LA PROMOZIONE DELLA SALUTE

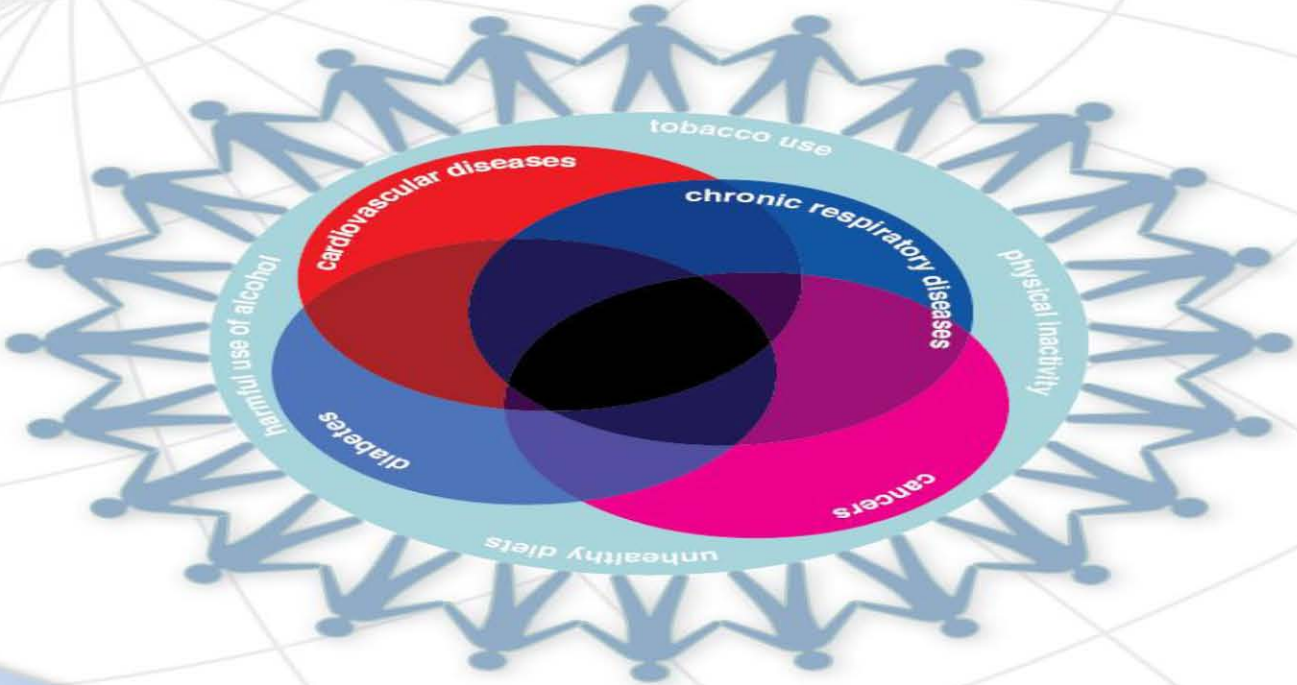
E L'ATTIVITA' MOTORIA

21 Novembre 2011

Rovigo

(Dr. Giovanni Pilati)

Global status report
on noncommunicable diseases
2010



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Action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016

Investing in prevention and improved control of noncommunicable diseases (NCD) will reduce premature death and preventable morbidity and disability, and improve the quality of life and well-being of people and societies. No less than 86% of deaths and 77% of the disease burden in the WHO European Region are caused by this broad group of disorders, which show an epidemiological distribution with great inequalities reflecting a social gradient, while they are linked by common risk factors, underlying determinants and opportunities for intervention.

The attached document contains an action plan for implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases. Taking account of Members States' existing commitments, it focuses on priority action areas and interventions for the next five years (2012–2016) within a comprehensive and integrated framework.

