

Health promotion in the context of National Health Programme to 2015

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ABSTRACT

In 1998 on the World Health Assembly there was approved that health is one of the fundamental rights of the human being. Human health depends on many interrelated factors, among which the most important is lifestyle. For this reason, efforts to improve public health should be focused on health promotion, including health education and prevention.

Health promotion is defined as the process of enabling people to increase control over their health by making choices and decisions conducive to health.

Improving the health and the life quality are the primary goals of the Polish National Health Programme for 2007-2015.

This article presents the specific objectives of the Polish National Health Programme in the context of health promotion, including among others, the reduction of tobacco distribution, alcohol consumption, nutrition improvement and physical activity increase among Polish population.

Key words: health promotion, health determinants, Polish National Health Programme

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INTRODUCTION

To lead an effective health policy it is necessary to determine concrete targets, priorities and tasks which should be consequently achieved. In this process the control of all the reached targets within the framework of health prevention and health promotion is indispensable. National Health Programme (NHP), whose first version was introduced in the years 1996-2005, was a tool used for the systematisation and support of the Polish health policy. This programme responded to the challenges which constituted very worrying tendencies in the health status of Polish population and had been present in Poland since the beginning of 1970s, e.g. the increase in blood system illnesses or the increase in tobacco and alcohol consumption. NHP for the years 1996-2005 set forth first of all multilevel activities in many sectors for the benefit of the health of Polish population. Therefore, the Prime Minister established the NHP Interministerial Coordinating Team consisting of the representatives of different ministries and arranged operational targets and tasks in the NHP schedule together with expected health indicators, like reduction and change in the structure of alcohol consumption, reduction of the number and severity of road injuries, or increase access to primary health care.

Despite the legal regulations, NHP was not followed by successive governments. The Interministerial Coordinating Team was not summoned regularly, as the result of which NHP was not always launched according to the schedule. However, these unfavourable conditions did not cause any disturbances in the work of local self-government and non-governmental organisations, which often approached the tasks included in NHP targets without the support of government administration [1].

NHP project for the years 2007-2015 was authorised by the Polish cabinet on 15th May 2007 as the appendix to resolution no. 90/2007 [2]. The foundations of National Health Programme are based on the definition included in the World Health Organisation constitution defining health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity and on the accepted international establishment that health is a basic right of every human and it is social wealth [3]. A healthy human has a bigger chance for self-realisation, satisfying performance of social roles or good adaptation to the change of environment.

However, the basic condition to reach NHP targets is the cooperation between government bodies, non-governmental organisations, as well as self-governments, local communities and citizens.

In the article the main targets and assumptions of the Polish National Health Programme 2007-2015 will be presented. Most data are based on the Polish Ministry of Health documents, available on the Ministry official website.

1. Health determinants and health promotion

The foundation of National Health Programme is the idea of health promotion consistent with Ottawa Charter for Health Promotion (1986), which defines health promotion as a process of enabling people to increase control over and to improve their health [4]. Human's health depends on many interconnected factors among which four main groups are distinguished:

- lifestyle – about 50% contribution,
- physical (natural and created by humans) and social environment of life, work and education – about 20%,
- genetic factors – about 20%,
- health service – about 10%.

Socio-economic conditions also belong to the important conditions of human health, while poverty and low level of education constitute the biggest threats to health.

In connection with the above, the responsibility for health condition of the society is shifted from health service to many socio-economic sectors as lifestyle determines health to the biggest extent. It is people who decide to a very big extent about their health, which is rightly reflected in the proverb "your health in your hands". The development of health policy favourable to making decisions advantageous to people's health depends on politicians, government and self-government administration, non-governmental organisations.

In the light of the Act of 15th April 2011 on medicinal activity health promotion constitutes actions enabling an individual person and a society to increase control over factors determining health status and at the same time health improvement, the promotion of healthy lifestyle as well as environmental and individual factors beneficial for health [5].

Health promotion also has to represent mediation strategy between people and their environment to enable individual choice and social responsibility for the present and future health. It should take into account all people and concern their everyday life. Public participation in defining problems and making decisions related to the improvement or the change of health determining factors are the main tasks of health promotion. By this way it should integrate all social sectors and the government and encourage them to close co-operation and activities for the benefit of everyone's health. Health promotion can be defined

as a new strategy within the framework of health and social life, which on the one hand is an activity in the field of social policy and on the other hand it is an endeavour to be healthy and preserve health on the basis of an appropriate lifestyle [5].

2. National Health Programme targets

The main target of NHP is “Health improvement, life quality improvement of the society and the reduction of health disparities”.

