

**“Policies for Enhancing Access to Health Services in Deprived Areas”**

**“The Healthy Municipality”**

**MIS Code: 5011021**

*Website: [healthymunicipality.com](http://healthymunicipality.com)*

**Deliverable 6.5.3**

**“Adapting Local Plans to Results of Pilot Applications”**



*Agency for Transnational Training  
and Development*

The Project is co-funded by the European Regional Development Fund (ERDF) and by national funds of the countries participating in the Interreg V-A “Greece-Bulgaria 2014-2020” Cooperation Programme



## Contents

Preface.....	3
Local Health Policy Plans in the Project Area .....	4
More in particular.....	4
Results of the Pilot Application of the CB Prevention Plan .....	7
Suggestions on Enriching Local Health Policy Plans .....	9
Improving Health Literacy .....	9
Promoting Telemedicine .....	14
Promoting Health Prevention Initiatives .....	14
Utilizing the Health Card Prepared by the Project .....	15
Annex – The Importance of Health Literacy.....	16

## Preface

The present deliverable has been prepared by the Agency for Transnational Training and Development – TRANSCOOP, Beneficiary 5 of the Healthy Municipality Project, in the context of the project **“Policies for Enhancing Access to Health Services in Deprived Areas - The Healthy Municipality”** implemented under the INTERREG V-A Greece – Bulgaria 2014 – 2020 Cooperation Programme, with the MIS Code 5011021.

Aim of Healthy Municipality project is the design of prevention policies in the health sector as well as their pilot implementation at the level of the local government of first degree, especially in remote areas, thus contributing to the upgrading of the health services provided to the residents of these areas and to the improvement of their quality of life.

The following organizations participate as beneficiaries in the Healthy Municipality project:

- Development Agency of Rodopi S.A. (GR), Lead Beneficiary
- Aristotle University of Thessaloniki - Special Account for Research Funds - Department of Economics (GR)
- Municipality of Arriana (GR)
- Municipality of Iasmos (GR)
- Agency for Transnational Training and Development (GR)
- Regional Health Inspectorate / Haskovo (BG)
- Association of Rhodope Municipalities (BG)
- Municipality of Krumovgrad (BG) and
- Municipality of Momchilgrad (BG).

The present deliverable regards suggestions on adapting the local health plans to the results of the pilot application of the common health prevention plan.

In particular, and having pilot tested the prevention plans in the participating areas, the present documents formulates suggestions to integrating the good practices emerged from the specific action as well as recommendations to improving efficiency of the respective policy plans.

## Local Health Policy Plans in the Project Area

Local Health Policy Plans as well as Prevention Plans have been prepared for the Municipalities of the area **focusing on the prevention of non-communicable diseases as found to be the common and prevailing diseases in the entire project area.**

### More in particular

#### With regard to the 2 Municipalities in Greece

##### According to the Health Prevention Plan for the areas in Greece:

The Vision for both Greek Municipalities was formulated as follows:

Improving the health and well-being of citizens and reducing the incidence of major diseases through the creation of a strong political base as well as of a commitment of cooperation with local actors.

Setting the goal, for both municipalities, of improving the health of the population and reducing its morbidity, the following goals of a local health policy emerge:

- Developing the cooperation with the health, social care and civil society units
- Awareness raising of the population on health issues and
- Training of health professionals and related social services on issues related to prevention.

However, a basic condition for a local health policy is in principle the taking of the relevant political decision by the political body of the Municipality (Municipal Council), while the coordination of the various relevant services of the Local Authorities as well as the networking of each Municipality with other relevant structures create a supportive framework for the effective implementation of local health policies.

Thematically, the **Prevention of Non-Communicable Diseases**, given their frequency of occurrence, is set in principle as the main axis of intervention of a policy in question.

Two axes of intervention emerge in this context as the main ones for achieving the above objectives: Awareness raising at the population and monitoring the health of the residents.

#### Indicative Actions

- Valorization- Provision of Informative - Educational Material on prevention
- Preparation and implementation of informative and educational programs for children and young people

- Preparation and implementation of informative and educational programs for adults
- Preparation and implementation of physical activity events to promote physical activity
- Preventive Blood Pressure Measurement Tests
- Preventive Tests for Measuring Diabetes
- Training actions for the Employees in the Health & Social Welfare Programs of the Municipalities
- Utilization of the Examination Protocols of the Most Common Diseases of the area
- Utilization of the Social Media.

