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Health & well-being initiatives – German case study, from LIGA.NRW / WHO CC perspective

Ladies and gentlemen, dear colleagues,

it is a great honour, and pleasure, to be invited to this conference to speak to you on health & well-being initiatives in Germany, from the perspective of the Institute of Health and Work in North Rhine-Westphalia, especially in its role as WHO Collaborating Center on Regional Health Policy and Public Health.

In preparation of this presentation, i was advised that i should closely focus on the conference proposition, which – as you know – simultaneously refers to improvements in wellbeing, a healthy economy, sustainable communities, and a reduction in health inequalities.

The idea to bring these strands of discourse together can be seen as "bold". At least in Germany, it is quite popular nowadays to focus on "smaller" issues, To try and solve problems "one at a time" is often felt to result in better returns.

Unfortunately, it seems highly unlikely that we get away (if i may say so) with the "single-issue" approach. We do need new approaches which transcend what we already have in our hands.

There is no question that we are – in many respects – already doing a good job. Look, e.g., at the continuous growth of life expectancy in Europe. This is a remarkable and very positive development of the health of the public.

At the same time, it is obvious how unevenly the benefits are spread. In many respects, the gaps are widening. And there is growing concern if we will at all be able to reduce existing inequalities.

Part 1

Turning to the core part of this presentation, let me mention that the German health system is composed of multiple actors and activities – without a national health service.

In this presentation, i focus on health-related activities in the state of North Rhine-Westphalia, as they relate to the topic of this conference.

I start out with selected activities, as reflected in the communications of the regional Ministry of Health. Next i present to you some of the significant activities of the Institute of Health and Work (LIGA.NRW) which are intertwined with those of the MoH, and then briefly outline selected linkages to the national and international level.

When visiting the MoH website, you find 3 components of NRW health policy: prevention, health care, and health economy.

(1.1 Prevention)

There is a state prevention framework. The topics are familiar but incessantly relevant. There are four specific programs:

1. Smoke-free living: "encouraging children and youth towards a critical handling of tobacco consumption"; this includes an annual hiphop contest on non-smoking.

2. Mother and child health: The goal is to reduce infant mortality below 4 per 1.000 living newborns, by 2010. The program focuses on supporting socially disadvantaged families, especially with a migration background.

3. Since **Childhood overweight** is often caused by lack of physical exercise; there are programs on "exercise and nutrition", espec. in nurseries and day-care centers.

4. For elderly persons, the risk of falling is generally high. This holds true also for the inmates of nursing homes. The program **Healthy ageing – Preventing falls** focuses on training courses for nurses and trainers.

Concerning these four programs, LIGA institute provides background documentation and analyses, leading to guidelines as well as multiple educative and disseminative activities.

One particular focus of such preventive activities is related to the role as a so-called “Regional hub” for NRW, dealing with health inequalities and aiming at improvements for the most disadvantaged.

Let me point out that both the NRW Ministry of Health and LIGA institute carry reference to “employment” in their respective names. In line with this, another important topic for the Regional hub is the health of unemployed persons. In Germany, it is seen as quite urgent to develop approaches to prevention and health promotion that will support integration into the labour market.

A different (albeit related) topic area of LIGA’s preventive activities is urban health. This includes a new project on physical activity, aiming at the integration of moderate activity levels into the daily schedule of elderly persons.

We have known for a long time already that physical exercise is positive for health. But we are not always aware that positive effects relate not only to the cardiovascular system and the avoidance of overweight.

Physical exercise, however, also helps to avoid osteoporosis, vertebral diseases, certain types of cancer, depression and dementia. It has positive effects on the immune system, the nervous system, and last not least: on well-being.

From this background, we try to promote an active lifestyle, especially for elderly people.

Another approach to urban (as well as rural) health refers to the role of local health departments in their interplay with other sectors. These local health departments are often perceived as rather weak, compared to other sectors. These other sectors, in inter-sectoral meetings, often present comprehensive plans, maps, GIS information and data to support their respective case. In close cooperation with the local level, we

realized that the weight of “health” issues would probably be strengthened if local health plans were available. We currently check how this can be done efficiently, and prepare some piloting.

