

CONSEJERÍA DE IGUALDAD, SALUD Y POLÍTICAS SOCIALES



IV PLAN ANDALUZ DE SALUD

**FOURTH ANDALUSIAN
HEALTH PLAN
EXECUTIVE SUMMARY**

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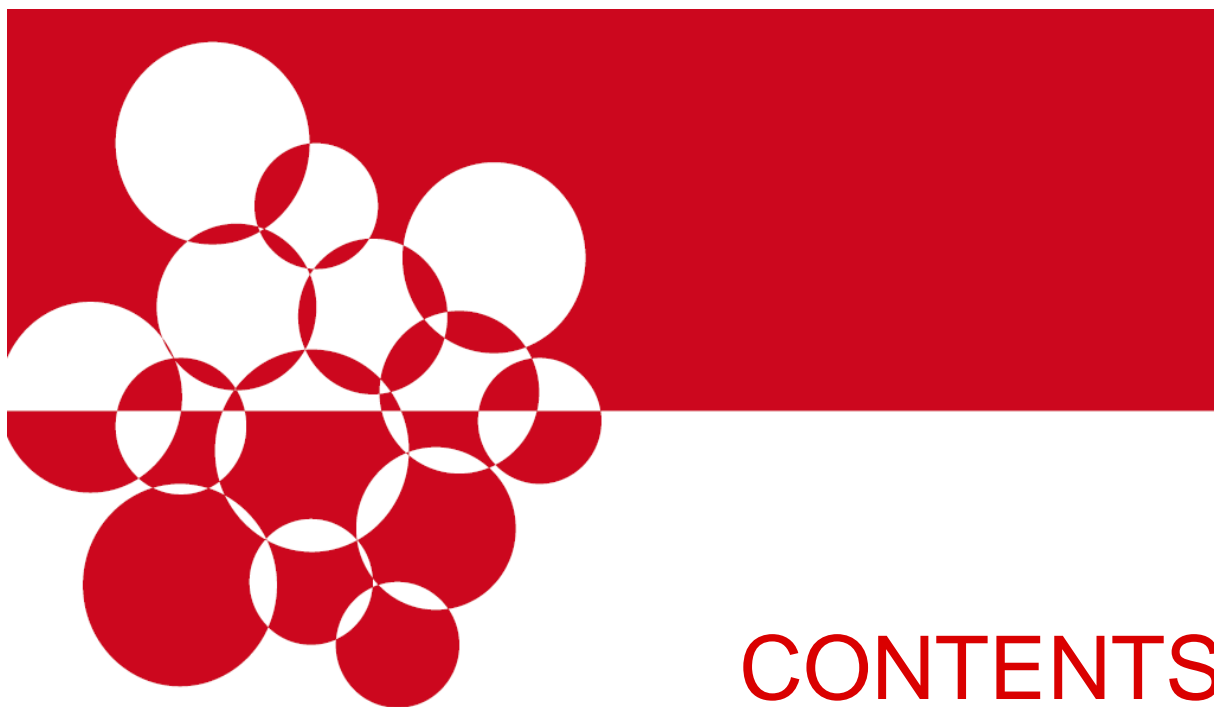
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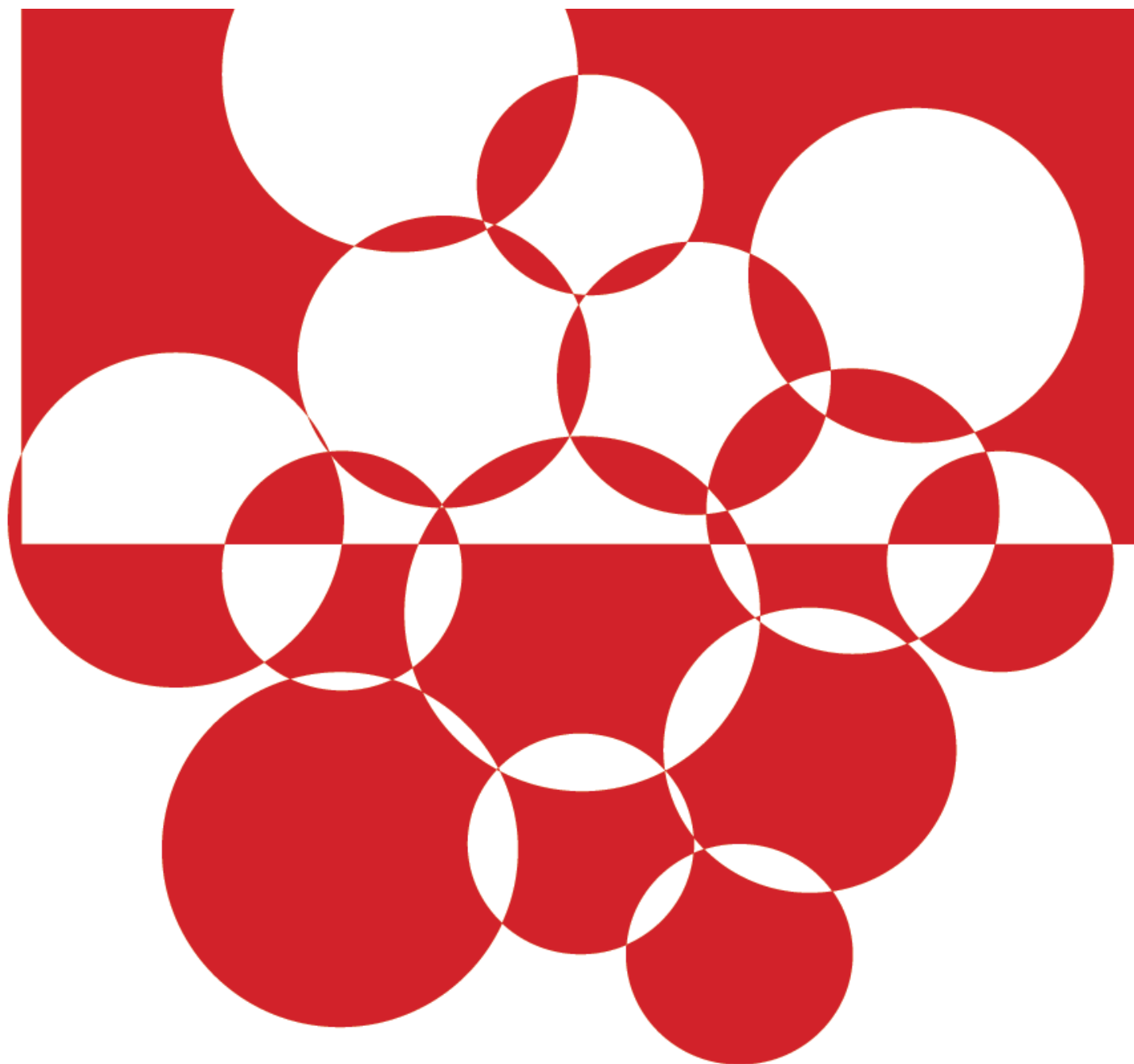
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INTRODUCTION

Everybody is aware of the relationship between lifestyle and health status. But not everyone acknowledges the relationship between the people's health and a large number of circumstances that are not always under their control: social environment where they develop, political context surrounding their life story or socio-economic environment in which they carry out their work.