This aim should be reached by means of:

- the formation of healthy lifestyle,
- the formation of life, work and study environment beneficial for health,
- the stimulation of self-government and non-governmental organisations to activities beneficial for health.

This target expresses the idea and tools presented in NHP [6].

In the National Health Programme for years the 2007-2015 four basic fields of action are distinguished by means of strategic and operational targets:

- strategic targets for health – they constitute a group of targets which concern social and the most important health problems in Poland. They refer to social diseases and phenomena (disparities in health) which constitute the main death cause in Poland as well as to the diseases which cause disability in the society.
- operational targets:
 - targets related to risk factors and activities in the scope of health promotion,
 - operational targets concerning selected population groups,
 - essential activities on the part of health services and local self-government.

This division is not only logical systematisation of operational targets but also the reflection of NHP objectives for the next few coming years and requirements included in WHO Strategy “Health 21” [7]. In the new NHP edition most operational targets from NHP for the years 1996-2005 have been sustained [8]. However, it has also been decided to introduce a number of new elements which were absent before. This change concerns the last category of targets – targets connected with healthcare system and the functioning of local self-government [9]. However, from point of view of health promotion most important targets are targets related to risk factors and activities for health promotion as well as operational targets concerning selected population groups, which can be divided into smaller, more detailed operational targets.

2.1. Targets concerning risk factors and activities for health promotion

2.1.1. The reduction of tobacco distribution

Smoking has been regarded as one of most important risk factors for cardiovascular diseases, cancers, respiratory diseases and infants’ health. Despite the achievement of successes in the reduction of tobacco usage in Poland in the 1990s health benefits resulting thereof, it should be remembered, that to a higher extent this problem was related to men than women and also to the better educated (and richer) than worse educated (and poorer) segments of society. Big differences in the frequency of smoking among men and women are starting to efface, especially in metropolitan centres. Moreover, the socio-economic differentiation of attitudes towards this problem is increasing [10].

In the light of the situation presented above, a number of tasks have been identified. It has been decided to make an effort to eliminate smoking among pregnant women and to popularise educational programmes preventing smoking among children and youth. Moreover, steps to guarantee all the employees in Poland places free of tobacco smoke have been taken and “World Health Organizations’ Framework Convention about Tobacco Control” has been introduced [11].

By way of the achievement of the above mentioned targets, it is expected to keep the decrease rate of the cigarettes smoked daily on the annual level 1-3% and to eliminate smoking among children and youth. Consequently, the frequency of health problems among children resulting from the forced exposure to tobacco smoke should decrease and so should decrease the number of new diseases and untimely deaths caused by the tobacco smoke inhalation.

2.1.2. The reduction and change of alcohol consumption structure and the reduction of health problems caused by alcohol

In the recent years high-percentage alcohol consumption in Poland has increased, which was caused mainly by the reduction of excise tax in 2002. In the years 2002-2004 the registered consumption of alcohol increased by 15%, from 7 to 8 litres per one polish inhabitant. Surveys conducted by The State Agency for the Prevention of Alcohol-Related Problems (PARPA) show that in the years 2003-2005 the consumption of alcohol has increased by 30% [12]. This has entailed a number of unfavourable occurrences, such as the increase in admissions to the sobering-up stations, the increase in the reported cases of police intervention in the case of domestic violence caused by alcohol by 8% a year, the increase in the number of cases of driving under the influence of alcohol. Also a significant increase in admissions to detoxification treatment plants has been observed;

between 2003 and 2004, the number of patients in such institutions increased by 7.5 thousand and the number of patients in ambulatories by 15 thousand [12].

The goal is to reduce alcohol consumption and the cases of drunken driving and to increase the number of trainings entailing the prevention of alcohol usage at schools and in other educational and cultural institutions.

The achievement of the targets presented above is possible by means of the reduction of access to alcohol and the limitation of illegal alcohol trade. There are plans to create and popularise preventive programmes for children, youth, teachers and parents.

It is expected that the number of deaths caused by chronic liver diseases and psychical and behavioural disorders connected with alcohol will decrease. It is also expected that health harms caused by alcohol (including risky sexual contacts) will be limited.

