

Implementation of prevention programs as an element of creating health policy in Poland and Germany

Wdrażanie programów profilaktycznych jako element kreowania polityki zdrowotnej w Polsce i w Niemczech

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Wstęp. Rolą władz na szczeblach lokalnym i regionalnym jest kreowanie i wdrażanie regionalnej polityki zdrowotnej. Pojęcie polityki zdrowotnej obejmuje aspekty promocji zdrowia, profilaktyki zdrowotnej, a także działania związane z programami profilaktycznymi.

Cel pracy. Analiza wdrażania programów profilaktycznych w Polsce (w Lublinie) oraz w Niemczech (w Berlinie i Hamburgu) w 2010 r. oraz ich wpływ na zdrowie publiczne.

Materiały i metody. Główną metodą badawczą była analiza dokumentacji oraz innych informacji zdobytych w ramach polsko-niemieckiej współpracy naukowej. Materiał badawczy dotyczył przede wszystkim programów poprawiających stan zdrowia populacji w Polsce (Lublin) oraz w Niemczech (Berlin, Hamburg).

Wyniki. Z prowadzonych badań wynika, iż oba kraje – zarówno Polska jak i Niemcy – dostrzegają potrzebę wdrażania programów zdrowotnych, poprawiających stan zdrowia społeczeństw lokalnych. Badania pokazują, że programy zdrowotne są bardziej urozmaicone, programy polskie bardziej zcentralizowane.

Wnioski. Analiza działań społeczeństw lokalnych w Polsce i w Niemczech pokazuje, iż wdrażane programy zdrowotne przynoszą poprawę stanu zdrowia społeczeństw lokalnych w obu krajach. W związku z powyższym wnioskować można, że wdrażanie programów profilaktycznych jest ważnym elementem kreowania polityki zdrowotnej w Polsce i w Niemczech.

Słowa kluczowe: program profilaktyczne, promocja zdrowia, Polska, Niemcy

Introduction. The role of local and regional authorities is creating and conducting regional health policy. Health policy includes health promotion, disease prevention and its components such as prevention programs.

Aim. The main objective of the study is to analyze the implementation of prevention programs in Poland (Lublin) and in Germany (Berlin, Hamburg) in 2010 and their impact on public health of the local society.

Materials & Methods. The test method is the analysis of the research material as well as other information, obtained in the Polish-German research collaboration. It consists of the programs which improve the public health of the population in Poland (Lublin) and in Germany (Berlin, Hamburg).

Results. Both countries – Poland and Germany – notice the need of the implementation of health programs, which improve public health. The research also shows that the German programs are more varied than the Polish ones, although the Polish health activities are more centralized.

Conclusions. The analysis of the activities undertaken by the local authorities in Poland and in Germany shows that the implementation of the prevention programs helps to improve public health of the local community in Poland and in Germany. Accordingly, the authors conclude that the implementation of the prevention programs is a very important part of the creation of health policy in both countries.

Key words: prevention programs, health promotion, Poland, Germany

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Introduction & Aim

The role of local and regional authorities in creating and conducting regional health policy has for long been recognized in the documents of the World Health Organization. Its importance is also evident in the activities of the European Union. Health policy is a component of health promotion, and its activity is in the area of social policy. Health is a common and the most important desire of society. It is also declared as the most appreciated, and generally ranks first in the hierarchy of values [1]. The starting point for the health promotion is health and its purpose is to increase its reserves and potential. The progress of medicine has less impact on the average life expectancy and health than environmental factors, especially lifestyle and health behavior. Despite this, the activities of the institutions of health care system in Poland and Germany were focused on treatment rather than on prevention.

The concept of new public health shows that the areas of activity falling within the scope of health include: health promotion, health prevention (diseases), health education and health policy. The creation and implementation of prevention programs in Poland and Germany is to address each of the areas. Properly understood and implemented health promotion is always an intervention in the social system. Health policy, to the expected results must include the most relevant from the point of view of health promotion-health determinants, which are contained in most economic and social sectors. By attaching the remaining components of health promotion, health education and prevention, you can create a chance of full implementation of the goals and objectives in this field of activity for health, in order to increase control and improve the health status of the population, the evolution of the needs in addressing health problems and increase the health potential in the society.

The health program is defined as scheduled and the intended actions with a range of health care rated as effective, safe, and justified within a specified period to achieve set goals [2]. They rely on the detection and implementation of specific health needs and aim to improve the health status of a particular group.