In this regard, it is a fact that the commitment of various governments with the people's health, does not always respond to the same values and priorities. Thus, most public health policies focus on a more or less complete approach of most common diseases among the population, reaching, most of them, a high level of medicalisation of the life with little gains in a real improvement of the collective health level. However, few people take into consideration the importance of exploring to the foundations of the health, with the goal of firmly strengthening it as capital value of the society they serve.

And this is the commitment that the Andalusian Government wants to make to this Health Plan: the IV Andalusian Health Plan of the Autonomous Community of Andalusia.

In the same vein, the WHO has recently published a theoretical framework which explains why the health level varies among populations and identifies socio-economic and political context, as well as the social structure and the position of a person in the structure, as key factors. The position is determined by factors such as gender, age, the area where the person lives and even the power, with the latter being understood as the capacity the citizens have to influence on their own health.

The health level of a society is therefore directly linked to its cohesion level: the higher the share capital of a community, the more equitable societal policies, the better the individual and collective health of the population and the lower the number of vulnerable and unprotected situations.

This complex conceptual framework shows that the injustice and inequality situations in the distribution of the health level are never due to individual circumstances, but arise as a result of the political and economic decisions and priorities taken at a given historical moment.

Therefore, any policy wishing to foster the improvement of the health of a society, should firmly address these determinants. To do so, the evidence-based strategy having the greatest impact is “Health in All Policies”, that is, an alliance among all the policies of the same government for achieving the improvement of the structural determinants of health, by promoting the harmonious development of all members and groups in the society.

This is the Andalusian Government’s commitment: improving the health status of the Andalusian population by working on the determinants and living conditions that affect them, through the involvement of all the policies. A broad commitment which is divided into 6 specific goals, with a view to providing accountability to citizens and their legitimate representatives.

Six goals agreed by the Departments of de Andalusian Government through an intense collaborative work among all the Regional Ministries, which is materialised in specific actions for their attainment.

It is a great honour for me to present this Plan as the result of the consensus among all the Departments of the Regional Government of Andalusia (Junta de Andalucía). I am convinced that, with its rigorous implementation, we shall find the best ways to improve the health, and with the evaluation, the improvement areas that will be undoubtedly updated.

Courage, rigorousness and involvement are keys that stand out in the drafting of this Plan. I wish to share with the andalusian society the challenge of keeping them alive over its lifetime.

Congratulations to all the persons who dared to take up this social and political challenge. My appreciation for the participation of all those who took part in the working groups, reviewed drafts and provided inputs of several kinds. I would particularly like to thank associations, NGOs and social institutions, since with their permanent cooperation, have helped enrich this project and I expect their support in carrying out and evaluating this Plan.

With all my gratitude and acknowledgement to the generations who have made it possible, I present the IV Andalusian Health Plan, a valuable instrument for the defence of the right to healthcare for all people living in Andalusia and a guarantee of social equity, welfare and justice.

María José Sánchez Rubio
Regional Minister of Equality, Health and Social Policies



The health status and its determinants in Andalusia

1. Demographic aspects

The structure of Andalusian population is changing because fewer and fewer children are being born and people are living longer (decline in fertility and increased survival). Andalusia is the Autonomous Community which has grown the most since 2010, with a total population of 8 394 209 inhabitants at 1 January 2013. The forecasts indicate a **progressive ageing of the population**, since the life expectancy is longer, especially among women. Furthermore, ageing is not homogeneous: the highest rates are found in rural areas, where people, as general rule, live far from social resources. This trend will lead to an increased number and a longer duration of **situations of incapacity and dependence**. This, together with a **change in the social structure and the family support network**.

This future situation suggests that more assistance measures should be made available so that the elderly can have sufficient support. In this regard, the **Dependency Law** represents a great progress, where there is still room for improvement, particularly providing greater attention to family caregivers, professionalising care, offering efficient long-term care systems and reconciling working and family life. In addition to working on gender equality for a more equitable distribution of care-related tasks of people in a situation of dependency.

An important factor to be considered in this ageing, is the health status of the population. **Andalusia is one of the Autonomous Community with the greatest increase of Disability-Free Life Expectancy (DFLE) and Healthy Life Expectancy(HLE)**. This is essential, because the better the health is, the lesser need of social and health resources use will be.

With regard to the **immigrant population**, even if Andalusia is the fourth Autonomous Community with the largest number of foreigners, its percentage of the Andalusian population is still low. According to the Municipal Register of Inhabitants of 2013, there were 724 181 foreign citizens residing in Andalusia, that is, 8,6% of its population. Nevertheless, the immigration is not having a significant impact on the health system, because foreigners, excluding people from UE countries, are younger than local population and are healthy. In order to prevent this picture from changing over the years, we have to remove barriers and immigrants should have effective access to and use of health services. At this point it is important to understand the **Health System as a main point of contact and a social integrator**.

2. Social determinants of health

The economic and social situation is causing important changes both in the labour market and in family structure, and consequently, a change in the profile of socially excluded and vulnerable people is taking place. Thus, the risk of **social exclusion** is linked to certain stages of life as childhood, passage to adulthood and old age, which, in turn is related to the family structure or the work. This has now caused risk of exclusion to be unevenly distributed among the population and to become a **multidimensional phenomenon** (influenced by a wide range of factors).

The employment protection system and public networks have softened the impact of the crisis, but households with serious economic problems have increased.

The “Living Conditions Survey” indicates that the highest relative poverty rates are found in women group and among young people between the ages of 16 – 24.

The sharp drop in employment and household income is **transforming the living conditions and habits**, which are likely to **have an impact on the health of the population**. According to a study published by Pfizer Foundation on the impact of the economic crisis, one in four persons reports a deterioration of their state of health. Spanish population reports that they are more stressed and tense due to heavier workload (because they have to cope with a heavier workload), increased responsibility and being out of work. Furthermore, one in seven persons reports that their eating habits have worsened.

The relationship between economic situation and healthy habits as smoking or obesity (more common in women), mental health or diabetes, is evident. It is necessary to assess the impact that social, education and health policies are having in order to combat these effects.

Other essential aspects to health are **housing conditions**. Over the past 15 years, the tradition of a compact and multifunctional city in Andalusia, has been broken to create sprawling cities, which are high consumer of territory and need the use of private transport, meaning increased energy consumption, more pollution and therefore, a negative impact on the health of the neighbours. In this regard, it is important to improve cities liveability, and this, in turn, will have an impact on the health of the public.

