona, Tarragona and Les Terres de l'Ebre).

Webs 2.0: elpep.info and laclara.info: New communication technologies to boost diffusion of the prevention messages targeting young people. During 2014, the www.elpep.info website, with contents on drugs and screen use targeting young people aged 14-16, has been the fifth most-visited website on Canal Drogues. It has received 6,500 visits, 13.5% more than in 2013. It has 274 fans on Facebook, with 72,121 profiles reached. Given the growing use of the website by professionals, a space is being created with basic contents on prevention and educational tools for teachers, which will be published in the first quarter of 2015.

In the case of the laclara.info website, which targets young people aged over 16, it received about 20,000 visits in 2014, 147.9% more than the previous year, and was the third most-visited website on Canal Drogues. It has 1,525 fans on Facebook and 161 followers on Twitter. During the year, 6 drug consumption self-tests were posted, an awareness-raising contest was organised and a FacebookAds campaign was run. These activities may account for the considerable increase in laclara.info's reach in the social media.

During 2015, it is planned to create an awareness-raising app and continue with the Communication Plan to viralise the prevention messages.

NitsQ (Quality Nights) programme: To prevent problems related with drug consumption at night clubs. Up until 2014, 22 municipalities have taken part in creating panels, in different municipalities in Catalonia, to implement preventive initiatives agreed by consensus. These are: Rubí, Molins de Rei, Sant Sadurní d'Anoia, Vic, Manlleu, Tona, Vilanova i la Geltrú, Mataró, Vilafranca del Penedès, Reus, Tarragona, La Seu d'Urgell, Abrera, Esparraguera, Olesa de Montserrat, Sant Esteve Sesrovires, Barcelona, Alt Maresme, Torelló, Manresa, Lleida and Amposta. 8 of these municipalities have started identifying their night clubs and venues with the 'Q de Festa' emblem. In total, 40 nightlife venues have obtained the Q, and 23 training sessions in responsible alcohol dispensing, risk prevention and reduction have been given to 290 people working in this sector. In 2014, for the first time, the Q has been given to a local festivity: Santa Tecla in Tarragona, and implementation has been started in the city of Barcelona (Sant Martí district) and in other parts of the metropolitan area. The *Q de Festa!* website receives 5,254 visits each year. During 2015, implementation of the programme has continued, with the involvement of the local nightlife sector, in at least 4 new municipalities. The 'Q de Festa' emblem will be given to 8 new locales and the project will be presented in at least two forums specialised in drug prevention in nightlife activities.

Beneficiaries: young people.

Impact: Reduce addictions among young people.

6. Monitor and control new forms of consumption of tobacco-related products: electronic cigarettes.

Action: Information for professionals and the general public about electronic cigarettes.

Ministry of Health, scientific societies and professional corporations (Smoking Advisory Board).

Budget allocation: operating cost.

Description: Sales of electronic cigarettes grew considerably in Catalonia during 2013. As a result, the Secretariat for Public Health initiated a series of inter-ministerial and inter-sector actions aimed at preventing consumption and the associated risks.

A large part of the inter-ministerial and inter-sector action in this field has been possible thanks to the activity of the Smoking Advisory Board (CAT), whose members include representatives from bodies in different Catalan Government ministries (Catalan Consumer Affairs Agency, Catalan Institute for Women, various units from the Ministry of Health), and scientific and professional organisations.

Following the CAT's recommendations, a number of actions have been carried out:

- * Inclusion of new questions regarding the use of electronic cigarettes in the Health Survey of Catalonia's general questionnaire from 2014.
- * Publication of a video-knowledge pill and a poster about electronic cigarettes for display in public spaces in the health services.
- * Organisation of a scientific seminar about electronic cigarettes on 22 April 2014, attended by the head of the World Health Organization's Tobacco Free Initiative.
- * Diffusion of the new Spanish regulations on electronic cigarettes, published in March 2014, and monitoring of compliance .
- * Publication of new signage indicating the areas where use of electronic cigarettes is prohibited.
- * Development of new signage about electronic cigarettes in the centres included in the Catalan Network of Smoke-Free Hospitals.

The results on the use of electronic cigarettes in the Health Survey of Catalonia performed after 2014 are available. They show that consumption of electronic cigarettes in Catalonia is very low, with only 0.4% of the adult population using them (the Eurobarometer estimates for Spain in 2012 gave 1.2%).

Beneficiaries: General population.

Impact: Prevent any increase in new forms of tobacco consumption.

7. Project to increase physical activity in Lleida.

Project supported from the Secretariat for Public Health and the Management of the Lleida Health Region, together with the Secretariat-General for Sport, Lleida Provincial Council and other local authorities, the University of Lleida, the Catalan Health Institute, and other units of the Ministry of Health.

The goal is to increase healthy physical activity by promoting existing healthy routes and parks in the area, promoting empowerment of the population through the 'expert walkers', that is, people in the community who, after receiving specific training, lead and stimulate activities such as walking in the free community resources that have been created in the area.

A training course has been designed and conducted by the University and an online questionnaire has been developed to identify community resources and assets in the municipality.

The next step is to commence active promotion of the resources in various parts of the region of Lleida.

8. Promotion of community resources for practising healthy physical activity and sport.

The Ministry of the Presidency, through the Secretariat-General for Sport, promotes community resources for practising healthy physical activity and sport by:

- * A call for subsidies for the replacement, refurbishing or improvement of sports facilities, such as activity areas in natural or urban environments.
- * Promoting the network of mountain biking centres, with permanent marked circuits.
- * Promoting healthy routes, more than 2,700 km, in Catalan municipalities taking part in the Physical Activity, Sport and Health Plan (PAFES), with walking recommendations so that people can feel confident that they are performing a physical activity that will improve their health.

9. School sports programmes.

The school sports programmes that are supported by the Government of Catalonia, through the Catalan Sports Council, are the Catalan School Games programme and the Catalan Sport at School Plan, which are defined, updated and regulated in accordance with the Catalan Strategic Plan for School Sports 2013-2020.

The general goals of these school sports programmes are to:

- Increase participation in physical and sports activities out of school hours by children, teenagers and young people, leveraging these activities' education and training potential, with a particular focus on specific social groups, such as girls, immigrants, teenagers, people with special abilities, and children, teenagers and young people at risk of social exclusion.
- Foster regular practice of physical and sports activities and the acquisition of healthy habits that help improve individual and collective wellbeing.

Catalan School Games:

The Catalan School Games (JEEC) are the programme organised by the Government of Catalonia whose primary goal is to facilitate the transmission of social values and the acquisition of healthy habits, using a participative, educational competition model based on school sports.

The programme is divided into two levels: the local-regional-interregional level and the supraregional level, structured by categories for primary and secondary school pupils. The specific features of the competitions are determined for each category, with the intention of progressively introducing the multi-sport model at an early stage.

The competition is organised by the 46 sports councils on the local-regional-interregional level, under the supervision of the Catalan Sports Council and coordinated by the Union of Sports Councils of Catalonia (UCEC).

Catalan Sports at School Plan (PCEE):

The Catalan Sports at School Plan is the programme organised by the Government of Catalonia whose primary goal is to offer all pupils enrolled in all schools in Catalonia the possibility of practising physical and sports activities outside of school hours. The intention is to help reverse the low participation rate of schoolchildren in school sports and the increase in sedentary habits

and obesity—with a worrying incidence among children and teenagers—and foster the growing social demand in terms of health and wellbeing.

The PCEE targets all children, teenagers and young people at school in Catalonia, with a particular focus on the specific population groups who have lower participation rates in physical and sports activities, such as girls, immigrants, people with disabilities, teenagers, and children and young people at risk of social exclusion.

The programme is led and coordinated by the Catalan Sports Council and the Ministry of Education, with the collaboration of the UCEC and the sports councils, as local agents in the territory.

The PCEE's schools: 1,068 schools have renewed their participation this year (secondary schools, secondary education sections, state schools, etc.). Of these, 320 schools in different parts of Catalonia, chosen on the basis of complexity criteria, have received support from the Catalan Sports Council, through the sports councils, in organising activities for the 2014-15 academic year. Next year, the number of schools receiving support will be increased to 400.

Campaign to promote values, healthy habits and inclusive sport in schools.

With the cooperation of the Sports Federation of Catalan School Sports Associations, the talks on the values of sport that began at the end of the last school year have been continued and, this year, they have been given in 77 primary schools, attended by 2,300 pupils in the 5th and 6th years. As a new development this year, in the last term 21 healthy habits workshops, attended by 800 pupils from the 4th year of primary school, and 10 inclusive sport workshops, attended by 350 pupils from the 3rd and 4th years of primary school, have been organised. All of these activities have been rated very positively by teachers and pupils.

Diffusion of SPORTS AND PHYSICAL ACTIVITY on the communication media.

With respect to the communication media, La Xarxa de Comunicació Local's radio programme *EN JOC*, broadcast this year on Saturday evenings, has recounted 19 experiences related with school sports from around Catalonia.

AUDIOVISUAL KNOWLEDGE PILLS promoting PHYSICAL ACTIVITY at school

The Catalan Sports Council has produced 13 audiovisual knowledge pills that promote physical activity and health in school sport, each one dealing with a specific subject, that have been posted on the Secretariat-General for Sport's website, and which have had an average of 300 views each since they were posted.

10. Subsidies for Catalan sports federations for adapted sports.

Among the goals of the Secretariat-General for Sport, as stated in the single text of the Sports Act, is a general intent to foster, implement, disseminate, plan, execute, coordinate and provide guidance, in all those aspects where this may be necessary, for physical activity and sport around Catalonia, with the basic purpose of giving effect to all citizens' social right to develop and exercise their physical, intellectual and moral abilities, by means of a easy, free access to physical activity and knowledge and the practice of sport.

The Secretariat-General for Sport supports classification of sports on the basis of different levels of disability or impairment and provides assistance to the organisations that foster sports activities for these population groups. The practice of sports activities by people with disabilities is divided into the following federations:

Catalan Federation for the Blind and Visually Impaired, Catalan Sports Federation for People with Physical Disabilities, Catalan Sports Federation for the Mentally Challenged, Catalan Sports Federation for People with Cerebral Palsy, Catalan Federation for the Hearing Impaired.

The Catalan Sports Council provides subsidies to these federations to promote adapted sport. During 2015, the following allocation has been planned:

- Catalan Federation for the Blind and Visually Impaired, €38,078.
- Catalan Sports Federation for People with Physical Disabilities, €124,760.
- Catalan Sports Federation for the Mentally Challenged, €120,000.
- Catalan Sports Federation for People with Cerebral Palsy, €108,150.
- Catalan Federation for the Hearing Impaired, €54,390.