#### **With regard to the 2 Municipalities in Bulgaria**

According to the Health Prevention Plan for the areas in Bulgaria:

Based on the demographic health status, the socio-economic development and analyzed data obtained from surveys on the health status of the population in the municipalities of Momchilgrad and Krumovgrad in the province of Kardzhali, the necessity is affirmed for implementing **targeted integrated measures for the prophylactics of CND through a wide range of medical activities and health services, aimed at protection and preservation of their population's health**. A strong emphasis needs to be placed on the early detection of these socially significant diseases, on limiting and preventing the risk factors for their occurrence, reducing their incidence and on their adequate and timely treatment.

In order to achieve this goal, it is necessary to engage all institutions and organizations at a regional level and their resources for the development of health policies, proving reproduction of the human resources and quality medical services for a productive and fulfilled life.

The Prevention Plan for the municipalities Momchilgrad and Krumovgrad is based on a package of **short-term and long-term measures** and follow-up activities for the prevention and prophylaxis of CND and the promotion of a healthy lifestyle aimed at overcoming the identified problems.

#### **SHORT-TERM MEASURES**

**Measure 1: Promotion of healthy lifestyle** through activities for the health education of children, adolescents and youths.

**Measure 2: Health education for increasing health literacy** – actions targeted at the adult population, at health workers and municipal administration from the educational and social sector through acquaintance with the risk factors for chronic non-communicable diseases and the opportunities for their containment.

#### **LONG-TERM MEASURES**

**Measure 1: Conducting periodic free preventive examinations and screenings** – actions targeted at the population of working age (25 - 65+ years).

**Measure 2: Providing living and working environments that improve the social determinants of health, equal access to medical services, living and working environments that strengthen health.**

Also, proposals have been elaborated for the development of a health care system that has to respond to the expected health needs of the population for treatment and prevention activities, such as:

- **Developing urgent medical care and preventive activities in the remote areas of Krumovgrad and Momchilgrad** - Development of a system for **outpatient medical care** on the basis of a municipal medical institution, Improvement of the transport medical infrastructure
- **Improving the staffing of the municipalities with medical specialists**
- **Providing access through the possibilities of telemedicine**
- **Strengthening the hospital structure through public-private partnerships and participation of local businesses.**

## Results of the Pilot Application of the CB Prevention Plan

The aim of the Pilot Application of the CB Prevention Plan was to test it on the ground in the four project areas involved in the project and locate difficulties and problems along with good practices.

The Pilot Application **focused on the non-communicable diseases**, both with medical exams to monitor these diseases as well as with sessions at the population to prevent the risk factors of their occurrence in order to reduce their frequency and to timely treating them.

The Pilot Application of the Prevention Plan included two axes:

One axis was the carrying out of **medical diagnostic exams** on the most common diseases in part of the population in each area. Scope of the specific action was to monitor individuals with the most frequent diseases occurring in each Municipality, with the aim of avoiding emergency incidents.

The other axis was the carrying out of **awareness raising and counseling actions** with the aim to adopting a healthy lifestyle and to avoid health emergency incidents. Depending on the nosological profile of each Municipality, a series of group sessions have been implemented in each region.

For each medical examination carried out, **the individual digital patient card** was completed, including the performed clinical and laboratory tests and their results.

Individual patient health cards have then be uploaded to **the digital health platform** also prepared by The Healthy Municipality project.

The **main problems** identified in the project areas since the implementation of the pilot health prevention applications are as below

### **1. The low level of health culture of the population**

In both areas a problem was the insufficient involvement of a significant part of the inhabitants of the municipalities due to the absence of a health culture (health illiteracy).

### **2. The difficulties in finding specialized physicians**

All areas are challenged with the absence of specialized physicians. Hence people are depending on external resources, which are not necessarily willing to participate in actions outside their own area.

### **3. Communication problems**

The presence of a strong Muslim minority in the area and the fact that the areas are remote and less favored create difficulties in the verbal communication with the physicians, as part of the population is not full master of the country's language.