Education is also one of the essential aspects for having a healthier population. Although considerable progress has been made, education level in Andalusia is below that of Spanish population, affecting their quality of life and health, as a more educated

population has better and more knowledge about ways to avoid risks and how to effectively access social and health services. (**Better standard of living and/or social class = better health and quality of life**). In this respect, research shows that there is no inequality in the use of hospital, emergencies services or drugs consumption, but there is greater access to preventive services (like oral health) among people with a higher education level and without economic difficulties.

Regarding **environment** and health, it has been estimated that **around 20% of the total burden of disease** in industrialised countries can be attributed to environmental factors such as air pollution, which in Andalusia is determined by the traffic of vehicles, and in some areas, by the industrial activity. One of the important aspects to bear in mind are the **extreme temperatures**, since daily mortality in Andalusian cities is linked to maximum and minimum values reached. A relevant factor is that 21,3% of Andalusian households cannot keep an adequate temperature during the colder months, and 25%, during summer.

It is also essential to further improve prevention of **food safety risks**, since foods are a source of illness for people due to pesticides, bacteria, contaminants or allergies. As well as to monitor the new distribution channels (Internet).

3. Risk factors

Smoking prevention is the most important action to **prevent cancer, respiratory and cardiovascular diseases**. The reduction in smoking has led to a marked drop in mortality from lung cancer and other pathologies. In terms of smoking prevalence, the largest number is concentrated in the 16-64 age group for men and in the 16-54 age group of women. Although awareness campaigns are beginning to have some impact and, in 2012, 47,7% of smokers reported they had tried to quit.

Alcohol is another risk factor for the population; its consumption trend, the health impact resulting from it, as well as the prevention actions of its harmful consumption, must be monitored and evaluated continuously and from an equity perspective.

With regard to frequency of **fruit and vegetable consumption** and **physical activity**, as the use of preventive health services, it is related to the education level and income. The higher the income and training, the better nutrition and more activity. These data are closely linked to obesity and overweight, which have increased over recent years, as **high blood pressure or cholesterol**, which are also directly linked to good nutrition and physical activity.

4. Health situation

In 2012, 3,4% of the Andalusian population reported having poor or very poor perception of their own health, with the women representing the largest percentage of poor health perceived (4,6% versus 2,2% among men). **The perception of poor health** increases with age, and is clearly worse in older age groups and women. The reality is that the diseases causing most health problems to Andalusian population are diseases of the circulatory system, tumours, musculoskeletal system and connective tissue and, mental health impairments.

For **mortality**, the latest years show a decreasing trend in most of the Andalusian municipalities.

In this sense, the **epidemiological pattern of morbidity and mortality** (disability, disease and death) of Andalusian population is a clear component of the health situation, and the extent of these disabilities, diseases and deaths is mainly related to:

- **Vaccinations:** the Andalusian vaccination programme has reduced the incidence of 12 diseases, although over the last few years a number of diseases, such as measles, have emerged.
- **Road traffic accidents:** constitute the leading cause of premature death among men and the second cause among women. Furthermore is the most common cause of traumatic spinal cord injury and incapacity for work among young people.
- **Occupational health:** according to the First Andalusian Survey of Working Conditions, 54,3% of Andalusian workers underwent an occupational medical examination, and 64,8% of participants perceive some risk of personal accident at work, including distractions, tiredness and the speed with which the person works. In this sense, the coverage of health surveillance should be extended, and it should focus on the existing risks to repair damages caused by diseases and work on the prevention.
- **Cancer:** over the last few years cancer incidence has increased, and however, mortality has decreased. This phenomenon is closely linked to the ageing of the population. It should be noted a significant decrease both in incidence and deaths from lung cancer among men over the last few years.
- **Cardiovascular diseases:** hospital admissions for cardiovascular diseases have remained stable, with a slight decline not statistically significant in men and women over the last years, being the rate of men (around 800 per 10⁵) twice as high that of women (more than 400 per 10⁵).
- **Diabetes:** Mortality due to Diabetes Mellitus has decreased, although its prevalence is increasing over the last few years and will do so without fighting obesity and without strengthening health prevention and promotion measures.
- **Mental health:** In general, mental health of Andalusian population is good, although it worsens with age. Depression and anxiety disorders, and the consumption of antidepressants, tranquilizers and hypnotics depend on the income level (higher income = fewer medications). Furthermore, they are more common in women, people over 65, disabled, retirees and unemployed persons. It is also more frequent in the west of Andalusia and Almería.

5. Activities and perspectives of Andalusian Public Health System

Health and socio-health care to the most important health problems of the population requires a **services and resources planning** to ensure equal access to the various benefits.

In addition, the **need of an increase in Healthy Life Years** (free of disability and chronic diseases) requires the intervention on diseases **determinants** in coordination with non-health sectors, in the same way as further consideration needs to be given to the concept of long-term care and care of dependents.

The ageing of the population, the chronicity of diseases and the irruption of technology determine which health services will be needed in the near future.

Activity in the Andalusian Public Health Service shows that:

- **In Primary Health Care:** emergency medical services along with visits to the pediatrician have increased compared to the use of nursing services and family medicine.
- **In Hospital Care:** from the 90s to the present, we have noted a growing trend in hospital admissions, which have begun to come down significantly right up to the present day. These admissions were largely due to diseases related to respiratory, circulatory, musculoskeletal and hepatobiliary-pancreatic system. Hospital stays per inhabitant and surgical procedures, both urgent and non-urgent, with hospital admission, also increased and then decreased. In contrast, outpatient consultations, major day surgery, outpatient care and diagnostic procedures continue to increase; while total surgical procedures and hospital emergencies increased in the first decade and now remain stable. Regarding hospital discharge by age group, there is an increase in persons aged over 75.

Data reflect **how the use of hospitals and the way they work, is changing**. There are less hospital admissions and overnight stays, at the same time that the care of acute patients is being modified. Day hospital and outpatient surgery, more efficient and satisfactory, has become increasingly stronger. The chronification of pathologies and the evolution of oncology with a growing number of cases, along with the ageing and a decrease in mortality, require a new management and a greater use of technologies for therapies, screening and diagnosis. In addition, **nursing care and socio-health care both at home and other facilities, must be strengthened**.

The **use of drugs** is also changing, and although drug spending continues to grow, the percentage of prescriptions prescribed by active ingredient accounts for 93,62% of the total (the highest of Spain) which has led to a saving of 533 million euros, from september 2001 to december 2012.

Against this background, the Andalusian Public Health System should have in the medium term health services that make it possible to prioritize health promotion and prevention, have comprehensive healthcare processes and use clinical management as key model of organisation. In addition, comprehensive plans and strategies must be evaluated in terms of health outcomes; integrated information systems: new channels of communication between patient and healthcare system must be used and set up; workshops for patients and the self-care must be encouraged; the role of nurses, reinforced; as well as working in a coordinated manner and with agreements in the social area (nursing homes); focusing attention on groups during different periods of

their life cycle, particularly relevant; fostering citizen participation and promoting research and training.



