



Health plans and health coalitions in Hungary - Improving quality of partnerships in public health

Katalin Szóke

Department of Project Department, Office of Chief Medical Officer, Budapest

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It is widely known that population health is not only a product of the health sector activities, but to a large extent determined by living conditions and other societal and economic factors. It is also evidence that health status is related to income, education and employment. The state of health is a factor which influences social cohesion and security, employability, and as a result, the competitiveness. Its development has an impact on the whole of society and economy, since a longer and healthier life goes hand in hand with increased employment and the increase in the years spent actively.

In 2007, the European Commission accepted the New Hungary Development Plan (NHDP) (1), with several areas to be developed referring to the health sector. Health promotion and especially the "setting approach" got a great emphasis in the framework of public health programme. Improving health and encouraging health-conscious behaviour is one of the best financed programme packs among the public health operational programme. The awareness raising and promotion of health conscious behaviour for wide groups of society, as well as the communication of health risk factors can be most efficiently performed by transferring knowledge which forms the correct attitudes. The formation of correct attitudes should be started as early as childhood for wide groups of society and with the simultaneous involvement of several generations. In order to achieve this, the EU and the Hungarian Government support health development programmes, campaigns, early childhood programmes and course material development, the implementation of which will make health conscious behaviour the generally accepted norm (active life-style, smoking quitting campaign, etc.), strengthen the responsibility of individuals regarding their own health, which is the token of all further measures being able to succeed. In relationship with the health reform, the development of life-style programmes promoting health, and knowledge related to modern health development that is based on evidence for various levels of education, as well as the screening programmes and campaigns are expected to lead to an improvement in the state of health of the workforce, reducing the number of days spent on sick leave as opposed to working, increase the number of healthy years on the long term improve the labour market potential of the working age group, increase participation on the labour market, improve the adaptability of employees, and strengthen their status on the labour force market. The implementation of health awareness and attitude forming life-style programmes on levels including members of society, as well as the implementation of the early childhood health development programme helps in strengthening social cohesion and the improvement of equal opportunity.

Individual and collective approach to improving health

Good "quality of life" is not something that is achieved once and for all. It is a process, and one which requires not protection, but nurturing. What makes the process spring and burgeon is the sum of many factors. Some of these can be taken up by the individual, by eating healthily, not smoking, and not polluting the environment. However, it may even be that the individual is not in the situation where he is capable of selecting the best alternative. If the prevailing attitude in a community is that smoking or dumping refuse are acceptable and natural habits, then the need to change will not even occur to the individual. The disadvantage of the individual-based approach is that its influence on the community's quality of life is restricted, it is not based on cooperation, and its effects are usually only temporary.

What the community approach sets out to do in pursuing improvement of quality of life is to involve those that provide models for the community and to offer a choice of options for individuals and various sections of local society. Its advantages are that it:

- Creates models of behaviour that can be chosen from,
- Influences existing models of behaviour
- Affects the entire community,
- Produces permanent results,
- Is based on cooperation.

This strategy brings minimal benefit to the individual in the short term, and so provides less motivation for each person. There can also be short-term communication difficulties arising from not using the familiar institutions, but relying on equal-status cooperation of people from these institutions (education, health, church, social organisations, entrepreneurs, etc.). However, this cooperation ensures that the initiatives can be sustainable and can match individual demands.

In sum: you can choose between two approaches for your planning strategy, but they cannot be rigidly distinguished. The drafters of the health plan take local features into account in deciding which way to start out.

Healthy Settings initiatives in Hungary – Community Health Planning

The terms "Community Health Plan" and the idea of producing such plans are not new. It originated from the Healthy Cities Project of the WHO. Healthy Cities are the best-known and largest of the settings approaches. However, healthy villages, healthy schools and healthy workplaces programmes are also run in certain countries. Health profiles and health plans are now produced in many towns throughout the world, including Hungary.

In 1997, building on experience accumulated by the Fact Foundation (2), the Hungarian Soros Foundation launched a policy-oriented program aimed at improving the lifestyle of people living in Hungarian villages and enhancing their prospects for staying healthy. The program was called Community Health Plan (formerly Village Health Plan). The need for new methods for supporting applicants arose not just from the innovative nature of the programme, applicants also had to satisfy a major pre-condition: the production of a Health Profile for their village.

