

Priority actions of the different Regional Prevention Plans: common features and innovations

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ABSTRACT

The National Prevention Plan (NPP) 2010-2012, approved by the Agreement between the Government, the Regions and Autonomous Provinces of Trento and Bolzano on 29 April 2010, called for Regions to adopt, by 31/12/2010, the Regional Prevention Plan (RPP) for implementing the interventions provided by the NPP 2010-2012.

This article has considered and compared the different RPP's.

In an attempt to provide an outlook on the future medical prevention plans over the next few years in Italy, a comparison has been made between the RPP from 19 Regions and the Autonomous Province of Trento. This work has been focused on the actions identified in regional plans as a priority concerning the major common and innovative elements. The analysis of each RPP revealed a common plan to chronic degenerative diseases, because of the aging of the population in every Region of Italy. Other important common targets are: surveillance systems, vaccination programs and screening programs. Toscana and Liguria, more than other Regions, are engaged in the creation of networks involving various social actors. In some Regions there are projects aimed at eliminating social, economic or gender inequities, such as the project "women's health" in the Region of Puglia. Toscana and Emilia-Romagna Plans pay attention to environment and pollution issues.

Despite social, environmental and economic differences, the various Regions have common principles, concerning: life style, surveillance, vaccination and the screening for cancer.

Key words: Regional Prevention Plan; Priority; Innovation

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DOI: 10.2427/8943

INTRODUCTION

The NPP [1] is part of the National Health Plan, addresses the issues related to health

promotion and disease prevention and provides that each Region draws up and approves its own plan: the Regional Prevention Plan (RPP). The agreement between the Government, the

Regions and Autonomous Provinces of Trento and Bolzano on 29 April 2010 [2], established that Regions adopt, by 31/12/2010, the Regional Prevention Plan (RPP) for implementing the interventions provided by the NPP 2010-2012.

Each RPP in accordance with this Understanding, had to make provision, concerning the implementation of measures in line with the activities of the NPP 2005-2007 and subsequent extensions, the development of each of the macroareas identified by the NPP 2010-2012: predictive medicine, universal prevention, prevention of population at risk and prevention of complications and the recurrence of diseases, and, within them, a reasonable number of guidelines and start-up system of surveillance activities to monitor, evaluate and reprogram the Plan [3, 4].

This article considers and compares the RPP presented by 19 Regions and the Autonomous Province of Trento.

METHODS

We have analysed the RPP from the 19 Regions (Abruzzo, Basilicata, Calabria, Campania, Emilia-Romagna, Friuli Venezia Giulia, Lazio, Liguria, Lombardia, Marche, Molise, Piemonte, Puglia, Sardegna, Sicilia, Toscana, Umbria, Valle D'Aosta, Veneto) and the Autonomous Province of Trento. We have identified and compared the priority actions for each RPP, detected joint-venture projects and particularities, paying special attention to projects about predictive medicine.

RESULTS

The construction of regional plans was based on the analysis of "health profiles" in order to detect needs and lacks of organization; and on this criterion identified priorities, projects and intervention programs that constitute the RPP were elaborated ("health profile" is the picture of the population's state of health in a given area, taking into account health, socio-economic and environmental factors).

The Regions have carried out an examination on the current state of programming, on the activities related to the Prevention Plan 2005-2007 and subsequent extensions, giving importance to the continuity of programs

already in place to strengthen their structuring and to achieve the objectives already proposed.

Before drawing up these plans, direct training of a small team of operators for each Region was organized by National Centre for Epidemiology and Public Health (NCEPH) of National Institute of Health (NIH).

New or existing working groups for various subject areas were involved in each Region, with the aim to revise and resubmit the program in line with previous prevention plan and to define new project guidelines based on the areas of the NPP 2010-2012.

Some Regions have developed their programming as part of the Social and Health Plan (SHP).

The SHP for Lazio Region comprises the key assumptions to be transformed into specific objectives with a series of decrees issued by the Commissioner to execute deeds.

The Regional Social and Health Plan (RSHP) of Liguria is focused on the impact of health as a qualifying parameter, with decisions giving priority to interventions that can reduce social inequalities in health through the continuous improvement of service quality and achieving and maintaining high standards of care (governance). The RPP of Liguria Region, in line with the Regional Social and Health Plan (RSHP), proposes local planning participation, inclusive and intersectoral, involving collaboration between different sectors and institutions.

The RPP of the Tuscany Region, in line with the principles of the RSHP 2008-2010, has the following general objectives: 1) to overcome sectoral visions, both in health and social areas, 2) reducing the risks in living and working environments, 3) improving the sustainability and quality of health care systems, 4) to encourage citizen participation and the involvement of professionals, 5) incorporating the contribution of the voluntary and the third sector, 6) enhance the role and experience of the scientific world and qualify and renew facilities and technology for health.