These subsidies provide support for general management, organisation of sports competitions, promotion of sport, federated entities and clubs, and the high performance of these population groups.

11. The Catalan Pentathlon Federation, together with the Hospital Sant Joan de Déu and the Catalan Sports Council, is developing a **programme to promote healthy habits among the overweight and obese population.**

Healthcare

OVERALL OBJECTIVE: Improve health through universal access to quality healthcare for all the population.

ACTIONS:

1. Prevention of suicidal behaviour with activation of the suicide code in high-risk individuals.

Action: Inter-ministerial programme led from the Mental Health and Addictions Master Plan, developed by the Ministries of Health, Social Welfare and Family, Business and Labour, and Justice.

Budget allocation: operating cost.

Description: During 2014, the Suicide Risk Code (CRS) has been implemented and the following actions have been carried out: definition of the care itinerary, action criteria, creation of the case register, drafting of the leaflet, presentation of the code and performance of the pilot test among 40% of the Catalan population.

The Suicide Risk Code is a protocolized set of preventive and care actions targeting people who have attempted to commit suicide or show a high risk of suicidal behaviour.

The CRS protocol is a care strategy that seeks to connect people identified as having a high suicide risk to the health services, so that they receive continuous care and the specific treatment indicated in each case.

Given that most people with suicidal behaviour suffer from mental disorders, it is important to guarantee proactive follow-up. Guaranteeing continuity of healthcare in the immediate post-attempt period, a critical transitional stage, is an essential part of the care process, since the risk of repeating the suicidal behaviour is particularly high during this period.

The Suicide Risk Code was implemented in a pilot test in June 2014 in the following territories, which have 40% of the population of Catalonia:

- Lleida Health Region.
- Camp de Tarragona Health Region.
- Vallès Occidental Est Sector.
- Barcelona city.

In June 2015, the Girona Health Region was included in the experience and meetings have been held with the health regions of Catalunya Central and Les Terres de l'Ebre, where it is expected to be rolled out in September 2015.

The activities undertaken to implement the CRS include:

- Preparation of the CRS protocol. Basic action criteria, drafted by a working group consisting of experts from the clinical field (1st version, May 2014).
- Presentation and consensus with the scientific societies (Academy of Medical Sciences, Catalan Society for Adult and Child Psychiatry, Catalan Society for Family and Community Medicine, Catalan Society for Medical Emergencies).
- Presentation and opinion of the Bioethics Committee of Catalonia.

- Cooperation with the Catalan Health Service's (CatSalut) Information Systems Management Office in drawing up a Case Register (Suicide Risk Monitoring Register), available on the CatSalut applications portal.
This same application also guarantees information transmission and e-mail messaging between the facilities involved in the CRS pilot phase.
At present, the following facilities are reporting to the CRS Case Register:
 - 12 referral hospitals with a psychiatry department in the pilot territories.
 - 32 adult mental health centres.
 - 21 child and youth mental health centres.
 - 5 day hospitals.
 - 2 EMSE teams (multidisciplinary team providing specialised support in mental health).
 - 061, CatSalut Respon (medical emergency number, information and advice).
- Meetings have been held with the health regions to present the protocol and to ensure coordination among all the agents involved in each territory.
- A resource map has been drawn up, coding the various supply units, in order to parameterize and define territorial flows.
- The register access data of the reporting professionals have been parameterized. As at 30 June 2015, a total of **866 professionals have been included**.
- Training sessions have been organised with territorial professionals and managers to agree on criteria, define the features to adapt the protocol to each territorial environment and how to use the computerised register.
- Training refresher sessions have also been held with the hospitals and with the professionals in the health centres who are involved in monitoring.
- Training given to the 061 professionals in assessing the risk of suicidal behaviour, both during initial care and during the follow-up phone call after 30 days.
- Training given to the professionals manning the suicide crisis line, and preferential referral circuit if the person accepts it.
- A leaflet has been written for people with suicidal tendencies, who are candidates for inclusion in the Suicide Risk Code.
- At present, the register's first year is being assessed with the intention of issuing a report.

Activity of the CRS Case Register (as at 30 June 2015):

A high variability is observed between hospitals in the number of cases registered, ranging from 339 cases at Parc Taulí (Sabadell) to 99 at Hospital Clínic (Barcelona), which suggests that the registration criteria are not consistent. Even so, the following data have been obtained:

- 1,215 people entered in the Register.
- 1,234 suicidal behaviour events registered.
- 1,056 hospital discharges registered (emergencies + acute care).
- 906 cases referred for post-discharge follow-up.
- 70% of the follow-ups at Mental Health Centres are correctly registered.
- 67% of the telephone follow-ups after 30 days are correctly registered.

Impact: Reduce the suicide risk and the number of deaths by suicide.

2. Implementation of rapid HIV tests in primary healthcare centres in priority areas.

Action: Ministry of Health action.

Budget allocation: operating cost.

Description: A working group has been formed to draw up an action protocol and other related documents (procedure flow, procedure manual, forms). The group consists of members from the Catalan Centre for Epidemiological Studies on Sexually Transmitted Infections and HIV/AIDS, the Catalan Society for Family and Community Medicine, the Catalan Association for Family and Community Nursing, the Barcelona International Health Research Centre and the Subdirector General for Epidemiological Surveillance and Public Health Emergency Response.

A number of selected centres have been contacted to carry out this pilot test and two meetings have been or will be held, one to explain the project and another more specific meeting with training content about HIV.

In December 2014, it was implemented in 27 primary care centres in El Baix Llobregat and it was planned to add centres in El Vallès Occidental and Barcelona city in January 2015. As of March 2015, it is operational in 120 pharmacies and 40 primary care centres.

It is planned to evaluate the results and draw up a report and some recommendations during the second quarter of 2015.

Beneficiaries: General population.

Impact: Improve the detection of HIV infections.

3. Promote community health through networking between public health and the healthcare system and citizens.

Action: Ministerial programme.

Ministries of Health and Social Welfare and Family, and local councils.

Budget allocation: operating cost.

Description: In 2014, a framework for cooperation between the territorial public health and primary care teams has been developed. Its most significant results include the community processes in the Basic Health Areas (ABS) of Manresa, Navàs and Sallent, the Diet and Physical Activity Project in the Ripollès, the Study of Community Health Needs in the ABS of Cervera, the Secondary Alcohol Consumption Prevention and Control Project in L'Alt Camp and La Conca de Barberà, the Child Obesity Prevention Project in Osona and El Baix Llobregat, the Health Diagnosis in the ABS of Premià de Mar, or the Community Smoking Prevention Projects (smoke-free environment) in Girona and El Vallès.

At the same time, the health promotion goals in the purchase of primary care services have been consolidated and the Framework for Cooperation between the ASPCAT and the Catalan Health Service has been defined. These actions have enabled public health services to be integrated in the healthcare and service provision model.

On an organisational level, work has been continued on developing territorial community health networks (Acting Together for Health – AUPA; Community Health Agents – ASACO; United for Health...) and in cross-cutting public health-primary care groups (Community Health Network of El Camp de Tarragona, stable public health groups in Barcelona, local health boards or committees...). The former are organisations run on a voluntary basis mostly by healthcare professionals who apply different work dynamics and systems (Community-focused Primary Care – APOC) and the latter are groups that have a more institutional status. Both structures are considered valid for promoting community health.

During 2015, work is continuing on:

1. Strengthening the ties between the two systems (primary care and public health) and continuing recruitment of other community stakeholders such as pharmacies, local councils,... Consolidating the projects that have already been started and commencing new community initiatives help in this task.
2. Encourage the development of community health activities by:
 - Defining a portfolio of community health services that contributes to including community activities in the official portfolio of primary care and public health services.
 - Including incentives in the variable part of the Catalan Health Service's contracts with healthcare service providers, through territorial agreements (existence of a community health leader in each Healthcare Management Area (AGA), a training programme and implementation of at least one community project).
 - Pilot the *AUPA Group's proposal for the development of community health in the Integrated Public Health System of Catalonia (SISCAT)* in several primary care teams.
3. Increase organisations' involvement and the availability of professionals, deploying, among other things, the structures of community health promotion services within the Secretariat for Public Health.

Integrating public health and community health in the healthcare model should contribute to fostering sustainable, excellence-based healthcare at the service of people and aimed at improving the health results (WHO Health 2020 objectives).

Cooperation between basic social services and primary healthcare.

Beneficiaries: General population.

Impact: Improve health by promoting community health.

Social policies

OVERALL OBJECTIVE:

Provide quality social services by seeking the most efficient solutions, improving equity and access, and responding to people's and communities' needs, while also giving priority to maintaining personal empowerment and social and community integration.

ACTIONS:

The main actions undertaken by the Government of Catalonia in this field include the following:

1. Action Plan Against Poverty and Social Exclusion in Catalonia 2015-2016

The Government of Catalonia has implemented this Action Plan Against Poverty and Social Exclusion in Catalonia 2015-2016 with the goal of combating the effects of the crisis on people's welfare and fighting against the increase in poverty.

The profound social changes and the financial crisis of recent years have changed the profiles and limits of vulnerability and social exclusion, while at the same time bringing to light the situations of exclusion and inequality that many people must endure.

Faced with the risk of an increasingly polarised, two-lane society, the Government of Catalonia is responding to the needs that are emerging in our society, aware of the complexity of the poverty phenomenon, seen as a problem that must be approached with measures that seek a balance between palliative and structural strategies, with cross-cutting interventions, and, above all, with actions that are coordinated with the other stakeholders, particularly local agents and third sector organisations.

The causes of poverty are multiple and complex. If they are to be addressed effectively, public policies, which have traditionally been segmented along thematic and sector lines, must take a more cross-functional approach that can encompass different fields of action, such as social services, employment, education, housing, health or justice and which puts the individual at the centre of attention. In this context, and within the framework of the strategic planning of government action, it became necessary to design and develop an instrument such as the Action Plan Against Poverty and Social Exclusion in Catalonia 2015-2016 in order to integrate, articulate, implement and assess public policies aimed at combating poverty and social exclusion in Catalonia.