## Suggestions on Enriching Local Health Policy Plans

The following topics are proposed on enriching local health policy plans:

- **Improving Health Literacy**
  - Enriching local health plans of the Municipalities with more activities on organizational health literacy
  - Enriching local health plans of the Municipalities with more activities on personal health literacy
  
- **Promoting Telemedicine**
  - Enriching local health plans of the Municipalities with more actions enhancing the telemedicine
  
- **Promoting Health Prevention Initiatives**
  - Enriching local health plans of the Municipalities by emphasizing on implementing medical exams
  
- **Utilizing the Health Card and the digital tools Prepared by the Project**
  - By integrating them into local health structures
  - For further epidemiological researches

### Improving Health Literacy

Although the local health plans of the four project areas foresee activities on health literacy, however, both its importance and its necessity as emerged from the relatively low response of citizens to participate in the pilot prevention applications of the project, require the emphasis that must be given on it.

"Improving health literacy in populations provides the foundation on which citizens are enabled to play an active role in improving their own health, engage successfully with community action for health, and push governments to meet their responsibilities in addressing health and health equity. Meeting the health literacy needs of the most disadvantaged and marginalized societies will particularly accelerate progress in reducing inequities in health and beyond"<sup>1</sup>.

---

<sup>1</sup> <https://www.who.int/activities/improving-health-literacy>

Health literacy is defined as the ability of an individual to obtain and translate knowledge and information in order to maintain and improve health in a way that is appropriate to the individual and system contexts.

Healthy People 2030 addresses both personal health literacy and organizational health literacy and provides the following definitions:

- **Personal health literacy** is the degree to which individuals have the ability to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.
- **Organizational health literacy** is the degree to which organizations equitably enable individuals to find, understand, and use information and services to inform health-related decisions and actions for themselves and others.

These definitions are a change from the health literacy definition used in Healthy People 2010 and Healthy People 2020: “the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions.”

The new definitions:

- Emphasize people’s ability to **use** health information rather than just understand it
- Focus on the ability to make “**well-informed**” decisions rather than “appropriate” ones
- Incorporate a **public health perspective**
- **Acknowledge that organizations have a responsibility to address health literacy**

#### **Personal health literacy**

- The new definition — with its emphasis on the use of health information and its public health perspective — may also prompt new ways of studying and promoting personal health literacy. In addition, it encourages efforts to address the skills that help people move from understanding to action and from a focus on their own health to a focus on the health of their communities.

#### **Organizational health literacy**

- By adopting a definition for organizational health literacy, Healthy People acknowledges that personal health literacy is contextual and that producers of health information and services have a role in improving health literacy. The definition also emphasizes organizations’ responsibility to **equitably** address health literacy, in line with Healthy People 2030’s overarching goals<sup>2</sup>.

---

<sup>2</sup> <https://health.gov/healthypeople/priority-areas/health-literacy-healthy-people-2030>

The European Health Literacy Survey revealed that 12% of all respondents have inadequate general health literacy and 35% have problematic health literacy. Limited health literacy in Europe is thus not just a problem of a minority of the population<sup>3</sup>.

### Health literacy and non communicable diseases

Non communicable diseases are the leading causes of death across the WHO European Region. More than 75% of all deaths are caused by one of four chronic diseases: cancer, heart disease, diabetes and respiratory disease.

Non communicable diseases frequently result in chronic conditions, and health literacy plays a crucial role in enabling people to manage chronic diseases themselves. A growing number of people have one or two chronic conditions as they get older, with 52% of such people younger than 65 years. People with poor health literacy have more difficulty in managing chronic or long-term conditions on a day-to-day basis. This includes planning and adjusting lifestyle, making informed decisions and knowing when and how to access health care services.

### Health literacy is an important factor in preventing non communicable diseases

Non communicable diseases, such as, heart disease and diabetes, are associated with multiple modifiable risk factors, mainly behavioral determinants: lack of physical activity, poor dietary habits, smoking and alcohol use. Health literacy is associated with these types of health behavior.

Limited health literacy is often linked with other determinants of non communicable diseases. For example, lower health literacy is more prevalent in older population groups, low-income population groups and among cultures in transition which are also more prone to developing non communicable diseases.

The European Health Literacy Survey included indicators for four types of health-related behavior or risks: smoking, alcohol, body mass index and physical exercise. Each showed quite different associations, varying by indicator and country.

Of these, the amount of physical exercise was most consistently and strongly associated with health literacy: the higher the health literacy, the higher the frequency of physical exercise.

Effective interventions focus on three main areas:

- supporting people with lower health literacy,
- improving health literacy capacity and

---

<sup>3</sup> World Health Organization 2013, Health literacy - The solid facts, Editors: Ilona Kickbusch, J rgen M. Pelikan, Franklin Apfel & Agis D. Tsouros

- improving the organizational, government, policy and system practice.