Health programs in Poland can develop thanks to the Finance Ministers, government entities or National Health Fund [3]. The completion of the tasks from the scope of health promotion by the provincial government in the framework of health policy programs shall be governed by the law of 27 August 2004 about health care benefits financed from public funds [2]. German Health programs are a part of the nationwide strategy for public health. Such programs work to create an opportunity to consolidate and continuously improve the health of the citizens. Large financial outlays on health and a well-functioning system support

the strategy, which is thus more effective [4]. Health promotion in general practice in Germany is strongly committed towards an individual patient and is closely related to disease prevention and risk reduction [5].

Material & Methods

The test method is the analysis of the research material. It consists of the evaluation of the government actions for the improvement of public health in Poland and Germany. The analysis includes the presentation of the implementation of preventive programs carried out in Poland (Lublin) and in Germany (Berlin, Hamburg) by the provincial government. The research material constitutes documents obtained from the Department of Health and Policy Marshal's Office of the Social in Lublin and items of literature.

Results

During the 102nd National Conference of German Doctors, a resolution about health promotion was passed: "...health policy has to provide the essential prerequisites for health promotion, such as:

- The development of health-promoting policy.
- The structuring of health-promoting living conditions.
- The support of health promotion community activities.
- The re-orientation of health care service toward health promotion" [5].

Due to this strategy, currently in Germany there are carried many health programs popularizing: healthy nutrition, physical activity among elderly people, health risk-reducing behaviors caused by stress, family policy, healthy development of children and youth, prevention of dental caries in children and adolescents, healthy behaviors among the unemployed. The specificity of these programs is determined by incorrect – for medical reasons – health behaviors of German society [4].

Having as a priority the improvement of health and ethics and detection of diseases in the early stages of development, the provincial Government of Lublin undertook the funding of health programs.

Promotion of healthy nutrition program

In Germany, there are already created numerous health programs that encourage proper nutrition, such as: "Familienprojekt Adebar" (Hamburg), which was directed to parents with children under 10 years of age from the poorest social classes. Under the next program, which is called "Stadtteilmuetter u.a." (Berlin) there were organized lectures and presentations for the whole families on the topics of educating the family on healthy eating, avoidance of addictions,

and to encourage physical activity. Another program "Gesund essen mit Freunde" (Berlin) organized joint meetings between the immigrants from Pakistan and German women about the science and practice in cooking healthy meals. The next project "Lernen durch Genießen – Gesunde Ernährung aus Sehpferdchens Küche" (Hamburg) was directed to children. There were prepared healthy meals for them, then the children tasted them. Later, together with the leading course persons they learned how and of which food products you can prepare a tasty and healthy meal. The next program "Guck in den Topf" (Berlin) was involved common preparation and consuming healthy meals by people from marginal social groups [4].

Program for prevention and early detection of glaucoma

The Program was directed to the working people of the Lublin province, aged over 35 years without a recognized deposition of glaucoma. 503 people took part in the research. In the course of the implementation of the program, 191 women representing 37.97% of the population and 312 men (62.03%) were examined. People aged 35-49 years – 49.7% of all examined, and people over 50 years – 50.3%. The program included: ophthalmological survey, including Visual acuity test; gonioscopy; tonometry; study on slit lamp; DNA testing; computer perimeters.

Among 502 people who were eligible to participate in the program, because of exposure to the risk of glaucoma, in 36.98% cases varying degrees of pathology were found (the study or in the interview), including:

- every third of the interviewees had received a recommendation for the observation and control for 12 months,
- visit to the Eye Clinic – 6.56%,
- hospitalization of 20% of participants.

Health Program for prevention of spine problems and physio-prophylaxis on the ergonomics of work

The program implemented on the basis of the provincial Centre of occupational medicine in Lublin was attended by 100 nurses and office workers employed in Lublin companies at the age of 25-55 years; the age group of 25-35 years accounted for 20% of the respondents, of 36 to 45 years for 50%, and of 46 to 55 years of age for 30%. The program participants were divided into groups according to the place of employment: nurses in this group indicated the importance of ergonomic principles of work with the patient (lifting, moving, transportation), the office workers – put emphasis on the proper execution of work in a sitting position. Within the framework of the program there were:

initial medical examination (detailed examination and interview by a forearm position), the questionnaire survey, 16 h of exercises, the spine and body position correction, learning self-control of the correct position of the body, relaxing muscles and lectures about the dangers of incorrect body position during the execution of work, meeting with a psychologist.