A healthier, more just and developing society.

Demographic forecasts suggest the progressive ageing of the Andalusian population. By 2015, the number of people aged over 65 years is expected to be by 2000.000 people more than it was in 2010, which will represent more cases of illnesses such as diabetes, hypertension and an increased use of healthcare resources.

This increase in the number of years lived should be accompanied by some good health conditions, since **having a healthier society is a way of increasing the social justice and efficiency**. People in good health contribute to the social and economic development and use less healthcare resources. It is therefore necessary to prevent people from getting sick by actions of health promotion, prevention and protection, which would result in a better health and economic development.

Data show great social disparities in health (social gradient in health) so that individuals with higher income, education and social position enjoy better health, longer life and better prognosis in the event of becoming ill than those with the lowest levels. For this reason, the aim of the IV Andalusian Health Plan is to **give further consideration to health disparities and reducing them over the coming years**. To do this, it is suggested as a cross-cutting element, the progressive incorporation of the **Health in All Policies** approach.

Citizens have much to say in the matter, so they have been an important part in the drafting of IV Andalusian Health Plan, demanding more and better information, communication and accessibility to services.

Moreover, this IV AHP looks at how we can respond to the new challenges linked to **globalisation and climate change** and wants to know its impact in Andalusia as well as its influence in protection, prevention actions and emergency action plan.

One innovative aspect will be to widen the range of factors that affect individual and collective health. Medicine and Public Health are directed to the health problems and risks, a vision aiming at reducing health deficit. Furthermore, this Plan aims to **explore the health assets** (elements or resources that increase the capacity of individuals, groups, communities, populations or institutions to maintain and sustain health and well-being). The aim is to identify the available health assets in Andalusia, to retrieve, generate and promote them.

Health is a right which has to be guaranteed and a requirement for progress and for living life to the full. This is the reason why the IV Andalusian Health Plan considers to work in the strategy “Health in all Policies” with the other institutions and administrations, apart from introducing flexible **assessment and management** tools. This way, decentralization and rapprochement initiatives of public health system to resolve health needs of citizens, will foster the inclusion of a equity and sustainability perspective, to offer the best services and the most efficient technologies. To that end, this Plan considers that the participation and leading role of professionalas is essential.

As a result, the IV Andalusian Health Plan seeks to fulfill **6 essential commitments**:

- Increasing **healthy life expectancy**
- Protecting and promoting the health of people to the effects of **climate change**, sustainability, globalization and emerging risks due to environmental or food condition.
- Generating and developping the **health assets** of our Community and make them available to Andalusian society
- Reducing **social inequalities in health**
- To place the **Andalusian Public Health System** at the service of citizens with the leadership of health professionals.
- Promoting **knowledge management and technology introduction** with sustainability criteria in order to improve the population health.



Commitment 1: Increasing healthy life expectancy

Andalusian population is ageing due to the combined effect of an increased life expectancy and a lower birth. Health is a right of everyone for developing their own project of life; it is therefore up to governments to create conditions to increase healthy lifeyears (to live longer and with less chronique and disabling illness) in an equitable manner.

Healthy life expectancy is a synthesis of four indicators: life expectancy, life expectancy free of chronic illness, life expectancy free of disability and life expectancy with a subjective perception of good health.

The growing ageing population and the share of life spent in poor health or a bad perception of their own health, result in increased social and health needs and higher spending. However, people with good perceived health use less medical resources and can contribute both socially and economically (financing of pensions and prolonging their working life).

Strategies for achieving an increase in this healthy life years include health promotion, prevention, early diagnosis and treatment of diseases to reduce disability and death, functional rehabilitation and redefinition of lifestyle to reduce the degree of disability and dependence.

Self-reported health is also a good indicator in the assessment of health inequalities, since people with fewer resources have a worse perception of their health, as well as women and older people. This perception is influenced by the **environment and characteristics of the individual involved**. The individual's capacity to deal with adverse circumstances is one of the critical elements in triggering estress and, therefore, bad self perception of health. Furthermore, when the self-perception is negative, some

people are looking for a medical response to problems which are not really that. This ability to deal with problems, is not an innate feature, **it can be learned**. Therefore, we can act on this feature and take it into account for the fulfilment of the commitment to improving the healthy life expectancy.

For years now, Andalusia has been developing strategies to address the key issues to improve the life expectancy free of disability, such as Comprehensive Plans and Programmes aimed at improving lifestyles and promoting healthy environments, preventing communicable and non-communicable diseases, as well as injuries, early diagnosis and rehabilitation, active ageing, without forgetting the importance of rare cases, for example, through the Andalusian Plan for Rare Diseases.

Goal 1.1. Achieving higher levels of health with the actions defined in the Comprehensive Plans and the health strategies prioritised in the Andalusian Public Health system.

The aims are to:

1.1.1.: Further develop the preventive and health promoting approach in the development of comprehensive plans and health strategies, in order to increase the effectiveness of their actions in terms of health results.

1.1.2.: Define new strategies for dealing with emerging health problems and update existing ones based on changes in the social context and new knowledge generated.

1.1.3. Continue to promote the lines of the Quality Plan of Andalusian Public Health System (APHS) regarding the assistance to people at risk or suffering from diseases with impact on healthy life expectancy.

1.1.4. Improve people's recovery from illness or disability with greater impact on their life project.

1.1.5. Provide a comprehensive and appropriate response to reduce the effect of dependency on people's lives.

Goal 1.2. Enhancing social and intersectoral action to address the living conditions and health determinants of greatest impact on the healthy life expectancy of Andalusian people.

The aims are to:

1.2.1. Set up an effective cooperation framework with all actors involved to tackle the main determinants related to healthy life expectancy.

1.2.2. Enhance the adaptation of physical environment of people, in such a way as to facilitate a healthy life.

1.2.3. Draft proposals based on Healthy and Active Ageing paradigms, to improve the quality of life as people age.

Goal 1.3. Promoting a culture of autonomous life in health

The aims are to:

1.3.1. Facilitate personal autonomy and informed decisions on therapeutic interventions.

1.3.2. Improve individuals' skills to assess, manage and maintain autonomously their own health, as a shared responsibility strategy.

Goal 1.4. Generating new knowledge on healthy life expectancy measurement and the effectiveness of interventions and policies in order to improve them.

The aims are to:

1.4.1.: Measure, analyse and assess, on a regular basis, the healthy life years, following the recommendations of the UE for comparison with the communities and countries in our neighbourhood.

1.4.2.: Assess the impact of the Promotion of Personal Autonomy and Care of Dependent Persons Law, in the health of people in the network of services and benefits under the law.