On the other hand, the Europe 2020 strategy, approved in 2010, is conceived as the European Union's growth strategy, whose purpose is to create favourable conditions for a smarter, more sustainable and more inclusive type of growth, aimed at increasing employment, social and territorial cohesion. Thus, five key objectives have been determined that the European Union must attain by the end of the decade, in areas such as employment, education and social integration, and reducing poverty. In line with the Europe 2020 strategy and with the intent to respond to the multi-faceted nature of poverty and social exclusion and the phenomenon's distinctive features in Catalonia, the Plan is articulated around the following areas which give structure to the Plan's strategic impact:

Priority area: Poverty and social inclusion in childhood and adolescence.

General area 1: Coverage of basic needs.

General area 2: Employment.

General area 3: Housing.

General area 4: Relational and community sphere.

The Plan includes 165 immediate actions to address urgent situations but also other medium and long-term actions to address situations of structural poverty and foster personal self-reliance. Most are inter-ministerial and inter-sector actions and they are expected to impact on health and inequalities.

The document responds to the need for strategic planning in public policies, taking into account that they substantially reduce the risk of poverty.

The **budget** for carrying out the Plan is 1,066,311,880 euros for 2015.

2. Pact for Childhood in Catalonia

The Pact for Childhood is the national commitment to the welfare of children and teenagers in Catalonia. It is a social agreement, approved and signed by the main institutional, social and economic agents after an open, critical, participative process, to respond to the needs of children and teenagers, put them at the heart of public policies and give them voice and visibility as full citizens, here and now. In the words of the Pact: children are part of a country's assets, they are its present and will also be its future.

Its goal is to support integrative policies that take into account the world view of children and teenagers, enabling priority to be given to policies targeting these citizens and providing new spaces for building their present and future. It must offer a quantum leap in childhood policies, an ambitious project that must not only provide tools for protecting and caring for children in situations of risk or distress but must also include prevention measures, foster participation and promote children's and teenagers' rights, obligations and opportunities.

Comprehensive Care Plan for Children and Adolescents

Annex 2 of the Pact for Childhood stipulates that implementation of the Pact in Catalonia will be based on deployment of the Comprehensive Care Plan for Children and Adolescents in Catalonia.

This Plan applies an integrative approach, including policies for participation, promotion, prevention and protection of children and teenagers, and their rights, and a cross-cutting approach encompassing all public administrations through the National Childhood Council of Catalonia, the territorial childhood councils and the local childhood councils, which are collegiate bodies regulated by Decree 250/2013 concerning the National Council and the territorial and local childhood councils.

3. Improve collaboration between basic social services and primary healthcare.

Action: Inter-ministerial working group.

Ministries of Health and Social Welfare and Family.

Budget allocation: operating cost.

Description: Within the framework of primary care, health professionals often find themselves faced with social situations that require intervention by the most appropriate social resource. The goal of this PINSAP intervention is to increase local networking between social services and primary health care teams to improve the population's health/welfare.

Some years ago, protocols and instruments were developed in Ontario (Canada) to enable primary care professionals to address the situations of social need they see in their centres. During 2015, this action proposes to adapt these instruments to the Catalan context, so that they can be used as a tool for coordination between primary care and social services.

During 2015, a working group will be created, with professionals from the 2 areas and from public health. This group will be responsible for carrying out a literature search, exploring possible similar interventions in our country, translating/adapting the instruments and creating a protocol.

Beneficiaries: General population.

Impact: improve outreach in situations of health and social need.

4. Integrated practice from social and medical primary care.

Within the framework of the Inter-ministerial Social Health and Healthcare Services and Interaction Plan (PIAISS), the 'Integrated practice from social and medical primary care' project is being implemented with the goal of developing a truly integrated care scenario where professionals from both areas can work together in a more coordinated, planned manner. Thus, a series of territories with shared management systems at different levels were chosen to draw up functional integrated care plans that have provided the basis for drafting the functional implementation guide that will enable the integrated practice model to be extrapolated to all of Catalonia.

This guide summarises the basic integrated care process for people in a situation of complexity, specifying the criteria for identifying the nature of the complexity and emphasising interaction between professionals.

These pilot territories are the La Plana Municipal Association (Osona), El Penedès Regional Council, Vilafranca del Penedès Town Council, Vilanova i la Geltrú Town Council, Salt Town Council, Lleida City Council, Mataró Town Council, Reus Town Council and Sabadell Town Council.

5. Maintain and promote health as a core area in community development plans.

Action: Inter-ministerial programme.

Ministries of Health, Welfare and Family, and Education.

Budget allocation: operating cost.

Description: Being an active member of the community is associated with greater mental wellbeing and lower levels of depression and psychological disorders. The presence of social resources reduces the risk of cognitive deterioration as we grow old. Poverty and social exclusion have a negative impact on people's quality of life and increase the risk of suffering various diseases (such as diabetes, respiratory diseases and mental disorders, among others). Social isolation decreases mental capacity and reduces neuronal activity and the capacity for intellectual processing and decision making, and has an effect on mortality that is comparable to that of obesity or smoking.

Community health is the body of actions, facilities and services intended to improve the physical, psychological and social dimensions of community health, increasing the collective capacity to adapt positively to environmental change. Community health takes into account both the community's tangible elements and its non-tangible elements, such as its support systems, rules, cultural aspects, institutions, policies and beliefs.

The PINSAP supports inter-sector work to modify the social determinants of health. At local level, it is carried out within the framework of community action.

The Social Services promote the community development plans (PDCs) in 80 vulnerable neighbourhoods in Catalonia with the goal of improving the population's welfare. The goal of this PINSAP action is to increase networking between Social Services and Health in order to increase the number of PDCs in Catalonia that include a health dimension in their actions.

Approach:

A baseline measure is obtained of the actions of territorial PDCs, determining which have a health dimension and what it consists of, distilling from this a series of best practices and a manual about how to integrate the health dimension.

The material obtained will be used to train the PDCs' technical personnel on integrating a health dimension and increasing networking with Health.

The increase in PDCs with a health dimension will be measured after 2 years.

The requirement to integrate a health dimension will be included in the PDC programme contracts.

Beneficiaries: General population.

Impact: Improve integration of the health dimension in community development plans.

5.2. ACTIONS

Core area 2: Effectively include health as one of the mainstays of government policy

Salient actions in core area 2 include the **Health and Crisis Observatory** and the development of the 'Health Test'.

Health and Crisis Observatory

On 12 November 2013, the Government of Catalonia agreed to create an **observatory on the effects of the crisis on the population's health**, within the framework of the Catalan Health System Observatory. **This observatory's primary goal is to closely monitor the main health indicators (lifestyles, health services consumption, incidence of certain diseases) and analyse their evolution.**

To achieve this goal, the observatory on the effects of the crisis on the population's health focuses preferentially on the population in a situation of vulnerability who, for income, sex, age or education reasons, among others, are experiencing the effects of the economic crisis more intensely.



The first [report](#) of the effects on the health of the Catalan population was published in September 2014. The report highlights the role of the PINSAP in developing cross-cutting initiatives for health promotion and protection that address the health determinants and introduce the concept of 'health in all policies'.

The report has been based on the analysis of the social determinants of health that are related with the crisis: gross domestic product, unemployment and employment, inequalities in income levels, early school leaving, living conditions and housing; access to and use of health services: medical coverage, accessibility, medicine consumption, habits and lifestyles; and, lastly, the health indicators: mortality, perceived health, and mental health.

The report's results show a worsening of the Catalan population's socioeconomic condition, with an increase in unemployment and social inequalities, and worse living and housing conditions. It is now possible to see that the crisis is related with certain aspects of health, particularly mental health and in vulnerable groups, with certain effects on the use of and access to health services, such as waiting lists. Yet, as regards the general population, it has not affected the mortality or morbidity indicators studied. However, the experience of previous crises indicates that most of the

crisis-related health effects will probably become apparent in the medium and long term, and not so much in the short term.

During 2015, it is expected to continue monitoring health and, if possible, carry out specific studies to analyse the relationship between the changes in living conditions, access to health services and health, on one hand, and the economic crisis, on the other hand, particularly in the more vulnerable population groups. Accordingly, during 2015, it is planned to publish at least a couple of reports on the differences between territories and by inequality factors (sex, age, socioeconomic status and country of origin), and also on certain aspects where an immediate impact has been found, such as mental health. This information may be useful for guiding political responses to crises.

Health Test

Within the framework of the PINSAP, and following RESOLUTION 776/X. Plenary Session of the Parliament no. 39 of 17 September 2014 (published in the BOPC on 23.9.14) by which the Parliament of Catalonia urges the Government to promote application of the **'health test'** in all public policies that could impact on the population's state of health. As a direct undertaking by the Government to effectively implement the Inter-ministerial Public Health Plan, a Government Agreement was adopted concerning **actions to identify, monitor and address health determinants in the public policies that are the responsibility of the Government**. This Agreement was approved on 14 October 2014 and is currently being pilot tested.

6. The COMSalut project: territorial application of the PINSAP

The COMSalut project came into being in parallel but not independently of the PINSAP. In part, it is a development of the PINSAP within the health system that, obviously, could not operate in isolation from the PINSAP since the latter, being more general, encompasses it. The distinctive feature of this project is that it is concerned with a field for which the health authorities are directly responsible.

The origin of COMSalut

The starting point is, on one hand, the dynamic created within Catalan Health Service (CatSalut) with the purpose of developing primary and community care and, on the other hand, the work on the AUPA network (Acting Together for Health) carried out by the CAMFiC's (Catalan Society for Family and Community Medicine) APOC group (Community-focused Primary Care). The development of the PINSAP clearly shows the desirability of generating a bottom-up trend that stimulates community development.

The project started to exist formally with the Minister of Health's request to the AUPA network, the network's proposal document and the Minister's invitation to take part in the initiative with an initial strategy document.

Key aspects of the COMSalut project

- 1) The main purpose is to give effect to the reorientation of the health system advocated in the Ottawa Charter during the 1st International Conference on Health Promotion and, above all, to empower citizens to control the factors that determine their own health. Specifically: A) development of a health system with a true community focus, and B) contribution to health promotion and protection with—but not only with—the community.
- 2) Inclusion of a community perspective in all medical activities, producing a substantial change in the actions of the primary care teams and the health system's outpatient facilities in general. It is not so much a question of adding new activities as to stop doing those activities that do not add value or are not priority and develop a new portfolio of services with the community.
- 3) The basic agents are: The primary healthcare teams (EAP) and local public health (SP), open to local and autonomous government and civil society, with the support of: Secretariat for Public Health; Directorate-General for Health Planning and Research; Agency for Healthcare Quality and Assessment of Catalonia (AQUAS); Catalan Health Service (CatSalut) and healthcare service providers.
- 4) The Ministry of Health's demands from the basic agents are: institutional assumption, health leadership and contribution to community development.