**Health literacy provides a strategic tool for tackling NCDs.**

**In order to address the low level of health culture of the population, the following activities** have to be added to the local health plans of the 4 project areas:

### **Enriching local health plans of the Municipalities with more activities on organizational health literacy**

**Emphasis should be given on organizational health literacy because it is crucial to achieve personal literacy.**

- 1. Inform, sensitize, educate local municipal, community councilors and staff of social services** targeting local areas (such as the Help at Home project in Greece), about the importance of health literacy and its contributions to improvements in health outcomes. Then, the above councilors and staff of social services will be able to relay health prevention messages to the local population
- 2. Identify people with limited health literacy** with the help of municipal, community councilors, or other social coaches acting at local level
- 3. Cooperate with local health services in order to highlight the importance of the health literacy**, the importance to provide clear and consistent public information about health issues and recommendations
- 4. Develop plain-language initiatives in cooperation with local health services.** Plain language means communication that the listener or reader can understand the first time they hear or read it. Providing meaningful and reliable information is required to build health literacy. The **writing health materials in plain language in cooperation with health services shall** contributes significantly to spreading the right messages
- 5. Cooperate with local health services and organizing of meetings in each community** about the importance of health literacy, the importance to provide clear and consistent public information about health issues and recommendations
- 6. Use local and community media to raise community awareness** about the effects of limited health literacy and community needs for better health information and services. Organize a radio campaign that includes talk shows, feature news reports, educational messages,—all designed to create health behavior changes, community action, and public policy changes. Create a health program on local radio or cable access television. Invite local doctors, public health officials, educators, and community members to participate

7. **Use social networks** to distribute good health literacy. Simple and understandable messages can be disseminated. Prepare a portal that provides free e-learning to help adults to adopt a health culture
8. **Cooperate with local health services to find innovative approaches to support patients e.g. the weekly phone calls** could be very effective at addressing the literacy and needs of high-risk diabetes patients and enhancing self-management
9. **Cooperate with schools to introduce health education** component in the training process. Empowering professionals about health literacy through training, continued education and inter-disciplinary initiatives and thus improve health literacy and health outcomes.
10. **Promoting health culture to the local sports and cultural associations** so as to develop activities related to health prevention such as "Walking tours", "Sports Activities in Nature" etc,

**Communities play a central role in supporting efforts to improve health literacy. Emphasis should be placed on community opportunities for communication, education, and peer support surrounding health information seeking and access to care. Communities and organizations can support programs, include health literacy in strategic plans, requests for proposals, programs, and educational initiatives**

#### **Enriching local health plans of the Municipalities with more activities on personal health literacy**

1. Disseminate the message of the importance of health prevention to the local population by organizing local meetings with the participation of **local municipal, community councilors, of the staff of social services, of the staff of local health services**
2. Advise and empower people with limited health literacy, to take control of their health, and become more confident in navigating the health care delivery system.  
**The trained staff of social services will help to this aim**
3. Organizing simple but effective and popular activities on promoting health prevention and health culture to the local population such as: «**Cooking with healthy food**», «**A walk in the spring nature**», "**By bike to work**" etc.
4. Organizing seminars on "Cooking and Healthy Eating" **addressed to children and their parents**
5. Organizing local meetings in each community with a small number of people and with the participation of doctors for discussions on health needs and prevention issues.

## Promoting Telemedicine

### Enriching local health plans of the Municipalities with more activities on telemedicine

**The need for improving the staff of the municipalities with medical specialists, as derived from the implementation of the pilot health prevention applications could be** partially addressed by the promotion of telemedicine.

The electronic health card, prepared by the Healthy Municipality project, is a key tool which will substantially contribute to this purpose.

Municipalities should develop, in cooperation with local health units, **partnerships with health structures - hospitals** that have specialized doctors who will be able to support special health needs the local population.

Telemedicine can assist healthcare systems, organizations, in expanding access to and improve the quality of rural healthcare.

The staff of the local health services has to be trained on implementing telemedicine programs.

However the benefits are impressive mainly on

- Increased access to specialists
- Timely care provision
- Improved patient outcomes.