Commitment 2: Promoting and protecting the people's health from the effects of climate change, globalization and emerging foodborne and environmental risks

At global level, Andalusia is included in the territories of **particular vulnerability to the effects of climate change** and, according to the WHO, children, sick, poor and older people will be hardest hit by this phenomenon, which involves health risks. The failure to provide a response is expected to have an impact in terms of diseases, healthcare expenditure and losses in productivity equivalent or higher to the expenditure needed to cope with this environmental risk. That is why it is necessary to examine the extent to which the healthcare system is able to tackle this threat.

Globalization, in addition to increasing the solidarity sense, has also negative effects and many of them have an impact on health. This is why it should be present in political decision-making and mitigate its effects. Globalisation has also brought the free movement of persons, more complex consumption patterns and increasingly sophisticated **food production**, with new technologies and different consumer groups, causing new hazards and situations.

There are many data that relate environmental and food factors with many pathologies. However, establishing a casual link between environmental factors and adverse health effects poses many challenges. An innovative approach based on the improvement of scientific knowledge is the key to this.

Such a new scenario of a globalised world affected by **Climate Change and with high use of new technologies** is the new framework in which the aims of IV AHP have to be set; this would include identifying emerging risks, and where appropriate, adequately characterizing and evaluating them to decide whether they need to be addressed through the corresponding surveillance and control plans or programmes. On the other hand, new methodologies and tools are needed (or to modify the existing ones) to ensure they are adapted to the new approaches required by these possible emerging risks.

This is the approach proposed to addressing risks associated to novel foods and new technologies, food-borne zoonoses, contamination of foodstuffs by chemicals or allergies; and all in the context of a global market where trade over internet is constantly increasing and having an ever-greater effect on society.

Goal 2.1. Preparing the Andalusian society in addressing health challenges arising from climate change and non-sustainable anthropogenic actions.

The aims are to:

- 2.1.1. Assess the impact of different climate change scenarios in the health of Andalusian people and, particularly among vulnerable people.
- 2.1.2. Promote strategies of action to address the health effects of climate change
- 2.1.3. Develop a permanent communication and interaction system with society
- 2.1.4. Enhance and foster healthy and environmentally sustainable activities at the local level.

Goal 2.2. Reducing negative effects linked to globalisation that can impact on the population health.

The aims are to:

- 2.2.1. Analyse the impact of globalisation on the health of Andalusian population, in the field of Health Protection
- 2.2.2. Strengthen surveillance and control of emerging and re-emerging communicable diseases.
- 2.2.3. Refocus Protection of Health policies taking into account the increasing complexity in the consumer habits.

2.2.4. Establish the implementation of surveillance and control measures for miracle products and alternative therapies.

Goal 2.3. Ensuring a high level of health protection against foodborne and environmental risks, as well as promoting the improvement of the quality of environment where people live and work.

The aims are to:

2.3.1. Establish response strategies to emerging foodborne and environmental risks.

2.3.2. Know the exposure of Andalusian population to emerging environmental risks factors.

2.3.3. Develop a communication strategy on emerging risks addressing particularly those causing social concern at any given time.

2.3.4. Develop a protection strategy against environmental risks in specific settings.

2.3.5. Assess the impact of the implementation of new technologies in food production, with greater emphasis being placed on novel foods.

2.3.6. Design the analytical support for the Risks Surveillance and Control process with scientific and technological excellence and quality under the framework of the new model of Public Health.

Goal 2.4. Developing a smart organizational model generating, stimulating and sharing knowledge and innovation, as well as promoting continuous improvement and quality of actions in health protection.

The aims are to:

2.4.1. Establish the foundations and structures for working with a multidisciplinary and integrated approach of health protection.

2.4.2. Strengthen efficient information and data record Systems on health protection, as well as the exchange of knowledge.

2.4.3. Systematize, evaluate and improve working procedures in Health protection

Goal 2.5. Encouraging the use of public transport as well as walking and cycling to improve individual and collective health

The aims are to:

2.5.1. Establish the elements in the planing for restricting the use of private vehicle.

2.5.2. Encourage the use of public transport and intermodality.

2.5.3. Promote non-motorised means of transport (walking and cycling).

Commitment 3: Generating and developing the health assets of our Community and make them available to Andalusian society

The field of Public Health is dominated by a model that identifies the diseases and needs of the population, and offers resources to overcome them. Preventive strategies are, therefore, associated with risks linked to these pathologies in order to act on them. The disadvantage is the excessive dependence of the population on the health resources and a limited view of the health (**deficit model**).

In contrast, the **model of health assets** enhances the capability of individuals and communities for healthy development. Thus, health assets (*factors or resources that increase the capability of individuals, groups, communities, populations or institutions to maintain and sustain health and wellbeing*), salutogenesis theory and resilience have emerged. This new field examines how and why certain individuals have the personal and external resources for maintaining health and wellbeing (such as self-esteem, self-efficacy, optimism, family support or social networks).

Furthermore, such researches highlight not only the importance of the individual, but also put particular emphasis on **social interaction** between people and community organizations, since they are a source of potential social support, and the participation in these initiatives causes psychological well-being (social capital).

In this respect, knowing how the **physical, natural and cultural environment** strengthen capacities for health maintenance, is important.

The IV Health Andalusian Plan propose to reconfigure the role of the population towards their health and well-being and stands for a combination of deficit-oriented model and health assets model.

Goal 3.1. Identifying and developing the assets which promote health and generate well-being for the population

The aims are to:

- 3.1.1. Identify the health assets in Andalusia
- 3.1.2. Develop and foster a map of health assets in Andalusia
- 3.1.3. Incorporate the model of health assets into various territorial levels of planification.

Goal 3.2. Developing the health assets linked to social relations and the culture.

The aims are to:

- 3.2.1. Develop strategies to enhance the health assets of social relations and community strengthening.
- 3.2.2. Foster partnership and work plans to strengthening assets between the administration and citizen organisations and companies engaged in activities in the area of health.
- 3.2.3. Promote families' health assets.

Goal 3.3. Seizing the opportunities offered by the natural geographic environment of Andalusia

The aims are to:

- 3.3.1. Seize the opportunities offered by the assets linked to the natural geographic environment regarding climate, food production, natural environment and town system.
- 3.3.2. Foster partnership and work plans to strengthening assets between the administration and citizen organisations and companies engaged in activities in the area of health.

Commitment 4. Reducing social inequalities in health

Health is a question of social justice. The probability of falling ill, life expectancy and quality of life of people depend above all on social and economic factors; is therefore up to **governments to tackle inequalities in health**. This means that the lower is the social status, the shorter is the life expectancy, because there is more stress, the diet is poorer, personal and social resources are used less effectively and, consequently, it is associated with increased risk of diseases and premature death.

The Andalusian Public Health System must **be aware of inequalities and combat them**, so that the healthcare services are used in a equitable way.