- 5) The Ministry of Health's undertakings with the basic agents are: independence (shared with the other members of the project) in management and administration, adapted rules of play, capacity for redistributing resources, advice and training, among others.
- 6) A platform for the participation of local health facilities in the PINSAP's actions and in other community interventions is currently in progress.

COMSalut's relationship with the PINSAP

On one hand, it provides a suitable framework for developing the PINSAP actions that require more participation from health facilities and for analysing both the work's advantages and opportunities and its disadvantages and limitations, in the territory and in real-life conditions. In other words, materialisation and support for the 'Health in All Policies' initiative.

On the other hand, it will be easier for primary and community health care facilities (primary health care teams and local public health professionals) to develop the community dimension, with the active participation of the community and inter-sector development. In other words, materialisation of the reorientation of the health system advocated by the 1986 Ottawa Charter.

Goals pursued by COMSalut in the first phase

Between July and December 2015, the intention is to configure operationally the teams of basic agents (local EAP and SP) and with them:

- Present the project to the community.
- Map the local community assets.
- Maintain and improve, if applicable, the community interventions currently in progress.
- Define the local goals together with other sectors and the community.
- Implement a new community intervention for illustrative purposes for professionals and citizens.
- Design a community health services portfolio.
- Devise designs and evaluation procedures that enable supervision of the experience's start-up and its evaluation in the future, coordinated by AQUAS and with the participation of the basic agents.

Future prospects




Develop the Health Plan and the PINSAP in parallel with the intention of generalising application of the COMSalut.

Operate within CatSalut as a whole and, in particular, in the healthcare management areas (AGA).




Guarantee the project's feasibility and its gradual expansion.

7. Monitoring, assessment and accountability

PINSAP assessment indicators

Health and lifestyles				
Life expectancy (years)	2011	82,5	79,5	85,3
	2013	83,2	80,2	86,0
Healthy life expectancy (years)	2011	64,2	65,2	63,1
	2013	68,1	67,3	68,8
Perception of poor health	2012	17,2%	12,8%	21,6%
	2104	16,8%	14,7%	18,8%
Mortality (per 1,000 inhabitants)	2011	5,6	7,6	4,2
	2013	5,3	7,1	3,9
Avoidable mortality (per 100,000 inhabitants)	2011	68,5	94,2	43,4
	2013	65,8	90,1	42,2
Smoking (daily and occasional)	2012	28,5%	34,2%	22,9%
	2014	25,9%	31,8%	20,3%
High-risk alcohol consumption	2012	3,9%	6,0%	1,7%
	2014	4,5%	7,3%	1,7%
Overweight and obesity in adults	2012	49,0%	57,7%	40,1%
	2014	48,1%	55,5%	40,7%
Sedentary lifestyles in adults	2012	17,8%	16,4%	19,2%
	2014	22,2%	19,9%	24,4%
Psychological well-being	2011	58,4%	59,0%	57,8%
	2104	59,8%	58,3%	59,0%

Social determinants

				
Employed	2012	48.1%	52.6%	43.9%
	2014	50.2%	54.5%	46.0%
Unemployed	2012	22.6%	23.2%	22.1%
	2014	19.9%	20.2%	19.6%
Primary or no educational qualifications	2012	25.7%	–	–
	2014	15.8%	14.1%	17.5%
Annual income per household	2011	€ 26,418	–	–
	2013	€ 30,423	–	–
Annual income per person	2011	€ 10,101	–	–
	2013	€ 12,111	–	–
Risk of poverty	2011	19.1%	18.0%	20.3%
	2013	19.8%	20.7%	18.8%
People with a recognised disability	2012	490,134	239,726	250,408
	2013	513,858	252,437	261,421
Primary dwelling with heating	2011	68.0%	–	–
Primary dwelling in good condition	2011	91.1%	–	–
Job satisfaction (from 0 to 10)	2010	7.49	7.45	7.53
Job at risk or threatened	2010	3.5%	4.1%	2.7%
Air pollution (points exceeding pollution thresholds out of the total measuring points)	2012	9/138	–	–
	2103	3/138	–	–

8. Conclusions

The first year of implementation of the Inter-ministerial Public Health Plan has increased the effectiveness of inter-ministerial and inter-sector action on the social determinants of health and inequalities.

All of the prioritised actions are currently being deployed, to variable degrees depending on their complexity.

Although it has been deployed for just under a year, it has clearly catalysed and driven projects related with the five major challenges currently facing public health in Catalonia.

It has increased visibility of the health effects of the actions performed by the different ministries and different sectors of society. The various stakeholders' response and willingness to participate has been very encouraging.

This aligns with the strategic and operational lines set by international institutions, in particular, the World Health Organization.

9. Recommendations and next steps

Continue the deployment of activities and projects, systematically incorporating the 'health view', through the 'Health Test', in all of the Government's policies and actions.

Increase citizen participation. Include projects that originate directly from society (not just through organisations, panels and working groups, as until now).

Organise an international meeting within the framework of the World Health Organization with other countries that are implementing (or plan to implement) 'health in all policies' projects.

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Annex 1

List of actions with an impact on health or health determinants carried out by different ministries of the Government of Catalonia. 2014 - June 2015

Lead Ministry*	DOMAIN	PROGRAMME/ACTION	EXPECTED IMPACT	TARGET POPULATION	BUDGET
ARP	EMPLOYMENT	Rural Development Programme	4,200 jobs	young farmers	942 MILLION EUROS (drawn, 887 MILLION EUROS)
ARP	NUTRITION	Plan for Fruit and Vegetable Consumption at Schools	reduce obesity	294,000 schoolchildren	
		distribution of fruit			1.8 MILLION EUROS
		workshops, leaflets and information campaign			€280,000
ARP	NUTRITION	Financial support to improve beef quality	improve food quality		€1,413,698
ARP	NUTRITION	Financial support to improve milk quality	improve food quality		€167,793
ARP	ENVIRONMENT	Financial support for proper disposal of livestock waste	avoid water pollution	300 farms	3.3 MILLION EUROS
ARP	ENVIRONMENT	Rural BM project (support for installing biomass boilers)	reduce CO ₂ emissions by 42,600 t		€302,826
ARP	ENVIRONMENT	School, agriculture and organic food award	improve children's health and environmental education		€3,000
ARP	SOCIAL POLICIES	Subsidy for making and distributing fruit juice, using fruit withdrawn from the markets, to the most needy	improve the nutrition of the most needy groups		€140,000

* PRE: Ministry of the Presidency; GRI: Ministry of Governance and Institutional Relations; ECO: Ministry of Economy and Knowledge; ENS: Ministry of Education; SLT: Ministry of Health; INT: Ministry of Home Affairs; TES: Ministry of Territory and Sustainability; CLT: Ministry of Culture; ARP: Ministry of Agriculture, Livestock, Fisheries, Food and Natural Environment; EMO: Ministry of Business and Labour; BSF: Ministry of social Welfare and Family; JUS: Ministry of Justice

ARP	SOCIAL POLICIES	Food Assistance Plan for the Needy	improve the nutrition of the most needy groups	322,405 beneficiaries	11.6 MILLION EUROS (estimated value)
ARP	ENVIRONMENT	Improve the protection of residential estates against forest fires	fire prevention		1 MILLION EUROS
ARP	EMPLOYMENT	Initiatives for preserving biodiversity and facilitating access to the work world for people at risk of exclusion	employ people at risk of exclusion	more than 50 people at risk of exclusion	€450,000 (financial institution)
INT	ROAD SAFETY	Programme of road safety activities in Catalonia 2014	reduce mortality on the Catalan road network		€152, €453,000
INT	ROAD SAFETY and SOCIAL POLICIES	Intensify follow-up of road traffic casualties through the Road Traffic Casualty Care and Information Service (SIAVT)	improve the care of road traffic casualties	road traffic casualties	€70,000
INT, EMO	OCCUPATIONAL SAFETY	Training in road safety at work	reduce accidents during commuting	6,600 employees	Operating cost
INT	SOCIAL POLICIES	Integral Safety Plan for the Elderly	reduce accidents, abuse and social emergencies suffered by the elderly		
INT	OCCUPATIONAL SAFETY	A covenant to guarantee effective, safe interventions in the event of a nuclear emergency	improve the protection of fire-fighters in the event of an emergency	Catalan Fire Brigade	
INT	VIOLENCE	Intensify monitoring of the victims of sexist violence (reassessment of the risk)	reduce the risk of violence	victims of sexist violence	
INT	HEALTH SYSTEM	Improve accessibility of the emergency telephone number 112 for laryngectomised people	improve access to the emergency system	laryngectomised people	

BSF	SOCIAL POLICIES	<p>Actions within the framework of the Action Plan Against Poverty and Social Exclusion</p> <p>Priority area: Poverty and social inclusion in childhood and adolescence.</p> <p>General area 1: Coverage of basic needs.</p> <p>General area 2: Employment</p> <p>General area 3: Housing.</p> <p>General area 4: Relational and community sphere.</p>			
BSF	SOCIAL POLICIES	Places in schools open during school holidays	attend to the basic needs of disadvantaged groups	2,022 vulnerable children and young people	€1,033,154
BSF	SOCIAL POLICIES	<i>Menjar sa, tot és començar</i> (Eating Healthy: Never too late to start) workshop to promote healthy habits and distribute breakfast and afternoon snack	attend to the basic needs of disadvantaged groups	2,000 children aged 4 to 12	€54,460
BSF	SOCIAL POLICIES	<i>L'estiu és teu</i> (The summer is yours) grants to enrol in educational leisure programmes	contribute to improving opportunities for disadvantaged groups	1,200 boys and girls	€550,000
BSF	SOCIAL POLICIES	Leisure for vulnerable groups: play workshops and summer camps.	contribute to improving opportunities for vulnerable children and teenagers		1.7 MILLION EUROS (+ €600,000 through federations)
BSF	SOCIAL POLICIES	Subsidies to help families with children in a situation of vulnerability (financial support and services to cover food, hygiene, clothes, medicines, etc.)	cover the basic needs of vulnerable children and teenagers	26,400 children and teenagers (2014)	2.5 MILLION EUROS 2014 3 MILLION EUROS 2015
BSF	SOCIAL POLICIES	Social emergency aid: provision of funds to local authorities to cover the food, hygiene and clothing needs of children and young people in a situation of vulnerability	cover the basic needs of vulnerable children and teenagers	53,000 people (2014)	5.1 MILLION EUROS 2015