It has been developed through a consultative process, guided by the Standing Committee of the Regional Committee, and including meetings of NCD focal points and of the European Health Policy Forum for High-Level Government Officials. Its formulation has taken place against a backdrop of development of the new European health policy (Health 2020) and the Public Health Framework for Action, as well as the First Global Ministerial Conference on Healthy Lifestyles and Noncommunicable Disease Control (Moscow, April 2011) and the United Nations high-level Meeting on Noncommunicable Diseases (New York, September 2011) and takes account of these processes.

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PROMOZIONE della SALUTE

e

EDUCAZIONE SANITARIA

PROMOZIONE DELLA SALUTE

Fattori di promozione della salute
- ambiente fisico
- ambiente sociale
- ambiente organizzativo
- adattamento individuale

Stili di vita

Livelli di salute

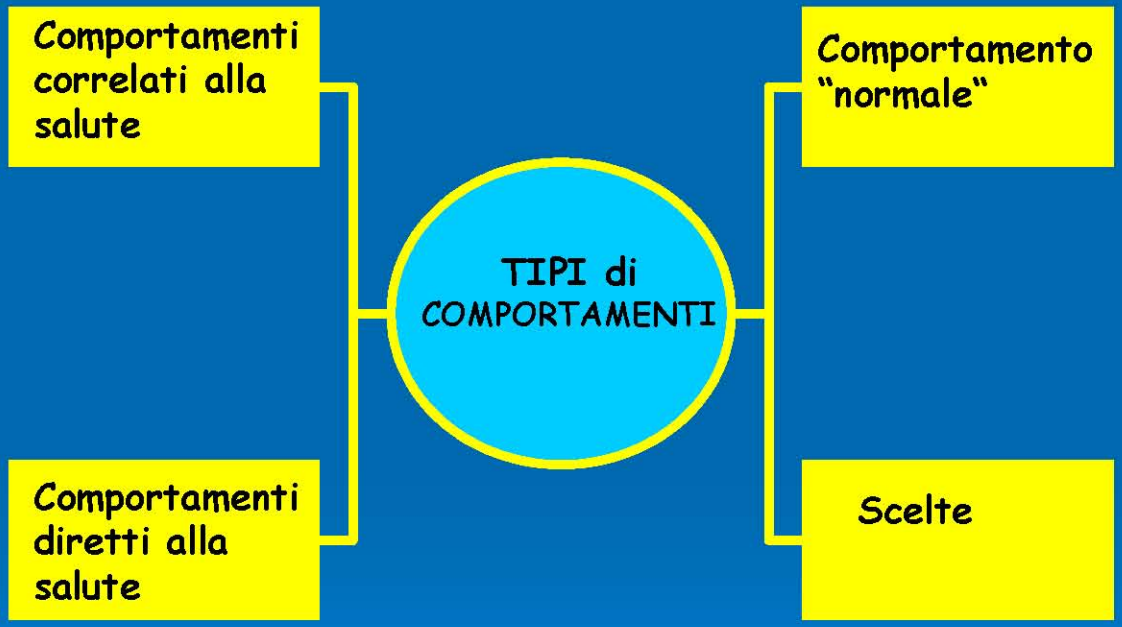
EDUCAZIONE SANITARIA

Fattori educativi