People participating in the research, despite claims of forced body positions in the majority (70%) do not use auxiliary equipment. Aches and pains of the spine were declared by 93% of the respondents. The subjects their most aches and pains would situate in lower back (65%) and other places (21%). More than half of the respondents (51%) stated that the aches and pains from the spine decreased the quality of the services carried out.

Prevention Program of the organ of hearing

The hearing organ disease prevention program based on WOMP in Lublin and Branches in Chełm and Zamość was attended by 1834 people. In the course of implementation of the program 365 women were examined, which represented 20% of the population and 1469 men (80%). The largest group consisted of young people up to the age of 40 years (45%). The other group consisted of people aged over 40 years (55%).

30% of the participants were employees with the seniority of 5 years, with the job experience of 6-10 years – 21% of the participants, the employees with the seniority of 11-15 years – 14% of the participants, the employees with the job experience of 16-20 years – 11% of the participants, the employees with job experience of more than 20 years – 24% of the participants.

The framework of the program provided: accurate professional interview, testing, and education-oriented diagnostic audiometric.

The majority of program participants (89%) indicated the noise nuisance in the process of work, and 32% of the polled declared the exceeded standards for noise in the workplace. Among those taking part in the program whose ailments were the effects of noise (impaired hearing, respiratory rhythm changes, insomnia) were almost 1/5 of the population tested. Among 1834 people that participated in the program as many as 362 people (which represents 20% of those polled) were directed for laryngology treatment.

Health promotion program in the field of prevention of the organ of voice due to excessive effort

The program was attended by 150 working people. The largest group consisted of people with job experience of over 15 years (39%). The program was to provide:

- assessment of the eligibility and throat examination to participate in the program,
- final testing of the diagnostic to assess the effects of participation in the program.

All qualified for the program took part in a 60-hour week voice workshop.

Among those participating in the program, only 7% declared professional preparation – they had voice training. In the test group the chronic rhinitis was found in 21% of individuals.

The Health Program for the early detection of breast cancer for women

The program was attended by 944 women aged 40 to 69 years, the women aged 40 to 49 years accounted for 84% of all subjects. The other participants were women aged 50-69 years (16%). Among the surveyed women a much larger group of women had given birth at least once (90%), as compared to women without children (10%). Among the women taking part in the largest group (43%) were ladies who had never had a mammogram done. Thanks to this program, an interview and a screening mammogram were provided.

In the group of participating women such changes as breast pain, leaking from the nipple, nipple retraction, a lump, thickening, or changes in the skin of the breast was found in 31% of those polled. The results of mammography in 33.7% of the surveyed highlighted the presence of benign lesions, and in 0.3% (3 persons) there was a suspicion of malignancy. All women with suspected pathologies were directed to an in-depth diagnosis and possible treatment. 34.5% of the women were referred for further testing (ultrasound, mammogram, breast pathology clinic).

The Prophylactic Program in the field of stress-based disease prevention

The program was attended by 300 people. Among those participating in the program were nurses, officials, teachers, managers. The participants took part in 24-hour workshops, within which the mechanism of formation of stress, the stress response, anti-stress techniques, relaxation were discussed.

The factors that were mostly mentioned by the respondents as a source of stress at work (number of factors in the questionnaire was 50):

- my position is associated with low prestige and social recognition,
- mistakes or negligence at work on my position can result in loss of other people's health and even lives,
- in my workplace there is a conflict, annoyance and quarrels with patients and other people from outside the company.

Before the program the level of knowledge of participants on topics associated with stress by using the evaluation scale and, at the end of the workshop, using the evaluation scale II was examined.

Screening Program of sleep apneas

The study was conducted on 1.000 people including 534 men and 466 women. The program invited people who were overweight, obese, snoring, chronically tired, with chronic cardiovascular diseases, sleep disorders. The aim of the scheme was to verify the occurrence of symptoms of obstructive sleep apneas, early diagnosis and treatment and prevention of the development of complications.

The medical examination revealed:

- curvature of nasal septum in the middle on 233 people, high on 73 persons – hypertrophy of turbinate in 338 people,
- reduced nasal patency in 254 people, and large in 85 people,
- hypertrophy with excessive loose soft palate in 277 people,
- hypertrophy of tonsils in 341 people, lesions of the larynx in 22 people,
- overweight in 448 people and obesity in 296 people.

After analyzing the data from the interview and the results of physical examination of the patients, 444 people were directed for polysomnography in Otolaryngology. Depending on the results of the test the patients were qualified for specific treatments for sleep apnea. In 127 people group qualified to ENT some disorders were detected by polysomnography requiring surgical treatment.