A health plan is a broadly based plan and programme of action for changing living conditions and improving quality of life in a particular community (i.e. town and village). It is also a process through which the local government and other organisations (public, private, voluntary sector) come together to coordinate the planning of mainstream services in order to provide for or promote the health and well-being of the communities they serve.

Community health planning – the method

The health plan is not a static plan, but a process. The health plan extends to all factors which can affect health. It must therefore

include in its scope matters which do not fit into the traditional health care approach (transport facilities, feelings of personal security, etc.). Whereas everybody can participate in improving quality of life (citizens, authorities, politicians), health care issues in the narrow sense are fundamentally determined by a particular professional group. It is based on real needs, from which the activity plan is drawn up. Every stage in the process of analysing the situation (identifying the problems), drawing up and implementing the health plan takes place in public, with community involvement. Continuous analysis enables corrections to be where necessary.

It is also a community-based method of problem-management involving the active participation of those most affected by the problems.

Community health planning – the implementation and results

Some 700 villages (3) in Hungary have become familiar with the policy-oriented programme between 1997 and 2003, of which 480 have produced a "Problem Mapping" setting out the factors affecting quality of life and health in their communities, and an Action Plan for improving quality of life.

A survey was made in 2002 covering two third of the communities involved in the programme (4). See some findings below:

Positive aspects of the program by answers to open questions (number of mentions, in Per cent)

- I.** (32.7%) Community-forming power among inhabitants
- II.** (18.3%) Self-reliance, thinking in plan terms, rising autonomy
- III.** (11.6%) Comprehensiveness of the program
- IV.** (10.5%) Attitude change in inhabitants' lifestyle and environmental awareness
- V.** (8.8%) Production of thorough picture of the town or village via the health profile
- VI.** (8.8%) Improvement of cooperation between civil organizations and institutions
- VII.** (3.8%) Discovery of key people, appreciation in value of work for the community
- VIII.** (3.3%) Source of finance for the town or village
- VIII.** (2.2%) Use of local resources, voluntary work

In 2003 the Ministry of Health, Hungary(5) and Foundation for Healthy Communities recognized the programme as the best practice, and took over the methodology as well as the grant-giving scheme, and these supporters financed the communities for four years.

It is an important impact of the programme that public and private sectors have been working together in the programmes, as well as civil society organisations. It is also a benefit that the programme encouraged using of new forms of information and communication.

Perspectives

Looking at the local communities, local governments seem to play an essential role in health planning, working in partnership with the local community members.

The more opportunities people have to make a difference, the better they feel about the services they have helped to shape – and the better they feel about the institutions providing them.

In 2009 **National Public Health and Medical Officer Service (NPHMOS)** launched an initiative to foster the health planning by setting up health coalitions as well as the health promotion activities in the settlements and in the small regions. In the leadership of NPHMOS regional health promotion experts almost 50 health coalitions were set up involving the local decision-makers. One of the goals of the programme is to integrate health considerations in other policies and to inform local citizens about the ways they could get involved, building on the good practice that already exists in many areas. Health professionals at the different settings give the local partners a chance to develop a variety of new skills which now are being used locally and which can be used in the future for other initiatives, especially to be able to write proposals and implement successful health programs in the framework of the National Development Plan.

Summary

All policy-making is to bring about change. The second phase of the EU Development Plan Hungary (2007-2013) has drawn attention to the fact that health is largely constructed in other sectors beyond the health sector. It emphasises the setting approach method in the framework of the public health programme, as well and the importance of producing health plans.

A community health plan is multidisciplinary planning process and activity programmes expressing the aggregated shared will of the people living in the local community for improving their quality of life, and consequently their health. The small community model outlined in this article, have evolved out of several years' experience of developing the original health plan concept into a practical policy. Local governments are and can be the leaders of community health planning. With the help of public health experts local partnerships can be a good source of improving quality of life at local level.

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- (1) The New Hungary Development Plan (NHDP) has been renamed to Széchenyi Plan.
- (2) Fact Foundation produced the first City Health Plan in Pécs in 1995.
- (3) In Hungary there are almost 3000 villages.
- (4) Published in Település-Közösség-Életminőség (Settlement-Community-Quality of life) leaflet.
- (5) In the framework of Decade for Healthy Nation: National Public Health Programme.

Correspondance:

Katalin Szóke
Head of Department

Department of Project Department
Office of Chief Medical Officer
1097 Budapest
Gyáli út 2-6.

Phone: +36 305979004

E-mail: szoke.katalin@oth.antsz.hu