BSF	SOCIAL POLICIES	Extension of the linked financial benefits (PEV) to dependent people to pay for an approved place in a nursing home	facilitate access of dependent people to a nursing home	509 more people (people who are already receiving the benefit are not counted)	more than 2.2 MILLION EUROS
BSF	SOCIAL POLICIES	Subsidised construction of a new centre for people with cerebral palsy, integrating health and rehabilitation services	increase the number of places to care for people with cerebral palsy	45 residential places + 45 day care places + 60 occupational therapy places	
BSF	SOCIAL POLICIES	Grant to the municipal services that detect and provide primary care to women in a situation of sexist violence	improve support for women who are victims of sexist violence	7,569 women	
CLT	CULTURE, LEISURE, PHYSICAL ACTIVITY	The cultural amenities that are the responsibility of the Ministry of Culture (museums, libraries, etc.) encourage people's participation in cultural events. There is a considerable body of studies that have established a relationship between engaging in cultural activities and improved health.	facilitate access to culture	accessible to all the population	Operating cost
CLT	CULTURE, LEISURE, PHYSICAL ACTIVITY	Various cultural activities: <ul style="list-style-type: none"> - Supporting the work of disabled artists, with the goal of fostering social and professional inclusion through art. - Art therapy activities in various regions in the province of Lleida and the Pyrenees. - Activities in various hospitals. 	facilitate access to culture for people with disabilities and/or health problems	general population and people with disabilities and/or health problems	Operating cost
SLT/CLT	CULTURE, LEISURE, PHYSICAL ACTIVITY	Lecture series: <i>Lletres i salut</i> (Words and Health), a programme developed in cooperation by the Public Health Agency of Catalonia and the Institute of Catalan Literature	facilitate access to culture	General	€4,000

CLT, TES	ENVIRONMENT	An emblem to promote the eco-efficiency and environmental sustainability of cultural amenities.	promote improvement of environmental quality	General	€40,000
BSF, CLT	CULTURE, LEISURE, PHYSICAL ACTIVITY	<i>Apropa Cultura</i> social inclusion programme, targeting centres that work with people in a situation of discrimination and risk of social exclusion (led by the Barcelona Auditorium).	facilitate access to culture for groups at risk of exclusion	11,000 people at risk of exclusion	
SLT/CLT	CULTURE, LEISURE, PHYSICAL ACTIVITY	Machine programme. Using the public libraries that voluntarily wish to take part, cooperation in installing condom vending machines.	prevent sexually transmitted infections and unwanted pregnancies by providing access to condoms for young people at a price lower than the usual retail price, while also creating an awareness of the need to use them.	youth	
JUS, SLT	HEALTH SYSTEM	Integration of the penitentiary health services in the public health system.	guarantee equity to the inmate population	15,961 different inmates (2014)	Transferred from JUS to SLT €14.8 M Chap.1 €6.8 M Chap.2
JUS	SOCIAL POLICIES	Reduction in prison occupancy, with the goal of attaining an occupancy of 2 inmates per cell within 2 years.	improve the conditions of the inmate population	15,961 different inmates (2014)	11.5 MILLION EUROS
JUS	SOCIAL POLICIES	Facilitate work insertion of prison inmates and young offenders by creating jobs adapted to these people's needs.	improve the conditions of the inmate population	15,961 adult inmates and 5,611 youth inmates (2014)	

JUS	SOCIAL POLICIES	Vocational training for employment and ongoing training related with the CIRE's (Initiatives Centre for Reinsertion) activity.	improve the conditions of the inmate population	30,951 inmates (2014)	€192,567
JUS	SOCIAL POLICIES	The CIRE's Job Bank	improve the conditions of people at risk of social exclusion	3,068 inmates (2014)	€920,963
JUS	SOCIAL POLICIES	Third sector support and mentoring programmes for reinsertion and rehabilitation of people at risk of social exclusion (adult prison inmates, young people and people with alternative penal measures).	improve the conditions of people at risk of social exclusion	15,961 adult inmates and 5,611 youth inmates (2014)	2.8 MILLION EUROS
JUS	SOCIAL POLICIES	Offer integral care to all people who have been or consider themselves victims of a crime or offence, and coordinate the protective measures ordered by the court.	improve the conditions of people at risk of social exclusion	7,767	Structural cost
GRI	NUTRITION AND PHYSICAL ACTIVITY	<i>Fem salut</i> (Let's be healthy) campaign to foster healthy habits within the Catalan public administration.	improve the eating habits and physical activity of Catalan Government employees	Civil servants	
GRI	OCCUPATIONAL HEALTH	Protocol for psychological harassment and other types of discrimination within the Catalan public administration.	prevention of occupational hazards within the Catalan public administration	Civil servants	
ENS	EDUCATION	Paediatric report as a measure for preventing learning disorders.	improve equal opportunities for all pupils from the time they start school	10,000 children	

ENS	EDUCATION	Increase in the number of post-compulsory education places (after 16 years of age)	increase the population of 16-year-olds who continue studying	4,000 people	young	
ENS	EDUCATION	Dual vocational training, with part of the learning taking place in a work setting.	improve young people's education and work insertion opportunities	3,700 people	young	
ENS	EDUCATION	Training and insertion programmes for pupils who have completed compulsory secondary education without graduating.	improve young people's education and work insertion opportunities	7,000 people	young aged 16 to 21	
ENS	EDUCATION	<i>Ofensiva de país a favor de l'èxit escolar</i> (Country-wide Offensive for Scholastic Victory) 2012-2018 plan	increase the suitability rate by 4.4%	63,000 pupils	aged 16	
ENS	EDUCATION	Increase the number of places available in infant school and compulsory education cycles	increase of 3,515 places	children and young people	aged 3 to 16	
ENS	EDUCATION	Increase the Ministry of Education's budget by more than €285 M.	improve education for children and young people	children and young people	aged 3 to 16	+285 MILLION EUROS (increase)
ENS	SOCIAL POLICIES	Subsidised school meals for pupils with social needs.	guarantee food for children in a situation of risk	69,000 schoolchildren	per year	108 MILLION EUROS
ENS	SOCIAL POLICIES	Subsidies for social initiative nursery schools	improve equal opportunities in access to education	children	aged 0 to 3	3 MILLION EUROS
ENS	SOCIAL POLICIES	Subsidies for subsidised private schools in disadvantaged neighbourhoods.	improve equal opportunity in disadvantaged groups' access to education			6 MILLION EUROS

EMO	SOCIAL POLICIES	Energy Solidarity Fund to help families in a situation of economic vulnerability to pay for basic utility supplies.	improve the conditions of the population at risk of exclusion	people in a situation of economic vulnerability that meet certain criteria.	40 MILLION EUROS
EMO	SOCIAL POLICIES	Youth Guarantee Promoter Network: 76 young people have been hired to promote the Youth Guarantee plan among the young people who are entitled to it.	reduce youth unemployment	young people in unemployment (75,000 as at June 2014)	2.4 MILLION EUROS
EMO	EMPLOYMENT	<i>Treball i Formació</i> (Work and Training) programme to foster training actions and the recruitment of long-term unemployed people.	reduce unemployment by 2,000 people who have exhausted all the unemployment benefits	about 2000 unemployed people, most of them older than 30, who have exhausted all the unemployment benefits	18 MILLION EUROS
EMO	EMPLOYMENT	Financial support for the social and work integration of people at risk of social exclusion in occupational insertion companies.	social and work integration of people at risk of social exclusion	unemployed people at risk of social exclusion	2.7 MILLION EUROS
EMO	EMPLOYMENT	<i>Joves per l'Ocupació</i> (Young people for Work) programme.	reduce youth unemployment	unskilled unemployed young people aged 16 to 24	11 MILLION EUROS 2014 4 MILLION EUROS 2015
EMO	EMPLOYMENT	Grants for carrying out work insertion guidance and mentoring actions for unemployed people.	reduce unemployment	16,000 unemployed people	5 MILLION EUROS
EMO	EMPLOYMENT	Intensive job search network.	reduce unemployment	34,000 unemployed people	1.8 MILLION EUROS 2015

EMO	EMPLOYMENT	<i>Treball als Barris</i> (Work in the Neighbourhoods) programme, which addresses unemployed people at risk of social exclusion in neighbourhoods with particularly acute unemployment problems.	reduce unemployment	14,000 unemployed people	23.4 MILLION EUROS 2015
EMO	EMPLOYMENT	<i>Aprenent i treballant</i> (Learning and Working) programme targeting unskilled unemployed people aged 16 to 30, enabling them to combine training and paid work.	reduce unemployment youth	250 unemployed young people aged 18 to 30	€700,000
EMO	EMPLOYMENT	<i>Forma i Insereix</i> (Train and Find Work) programme targeting unemployed people, particularly those under 30 with difficulties in finding work or who have exhausted their unemployment benefits. These are subsidies to companies or training centres which undertake to provide jobs for at least 60% of the pupils.	work insertion of 1,200 people	2,000 unemployed people	4 MILLION EUROS
EMO	OCCUPATIONAL HEALTH	Campaign on the risk of falls on a horizontal level (slips and trips) at the workplace	reduce accidents workplace	804,641 people working in food, metallurgy, health, hospitality and sales	
EMO	EMPLOYMENT	Mature Assets Project: a specific programme to combat unemployment among people aged over 45.	reduce unemployment among people aged over 45	30,000 unemployed people aged over 45	50 MILLION EUROS

TES	ENVIRONMENT	Grants related with the Air Quality Improvement Action Plan			
		Grants for modal change and modes of transport			8 MILLION EUROS
		MOVELE programme for buying electric vehicles			7 MILLION EUROS
		Purchase of low-emission taxis			€150,000
		PIVE 7 incentives for efficient vehicles			
		PIMA Aire 4, commercial vehicles with less environmental impact			
		Discounts at tolls for low-emission vehicles			
TES	ENVIRONMENT	Increased budget allocated to air quality monitoring and pollution prevention.			increase from 2 MILLION EUROS to 4 MILLION EUROS
TES	ENVIRONMENT	Subsidies for environmental education and awareness projects.			€575,000
TES	HOUSING	Right to Housing Plan 2013-2016	reduce the population at risk of exclusion due to loss of their home.	210,000 families in 4 years	109 MILLION EUROS in 4 years
TES	ROAD SAFETY	Maintenance of the road network	reduce traffic accidents		17 MILLION EUROS
TES	ROAD SAFETY	Road safety improvement strategy	reduce traffic accidents		50 MILLION EUROS
TES	SOCIAL POLICIES	Reduced water rates by means of the subsidy scheme or phased rollout.	guarantee basic water needs for the most disadvantaged population	335,000 families obtain reduced rates	
TES	HEALTH SYSTEM	Installation of defibrillators in different parts of the FGC network	improve response time in emergency care		