2.1.3. The improvement of population's nutrition and food quality, the reduction of obesity occurrence

Both in the developing and developed countries, the occurrence of chronic non-communicable diseases is increasing, among which dominant are cardiovascular diseases, some kinds of malignant tumours and diabetes type 2. Chronic non-communicable diseases were in 2001 the reason of almost 60% deaths in the world and constituted 47% of all diseases. The most important risk factors are in this case: high blood pressure and high concentration of serum cholesterol. These diseases are caused by the following: too little fruit and vegetable consumption, overweight and obesity, lack of physical activity and tobacco smoking. Therefore, WHO upon a request of member states has drawn up a document "Global strategy on diet, physical activity and health" which was authorised on 57th World Health Assembly [13]. Having approved this strategy member states are obliged to define, implement and evaluate activities promoting healthy diet and physical activity and decrease the occurrence of chronic non-communicable diseases whose causes are generally the same in all countries. The strategy emphasizes activities taking into account all aspects of diet problems. These are: the problem of both too lavish meals and malnutrition, matters connected with nutrition safety, quality and safety of food and the promotion of solely breast-feeding during the first six months of an infant's life.

Moreover, activities to popularise the rules of proper nutrition will be launched at schools and the knowledge about ingredients and nutritional value of food products and about food labelling will

be popularised to enable consumers making an aware choice.

Thanks to this it is expected that the occurrence of the risk and frequency of chronic non-communicable and nutrition-dependent diseases will be reduced, average men and women life expectancy will increase, the rate of deaths caused by the diseases connected with defective nutrition will be reduced and the risk and frequency of diseases associated with inadequate quality of food will decrease.

2.1.4. The increase in the population physical activity

Polish society is characteristic for low physical activity. It is estimated, that only 30% of children and youth and 10% of adults do some forms of sport which fulfils the physiologic needs of the human organism [14].

In the light of the situation presented above, it has been planned to inspire headmasters of all types of schools to introduce additional physical education lessons, both within the obligatory curriculum and within extracurricular activities and to introduce modern programmes of physical education.

The aim is also to introduce attractive forms of motivating people to increase their own physical activity and to form habits of keeping thereof. It is important to promote certain forms of physical activity in the treatment of civilisation diseases as a support for pharmacotherapy and medicinal treatment.

Thanks to these actions it is expected to increase the level of society fitness and physical efficiency, improve society's psychical condition, diminish the occurrences of obesity, musculoskeletal diseases, and cardiovascular diseases as well as limit pathologic occurrences, especially among youth.

2.1.5. The limitation of the usage of psychoactive substances and the harms connected therewith

Among older youth and young adults it becomes more and more popular not only to use cannabis extract but also synthetic drugs, especially amphetamine and ecstasy. The popularity of heroine intended to smoke is also increasing. Health problems resulting from the occasional drugs usage have more and more significance [15].

Therefore, it is expected that the increase rate of the number of people using psychoactive substances will slow down, the access to different forms of help and treatment, especially substitutable and ambulatory treatment, will increase and the increase rate of the number of

children and youth using psychoactive substances will be reduced.

The achievement of the targets is planned *inter alia* by means of creating new medical and rehabilitation facilities and new substitutable treatment programmes as well as increasing the number of substitutable medicines.

It is also planned to create social re-adaptation programmes for problematic users of psychoactive substances which would take into account the problems of occupational re-adaptation. The support for people keeping abstinence and for early intervention programmes addressed to occasional users of psychoactive substances is also very important. It is also intended to intensify the activities against illegal market of psychoactive substances.

2.1.6. The reduction of the exposure to harmful factors in the life and work environment, its medicinal outcomes and the improvement of the sanitary condition of the country

The prevention of environment contamination is usually a long-term activity. Due to the fact that the elimination of all destructive factors from the environment is impossible, it is necessary to limit these factors. This idea has been advocated by the European Union.

Despite the permanent improvement of the environment status, the situation in Poland is still unsatisfying and requires the intensification of repairing actions. Air pollution in workplaces and flats, atmospheric air pollution, drinking water contamination, surface water contamination, soil and food contamination cause many medicinal disorders. This increases the risk of the evolution of illnesses, especially chronic diseases: of respiratory and digestive systems and also cancers, spontaneous abortions, perinatal deaths and birth defects.

Present NHP programme continues the existing programmes and introduces new long-term programmes from environmental health. The above mentioned targets concern also the elimination or modernisation of technologies which cause air pollution in workplaces, flats and public facilities and the restructuring of agricultural production in the areas having their soils excessively contaminated with toxic substances.

The main expectations from the above mentioned activities are: the decrease of the emission of the range of dangerous substances to the atmosphere and the improvement of surface waters used for public supply and public bathing waters. Thanks to that, the decrease in the rate of deaths caused by respiratory diseases and cardiovascular diseases, the decrease of the incidence of acute and chronic respiratory diseases

and occupational diseases, as well as the decrease in the incidence of certain cancers will follow.

