

Project Proposal

COMMUNITY HEALTH – DEVELOPMENT AND IMPLEMENTATION OF LOCAL PUBLIC HEALTH STRATEGIES

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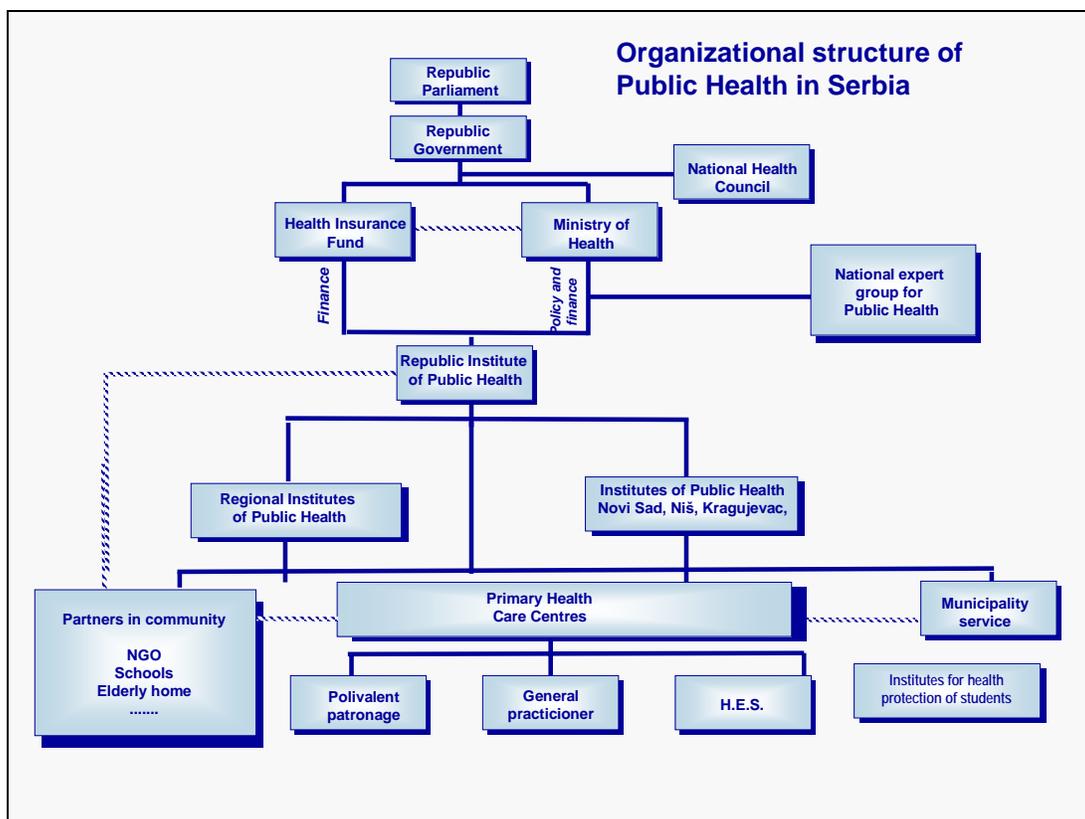
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Background

During the last ten years the health infrastructure both for curative and preventive services has been gradually deteriorated in Serbia. Prevention of diseases, though historically considered as the flagship of the national health system, remains today far behind the curative medicine in terms of resource allocations to health care. The network of the Institutes of Public Health (IPH) is the main actor in public health development in the country. Today, however the network, which was supposed to be the pillar of a modern health, care system, is in the situation where the roles and tasks of its IPH remain unclear (Scheme 1).