BSF	SOCIAL POLICIES	Map of social services: compilation of different ministries' policies	reduce inequalities and situations of risk		41.381 BILLION EUROS (2014)
		financial support		3.1 million beneficiaries	27.657 BILLION EUROS
		services		7.3 million beneficiaries	13.724 BILLION EUROS
EMO	EMPLOYMENT	GOVERNMENT - EMPLOYERS' ASSOCIATIONS - TRADE UNIONS AGREEMENT 2014 crash plan with urgent measures to palliate the crisis' effects on employment, people's welfare and the survival of the corporate fabric.	reduce the crisis' impact on health		more than 500 MILLION EUROS
EMO	EMPLOYMENT	GOVERNMENT - PROVINCIAL COUNCILS AGREEMENT to foster job creation (employment plans)	reduce unemployment	forecast that about 18,500 people obtain an employment contract	140 MILLION EUROS
EMO	EMPLOYMENT	On job intermediation to increase the opportunities for finding a job for unemployed people with work insertion difficulties.	reduce unemployment	it is planned to help about 10,000 unemployed people	3.561 BILLION EUROS from the PGEs
ENS		Social fund drawn from the 2015 budget - Education: subsidised school meals, inclusive schooling, school transport.			28 MILLION EUROS
		Social fund drawn from the 2015 budget - Social Welfare and Family: places in nursing homes for people with disabilities, PEV, energy poverty, etc.			31 MILLION EUROS
		Social fund drawn from the 2015 budget - Territory and Sustainability: 6 million euros			6 MILLION EUROS

		(evictions)			
		social fund drawn from the 2015 budget - Business and Labour: RMI, employment programme for RMI beneficiaries, work insertion of disabled people, CET, etc.			23 MILLION EUROS
BSF, SLT, GOV	ENS, PRE, SLT	VIOLENCE	Inter-ministerial protocol on outreach and prevention of female genital mutilation.	reduce the cases of mutilation	
		HEALTHCARE	Contribution by the Catalan Government to refurbishing Hospital Val d'Aran and opening a second operating theatre.	improve isolated populations' access to health services	population of Val d'Aran €800,000
ENS		EDUCATION	Provision of resources to municipal nursery schools.	improve equal opportunities	population aged 0 to 3 34 MILLION EUROS
EMO		EMPLOYMENT	Youth Guarantee plan to offer a job, apprenticeship or training to young people who have been unemployed for 4 months or more. Training in languages and ICT has begun.	reduce youth unemployment	300,000 young people 2015-2020 5,000 young people in 2015 240 MILLION EUROS in 7 years (own resources + European Social Fund) 4.5 MILLION EUROS in 2015
PRE		PHYSICAL ACTIVITY	The school sports programmes developed by the Government of Catalonia, through the Catalan Sports Council and the sports councils. Subsidies provided to sports councils. Catalan School Games and the Catalan Sports at School Plan.	foster regular practice of physical and sports activities and the acquisition of healthy habits that help improve individual and collective wellbeing.	538,000 participants in school sports 3.2 MILLION EUROS in 2015

PRE	PHYSICAL ACTIVITY	Federated sports programmes, through the Catalan sports federations. Subsidies provided to Catalan sports federations.	foster regular practice of physical and sports activities and the acquisition of healthy habits that help improve individual and collective wellbeing.	600,000 federated sport licenses	6.5 MILLION EUROS in 2015
PRE	PHYSICAL ACTIVITY	Call for subsidies for the replacement, refurbishing or improvement of sports facilities, such as activity areas in natural or urban environments.	guarantee basic needs in sports facilities		1.5 MILLION EUROS in 2015
PRE	PHYSICAL ACTIVITY	Announcement of the procedure for obtaining grants for performing research work in the field of sport science.	performance of research work in the field of sport science		€60,000 in 2015

Annex 2

Inter-ministerial public health plan | PINSAP |

List of actions 2014 - 2015

CIS 31.01.2014

Core area 1: Increase the Catalan population's years of good health (promote a healthier Catalonia)

Domain	Inter-ministerial and inter-sector areas of action	Ministries involved*	Challenge PINSAP	Target Group ¹
1. Mobility	1.1. Promote active mobility (walking—roadside footpaths, school routes; cycling—cycle lanes, community bicycle services, greenway; etc.) both as part of daily activities and as a leisure activity. Integrate the concepts of health and safety in mobility plans and design.	TES/INT/ SLT/PRE	Country	G E
2. Nutrition	2.1. Increase the availability of healthy food, promoting the choice of fruit in meals served at catering establishments.	ARP/ SLT	Country/weight	G
	2.2. Promote health quality as criterion of the prestige of food produced in Catalonia and aimed at the international market.	ARP/SLT/ ECO/EMO	Country	G EM
	2.3. Promote the prevention of eating disorders in children, establishing the protocol for the coordinated action of Social Services, and the Ministries of Education and Health.	BSF/ENS/ SLT	Country/weight	C
	2.4. Increase access to a healthy, Mediterranean diet in work canteens, through the AMED project, giving priority to those belonging to the health system (SISCAT).	SLT/EMO	Country/weight	EM
3. Environment	3.1. Improve and monitor air quality, and reduce emissions derived from the transportation of people and goods and from industrial and energy generation activities.	TES/SLT	Country	G C / P
4. Employment	4.1. Improve the health of the employed population through the creation of a health promotion corporate brand and its consideration in public sector contracts.	EMO/SLT/ ECO/PRE	Country	EM

¹ Target Group: **C** Children **Y** Youth **E** Elderly **W** Women **P** Pregnant women **U** Unemployed **EM** Employed **G** General Population

* PRE: Ministry of the Presidency; GRI: Ministry of Governance and Institutional Relations; ECO: Ministry of Economy and Knowledge; ENS: Ministry of Education; SLT: Ministry of Health; INT: Ministry of Home Affairs; TES: Ministry of Territory and Sustainability; CLT: Ministry of Culture; ARP: Ministry of Agriculture, Livestock, Fisheries, Food and Natural Environment; EMO: Ministry of Business and Labour; BSF: Ministry of social Welfare and Family; JUS: Ministry of Justice

Domain	Inter-ministerial and inter-sector areas of action	Ministries involved*	Challenge PINSAP	Target Group ¹
	4.2. Prevent and improve health problems through coordinated intensive action by the employment, health and social services, in areas with high unemployment levels.	EMO/SLT/BSF	Mental health	U
5. Urban planning and housing	5.1 Incorporate the health value into the assessment of housing benefits in situations of severe financial and social hardship and other cases with special needs.	TES/BSF/SLT/ECO	Country/ Mental health	U E/C
	5.2. Improve health-promoting conditions in building restoration projects and new buildings (stairs as a priority option, lifts, and heat and noise insulation and climate control). Priority action in public buildings.	TES/SLT/GOV	Country	G E
6. Education	6.1. Opening school playgrounds to the community (promoting local education plans).	ENS/BSF/PRE/SLT	Country Weight	C/Y/G
7. Culture and leisure	7.1. Use information and communication technologies (ICT) in the prevention of sexually transmitted diseases in young people.	SLT/BSF/ENS	Infections	Y
	7.2. Prevent and reduce risks (consumption of alcohol and other drugs, non-toxic addictions) and promote health in young people via social networks and community programmes. Correct and safe use of ICT and social media among young people, encouraging people to report cases of cyber bullying.	SLT/BSF/ENS/CLT	Addictions	Y
	7.3. Fitjove. Encourage the practice of sport to promote health in adolescents at risk.	PRE/SLT/ENS	Addictions	Y
	7.4. Monitor and control new forms of consumption, especially tobacco-related products: electronic cigarettes	SLT/INT/JUS	Addictions	G Y
	7.5. Promote participation in cultural activities. Implementation of programmes such as <i>Lletres i salut</i> (Words and Health). Promoting reading and reflection in health, community and cultural centres on subjects related with self-care, health promotion, coping with disease, death, etc.	CLT/SLT/ECO/ENS	Mental health	G

Domain	Inter-ministerial and inter-sector areas of action	Ministries involved*	Challenge PINSAP	Target Group ¹
	7.6. <i>Salut: tu pots decidir</i> (Health: you decide). An informative health education campaign to help citizens make informed decisions to benefit their health.	SLT/CLT/ EMO/PRE	Global	G
	7.7. Programme prescribing social and cultural activities in vulnerable individuals.	SLT/BSF/ CLT	Mental health	G E
8. Health system	8.1. Prevention of suicidal behaviour with activation of the suicide code in high-risk individuals.	SLT/BSF/ EMO/JUS	Mental health	U
	8.2. Implementation of quick HIV tests in primary healthcare centres in priority areas	SLT/BSF	Infections	Y
	8.3. Promote community health through networking between public health and the healthcare system and citizens, and include community health activities in the services portfolios, particularly those most closely related with the operational integration of healthcare and public health actions.	SLT/BSF/ ENS	Global	G E
9. Social policies	9.1. Improve collaboration between basic social services and primary healthcare.	BSF/SLT	Mental health	G E
	9.2. Maintain and promote health as a core working area in the community development plans.	BSF/SLT/ ENS	Global	G
10. Cross-functional	10.1. Help preserve mental health through the promotion of the protection and promotion of community health in vulnerable individuals.	BSF/SLT/ ENS/EMO/ JUS	Mental health	U

Core area 2: Incorporate the health vision in the design and evaluation of public policies

Domain	Inter-ministerial and inter-sector areas of action	Ministries involved*	PINSAP challenge	Target Group ²	Relationship with others
1. Incorporation of health into decision making	1.1. Incorporate the perspective of health and equity into the design of public policies: assessment of the impact the Government's main actions and agreements have on health	The whole Government	Global	C/Y/G	1-10
2. Data and research	2.1. Optimise the use of the data available in the different ministries of the Government of Catalonia and the related institutions in order to study the impact of the policies and actions on health, and to promote the transparency and visibility of the data.	ECO / The whole Government	Global	G	1-10
	2.2. Monitor the effects of the economic crisis on health through the Health and Crisis Observatory, focusing particularly on inequalities and proposing interventions .	SLT/ECO/BSF	Global	U/W/E/Y	1-10
	2.3. Promote research into health in all policies and an assessment of the impact of the policies and actions on health.	ECO/SLT	Global	G	1-10
3. Inter-sector and inter-administrative commitment	3.1. Promote collaboration between administrations, especially with the local authorities, and different sectors.	The whole Government	Global	G	1-10

² Target Group: **C** Children **Y** Youth **E** Elderly **W** Women **P** Pregnant women **U** Unemployed **EM** Employed **G** General Population

* PRE: Ministry of the Presidency; GRI: Ministry of Governance and Institutional Relations; ECO: Ministry of Economy and Knowledge; ENS: Ministry of Education; SLT: Ministry of Health; INT: Ministry of Home Affairs; TES: Ministry of Territory and Sustainability; CLT: Ministry of Culture; ARP: Ministry of Agriculture, Livestock, Fisheries, Food and Natural Environment; EMO: Ministry of Business and Labour; BSF: Ministry of social Welfare and Family; JUS: Ministry of Justice

4. Commitment to the community	4.1. Promote community participation.	The whole Government	Global	G	1-10
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Annex 3 – Health Test

Health Test

Proposal made by the Ministry of Health (Secretariat for Public Health, Directorate-General for Health Planning and Research and Agency for Healthcare Quality and Assessment of Catalonia (AQUAS))

Barcelona, 10 December 2014

People's health is determined by a series of factors such as biological factors, lifestyles, health services but also by social and community networks, living conditions (education, work, housing, ...) and factors related with the general (socioeconomic, cultural and environmental) context. Irrespective of countries' level of income, health and illness have a social dimension that links the socioeconomic situation to the state of health. 80% of the determinants of health are outside the health system; in fact, according to the studies, health services only contribute a potential 11% to the reduction in mortality.