2.2. Operational targets concerning chosen population groups

2.2.1. The improvement of healthcare for mothers, infants and young children

The most frequent reason for infants' deaths in Poland is still medical conditions arising in the perinatal period, that is in the time of mother's pregnancy and in the first 6 days of infant's life [16].

The superior target in the case of healthcare for pregnant women has become to ensure proper pregnancy course and the identification of risk factors as early as possible, which allows providing women with appropriate care, adequate to the needs. That is why by performing a range of activities, it is expected that the health of infants born prematurely will improve, the morbidity among children will decrease, and the number of children with disabilities will decrease.

2.2.2. The support for psychosocial and physical development and health and prevention of the most common social and health problems among children and youth

In the present action strategy for children's and youth's health and growth, the main directions of activity should be: the reduction of inequalities in health, the development of resources for health, the elimination of health risks [17].

The priorities are:

- intensification of activities for health promotion with regard to children and youth,
- prevention of: injuries, obesity, psychoactive substance usage, domestic violence (including sexual violence) and violence among peers, sexually transmitted diseases (including HIV) and pregnancies among minors,
- provision of counselling and assistance for parents, children and adolescents with developmental disorders and mental health disorders (especially among younger children and teenagers), the chronically ill, the disabled, living with HIV and minor mothers.

The main expected effects of these actions are the increase in the percentage of youth who go in for advisable amount of physical activity and eat well. Another expected effect is to stop the increasing trend of high frequency of behaviour risk for health among the youth.

2.2.3. The creation of conditions for healthy and active life for older people

In Europe in the recent decades the ageing tendency of societies has been observed. In the European countries every 7th person is over 65 years old, while the number of people in the age 0-19 years old is decreasing [18]. Moreover, the decrease in birth rate and the increase in life expectancy have been noticed. The problem of society ageing has become so important that in 2002 WHO presented in Madrid Framework Policy on Active Ageing [19]. There were also two other documents presented: Political Declaration and International Plan of Action on Ageing [20]. Both of them include a message addressed to the societies all over the world to strengthen social behaviours aiming at full acceptance of the elderly and providing them with the opportunities of development.

According to these resolutions, National Health Programme has to promote active ageing, the feeling of being healthy among the elderly, the feeling of safety and the opportunity of active participation in economic, cultural, social and political life and also the reduction of the prevalence of disability, chronic diseases and premature deaths among people over 60.

2.3. The creation of conditions for the active life of the disabled

According to the results of National Census of Population and Housing conducted in 2002, the percentage of people with disabilities constitutes 14.3% of the Polish population, which means that every seventh citizen of this country is a person with a disability [21].

Additionally, demographic data (society ageing) and progress of medicine show, that the percent of those at risk of disability and therefore of those who require rehabilitation is likely to grow steadily. This dramatic high number of the disabled is a premise to introduce the strengthening of activities aimed at integrating the disabled in social and economic life of the society.

National Health Programme for the years 2007-2015 faces these problems and by a number of actions expects the following results: the increase in the participation of the disabled in society, the reduction of functional barriers hindering the life of people with disabilities and the increase in social and professional activity of the disabled.

2.3.1. Intensification of prevention of dental caries among children and adolescents

Three international organisations: FDI World Dental Federation (www.fdiworldental.org), IAPD (International Association of Pediatric Dentistry) (www.iapdworld.org) and IADR (International Association of Dental Research)

(www.iadr.com), concerned about oral health together with WHO have jointly formulated strategic medicinal targets which should be reached at the global range by 2020 [22].

These targets are: health promotion and the minimisation of the impact of oral diseases on overall health and human development and the minimisation of the impact of systemic diseases with symptoms in the mouth on an individual person and the society. These tasks are to be completed with the help of the development of early diagnosis, prevention and effective treatment of these diseases.

The actions defined in the National Health Programme include activities, such as the intensification of health education on oral health, the introduction of teeth brushing habit after main meals in preschools, the improvement of the access to children and youth dental services, as well as the implementation of long-term healthcare policy of the Minister of Health entitled "Programme to improve dental care for children and youth".

CONCLUSIONS

National Health Programme for the years 2007-2015 elaborated in the National Institute of Hygiene generally specifies the directions of activities to be undertaken for public health at the national level. Its success will largely depend on the actions taken at the lowest levels of implementation and the coordination of individual sectors. It is also the involvement of the media, especially the public ones, who will not only inform about the social effects of NHP but also monitor these effects.

The effects of this work will be presented in the results of the monitoring of the National Health Programme, reported annually. They will constitute a kind of indication of the extent to which public health system in Poland has developed.

Conflicts of interest

The authors have declared no conflicts of interest.

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