Much of this work, of course, is rooted in national and international activities. The “Regional hub” belongs to a network of 16 such hubs, one in every federal state, coordinated in a national program on “Health promotion for the socially disadvantaged”, and is funded partially by regional health insurance funds.

In our function as the Regional hub, we cooperate, e.g., with the German Healthy Cities Network (which is linked to the international network) and with the federal program “Social City”. Our activities on “physical exercise” are funded by a federal program called “In Form” (i.e. “In good shape”).

And beyond the national level, there are, of course, also international activities from which we draw both general inspiration and specific concepts, e.g. the seminal work of the WHO Commission on Social Determinants of Health (which was referred to repeatedly at this conference). The final main document “Closing the gap in a generation” keeps inspiring our work.

The European Commission’s Communication “Solidarity in health” may be less known. This document is (one could say: “of course” - just like any other EC initiative) accompanied by an explicit impact assessment.

In case you are not familiar with this IA procedure established at the EC, let me mention the following: Before the European Commission proposes new initiatives it assesses the potential economic, social and environmental consequences that they may have. This process is meant to prepare evidence for political decision-makers on the advantages and disadvantages of possible policy options by assessing their potential impact.

Indeed, the Commission has rolled out what they describe as a wide-ranging impact assessment system, meant to address all significant economic, social and environmental impacts of possible new initiatives.

In this case, the Commission Impact Assessment determines that monitoring and evaluation of the initiative on "Solidarity in health" is needed, which will involve expert support from the "European Observatory on the Social Situation and Demography" and the "European Observatory on Health Systems and Policies".

Other relevant sources, in our view, include the "EU Platform for Action on Diet, Physical Activity and Health" and WHO's" European network for the promotion of health-enhancing physical activity".

(1.2 Health care)

After "prevention", the second main element on the MoH website is health care. Let's look first at the Annual Health Award NRW. Each year, up to 80 institutions and initiatives enter this contest. The topic varies from year to year. In 2007, it was "New ways of health promotion for employed as well as unemployed persons", in 2008: "Innovative concepts for healthy ageing", and in 2009: "Cooperation in the health care system".

Contest criteria are quality, innovation, and efficiency of the projects submitted. This year's winner include the following: Competence center for diagnosis and therapy of headache; Midwife consultation hours in day-care centers; Palliative and hospice care in nursing homes.

Entries are collected in a project database.

A second important element is the NRW State Health Conference. A large number of institutions is represented here. The annual meeting deals with a wide range of topics incl., e.g., healthy ageing and health economy.

A third element is the State Health Targets which are periodically defined by the MoH together with the State Health Conference. Currently, we have 5 structural targets, e.g. "Strengthen the competencies and self-responsibility of the citizens, and enhance their opportunities for cooperation", and 5 disease-related targets, e.g. "Recognise and treat depression".

LIGA is involved in all these activities in several ways, including management tasks and evaluation (e.g. evaluation of the previous 10 health targets 1995-2005). In addition, LIGA coordinates local health conferences which now exist in all 54 cities and counties of NRW.

We also maintain a large database of many 100s of health-related indicators for state level and often also for local level. On this basis, we produce health reports ourselves, and we give support to local agencies preparing their own local health reports.

A new activity deserving special mentioning refers to **childhood screening surveillance**. Triggered by several incidents of dramatic cases of child abuse and child neglect in Germany, several states have launched, or are launching, dedicated surveillance systems. Activities include: tracking the screening participation, sending reminding letters to parents or guardians, where needed, and eventually giving notice to the local agency responsible for child protection.

In doing so, it is hoped to prevent, or at least detect as early as possible, cases of child neglect which otherwise might go undetected.

And again, many of these activities are rooted in national and international contexts. There is, e.g., a set of national health targets. Regional and local health reporting is seen as supplementary to national health reporting and to international reporting, espec. by EU and WHO.

Currently, the WHO work on “Burden of disease” gives inspiration and methodological input to similar efforts on regional level and below, e.g. our forecast of BoD in the Ruhr area in 2015 (published recently in the EJPH).