Scheme 1



Public Health is “the science and art of preventing disease, prolonging life and promoting mental and physical health and efficiency through organized community efforts. Public Health may be considered as the structures and processes by which the health of populations is understood, safeguarded and promoted through the organized efforts of society”. Population of Serbia experienced many social and economic threats during 1990s. Years of life under severe stress and trauma-ridden environment have brought depression and hopelessness, followed by general negligence towards health and increased risk behavior. During the last decade of the 20th century, the health status of the population of Serbia was harmfully influenced by numerous factors, but especially by the general situation in the country (the long lasting economic

crisis, the consequences of war in the surrounding countries and in Serbia as well, wide range of economic and diplomatic sanctions). The total population of Serbia, including Central Serbia and Vojvodina, is to be 7 875 380 according to Census 2002 (Federal Statistical Office 2002). The population of Central Serbia declined by more than 25 000 over decade, while the population of Vojvodina increased for more than 77 000. Serbia entered the crisis of the 1990s with the population profile overall of a developed country. The economic crisis led to a smaller number of births, increased emigration of young people and increased immigration of the elderly (among refugees and internally displaced persons). Today the major trend is a rapid ageing of the population. Consequently, the population of Serbia can be classified among very old populations. According to the data from 2000, somewhat over 12% of residents are aged 65 years or more. The life expectancy at birth for males born in 1997/98 is 67.69 in Vojvodina and 69.96 in Central Serbia, while for females is higher: 73.24 and 75.00 respectively. National death registries for Serbia show that mortality among infants and children under five years declined by about half during 1990s. Infant mortality, which is a good indicator of general health status of the population, is decreasing over the recent years (from 17.2 – Central Serbia and 14.1 - Vojvodina in 1990 to 10.7 and 10.5 respectively in 2000). Mortality rate of children under 5 years in the Republic of Serbia during the last decade has also significantly decreased. Maternal deaths per 100 000 live births are relatively rare events; their number thus randomly varies year by year in Serbia. Nevertheless, the maternal mortality did not change significantly during the last 10 years and in 1999 it was 9.7 per 100 000 live births. A three-year moving average also shows that the maternal mortality rate was low and essentially stable throughout the 1990s. However, mortality has risen among most adult age groups, during most years, since 1995. The rise was small among those under 65 years and therefore increased with age. The chronic non-communicable diseases are dominating within the structure of death causes. At the first place are cardiovascular diseases with the share of 56.7% in Central Serbia and 58.4% in Vojvodina, followed by malignant neoplasm with the share of 17.1% and 17.5% respectively. According to the data of the mortality statistics (death certificates), there were no significant changes in the structure of causes of death during the last ten years. The survey of the health status, health needs and the utilization of health services of the population of Serbia conducted during the year 2000 by the Institute of Public Health, showed that even 60.4% of the adult population are smokers and that the one-third of all women and nearly the half of men are daily smokers (Institute of Public Health of Serbia 2000). Smoking is the highest among those 19 – 34 years of age. The nutrition of the population is mostly improper, 37% of the population can be classified as moderate, while 17% of the population is over-weight. As much as 63% of individuals are spending their spare time sedentary. Of those individuals with sedentary type job, three quarters are spending their spare time likewise. Hypertension is diagnosed in 41% of adult population of Serbia, while 27% is anemic. Although alcohol is consumed regularly only by 3.3% of the population, according to the weekly alcohol consumption, expressed by alcohol units and the estimated health risk,

82.7% of adult population of Serbia are at lower risk, 11.6% at high risk, and 5.6% at the highest risk. Females are most common in the lower risk category, and males in the high and highest risk category. Approximately 10.0% of adults are taking different kinds of psychoactive drugs (diazepam, valium, amphetamines), while 3.2% intake marijuana. Risky sexual behavior (not using condoms) exists in 56.2% of the population. The survey showed that approximately 18% of the population of Serbia has some sort of physical impairment, which in more than half of them is causing certain difficulties.