## Promoting Health Prevention Initiatives

### Enriching local health plans of the Municipalities by emphasizing on implementing medical exams

The researches on morbidity, the medical exams implemented by the Healthy Municipality project, rendered very important results related to **the great number of newly detected cases.**

These results confirm the necessity of emphasizing the conducting prophylactic screening medical examinations and tests with the aim of early identification of significant diseases and health risk factors in the project area.

Municipalities have to cooperate with:

- Medical Associations such as: Society of General Medicine, Diabetes Society, Endocrinology Society, Gerontology and Geriatric Society, Specialized Diabetes Centers,
- Volunteer Doctors,
- Medical Associations,
- Non-Governmental Organizations

In order to jointly organize medical exams for the local population

## **Utilizing the Health Card Prepared by the Project**

### **By integrating it into local health structures**

All information of the patients who participated in the pilot medical examinations have been transferred to the patient's digital health card and then to the digital health platform both created by The Healthy Municipality project.

The digital health card contains the patient's medical history, the test diagnoses, the medications taken, the treatment plans, the allergies a person has, etc, allowing access to this information for health care providers to make decisions about the patient's care.

The patients' digital health cards have to be utilized by the local health structures for the better information of the physicians about patients of the local areas.

In addition, the alert system introduced to the health cards will lead to the effective monitoring of patients.

### **For further epidemiological researches and plans**

The structured data offered by the digital health card gives the possibility to carry out epidemiological researches, which can provide reliable data to the competent bodies, to implement the appropriate health policies.

Valorizing the specific data health Policy Planners are in the position to customize actions in accordance with the local needs. Deploying an endocrinologist for the needs of an area where hormonal disorders are identified instead of for the entire Municipality increases the effectiveness of the measure and provides greater support to those needed.

## **Annex – The Importance of Health Literacy<sup>4</sup>**

### **Literacy influences people's ability to access Information**

Research studies in education and adult literacy indicate that literacy influences the ability to access information and navigate in literate environments, affects cognitive and linguistic abilities and affects self-efficacy. An individual's level of literacy directly affects their ability to access health information, learn about disease prevention and health promotion, follow health care regimens and communicate about health messages with other people

### **Limited health literacy is associated with increased morbidity**

Limited health literacy is associated with less participation in health-promoting and disease detection activities, riskier health choices (such as higher smoking rates), diminished management of chronic diseases (such as diabetes), poor adherence to medication, increased hospitalization and rehospitalization, increased morbidity and premature death.

### **Limited health literacy is associated with high health system costs.**

Weak health literacy competencies have been shown to result in less healthy choices, riskier behaviour, poorer health, less self-management and more hospitalization. They significantly drain human and financial resources in the health system.

### **Building personal health literacy skills and abilities is a lifelong process**

Health literacy is linked to literacy and entails people's knowledge, motivation and competences to access, understand, appraise and apply health information in order to make judgements and take decisions in everyday life concerning health care, disease prevention and health promotion to maintain or improve quality of life during the life course.

### **Health literacy skills start early in life and are part of the process of caring for and educating children, adolescents, and young adults**

Health literacy skills are equally important, and more can be done to integrate health literacy in early child care and education.

---

<sup>4</sup> World Health Organization 2013, Health literacy - The solid facts, Editors: Ilona Kickbusch, J rgen M. Pelikan, Franklin Apfel & Agis D. Tsouros



Much of early child care is informal; if not done by parents or guardians, then care is often provided by social networks of family, friends, neighbors, and private caregivers. Reaching adults, who provide the early years of care, with information about how to develop and build children’s health literacy skills is essential.

It is generally recognized the value of teaching functional health information in school, including the essential health skills necessary to adopt, practice, and maintain healthy behaviors. Health literacy is becoming more relevant as adolescents are increasingly involved with their health care, regularly interact with the health system, and access health information that informs their actions and behaviors. It is suggested that children of all ages have the potential to understand a great deal about health and how to access health information.

**Health literacy has to be approached as a whole-of government and whole-of society issue**

Health literacy is not only the responsibility of individuals or of policy-makers or professionals in the health sector rather, it crosses multiple boundaries, professions and sectors

Multiple stakeholders need to be involved.

Initiatives to build health literacy must be grounded in the settings of everyday life

**Coalitions at local levels may influence policy development**

Such coalitions can help raise awareness and advocate for stronger policies to address chronic disease and disability. They also contribute to empowerment by involving patients, providers, community organizations, business labour and health policy expert groups.