

Newly arrived concepts, thoughts for new codes

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Integration of public health and primary health care



REVIEW

Towards evidence-informed integration of public health health care: experiences from Crete

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ABSTRACT

"Integrated health care" is a concept that is frequently discussed and has received significant attention internationally. In particular, the integration of public health into primary health care has received much attention over the past two decades. However, despite this, integrated health care, encompassing public health, primary health care and evidence-based practice, largely remains a neglected area in many European settings. Many aspects pertaining to the operationalization and implementation of these concepts remain unresolved, particularly in settings where primary health care is under development or where reform is underway. The aim of this article is to share the experiences of the Clinic of Social and Family Medicine (CSFM) at the University of Crete School of Medicine in this area over the

past decade, in terms of insights gained through efforts and practice focused on addressing primary-care settings. We provide a brief overview of care delivery, collected from capacity-building efforts, that is currently unfolding in Greece. We discuss how to best design and rapidly test evidence-based interventions that can serve to address public-health problems and improve the well-being of the population and support efforts in Greece and in settings similar to Greece.



Keywords: INTEGRATED HEALTH CARE, PRIMARY HEALTH CARE, RESEARCH, GREECE, ALMA-ATA

ANNEX. SELECTED CSFM COLLABORATIVE RESEARCH PROJECTS FOCUSED ON THE INTEGRATION OF PUBLIC HEALTH INTO PRIMARY HEALTH CARE

Project name and website	Aim and main focus	Outcomes	Tools
The EU-WISE project: "Self-care support for people with long-term conditions, diabetes and heart disease: a whole system approach" Website: https://cordis.europa.eu/project/non/101808_en.html	EU-WISE is an FP7 programme designed to focus on understanding capabilities, resources and changes in health-related practices in communities and cultural contexts across Europe	Development of a community-based strategy for illness-management resources and shape interorganizational networks	The EU-GENIE intervention/online tool was developed to raise awareness of social networks. GENIE has contributed to capacity-building by providing trained personnel, tools and resources for suitable use and implementations in the local settings (see https://www.ciahrcprojects.co.uk/impact/projects/genie-online-social-network-tool-generate-engagement-self-management-support-for-more-information)
The RESTORE project: "Research into implementation strategies to support patients of different origins and languages" Website: https://fp7restore.eu/	Project no. 267258 is an FP7 programme conducted in six European health-care settings with different organizational contexts and capacities, aiming to "optimize medical and psychosocial primary care for migrants in Europe with a particular focus on communication in cross-cultural consultations"	Review of the guidelines and training initiatives in primary care Assessment of the success of translating these guidelines into practice Assessment of the capacity of primary-care settings to incorporate implementation processes Evaluation of the sustainability of implementation processes	Application of innovative scientific methods (normalization process theory and participatory learning and action) in research in primary-care settings to make a real impact on cross-cultural health-care consultations
The SPIMEU project: "Determinants of successful implementation of selective prevention of cardio-metabolic diseases across Europe" Website: https://www.spimeu.org/	Project proposal no. 665609 is funded by the Third Programme for the Union's action in the field of health (2014–2020) and is a trans-European research project aiming to contribute to the reduction of cardiometabolic diseases in EU member states	Overview of currently practiced models of implementation of selective prevention in all 28 EU member states Design of selective prevention programmes tailored to the context in five EU member states	A toolbox containing relevant measures for a tailored implementation of a selective prevention programme in all 28 EU member states The RAPA (Rapid Assessment of Physical Activity) tool for the assessment of physical exercise HeartScore (for more information, see https://www.heartscore.org/en_GB/) A knowledgebase including
The FRESH AIR project: "Free Respiratory Evaluation and Smoke-exposure reduction by primary Health care Integrated groups" Website: https://www.thepjrc.org/freshair/	Project proposal no. SEP-210248848 is a three-year programme funded by Horizon 2020, aiming at improving prevention, diagnosis and treatment of chronic respiratory diseases in low-resource primary-care settings by using implementation science and evidence-based interventions	Assessment of the health economics impact of asthma/COPD Characterization of local contexts regarding chronic respiratory diseases (beliefs, perceptions, behaviours) Development of awareness-raising interventions Remote training and feedback in spirometry for primary-care providers Training of primary-care providers in "Very Brief Advice" on smoking Implementation of pulmonary rehabilitation programmes in primary care Assessment of local situations on childhood cough and asthma/wheeze Creation of stakeholder engagement groups	<ul style="list-style-type: none"> databases awareness-raising tools (including flip-over, posters, presentations) training modules (in lung-function testing, "Very Brief Advice on Smoking", pulmonary rehabilitation) educational materials (for patients and health-care professionals) equipment and infrastructure (for lung-function testing and pulmonary rehabilitation)

Integrated people-centred primary health care-I

Integrated people-centred primary health care in Greece: unravelling Ariadne's thread

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The recommendations below are designed to guide current health policy towards an effective integrated PHC model.