- conoscenze
- atteggiamenti
- abilità

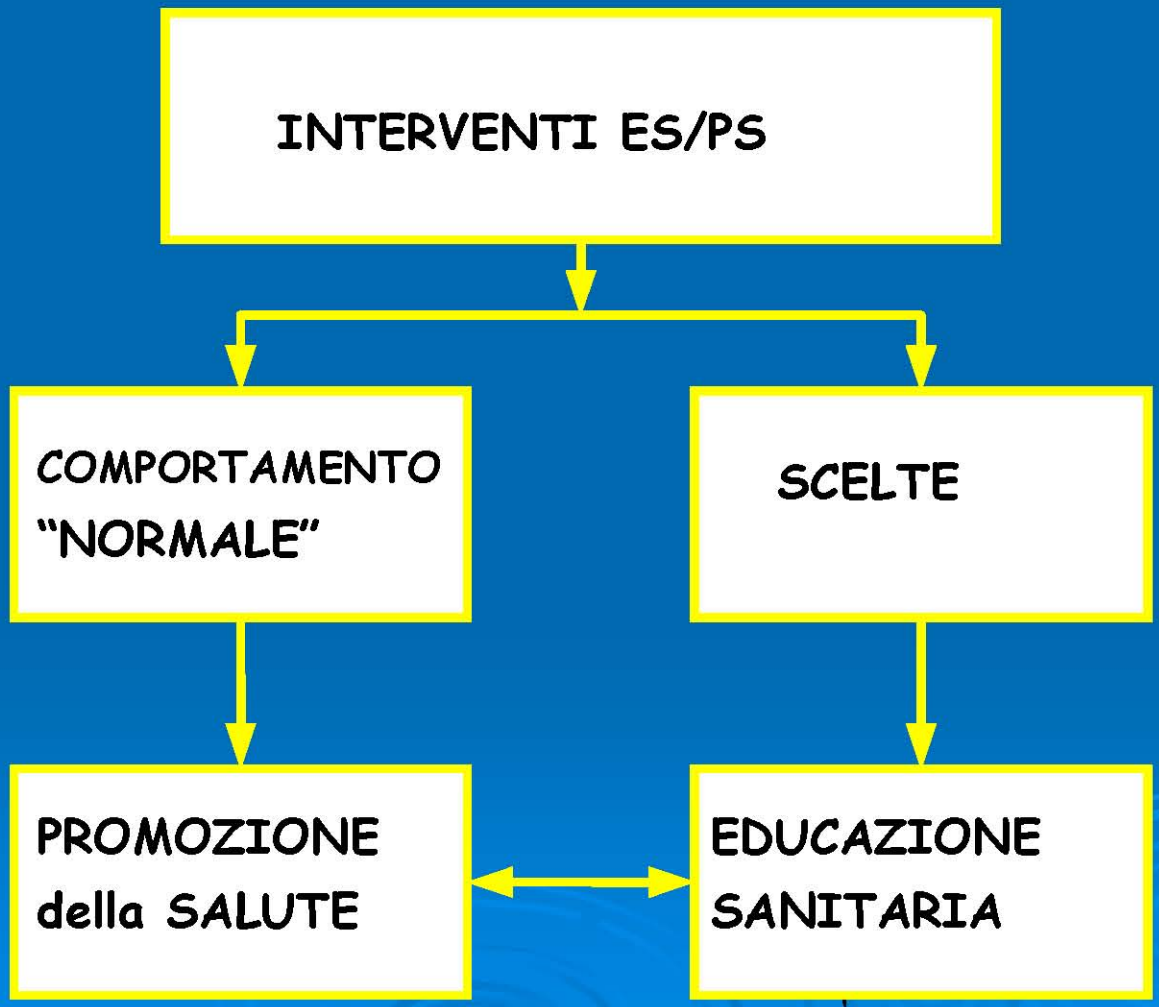
Comportamenti

Livelli di salute

COMPORTAMENTI per LA SALUTE



COMPORTAMENTI e ES/PS



CARATTERISTICHE delle NORME

- PREVALENZA
- STORICITA’
- POTERE COERCITIVO
- SANZIONI
- LEGITTIMAZIONE
- SUPPORTO SOCIALE
- STATO - RUOLO

TIPI di SOCIALIZZAZIONE

DECISIONI per la SALUTE

PROMOZIONE della SALUTE

La promozione della salute è il processo che mette in grado le persone di aumentare il controllo sulla propria salute e di migliorarla

AZIONI STRATEGICHE

- CREARE AMBIENTI FAVOREVOLI ALLA SALUTE
- SVILUPPARE STILI DI VITA SANI
- RIORIENTARE I SERVIZI SANITARI
- SVILUPPARE L'AZIONE DELLA COMUNITA'

EDUCAZIONE alla SALUTE

Opportunità strutturate e sistematiche di comunicazione per sviluppare le conoscenze e le abilità personali necessarie per la salute individuale e collettiva. Le azioni di difesa della causa della salute e di modifiche del clima sociale sono attualmente comprese nella definizione di promozione della salute.