Nowadays many health problems in Serbia (FR Yugoslavia) can be classified as public health problems. The challenge for public health is to cope with conflicting priorities for improving the health status of the population, as well as to reform public health and the health care system. Therefore, public health and other professionals need a broad range of skills and selective depth in specialist knowledge areas of New Public Health (NPH). However, specialist knowledge is locked up within different disciplines that communicate among themselves rather rarely (Epidemiology, Hygiene, Social Medicine, Occupational Medicine etc.). The whole public health is medically driven with little input from other professions. The education of public health personnel is not multi-professional (which can best be realized in postgraduate programmes). The appropriate institutional format common in Europe, as independent university-based "School of Public Health" doesn't exist in Serbia to support continuing education in public health, health policy and management development. It is obvious the health reform process, as well as the new public health and health promotion development in Serbia is dependant on the accompanying training of new public health professionals, especially at the local level. It is an urgent issue to concentrate the nationally available public health intelligence as early as possible in training courses, which are related to the academic environment as well as to local public health needs. Such training courses should be able to produce competent professionals capable to develop new public health at the local level. The training courses also should provide the public health professionals with skills required for front-line health promotion (Evidence Based Health Promotion).

At the same time, introduction of decentralization at all significant social sectors is presented as great challenge for public health in Serbia, too. It opens doors to increase effectiveness of public health at the one side (through better recognition and satisfaction of population health needs), while at the other side it is necessary to introduce new forms of health promotion at local community levels (horizontal and vertical multi-sectoral and interdisciplinary collaboration). Better connections and collaboration among key partners in health promotion at the local level (public-health professionals in institutes of public health and primary health care centers – "Dom zdravlja", representatives of local governments, local educational sectors and local social care sectors, local NGOs and their networks, media, members of local communities and potential financiers) will lead to effective development and implementation of local public health strategies and towards population health improvements. Common education and joint work on

local public health strategies together with advocacy for health, will empower capacity and competence of public-health professionals at the local level.

Overall goal

Two years project, which is proposed, has to contribute to development and implementation of efficient public health strategies at the local level, based on the population health needs and participatory approach.

Objectives

To achieve this goal project has several specific objectives, which are planned to be accomplished within parallel and successive phases:

- Development of seminars for education of local public-health professionals in the field of new public health, which will be based on good principles of continuing education established in Bologna Declaration,
- Delivery of seminars among local public-health professionals to increase their knowledge in new public health and to gain skills for development of public health strategies based on local needs,
- Assessment of public health needs in local communities and designing local public health strategies, and
- Implementation of local strategies through small community projects and their evaluations.

Brief description of the project

Project, with duration of two years, will be developed in three phases and based on international programmes of new public health and contemporary educational methods, defined in Bologna Declaration, on OSI approach in the Workforce Development Programme, as well as on adopted and proposed documents of “Serbian Health Policy” and “National Public Health Strategy for Serbia”, as well as on specificities of local environments.

Description of activities

In the first phase, project team will direct its activities in order to design educative seminars (modules) for capacity building of public health professionals from three regions in Serbia. The basic objectives of all modules will be to improve participants’ knowledge about new public health and to empower them with skills necessary for development and implementation of local public health strategies. Starting from development of local partnership for health, as form of collaboration through strong coalition, with aim to improve health of local

population, education will target all relevant partners at the local level. Numerous health problems are too complex to be solved only by health services. Besides this, solutions for health problems could be found only at the places of their origins – local environments where people are working and living. Through partnership for health, local community could instruct development of healthy public policy, influence changes of people behaviour, contribute to development of community health through changes in environment, minimization of health risks, and development of local initiatives for employment, prevention of other, numerous problems influencing local health. Therefore, participants in educative seminars will be professionals from regional institutes of public health, physicians from primary health care centres (“Dom zdravlja”), representatives of local governments (municipalities), representatives of educational sectors (teachers from primary and secondary schools), representatives of non-governmental organizations dealing with health and representatives of local media. Education will be organized through five successive seminars:

1. Public health, policy for health and public health strategy,
2. Health determinants and population health assessment and monitoring,
3. Information and knowledge in public health,
4. Public health management, and
5. Health promotion and community actions.

Seminars will be designed in the way that they could be accepted as a part of postgraduate education in the field “Master of Public Health” (according to actual Serbian legislation and University law its equivalent is: “Academic Specialization” or so called “Professional Master”).