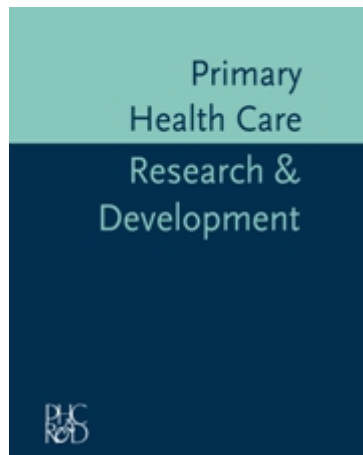


- (1) **Effective human resource planning** to increase the number of PC professionals and address existing skill mix imbalances between specialists and GPs and the lack of adequate nursing and allied health professions personnel.
- (2) **Implementation of a fully operational e-communication**, interoperable, system that is sensitive to the pragmatic conditions and accommodates the needs of multidisciplinary teams. Effective use of ICT with a comprehensive medical records system, as reported by Kounalakis et al (2003), should become a high NHS priority.
- (3) Orientation of the new PHC units to address major public health issues (i.e., NCD spectrum, including cancer, CVD, diabetes, frailty, traffic accidents) and risk factors (i.e., smoking, obesity, driving behaviour, high consumption of sugar, alcohol, etc.), with interventions encompassing health promotion to change health care-seeking behaviours, prevention, screening and early diagnosis and management of health risks and disease.
- (4) **Coordinated actions for integrated chronic disease care.** The high percentage of people with two or more chronic conditions (i.e., multi-morbid people), necessitates optimal use of available resources and more sophisticated mechanisms to coordinate care. Also, mobilising resources beyond care structures; for example, through participatory initiatives at community level. This, in terms of policy, means substantial investment in ICT and training, with a strong coupling of what such a new approach offers via public awareness campaigns and professional education. A robust action plan could be operationally integrated using the model and tools proposed by Sifaki-Pistolla et al. (2017).

Integrated people-centred primary health care-II

Integrated people-centred primary health care in Greece: unravelling Ariadne's thread

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(5) **Emphasis on integrating public health and PHC**, and information flow and exchange in order to inform priorities, opportunities and best practices. Such an effort can be supported by the IPCHS framework on IPCHS (Lionis and Petelos,2015).

(6) **Development of core competencies and implementation of a coordinated continuing education program for PHC professionals.** This recommendation addresses the clear need to retrain the PHC practitioners in Greece with a focus on developing the PC team and a culture of interdisciplinary collaboration.

(7) **Interprofessional education** through a national plan for restructuring PHC training programs, focusing on general practice (changing the structure, curriculum content, teaching and evaluation methods) and other health science disciplines.

(8) **Coordination of care by the regional and local health authorities** in order to link health care services with other domains and sectors that impact both health promotion and disease prevention. All services should be well tailored with population health care needs and policy planning should consider public perception of PH

Health literacy



ORIGINAL RESEARCH

Health and nutrition literacy levels in Greek adults with chronic disease

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ABSTRACT

Reducing the burden of chronic disease is... Chronic disease patients usually have low... people. Inadequate nutrition literacy (N... negatively affects the prevention and... The study investigates HL and NL as pre... adults. It is a cross-sectional study con... Greece, in 2017–2018. One thousand two... aged ≥18 years participated in the study... Literacy Questionnaire (HLS_EU_Q47) an... Literacy Scale (NLS-Gr). Sociodemograp

TABLE 4. RESULTS (b, SE) OF REGRESSION ANALYSIS MODELS THAT EVALUATED DETERMINANTS OF HEALTH LITERACY (n=1281)

	Model 1	Model 2
	b ± SE, p	b ± SE, p
Chronic disease (Yes/No)	-2.487 ± 0.544, <0.0001	-0.741 ± 0.609, 0.224
Gender (Men/Women)		-0.860 ± 0.472, 0.069
Age in years		-0.017 ± 0.017, 0.323
Education in years		0.945 ± 0.144, <0.0001

Abbreviations: b= b coefficient; SE=standard error.

TABLE 5. RESULTS (b, SE) OF REGRESSION ANALYSIS MODELS THAT EVALUATED DETERMINANTS OF NUTRITION LITERACY (n=1281)

	Model 1	Model 2
	b ± SE, p	b ± SE, p
Chronic disease (Yes/No)	-4.110 ± 0.349, <0.0001	-0.736 ± 0.341, 0.031
Gender (Men/Women)		-0.618 ± 0.264, 0.019
Age in years		-0.077 ± 0.010, <0.0001
Education in years		1.127 ± 0.080, <0.0001

Abbreviations: b= b coefficient; SE=standard error.

Many thanks for your time and we feel
privileged choosing Crete for your
meeting