Lung Cancer Prevention Program in Lublin

565 people, 303 men and 262 women aged over 50 years took part in the program. The population-based studies in the program were based on computer tomography of the chest, which was conducted on a group of 565 people. The criterion for inclusion in the study was smoking 20 or more cigarettes a day for at least 10 years. The objective of the program was to verify the risk of developing lung cancer.

In the evaluation of computer tomography of the chest in 465 people there were found deviations from the norm, and in 100 tested the computer test showed changes in tested structures. The following changes were detected:

- emphysema found in 11 people,
- micronodular changes in the lungs found in 79 people,
- the urinary system changes found in 3 people,
- a suspected malignant lung tumor found in 4 people,

- inflammation of the esophagus found in two people, degenerative changes of the spine found in 13 persons,
- remodeling suspected thoracic spine (Th₁₂) found in 1 person.

All interviewees were sent for consultation to the pulmonologist, neurosurgeon, internist and further diagnostic CT, skeletal scyntygraphy and ultrasound.

Program for prevention of HCV infection

This health program covered 300 people over the age of 18. The tests realized due to the program included anti-HCV immunoglobulins appearance, interview and physical examination.

HCV immunoglobulins were found in 18 people, which represented 6% of the surveyed population, with an average estimated national of approx. 1.4%. The vast majority of the infected were young people under the age of 40 years. The infected persons were referred to the Clinic of infectious diseases for detailed diagnostics. Some of the people referred for liver biopsies used the Interferon and Ribavirin treatment. HCV infection diagnosed too late in the cirrhosis is not eligible for the treatment of p/viral.

Discussion

Health care is obligated to entrench on the highest possible level the health status of the population and prevent its deterioration [6]. This system must ensure the fulfilment of the legitimate expectations of the public in terms of the provision of benefits [7] and in this respect may introduce health promotion actions which enable the public to increase control and improve health [8, 9].

Health promotion and prevention conducted professionally over a long period of time provide tangible benefits, as confirmed by Grychtoł, Irzyniec, Kazmierczak, Grad, Mrozek [10]. The study of implementation of health promotion programs in Katowice show that local authorities implement prevention programs, created on the basis of epidemiological, demographic and environmental data, always in response to the needs of public health.

The German Doctors' Association (*Bundesärztekammer*) has developed a *curriculum* for medical health promotion, in which individual health counseling is highlighted as the main health promoting activity provided by the doctor. This reflects the situation of health promotion in general practice in Germany in which the service is provided to an individual [5].

Fetlińska and Zagroba [11, 12] discuss health promotion programs on the basis of experience of the Health Consortium Ciechanów. They emphasize the undeniable usefulness of programs and evaluate the

effectiveness of the utmost importance, which should be taken into account already at the stage of preparation of the program. To take action, you must specify the problems of the population relying on the widest available sources. The problems may relate to health but they can also be social phenomena affecting the health status of the population [13]. This is confirmed by Karski [14], pointing out the need to establish local community health plan, the starting point being a description of the current health problems of the population.

Kulmatycki [15] argues that good preparation for the implementation of the tasks from the scope of health promotion means the adoption of a minimum of three solid pillars. They are: consistent, long-term and apolitical strategy-specified budget and specialists. Gaś [16] introduced the model of 12 characteristics of effective prophylactic program, particularly important to develop measurable goals and objectives resulting from the assessment of the needs of local communities and the participation of local specialists. Górska, Samoliński, Jakubik [17] notice visible progress in shifting the focus of the health policy task in providing medical benefits to prevent disease.

Conclusions

The Government Authorities in Lublin in 2010, implemented the tasks of health promotion cancer prevention, stress based, voice, hearing, motion, glaucoma, spine diseases, sleep apneas and HCV infections. Extensive activities have contributed to improving the quality of life, health, and, in many cases, to saving the life of the residents.

The analysis of health promotion activities undertaken by the provincial Government of Lublin helps to come to the conclusion that local authorities have favorable conditions for the implementation of local policies of preventive treatment. The local Government show that it is possible to carry out health policies by making important diagnosis, health needs and health risks and adapt to them in implementation of health programs.

Part of many prevention programs implemented in 2010 were training programs carried out by specialized teams. The participants declared that the knowledge and skills gained in the course of their implementation would be reflected in work and daily life, raising the quality of work, as well as quality of life.

Through the prophylactic programs implemented in the macro-region of Lublin in 2010, the local community was enabled free participation in the prevention studies, which greatly contributed to the improvement of the health situation of the society, which is the essence of health promotion.

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