

# Promoting good practice in health promotion in Spain: the potential role of a new agency



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## ABSTRACT

Health promotion (HP) activities should be evaluated both in terms of process and results. However there remains a lack of information regarding the types of HP community interventions that are performed in our country, which of these are based on the best available evidence, and how the evidence available can be translated into HP recommendations for action? Spain does not have a dedicated body to answer such questions. If one existed, its role should be to identify the full range of interventions available to promote health, evaluate them and, in cases where there are positive results, facilitate their transfer and implementation. The aim of this article is to reflect on the need and usefulness of an institution with these functions. It also aims to identify the possible strengths and weaknesses of such an institution and what external experiences could be used in developing it. The discussion draws on the experience of the National Institute for Health and Care Excellence (NICE) highlighting possibilities for collaborative strategies. One might argue that the largely published English language evidence base needs simply to be translated to improve knowledge. However, good practice in HP is based and nurtured within the context where it is to be implemented. Therefore, a strategy to improve practice cannot rely solely on direct translations. Successful evidence-based HP must rely not only on robust scientific evidence but also on a process that ensures appropriate contextualization, that tests methodologies and develops guidance for action appropriate to the country, and that systematizes the process and evaluates the impact once the guidance have been put into practice.

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## ¿Necesitamos una agencia para la buena práctica en promoción de la salud en España?

## RESUMEN

Las actuaciones en promoción de la salud deben ser evaluadas tanto en su proceso como en sus resultados. Sin embargo, se dispone de poca información acerca de qué tipo de intervenciones poblacionales en promoción de la salud se realizan en nuestro contexto, cuáles de ellas se basan en la mejor evidencia disponible y cómo se trasladan las evidencias en promoción de la salud a recomendaciones para la acción. En España no existe un organismo encargado de responder a estas preguntas. Su función debería ser identificar todas las intervenciones, evaluarlas y, en aquellas con resultados positivos, facilitar su transferencia y su implementación. El objetivo de este artículo es reflexionar acerca de la necesidad y la utilidad de disponer de un organismo que tuviera estas funciones; también, identificar las posibles fortalezas y debilidades de esta hipotética institución y sobre qué experiencias se podría ir construyendo. Se comenta la experiencia del National Institute for Health and Care Excellence (NICE) y se plantea si podrían llevarse a cabo estrategias de colaboración. Es posible traducir las guías de recomendación que edita NICE para incrementar el conocimiento. Sin embargo, la buena práctica en intervenciones de promoción de la salud se basa y se nutre del contexto donde tienen que ser implantadas. Por tanto, una estrategia para mejorar la práctica no puede basarse solo en traducciones directas; es necesario siempre un proceso de contextualización e ir probando la metodología y construyendo las guías en el propio país, sistematizando el proceso y evaluando el impacto de llevarlas a la práctica.

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## Introduction

Health promotion (HP) interventions are all planned actions that aim to increase control of health and its determinants by the popu-

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### Key points

Develop the aspects of the Public Health Act which refer to the evaluation of HP intervention:

- Set up a new agency which can strengthen the function of HP through the identification of good practice.
- Build guidelines from research in combination with learning from good practice.
- Apply an intersectoral perspective recognising that HP requires a wide range of sectors and participants to work together.
- Take a collective approach to utilise existing regional organizational experiences in HP evaluation to further develop an evidence based approach in Spain.

lation through a range of strategies including: health in all policies, creating favourable environments for health, supporting community action, developing skills and reorienting health services. The “eyes” of HP are the “eyes” of the social determinants and equity is key to designing actions aimed at the causes of health inequalities.<sup>1</sup>

These actions are driven mostly by public health services or primary health care in regional health authorities within Autonomous Communities in Spain. In addition there are actions promoted at a municipal level and by the third sector. According to the Spanish General Law of Public Health, all these actions should be evaluated at the level of performance and results, with a timeframe appropriate to the characteristics of the implemented action.<sup>2</sup> However evaluation in Spain (and more widely) is seldom central to implementation activity and consequently the public health evidence base remains weak. There is a need therefore in the Spanish context to: understand what types of population-based interventions in public health are being used?; which of these are based on the best available evidence?; how the evidence in health promotion is transferred into recommendations for action?; and which interventions are evaluated and therefore potentially transferable?