1. Public health, policy for health and public health strategy – In the introductory part of this module participants will gain knowledge about the historical perspectives of public health, its definition and fields of public health, basic characteristics of new public health and basic functions. They will also highlight values and ethics of public health and its practice – health promotion. The content of module also involves principles and evolving context in defining each public policy and consequently policy for health in the sense of moving from traditional, administratively directed concepts towards horizontal, participative approach. Participants will also have opportunities to gain knowledge about current trends in EU legislation, which is covering public health issue, about new public health programme in European Union for the period 2003 – 2008 and about process of health advocacy. Special attention will be given to public health ethics. Objectives of this module is to enable participants to:
 - Understand meaning and importance of policy for health, context in which policy is developed and its possible options,
 - Describe developmental process in policy formulation (policy cycle)
 - Understand the role of citizens and other significant partners in the process of policy development,
 - Define roles of public health professionals in the process of formulation and implementation of public health policy,

- Highlight tools for public health strategy development, and
 - Underline phases in development public health strategy and build skills for its formulation.
2. Health determinants and population health assessment and monitoring – The content of this seminar – module will be defined in order to specify health determinants based on synthetic, comprehensive approach in explanation of complex mechanisms in which different factors influence people’s health. Health determinants will be a framework in defining genesis of health and different ways of its improvement. Objective of the module is to enable participants to:
- Broaden their knowledge about factors influencing health,
 - Recognize interaction between genetic and environmental health determinants,
 - Locate the roles of health services in adequate context within health determinants,
 - Recognize the roles of public health professionals in multi-sectoral collaboration and interventions for health.

The objective of the module will be also to offer the basic epidemiological knowledge about population health assessment. The importance of data sources and health surveillance will be presented to the participants, as well as importance of use of descriptive, analytical and experimental methods in analyzing and monitoring of population health status. Special attention will be given to highlight advantages and limitation of different epidemiological methods. Exercises within module will increase participants’ skills in using different population health indicators, as well as skills in application of epidemiological research in order to be able to design, implement and comment results of their own research and research of other investigators involving in population health problems. Participants will be also able to recognize the importance of health status monitoring in the process of formulation of public health strategy at the local level.

3. Information and knowledge in public health – The general objective of the module is to provide understanding of applicative domains of informatics, its importance and achievements in the public health system. In order to achieve this goal historical overview, current situation and possible future application of information and information-communication technologies will be presented to participants. This module has, as a base, understandings of processes, which model current and future information structure of public health system. Before increasing of specific knowledge participants will make the overview of health determinants and its measurement, together with population health status assessment. Understanding of this approach is based on basic sciences dealing with population health. Participants will gain:

- Knowledge about current and future trends in development of computer and communication technologies,
 - Skills necessary for its application in management and leadership including strategies for obtaining, budgeting, acquisition and implementation,
 - Knowledge and skills related to tools and systems of informatics science in the public health system including support to decision making process, outcome management, public health meta data bases, Internet and knowledge resources.
4. Information and knowledge in public health – The general objective of the module is to deliver general framework for understanding the management roles and its application through managerial practice in the practice of public health. The content of the module is related to general management theory, managerial processes and managerial functions, as well as to highlighting of management specificities in the field of public health. Its content is also directed to understandings of interrelationships among all management functions and towards understanding of nature of possible challenges facing managers in transitional societies during accomplishment of certain objectives in health policy and health promotion. After completion of the module, participants will be able to understand possibilities for improvements of public health system within the management strengths in transitional conditions, with application of active methods of education (nominal group techniques, case studies, simulations and role playing techniques). The content of the module will stress the operational questions, which could appear during public health strategy development and/or during development of the community projects. The main topics, besides management theory and practice and tools of strategic planning such as SWOT analysis, will include:
- Efficient project management (definition, organizational project structure, necessary human resources, steps in project management, development of realistic project budget and evaluation methods),
 - Data management system (data bases, form for case reporting, data collection techniques, quality assurance, control and improvement, follow up and auditing), and
 - Regulations in this field and skills in sponsor's attraction (sources, sponsor identification, sponsor motivation).
5. Health promotion and community actions – The content of the module is based on actual concept of health promotion, which encompasses multidisciplinary approach and maximal community participation. The basic objectives of the module is to enable participants to:
- Develop critical understandings of theories, concepts, principles, key questions and dilemmas related to health promotion,