Goal 4.1. Improving the living conditions of Andalusian population that influence the reduction of inequalities in health.

The aims are to:

4.1.1. Identify the living conditions of Andalusian population with greatest influence on the differences in the level of health and refocus related policies.

4.1.2. Create environments that promote social relations and healthy life in the most socially disadvantaged areas.

4.1.3. Invest in the futur health of children and young people by reducing social inequalities in education.

Goal 4.2. Improving the impact of policy of wealth redistribution on the reduction of inequalities in health

The aims are to:

4.2.1. Establish intersectoral coordination mechanisms in policies such as those dealing with poverty and exclusion reduction.

4.2.2. Facilitate and foster empowerment and participation of people, with special emphasis to the most vulnerable groups, at all levels and policy areas.

4.2.3. Strengthen protection strategies for particularly vulnerable populations, because of their lack of personal autonomy.

Goal 4.3. Reducing inequalities in health care provided by the Andalusian Public Health System (APHS)

The aims are to:

4.3.1. Reorient APHS healthcare and resources towards health problems where there is evidence of social and gender inequalities.

4.3.2. Improve equity in access for minorities and social disadvantage groups to healthcare services.

4.3.3. Improve equity in access to health benefits and preventive and promotion services.

Goal 4.4. Generating new knowledge about the extent of social inequalities, their impact on health, their evolution and the effectiveness of interventions and policies to reduce them.

The aims are to:

4.4.1. Integrate and enhance information systems of the different Andalusian Public Administrations so they provide information on social inequalities in health.

4.4.2. Monitor progress on health inequalities in social and gender determinants in health, with regular report to the Parliament.

4.4.3. Promote research on social and gender inequalities, their impact on health and the connection to other policies.

Commitment 5: Placing the Andalusian Public Health System at the service of citizens, with the leadership of professionals.

Transparency is a value that facilitates democratic progress and citizen participation. Transparency is an inalienable value of the Andalusian Public Health System (APHS) and establishes a link with citizens. It is also one element that increases security of healthcare actions. Citizens need personalized care in the nearest place and with the greatest respect for their time. APHS must therefore incorporate forms of **organisation with more horizontal styles**, which involve the public as part of the model.

The new organisation will be based on **clinical management units (CMU)** as nodal structures (interconnected) that facilitate performance in knowledge networks. Furthermore, the Andalusian Public Health System will establish methodologies and tools enabling the CMU decentralisation and autonomy for the management of available resources.

Goal 5.1. Ensuring transparency in the APHS actions

The aims are to:

5.1.1. Place transparency at the heart of Clinical Management Units

5.1.2. Achieve an organization open to citizens, ensuring interaction in structure, aims, procedures and outcomes.

5.1.3. Define and implement any measures aimed at increasing and strengthen reputation and digital effectiveness of APHS.

5.1.4. Clinical Management Units shall be managed engaging professionals, in a fair and transparent manner, by weighting efficiency and health outcomes criteria.

Goal 5.2. Obtaining a social framework of partnership and shared values between citizens and health professionals under the bioethics strategy of APHS.

The aims are to:

5.2.1. Implement a framework for citizen participation where professionals and citizens feel they are protagonists in the implementation and development of healthcare procedures in the CMU.

5.2.2. Make citizens' satisfaction and expectatives the reason for continuing improvements of CMU.

5.2.3. APHS will establish the policy framework for ensuring the exercise of personal autonomy of citizens.

5.2.4. Define channels to provide citizens with useful information about social and healthcare services and establish on the shared basis the accessibility criteria.

5.2.5. Carry out the different activities ensuring the establishment of the civil law of Andalusian people within the framework of Andalusian healthcare system, in the form of actions within the Clinical Management Units.

Goal 5.3. The APHS must be an open and shared space, making the interrelationships between professionals and citizens easier.

The aims are to:

5.3.1. Articulate the APHS in a CMU network in order to improve accessibility, continuity of care and response capacity, bringing it closer to citizens.

5.3.2. Improve communication and interrelation between professionals and citizens.

5.3.3. Develop Assistance Tools for Decision-Making (ATDM), in order to provide evidence-based information on care and treatments to citizens, promote the use of their right to make a free and informed choice from different diagnostic options.

5.3.4. Design, develop and promote work spaces shared by professionals and citizens, like workshops for patients, "Al Alado" project and others, with the aim of promoting self-care.

5.3.5. Incorporate citizens into security and bioethics committees of the health centres, where different clinical management units interrelate around common aims of community health improvement.

5.3.6. Actively incorporate citizens into the management of clinical management units, including at least 2 citizens for the assesment of the annual results of management agreements.

Goal 5.4. The APHS will be based on the commitment of professionals with the best outcomes in health

The aims are to:

5.4.1. Provide the APHS with the adequate information systems for the knowledge management necessary to get the best results in health.

5.4.2. The APHS professionals commit to obtain the best results in health by undertaking a territorial, intersectoral and shared approach.

5.4.3. The APHS professionals commit to develop new areas of responsibility in line with the ageing and increased chronicity of Andalusian population, in order to get the best results in health necessary to improve the quality of life.

5.4.4. Promote within the CMU a value-based management that ensures the adaptation of spaces where professionals and citizens interact and complements the services in quality and excellence.

5.4.5. The values of the organisation of APHS and its professionals will be shared and adapted to Andalusian citizens' values.

5.4.6. The history of values of each Andalusian citizen constitutes a commitment of professionals and organisation to the quality of services delivered.

Commitment 6: Fostering the knowledge management and the take-up of technologies with sensitivity criteria to improve the population health

Knowledge generation and technology implementation are two key elements for improving the people's health. Knowledge is a public good and this is why the addition of new knowledge and technology that boost the prevention of diseases and the health promotion and protection, encouraging public participation, should be guaranteed. New technologies, also offer the possibility for creating new channels of participation and information to understand the needs and expectatives of citizens and to ensure adequate response. Telediagnosis and monitoring processes supported by remote technologies are some examples of their usefulness. It is therefore important to establish **partnerships between different administrations and companies** to make technological innovations available to health promotion and care of the community. This commitment relies on the **cooperation**, the **involvement** and the ongoing **evaluation**.

Goal 6.1. A collaborative framework between the players involved should be achieved to guarantee information management and generation and introduction of knowledge

and technology aimed at improving the health, in an equity and shared responsibility scenario.

The aims are to:

- 6.1.1. Ensure that citizens have access to a truthful, updated, in line with the various culture and sufficient information about health.
- 6.1.2. Establish a space on the network for interaction between citizens and the Andalusian public health system, so that information can be obtained at an individual level and meet their own health needs.
- 6.1.3. Promote the creation of a subsystem within the Andalusian knowledge system which, with the presence of the APHS, Universities and business sector, agree on a common action plan for the generation and implementation of knowledge according to the needs of new goods, services and procedures and that have a positive impact on the health of citizens.
- 6.1.4. Include the public in RDI planing and decision-making processes for the incorporation of new technologies into SPHS and their geographical distribution.
- 6.1.5. Promote the integration of available information on citizens of the different public administrations for the efficiency and effectiveness of healthcare services.