Using the theoretical framework provided by the health determinants, on 18 February 2014, by means of a Government Agreement, the Government of Catalonia approved the creation of the Inter-ministerial public health plan (PINSAP), a pioneering initiative that gathers together interdisciplinary, cross-cutting lines of action for addressing health problems through the coordination of actions that impact on the population's health and which are the responsibility of different ministries. In the first phase of deployment of the PINSAP, priority has been given to actions that decrease the health inequalities that are basically caused by the health determinants. The PINSAP's actions are grouped in two core areas of action, one of which is to incorporate the health vision in the design and evaluation of public policies. In this core area, one of the actions that has been agreed is to incorporate the health and equity perspective in the design of public policies by means of the health impact assessment.

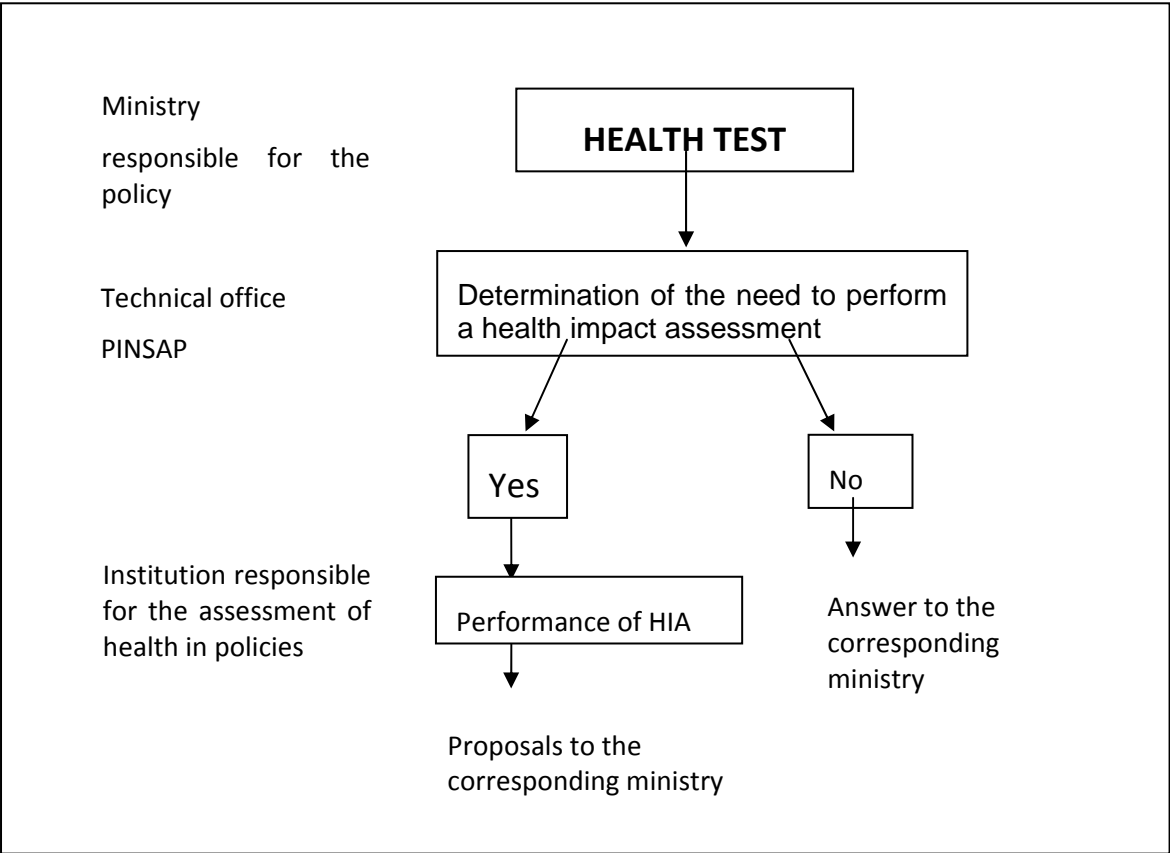
To help move deployment forward, on 14 October 2014, a Government Agreement was approved to:

- Promote inter-ministerial action and with the local world, within the framework of the PINSAP, and develop tools, such as the **"Health Test"**, to identify and evaluate the impact of the public policies that are the responsibility of the Catalan Government on the population's state of health, and design strategies for addressing the health determinants.

In this document, a preliminary formulation of the 'Health Test' is proposed, based on the Spanish Ministry of Health, Social Services and Equality's document *'Development of a screening tool for the Health Impact Assessment (HIA) of National Policies'*, drafted within the framework of the Equity Action Project, and the document *'Screening Tool for the HIA of public sector-based policies 2014'*, developed for the Basque Government's Health Survey (OSAGIN), with the idea of performing a preliminary test of an initial set of 5-10 public policies before being proposed for routine use.

The **Health Test** is intended as a self-assessment instrument for use by the ministry proposing the policy. The information collected in the instrument will be sent electronically to the PINSAP's technical office. This office will assess the necessity or otherwise of carrying out a health impact assessment (HIA) and the best way to do it, cooperating with the institutions that are responsible for the evaluation of public policies that are affiliated to the Catalan Government's various ministries.

The PINSAP's technical office will return its assessment of the specific need or not to perform a health impact assessment (HIA) within a maximum of 2 weeks, and, if it is considered necessary, a specific proposal will be made as to how it should be carried out.



Health Test

Policy name	
Originating unit	
Originating ministry or institution	
Person in charge	
Current state of development 1. Design and formulation 2. Approval 3. Execution 4. Assessment and reformulation	
In the policy's current state of development: 1. Is it possible to make major changes? 2. Is it possible to make minor changes?	
Person completing the test (name, organisation, workplace)	
Date test performed	
Date policy drafted	

General data

1- Overall objectives:	
2- Rationale:	

3. Type of policy: a. Regulatory policies <ol style="list-style-type: none"> 1. Law 2. Decree 3. Order 4. Budgets b. Non-regulatory policies <ol style="list-style-type: none"> 1. Strategy 2. Plan 3. Programme 4. Other 	
4- Does development of the policy imply any social participation mechanism? If YES. What type of participation? <ol style="list-style-type: none"> 1. Informative 2. Consultative 3. Participative 4. Collaborative 5. Empowerment 	
5. If YES. In what stages of the policy development process is the social participation included? <ol style="list-style-type: none"> 1. Design 2. Implementation 3. Assessment 	
6. Is the policy being developed within one of the PINSAP's priority domains: <ol style="list-style-type: none"> 1. Mobility 2. Nutrition 3. Environment 4. Employment 5. Urban planning and housing 6. Education 7. Culture, leisure and physical activity 8. Health system 9. Social policies 10. Vulnerable population groups, children, the elderly 11. Community health 12. Inter-sector work 13. Research 14. Assessment of impact 	

<p>7. Does development of the policy include an inter-sector action? If YES. What type of action?</p> <ul style="list-style-type: none"> 1- Information 2- Cooperation 3- Coordination 4- Integration 5- Health in all policies 	
<p>8. If YES. In what stages of the policy development process is the inter-sector action included?</p> <ul style="list-style-type: none"> 1- Design 2- Implementation 3- Assessment 	
<p>9. Population affected by the policy</p> <ul style="list-style-type: none"> 1. Universal 2. Selective 	
<p>10. If the population affected by the policy is selective, which population groups could be affected?</p> <ul style="list-style-type: none"> 1- Children (0-12) 2- Teenagers (13-17) 3- Young people (18-30) 4- Adults (31-64) 5- Elderly (>65) 6- Women 7- Immigrant population 8- Racial minorities (please specify) 9- People with a low level of education 10- People with a low socioeconomic level 11- Unemployed people 12- Homeless people 13- People with functional diversity (physical and/or mental) 14- People based on their sexual orientation 15- Institutionalised population 16- Dependent people and caregivers 17- People with chronic illnesses 	

Impact on health determinants

Health determinants	The policy's potential impact on these determinants	Population groups that are particularly affected by it
	Impact: Unknown or not clear (U/NC) Positive, 3 grades: (+) (++) (+++) Neutral effect (0) Negative, 3 grades: (-) (--) (---)	(use classification item 10)
Intermediate determinants		
Material circumstances		
Housing conditions		
Neighbourhood conditions		
Environmental conditions: 1- Green zones 2- Air quality 3- Energy 4- Air quality 5- Noise		
Access to the purchase of basic necessities		
Public transport		
Physical working conditions		
Psychosocial factors		
Psychosocial stress		
Public safety		
Social support and networks		
Reconciliation of family and work life		
Lifestyles		
Healthy diet		
Physical activity		
Smoking		
Alcohol consumption		
Consumption of other drugs		
Safe sexual practices		
Health system		

Availability of the health system's services		
Accessibility to the health system's services		
Acceptability of the health system's services		
Social cohesion		
Structural determinants		
Socioeconomic and political context		
Governance		
Macroeconomic policies		
Employment policies		
Social policies		
Health policies		
Education policies		
Culture, standards and social values		
Socioeconomic position		
Education		
Employment		
Income		
Gender		
Race		

Is there any real possibility of making changes to the intervention before its implementation?