- Critically analyze and explain possibilities and limitations of health promotion concept,
- Identify differences between health promotion and health education, as well as their relations,
- Learn to identify and apply different behavioral interventions and communication technologies in health promotion at individual and family level and the level of community,
- Apply knowledge and understandings of health promotion in selection of models for intervention – small community projects based on previously formulated public health strategies at the local level,
- Identify and apply appropriate methods of health needs assessment, and
- Develop, implement and evaluate health promotion programme in local communities and for local problems.

In the second phase, which will start with delivery of the second module, and will be organized together with education, participants will apply knowledge gained after second and third module to the process of local needs assessment in the regional public health, priority selection and formulation of local public health strategy. They will start from the new public health programme of EU (2003-2008) and from draft proposal of National Public Health Strategy for Serbia. Their work will be under the supervision of lecturers who are responsible for education, all the time. It is expected that during one year proposal of three regional public health strategies will be developed, which will cover 10 years in the future. In the second phase the process of local consensus development is also planned, through public discussions. The consensus development will be focused on the objectives of local strategies as well as activities (action plan). The process of consensus development will involve all relevant partners at the local level. The process of adoption of public health strategy at the level of local government will be also initiated together with its promotion through local media. Publishing of local public health strategies is planned, as well.

In the third phase, which will have duration of 6 months, small community projects will be proposed and their implementation. The project participants will be educated for these activities during fourth and fifth modules. Small projects will be oriented towards local health problems and towards local vulnerable groups (women and children, elderly, migrants, Roma population, people living with disabilities).

Project methods

The foundations of the project are contemporary educational methods and application of knowledge gained in the field of new public health. Education is based on the principles formulated in Bologna Declaration on Higher Education

with active participation of students. Seminars will be predominantly designed according to modules applied in the Schools of Public Health, members of ASPHER and its EMPH Network (European Master of Public Health Network), justified for the Serbian specific environment. They will be also based on the requirements of ECTS (European Credit Transfer System), which will support applicability of knowledge within the EU context, but also the possibility to include modules designed within the project in the regular Curriculum or Master of Public Health as a part of postgraduate education within the future School of Public Health (the school is supposed to be founded within the project of EAR within the next two years). It means that each module will be covered on the basis of 2 to 6 credits, out of which 40% will be under the supervision of lecturers, while the rest will be devoted to individual participants' work. One credit, with such a division of supervised and individual work, will have a duration of 30 teaching hours. Experts' lectures, seminars and exercises will be led by teachers and assistants of the School of Medicine, Faculty of Organizational Sciences, and other faculties of Belgrade University, together with experts from recognized schools of public health ("Andrija Stampar" Zagreb University, Croatia, School of Public Health, Bielefeld University, Germany). Examples of good practice in public health will be derived from the experience of successful public health projects in the community from Serbia and other European countries. Active methods of education include small group discussions, nominal group techniques, simulations, analysis of business case studies, experimental exercises, video films, with application of IT technologies (computers, Internet). Special attention will be devoted to individual work of participants, which will be followed by experts – members of the project team, through consultations. Each seminar will be evaluated before and after in relation to defined objectives and content, both participants' knowledge and the level of their satisfaction with the content, way of lecturing and workshops' leading.

Participants will be obliged to pass all five modules, to do public health assessment in their region and to formulate a local public health strategy, in order to obtain a certificate as confirmation of continuing education with a certain number of ECTS credits.

During the design of small community projects, participants will have regular one-month consultations with the members of the project team, while implementation of the projects will be supervised by the project team during field visits.

Target group

The target group in this project will be public health professionals and partners in the local community, who are relevant for development and implementation of public health strategy at the local level (from regional Institute of Public Health: 3, from "Dom zdravlja": 3, from Local Government: 1, from local educational sector: 2,

from NGO sector: 3). Considering the importance of local experience exchange, at the same time 3 regions will be involved, with possibility to develop local strategies in other Serbian regions, following the same method.