Significant interactions with international partners mainly occur within EC-funded projects, e.g. RAPID (Risk Assessment from Policy to Impact Domain), URHIS Part II (European Urban Health Indicators System: Urban Health Monitoring and Analysis System to Inform Policy), and others.

LIGA and predecessor institutes have participated in approx. 30 such EC-funded projects, and a large fraction of our institutional competency as well as professional reputation can be traced back to our participation in such projects.

In addition, LIGA uses opportunities to contribute to the international debate, e.g. within the framework of the WHO Region for Health Network. In this context, it was possible, e.g., to participate in the 2008 WHO European Ministerial Conference in Tallinn (Estonia) and, as part of a team, to present the "10 theses on regional health and wealth", thus linking health economy and health promotion as one step within a comprehensive "health in all policies" strategy.

1.3 Health economy

This takes us to the third, and final, element of the MoH website: Health economy. This sector involves a large number of jobs in Germany. In several ways, the state government gives advice and support to health-related enterprises.

As an overarching component, and future major player in health economy, the state government is currently installing a novel type of institution, dubbed "Health Campus NRW". Several institutions will be pulled together, cross-linked, and enhanced, as it says; incl. a university of applied sciences for healthcare professionals, the LIGA institute, the "healthcare" cluster of the State cluster management program, and a "Strategy Center Health" (Strategiezentrum Gesundheit) for coordination and cross-linking.

The role model for this is said to be the US National Institutes of Health, which you will know – composed of 27 institutes and centers and endowed with major funding.

Another key aspect of health economy to be mentioned here is health telematics. The goal is to better cross-link the many (and diverse) information processing components of the healthcare system. Specialized communication systems are explored in *eHealth* model projects, e.g. on electronic prescriptions.

Concerning LIGA's involvement in health economy, we contribute, e.g., to professional and academic education, incl. traineeships and teaching. In our (small but distinguished, i would say) LIGA division of "Innovation in health", we conduct advanced analyses, especially burden of disease analyses and forecasts, in order to estimate future health needs.

In response to demands from local governments, one cooperative project is being prepared which aims to explore the integration of health economy issues into more traditional local health reporting.

Part 2

Now, the rest of this presentation will mainly be about conclusions. But i would like to start this with a remark on the framework, as laid out by this conference. This multiple framework is ambitious, but also not unfamiliar. I am sure many of you are aware that 17 years ago (1992) , in Rio de Janeiro the UN Conference on Environment and Development approved the "Agenda 21" which was meant as a "blueprint" for the transition to the 21st century.

I am still intrigued how this document (which caused quite a stir in the minds of many) tries to deal simultaneously with the economic, ecologic, and social (incl. health-related) dimensions of global and local problems in a (at least in those days) novel, more integrated way.

At that conference, by the way, Mr. John Major, then prime minister of the United Kingdom, in closing his speech, said "Voltaire's luckless hero, Candide, decided to turn his back to the world and to stay at home 'to cultivate his garden'. We do not have that choice. The world is our garden and, together, we must cultivate it." (End of quote.) While i am not sure how cherished the overall memory of this particular prime minister is, i do think this is a charming remark.

When dealing with this "*trinity*" of topics, and their interrelatedness, today, we should be aware that, in the aftermath of the Rio conference, for approximately one decade (i would say), in quite many countries of the world, especially on the local level, there was a strong movement to

reconcile the "*triple*" framework, i.e. economy, ecology, and social matters, incl. health.

In Germany alone, more than 1,000 communities started out to define and implement "Local Agenda 21" programs, as they were called. It is an open question how successful these efforts have been. Certainly, the overall awareness of sustainability as a societal issue has increased significantly.

Now, pulling together the theme & thrust of this conference, and the NRW situation & experience, a number of conclusions can be derived.

1. Acknowledging complexity

Health care systems, by themselves, are highly complex, implying a multitude of players, activities, and interactions. In addition, like much of the rest of the world, they undergo constant changes; and – as most observers would agree - they still need to be understood more comprehensively.

This may be especially true of the German multi-payer health care system, where provider compensation rates are negotiated in complex corporatist social bargaining among rather autonomous interest groups at the regional (federal state) level.