Goal 6.2. Promoting mechanisms to strengthen the generation and incorporation of quality technology and knowledge that guarantee the service to citizens in improving their health.

The aims are to:

- 6.2.1 Deepen the development of a prospective technologycal system using the available information in the professional, business and scientific area, and integrated with the analysis system of scientific evidence and technological supervision.
- 6.2.2. Universalize the mechanisms to ensure that scientific evidences on efficiency and effectiveness of healthcare technologies are incorporated into the organisation and performance of APHS.
- 6.2.3. Foster knowledge generation and transfer in the shared space where clinical management develops, in order to carry out a high quality research.
- 6.2.4. Develop appropriate integration mechanisms between policies carried out by organizations producing and managing knowledge in the APHS (EASP, Progreso y Salud lavante)in order to make the knowledge transfer to the health technologies more efficient.
- 6.2.5. Ensure widespread and mandatory deployment of Guides for the incorporation of new technologies (GANT, GINF, GEN ...) into the APHS centres.

6.2.6. Administrations shall encourage efforts to raise awareness about health promotion and protection and prevention of diseases, by directing citizens towards adequate services, and incorporating best information and communication technologies. They shall also encourage organizations and companies to act along the same lines.

Goal 6.3. Ensuring a health care organisation that detects and responds in a flexible, equitable and sustainable manner to the needs and expectations of people, by supporting research, technological development and innovation.

The aims are to:

6.3.1 Strengthen the role of the APHS as a key actor in knowledge generation, technological development and innovation in the health field.

6.3.2. Healthcare organization will use information and communication technologies for monitoring the needs and expectations of the population.

6.3.3. Establish streamlined and efficient procedures for the incorporation and adaptation of procedures, infrastructures and qualified staff linked to the introduction of new technologies.

6.3.4. Healthcare organization will ensure that new technological developments, supported by scientific evidence, are accessible to the population as a whole, with the criteria of equity and sustainability.

6.3.5. Adapt the different technological advances to the skills development of emerging groups of healthcare professionals in the organization, in order to speed up the translation of this news skills into health results for citizens.

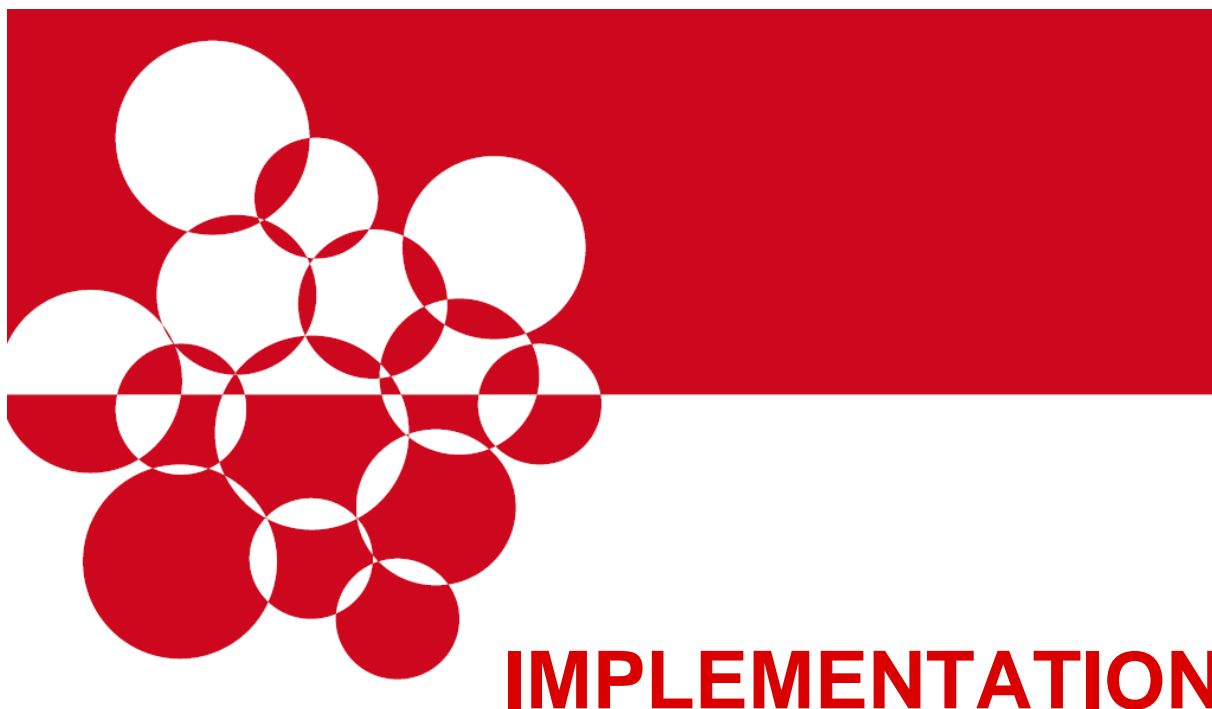
Goal 6.4. Reorienting the use of new technologies to improving equal access to the information and healthcare services for the citizens, as well as promoting citizen training and participation for generating more health.

The aims are to:

6.4.1. The APHS will guarantee full access to the healthcare services through telematic systems with equity criteria by the end of 2015.

6.4.2. The APHS will guarantee telematic access to indicators and information about the public and individual health status and condition, while ensuring respect for the privacy of personal data in accordance with the applicable legislation.

6.4.3. The APHS will define, in collaboration with the organized civil society, training initiatives for an equal and better access to new technologies, as well as for the telematic participation in order to generate more health.



The involvement of all sectors

The IV AHP in the action plans of the Autonomous Community and in the provincial plans of health and their local development

The Fourth AHP represents a way of acting, with the **involvement of all sectors** and paying particular attention to health inequalities, with the aim of achieving greater **social cohesion**. Once the IV AHP is approved by the Governing Council, and thus the health policies for the next years, the process of implementation begins.

1. **A roadmap of “Health in all policies” at the Autonomous community level.** Working in a coordinated manner and with horizontal governance. Every two years the Commitments to develop the IV AHP will be reported on a document.

The document **“Commitment to develop the IV AHP”** is created for its implementation and monitoring at the Autonomous Community level. It reflects alternative solutions to different problems as well as specific actions. Apart from two structures:

- **The Steering Committee:** Its mission is to drive the AHP, supervise and approve the annual Commitments document for the development of the IV AHP. Chaired by the Regional Minister of Health and Social Welfare, being the Secretary the holder of the General Secretariat for Public Health,

Social Inclusion and Quality of Life, and including the Regional Government Ministries, represented by their Directorates-General, whose activities have a significant impact on health.