Dynamics and place of realization

Project will be realized in two years, first phase is supposed to have duration of 5 months, second phase – 12 months and third phase – 7 months. Selection of the regions will be done in cooperation with Fund for an Open Society – Serbia and Montenegro in order to cover territory of Vojvodina and Central Serbia. The next are proposed, because of well-known motivation of public, health professionals: Sombor, Pancevo, Sabac, Zajecar, Novi Pazar, Uzice, Krusevac. Education will take place at the Institute of Social Medicine, School of Medicine, Belgrade University, local activities under the supervision of project team will be organized in the region, public discussion of public health strategies in the regional institutes of public health, while small community projects will be implemented in the local communities by using multidisciplinary and participatory approach. Each seminar will have duration of two days, which will be calculated only as supervised hours of continuing education – 40%, while 60% will be devoted to individual work of participants. Dynamics of the project according to phases and activities is presented in table 1 in Appendix.

Project participants

Total number of full-time project members will be 10 (project coordinator, assistant project coordinator and 8 members, out of which 4 will be lecturers and designer of modules, while 4 will be creative workshop leaders). All full-time members of the project are PhD, MSc, teachers, assistants and scientific researcher employed at the School of Medicine, Belgrade University. It is planned that international experts will be also involved in project activities, in total 3 of them (from Croatia, Macedonia and Germany). All CVs of project members and international experts are presented in Appendix.

Project coordinator: Prof.Dr. Vesna Bjegović

Assistant project coordinator: Asis.Dr. Zorica Terzić

Project team members: Prof.Dr. Snežana Simić, Prof.Dr. Jelena Marinković, Doc.Dr. Vuk Stambolović, Doc.Dr. Dejana Vuković, Doc.Dr. Sandra Šipetić-Grujičić, Mr.sci. Nikola Kocev, Asis.Dr Bojana Matejić i Asis.Dr. Milena Šantrić.

Project Secretary: Radmila Vukic

Technical support: Ivana Indzic, Slavica Aleksic

International experts: Prof.Dr Ulrich Laaser, (School of Public Health, University of Bielefeld, Bielefeld), Dr.sci Selma Šogorić (School of Public Health

«Andrija Štampar», University of Zagreb, Croatia), Prof.Dr. Dončo Donev (Institute of Social Medicine, Medical Faculty, University of Skopje, Macedonia).

Place and time of project realization

Project will be realized at the Institute of Social Medicine, School of Medicine, Belgrade University and in the selected regions – regional Institutes of Public health and local NGOs. The first phase will start in December 2003. This phase, during which one module will be designed and delivered will finished in May 2004. The second phase will start in May 2004 and last up to June 2005, while third phase will begin in June 2005 and last up to the end of December 2005.

How shall we assess whether our project accomplished desired goal?

In the first phase the accomplishment of desired objectives will be assessed according to seminars – modules designed in the written form (its structure, quality and justification to the principles of Bologna Declaration). In this phase education will be also evaluated by participants with application of “before-after” evaluation design and by application of specific questionnaires which will assess participants’ knowledge and satisfaction with education.

In the second phase accomplishment of objectives will be evaluated by the same approach – “before-after” evaluation when education is considered, while proposals of local public health strategies will be also evaluated according to their objective and action plans, whether they are based on previous assessed local priorities – situation analysis, what are the structures and feasibilities of action plans and whether public health strategies are delivered in written forms. In this phase, project objectives will be evaluated also by numbers of participants in the local public discussions about proposed strategies, as well as by numbers of media contributions (in electronic and published media).

Third phase will be evaluated through small community health promotion projects and by the level to which multidisciplinary and participatory approach are applied – congruence between community project objectives and local public health strategy (its objectives and action plan), involvement of different partners from the community in the project activities, number of citizens covered by project intervention, level of citizens involvement, level of knowledge about health, which is gained by community members, eventually changes in their attitudes and behaviour.

One of the project evaluations during all three phases will be indicator related to number of project operational meetings and consultation with project participants from selected regions.