And, as the conference proposition indicates, today it is not adequate any more (if it ever was) to focus on health care in isolation. Health policy is bound to include additional aspects, especially equity, economy, and sustainability. This "triple framework" seems to be increasingly accepted as necessary and adequate.

As for potential solutions, the way we need to go probably has to lie in the direction of more "integrated" approaches.

One thing that comes to mind are the so-called "integrated policy programs", such as the Healthy Cities network, the Regions for Health network, perhaps also NEHAPs, and others. All these programs are aware of cross-sectoral influences, as expressed in the programmatic tenet of "Health in all policies".

As indicated, the emerging health campus in NRW, as a combined activity of three ministries, is meant to be a major step forward towards such integration of efforts.

2. Improving monitoring and surveillance

It is hard to govern and to manage what we cannot (or simply do not) measure. The CSDH says: "Measure and understand the problem" (first part of "Overarching recommendation" Nr. 3). Therefore, we can expect indicators for health, health determinants, health consequences, and the whole "triple framework" to grow even more important in the future.

The function of "observatories", beyond health, seems likely to extend to equity, sustainability, and efficiency – each including trends, forecasts, policy impacts.

This may require a new form of epidemiology which, for this context, is not directed at unravelling causal chains but directed towards temporal trends, spatial variation, and the peculiarities (incl. strengths and weaknesses) of regions. (Tentatively, we sometimes have called this "differential epidemiology.")

3. Governance

If we want, gradually, to approach the vision expressed in the conference proposition, we will need those improved approaches for monitoring and surveillance. But this will not be enough.

We will need, e.g., more comprehensive, large-scale knowledge transfer between research and practice; better mechanisms of quality assurance and quality control; more efficient methods of coordination such as the European Commission's "Open Method of Coordination" which has a lot in common with how our health conferences work.

This is not the place to explore the range of governance instruments, but one more tool should be mentioned: impact assessments (especially HIAs) which serve the purpose to try and predict the impact of policies, plans, and projects on population health.

To refer once more to the CSDH: the “Overarching recommendation” Nr. 3, in its second part, says: “Assess the impact of action”. And in a Section called “Healthy places – healthy people”, it says: “Place health and health equity at the heart of urban governance and planning.“

In NRW, we know (and appreciate) the impressive work which has been done, and continues to be done, on prospective Health Impact Assessment in England, as well as in Scotland, Wales, both Irelands, and other parts of the world.

I am convinced that such IAs are crucial ingredients for implementing the “triple framework”, especially if they integrate quantitative methods (as they increasingly seem to do). We plan to hold a conference on quantitative methods in IAs in spring 2010.

Based on several EC-funded projects, we expect a lot of progress to happen in the near future concerning the quantification of health gains, in relation to policies, projects, and decision-making at large.

4. Credibility

As you may know, WHO has a smoke-free work environment and (quotation) “does not recruit smokers or other tobacco users” (end of quote) - probably for reasons of institutional credibility. In Germany, many institutions do not go so far. But credibility is definitely an issue deserving more attention than it has received so far.

Two years ago, when a colleague of mine at the U of Bielefeld and i together organised an environmental health conference, we made a point to find sponsoring for so-called climate compensation for all speakers which travelled by air (not a very large number at that particular conference, fortunately). We thought it would be odd to debate on climate change without taking at least some very elementary steps ourselves.

But the idea of credibility can be taken further. In 2008, for a total of five conferences, we tried to establish workshops to discuss health-related aspects of the cities where the meetings took place. The intention was to combine outside views with presentations from local

representatives. It did work, at least partially, in 4 out of the 5 cases; results to be presented at the EUPHA meeting later this month.

5. Potential closer cooperation NWE <-> NRW

Without ignoring, in any way, the specific situations and multitude of differences between the two regions of NWE and NRW, it seems worthwhile to consider a closer cooperation and perhaps "mutual learning".

Several topics spring to my mind, including, e.g., (i) (in)equity analyses and forecasts; (ii) specific programs, e.g. on exercise promotion, health communication, or screening surveillance; (iii) governance instruments, incl. health targets, what-if analyses, contests, good practice databases, etc. – And, if anyone around here should discover the *direttissima* to solving the "Triple challenge", don't forget to let us know.

Thank you very much for your attention.