- **The Advisory Commission on Regional Participation of AHP.** It consists of groups, representatives from regional federations and local institutions. The Secretary is the holder of the General Secretariat for Public Health, Social Inclusion and Quality of Life.

2. Territorial and Community Roadmap. Provincialization and Localization

Provincialization shall be done by following these steps:

FROM IV AHP TO PROVINCIAL HEALTH PLANS (php)

IV AHP			
IV AHP IMPLEMENTATION IN THE PROVINCE			
Health area	Cross-sectoral area	EELL	Citizens
How			
<ul style="list-style-type: none"> • REGIONAL OFFICE • PROVINCIAL COORDINATION COUNCIL 	<ul style="list-style-type: none"> • PROVINCIAL COORDINATION COMMITTEE 	<ul style="list-style-type: none"> • MUNICIPALITY MAYORS 	<ul style="list-style-type: none"> • ADVISORY COMMISSION ON PROVINCIAL PARTICIPATION
Who			
Regional Delegate	Regional Delegate	<ul style="list-style-type: none"> • Provincial Council and Municipal council • Regional Delegate 	Regional Delegate

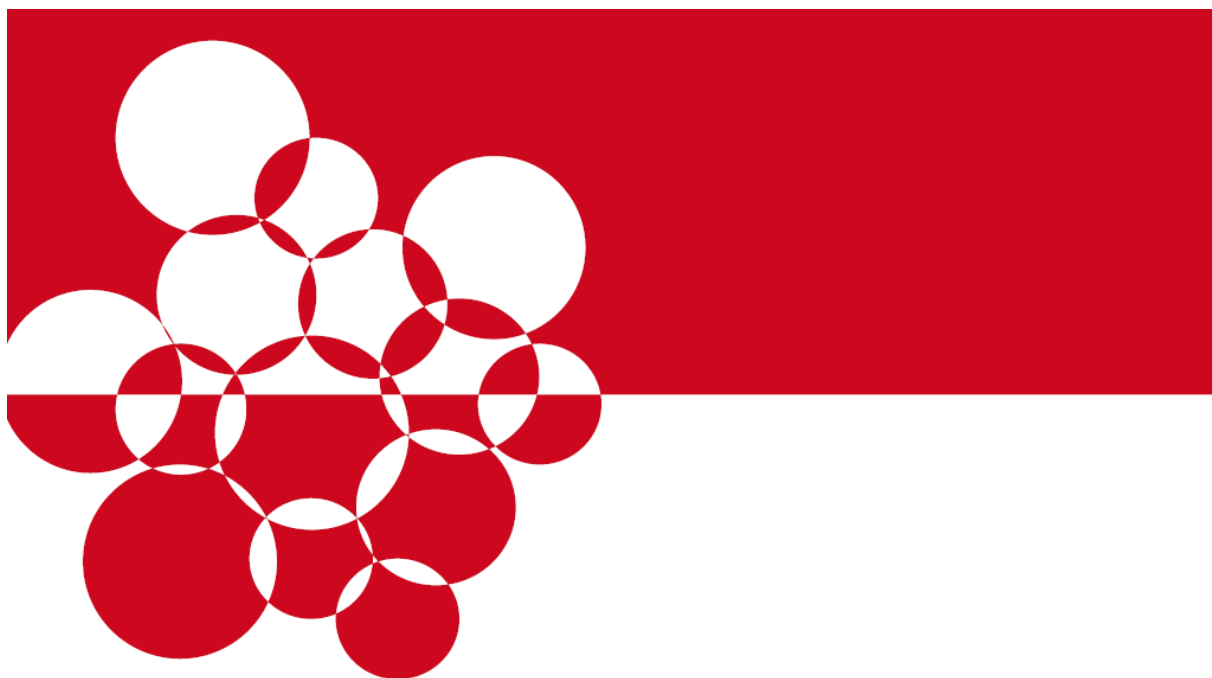
And there is also:

- **A Commission for Health in all Policies** made up of the Delegates of the different Regional Ministries
- **Advisory Commission on Participation** made up of representatives of citizens’s associations and local institutions.

The resulting work of all those concerned is the development of a **Provincial Health Plan**, which will be validated by the Commission for Health in all Policies and communicated to the General Secretariat of Public Health and Participation by the Provincial Delegation of Health.

Localization consists of bringing the IV Provincial Health Plan closer to the closest environments to citizens, through a local governance framework that **consolidates the leadership of local authorities** in public health. To this end, a Municipal Profile of the Province will be developed. In this process there will be 3 stages:

- **Dissemination and communication.** Incorporating the health value as an asset in local public policies.
 - **Provincial planning of local action.** This stage involves the identification of agents, spaces, trainingand consideration will be given to the correlation between the most relevant health issues and the total reality.
- 3. Health services roadmap.** IV AHP includes reorienting health services and specific aims to be incorporated into the different management tools of the Organisation.



EVALUATION OF THE IV AHP

How will the IV Andalusian Health Plan be evaluated?

The IV Andalusian Health Plan (IV AHP) has been designed under the paradigm of Health in all Policies (HAP) that consists of a **transversal innovative strategy** which brings improved health for our citizens and a reduction of health inequalities as a shared objective at all levels of governance, sectors and government bodies.

The **purpose** of the evaluation is to promote the awareness of and compliance with the commitments, goals and aims, provide information about its impact and be an instrument that offers information for a dynamic and flexible management.

The **properties** of this model are as follows: it is structured following the 5 main principles that have guided the IV Plan (Health in all Policies, Citizen Participation, Local Action, Assessment of the Health Impact and Gender Equity); is participatory, constructivistic, with a view that stretches from the local to the autonomous community level; uses the multi-method approach; includes innovative elements, and is based on experience from other countries. In addition, it has also an **internal and external evaluation** to know how well different actions work and, where necessary, redirect them.

EVALUATION MODEL			
INTERNAL EVALUATION		EXTERNAL EVALUATION	
TCME (Technical Commission for monitoring and evaluation)	Knowledge on the compliance with results and process	External body	Knowledge on the plan impact
Participatory and formative evaluation		Evaluation of the impact of this plan on health	
Compliance with the purposes of the IV AHP evaluation			

The phases of the evaluation would be the following:

1. Setting up the TCME and implementation of the internal and external evaluation
2. Designing the Work Plan for the IV AHP Evaluation and Monitoring
3. Implementation of the Work Plan by the TCME
4. Collecting, processing, analysis and interpretation of evidence and information
5. Drawing up biennial report by the TCME
6. Communication, shared use of lessons learned and where appropriate, redirection of interventions
7. First assesment report on the impact of the plan by the external evaluation
8. Communication, shared use of lessons learned and where appropriate redirection of interventions
9. Drafting final report of IV AHP evaluation by the TCME and second evaluation report by the agency responsible for external evaluation
10. Communication, shared use of lessons learned.



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