Yes

No

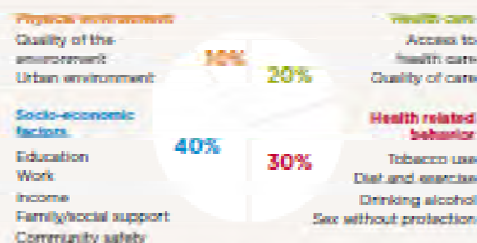
Doubtful

If you have any queries or questions, please contact pinsap.salut@gencat.cat

Annex 4 – Infographic

Building Health

80% of the determinants of health do not depend on the health care system



Adapted from the County Health Rankings model of the Population Health Institute, University of Wisconsin, 2010.

Main achievements of the PINSAP

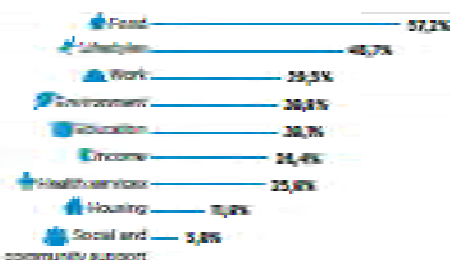
Stabilization of weight gain
35,000 cases of inoculable diseases avoided
200,000 fewer smokers
Electronic cigarette consumption halted
Actions in all sectors
Government-wide engagement

ONE YEAR OF PINSAP



How does the the population rate factors that determine our health?

Census Survey 2014-2, Generalitat of Catalonia)



Health depends largely on our daily life and immediate surroundings

"I would like to highlight the leadership function undertaken by Catalonia to act within all levels of Government to improve health standards for the entire population"

Artur Mas
President of the Government of Catalonia

"The PINSAP fully aligns with the strategies proposed by the WHO with respect to Health in all Policies"

Dr. Ferran Sureda
WHO Regional Director for Europe

"I would like to encourage you to continue developing the PINSAP and I invite you to work with us by sharing your experience within the framework of the WHO"

Dr. Maria Neira
WHO Director, Department of Public Health, Environmental and Social Determinants of Health

PINSAP
Pla Interdepartamental
de salut pública

Generalitat
de Catalunya

People and communities empowered and protagonists of their own health.



Health promoting environments that facilitate healthier options.

DL 18/1919-2010



salutpublica.gencat.cat

Goals pursued by the PINSAP

Increase the number of years in good health of the population of Catalonia

Effectively include health as one of the mainstays of government policy

Work for a healthier Catalonia through interministerial and intersectoral action.

Assess the health impact of all policies.



Zuzanna Jakab, WHO Regional Director for Europe, Artur Mas, President of the Government of Catalonia, and Bo Ruiz, Minister of Health. Presentation of the PINSAP on February 14, 2014.

Health in all policies

The PINSAP (Interministerial Public Health Plan) brings together and enhances all the actions carried out by the Government and by society that have an impact on health by acting on their determinants.






- Strategic international priority (WHO) accepted by the Parliament of Catalonia in its entirety.
- Governance tool led by the Ministry of Health and aligned with the Health plan.
- Developed with input from all the ministries and 42 organizations.






Adapted by the Inter-ministerial Health Commission from the Dahlgren and Whitehead's model of the social determinants of health.



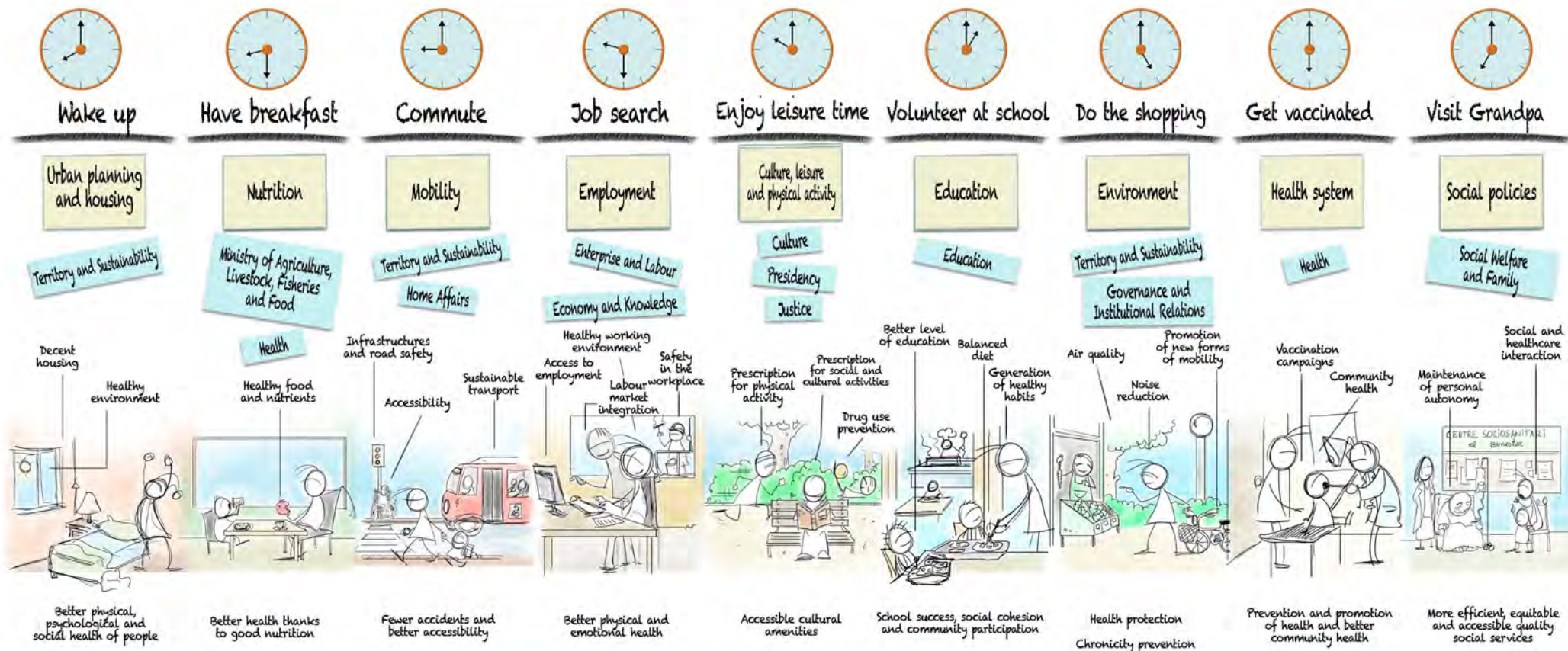
General Indicators

Health and lifestyles				
Life expectancy (years)	2011	82,5	79,5	85,3
	2013	83,2	80,2	86,0
Healthy life expectancy (years)	2011	64,2	65,2	63,1
	2013	68,1	67,3	68,8
Perception of poor health	2012	17,2%	12,8%	21,6%
	2014	16,8%	14,7%	18,8%
Mortality (per 1,000 inhabitants)	2011	5,6	7,6	4,2
	2013	5,3	7,1	3,9
Avoidable mortality (per 100,000 inhabitants)	2011	68,5	94,2	43,4
	2013	65,8	90,1	42,2
Smoking (daily and occasional)	2012	28,5%	34,2%	22,9%
	2014	25,9%	31,8%	20,3%
High-risk alcohol consumption	2012	3,9%	6,0%	1,7%
	2014	4,5%	7,3%	1,7%
Overweight and obesity in adults	2012	49,0%	57,7%	40,0%
	2014	48,1%	55,5%	40,7%
Sedentary lifestyles in adults	2012	17,9%	16,4%	19,2%
	2014	22,2%	19,9%	24,4%
Psychological well-being	2011	58,4%	59,0%	57,8%
	2014	59,8%	58,3%	59,0%

Social determinants				
Employed	2012	48,1%	52,6%	43,9%
	2014	50,2%	54,5%	46,0%
Unemployed	2012	22,6%	23,2%	22,1%
	2014	19,9%	20,2%	19,6%
Primary or no educational qualifications	2012	25,7%	-	-
	2014	15,8%	14,1%	17,5%
Annual income per household	2011	€ 26,418	-	-
	2013	€ 30,423	-	-
Annual income per person	2011	€ 10,101	-	-
	2013	€ 12,111	-	-
Risk of poverty	2011	19,1%	18,0%	20,3%
	2013	19,8%	20,7%	18,8%
People with a recognised disability	2012	490,134	239,726	250,408
	2013	513,858	252,437	261,421
Primary dwelling with heating	2011	68,0%	-	-
Primary dwelling in good condition	2011	91,1%	-	-
Job satisfaction (from 0 to 10)	2010	7,49	7,45	7,53
Job at risk or threatened	2010	3,5%	4,1%	2,7%
Air pollution (points exceeding pollution thresholds out of the total measuring points)	2012	9/138	-	-
	2013	3/138	-	-

A DAY IN THE LIFE OF YOUR HEALTH

*A day of health
in all policies*



Right to Housing Plan 2013-2016, reaching 210,000 families
Investment of 109 million euros in 4 years

Catalan Food Safety Plan 2012-2016
AMED project: promotion of the Mediterranean diet through 400 establishments and 60,000 customers/day
"Aquí Sí, Fruita i Salut"

More than 217 million euros for activities to improve road safety

332 million euros (2015) in active employment policies for the long-term unemployed, those at risk of social exclusion and young people through programmes such as Youth Guarantee, which has reached 33,000 young people in 2015

More than 800,000 people have received advice from their primary care facilities on how to engage in physical activity using the over 2,700 km of healthy routes and other amenities that are part of the Physical Activity, Sport and Health Plan (PAFES)
"Lletres i salut"
"FIT jove"

Ofensiva de país a favor de l'èxit escolar 2012-2018
Plan for Fruit and Vegetable Consumption at Schools, with more than 294,000 students benefiting and a budget of 1.8 million euros

Air Quality Improvement Action Plan
Environmental quality emblem for 'clean' vehicles
"Visc amb soroll?" programme to reduce noise pollution

3 million annual vaccines leading to 35,000 cases of disease being avoided
Comprehensive Plan on Mental Health
"Social prescription"
"COM Salut"

Map of social services that identifies 155 services and which is a vital tool of the Catalan Agency for Social Protection
Action Plan Against Poverty and Social Exclusion in Catalonia 2015-2016
Inter-ministerial Social Health and Healthcare Services and Interaction Plan

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