EDUCAZIONE TERAPEUTICA

CARATTERISTICHE DEL RUOLO DI MALATO

- ESENTE DA ALCUNE RESPONSABILITA' SOCIALI
- NON E' IN GRADO DI PRENDERSI COMPLETAMENTE CURA DI SE'
- COLLABORA PER GUARIRE
- CERCA UN AIUTO PROFESSIONALE E SI ATTIENE ALLE PRESCRIZIONI

EDUCAZIONE del PAZIENTE

Iniziative Educative non Strutturate

EDUCAZIONE TERAPEUTICA del PAZIENTE

Programmi Sistematici di Sviluppo di Competenze

APPROCCIO SISTEMATICO ALL'EDUCAZIONE TERAPEUTICA del PAZIENTE

- DIAGNOSI EDUCATIVA
- CONTRATTO EDUCATIVO-TERAPEUTICO
- METODI DI FORMAZIONE/APPRENDIMENTO ATTIVI
- VALUTAZIONE DELLA QUALITA' E DEI RISULTATI

DEFINIZIONE di EDUCAZIONE TERAPEUTICA

Consiste nell'aiutare il paziente e la sua famiglia a comprendere la malattia ed il trattamento, a collaborare alle cure, a farsi carico del proprio stato di salute ed a conservare e migliorare la propria qualità di vita

Editorial

The global financial crisis increases the need for clinical health promotion

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During the global financial crisis, the healthcare system are faced with rising demands for delivering more health services within the same budgets – or often at even lower budgets. In a situation like this it is clearly necessary to examine the healthcare as a whole and the hospitals and health services individually for possibilities to improve the productivity. Many working procedures and activities are replaced by more streamlined patient pathways and leaned administrations. Thereby, time has also come to focus on the necessity of health promotion in hospitals and health services. First of all, the question could be asked; if clinical health promotion is indeed necessary, could it at least be taken care of outside the hospitals and health services or maybe just ignored until better times arrive?

The answer is that health promotion without doubt has a natural place in families, schools, institutions, workplaces, social services and other settings. Nevertheless, the large majority of patients entering hospitals and health services suffer from a wide range of unhealthy lifestyles, so until further, health promotion is still required for patients at hospitals and health services.

It is well known that the majority of chronic diseases are potentially preventable, and that investment in healthy lifestyles is an inexpensive and effective way to reduce the development of illness (1). In addition, evidence has been gathered that health promotion among patients can reduce aggravation and complication as well as to improve the treatment outcome on short term, and reducing the relapse time and co-morbidity on long-term. Thus, there is a large potential in evidence-based clinical health promotion that is still untapped.

The patient pathways

Most, if not all, patient groups will benefit from being offered clinical health promotion along with other evidence-based interventions. Just to mention a few examples; the potential for surgical patients has been shown when adding enteral nutrition, intensive physical activity programmes as well as intensive smoking or alcohol cessation programmes to the surgical pathway. The improved treatment outcomes included fewer complications (2;3) or shorter recovery (4). Patients with chronic diseases, such as heart (5) and lung (6) diseases, stroke (7) and diabetes (8) benefit from comprehensive rehabilitation programmes by shorter recovery, reduced aggravation or prolonged relapse time. Patients with psychiatric illness die about 15-20 years before the background population, mainly because of unhealthy lifestyle, so here is also a huge potential for better health gain by adding health promotion to the treatment (9). More evidence is coming from ongoing research on new patient groups, areas, settings and methods for health promotion.

The hospitals and health services

Today, most hospitals and health services are reimbursed according to the number of patient visits and/or treatment activities. Therefore a question could be; how the hospitals and health services should 'survive' if effective and low cost health promotion leads to fewer patients requiring treatment for complication and relapse? However, the same question could be raised in relation to other improvements in treatment already taking place, such as more outpatient intervention, endoscopic procedures, fast track programmes, effective treatment of infectious diseases and cancer therapy – all of which have been implemented in spite of a major require-

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