Initiatives that try to collect information relating to the above questions do exist in Spain in different ways and in different fields. For example: the long standing network ‘Red Aragonesa de Actividades en Promoción de Salud’;<sup>3</sup> and public health observatories (see the Public Health Observatory of Asturias for an illustration of their activities<sup>4</sup>). In the field of primary care, the Network of Community Activities<sup>5</sup> promoted by the Programme of Community Activities Primary Care (PACAP) of the Spanish Society of Family and Community Medicine, provides access to various interventions by topic, age group and population involved. In addition the Spanish Healthy Cities Network<sup>6,7</sup> with its focus on the urban environment provides access to municipal health projects by subject area and municipality. In this instance, the area of public health of Barcelona has evaluated a large number of population-based interventions that show improvement in health status.<sup>8–10</sup>

From these examples, it is fair to say that whilst there is some intervention monitoring and evaluation activity it is often sporadic and irregular. A few years ago the Ministry of Health, Social Services and Equality Department (MHSSE),<sup>11</sup> launched a call for the registration of all activities that were part of the development of a guide aiming to support local implementation of the Strategy for Health Promotion and Prevention. This provided a framework and recommendations for interventions. In 2014 the MHSSE also initiated a call for good practice examples which were already taking place in the National Health System. The aim being to accredit (or not) existing innovative practices (including health promotion initiatives). The MHSSE call indicated the need for identified projects

to confirm that they were based on the best evidence and that they had been properly assessed.<sup>12</sup> This highlights that the path towards a systematic and coherent approach to evaluation in theory has already started.

These initiatives have contributed and are contributing to the improvement of HP interventions in Spain, however transferring the evidence from research and evaluations into recommendations for action should not be underestimated, given the complexity of interventions relevant to HP. It is argued here that greater systematic effort is required from this point on to ensure that the resources used are the most appropriate and that the greatest possible benefits can be attained. In fact, in Spain, there is rarely consensus on either what standards are required and/ or the best ways of carrying out HP programmes in practice. As a consequence, there are a variety of programmes and interventions with different orientations and strategies and little knowledge about which ones might be most effective or appropriate. A further complexity is the recognition that each setting and context may require different or adaptations of particular HP interventions. It is therefore not helpful to use fine grained protocols or be as normative as perhaps might be the case in other areas of public health. There are some attempts to identify and promote quality criteria that support the evaluation of good practice. The aim being to make continuous improvements in HP interventions.<sup>13</sup> However, the scale of interventions in HP, the multitude of social and health dimensions usually involved and resource scarcity often leads to less than ideal environments to support high performing robust evaluations.

In Spain, although the Ministry of Health has a coordinating role in HP, there is no single institution dedicated to collect, classify and provide information on ongoing population health interventions that have been assessed as evidence base and effective. Such a body could provide a focussed approach to draw on all possible sources of such interventions, support the evaluation of them and, in cases with positive results, facilitate their transfer and implementation. Why does such an institution not already exist in Spain? It may be because neither those in administrative positions, scientific societies, professionals nor the population itself have considered it, or more generally an indifference to the field of HP action. This indifference could be due to:

- A lesser priority given to health promotion and primary prevention interventions compared to other public health actions.
- A lack of culture of assessment and accountability in the design and development of interventions.
- The limited mainstreaming of evidence-based HP and experience in decision making.
- A lack of funding for health promotion activities and the lack of specific funds for research and evaluation of interventions.
- A lack of political will to give priority measures to HP, especially in the context of economic crisis.
- Insufficient expertise in the “know-how” of transforming evidence into action compared to the more prestigious area of ‘knowing’ in traditional epidemiological research.

There are other areas that may undermine the efforts of HP that will not be discussed here but are worthy of note in brief. For example the profile of HP jobs in administrative departments and the requirements to qualify for them; the mismatch between the training required for HP and that which is being taught; and the often inadequate relationship between regional administrations where the public health structures are, and the local municipalities where and with whom HP interventions are being implemented (or where leadership for HP interventions needs to be).

The decentralized structure of the Spanish state, adds a further difficulty to those described above. Specifically, there is no explicit notion of how best to disseminate and share good practice

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