The RPP of the Emilia-Romagna Region takes up and develops the 3 criteria defined by the NPP 2010-2012:

- attention to most relevant health issues emerging from the profile of health, for which concrete strategies for action are possible and realistic: the relationship between environment and health, health

promotion interventions in particular on some selected groups of population or chronic diseases, the modernization of the supervisory board in Public Health Departments and the strengthening of surveillance systems;

- continuity with the previous plans;
- consistency with the directions of the NPP, both about the topics chosen, and about how to deal with the Macro-areas. Problems of predictive medicine, general prevention for all or for selected groups of the population, prevention of complications and relapses of the disease are selected as targets. This RPP also has its original areas of interest, for example the link between environment and health and between the built environment and health and the training of operators about epidemiology and surveillance.

Furthermore, the identification of specific objectives and actions for regional and corporate levels has been driven by the following 5 criteria:

1. concreteness and measurability of expected results;
2. attention to the available evidence of effectiveness in the choice of actions and practices of prevention;
3. differentiation of objectives and actions to respond coherently to inequalities in health,
4. collaboration between different health professionals, to achieve specificity and synergy between them;
5. realization of the principle of professional and organizational “integration” through the full development of Primary care units and the construction of the Houses of health.

The RPP of Lombardy Region includes as a priority the “Evaluation of the Plan and the expected health gain” that is the effort to search for the “health gain” and consequently to demonstrate the effectiveness of prevention activities through performance indicators.

PROGRAMMING - COMMON ELEMENTS

Lifestyles - Owing to the aging of the population, there is an increase in chronic degenerative diseases, and so all the RPP's

have planned activities targeted at the four main risk factors: a bad diet, smoking, physical inactivity and alcohol abuse that are the basis of the Ministerial Program “Gaining Health”. In some Regions, as a priority, there are plans concerning specific population groups (young-old). In promoting healthier lifestyles, synergy between the concerned entities is important, then intervention programs must be shared by Departments of Prevention, General Practitioners (GPs) and family pediatricians, school, local authorities and citizens themselves.

Surveillance systems - Another common element between the regional plans is the maintenance and strengthening of the following surveillance systems: Health Behaviour in School Children (HBSC), Progress by local health units towards a healthier Italy (PASSI), the Surveillance System on Nutrition and Physical Activity in Children attending primary school (OKkio) and the Surveillance System in the population over 64 years (PASSI d'Argento) (in some Regions, after an initial testing phase).

Vaccination programs - All Regions are committed to support vaccination programs and the surveillance of infectious diseases.

Screening - There is a strong national action to improve access to cancer prevention services and adherence to screening programs, with the attempt to define specific routes for target subjects.

INNOVATIVE ELEMENTS

Networking - The importance of networking is stressed in every RPP. In the RPP of Tuscany Region, the maintenance and further development of a network of structures is considered a strategic point: institutions, scientists, volunteers and citizens who collaborate on projects and programs with common targets.

For this aim it is essential to develop:

- an integrated working system between the sectors of the Departments of Prevention;
- a good working program between the various Departments of Prevention coordinated by the relevant regional structures that deal with Prevention;
- strong functional integration between the organizational structures of the Department of Prevention, districts and hospitals. In particular the services of epidemiology

and health education are very important for research and the measurement of risk and harm in exposed populations, and therefore for the definition of prevention initiatives. Synergies should be sought in particular with the community health care (immunizations, health education interventions, forensic medicine autopsy and certification requirements), with the SerD (Services against addiction-tobacco smoke, alcohol, illegal drugs), with postnatal counseling.

The connection with the structures of the Region is important for those who have useful skills concerning the protection of public health (Regional Agency for Environmental Protection, Zooprofilattico Institute, University). Prevention should be made easily accessible to citizens. RPP of Liguria Region, in the RSPP, has developed an innovative model of networking through a functional structure with four vertical and horizontal networks. In the vertical organizational structure there are the four core areas of the Public Health System: prevention, acute care emergency/urgency, fragility/chronicity and rehabilitation. The horizontal structure is represented by clinical networks or diagnostic and therapeutic approaches on the above four vertical areas and puts them in connection through programming and organizational action. Prevention activities are included in one of four “vertical networks” (the others are: chronicity, emergency and rehabilitation), and are intersected with numerous horizontal networks at the different disciplines: in addition to collective prevention, is also included the prevention of cancer, in relation to screening, and of cardiovascular and metabolic diseases (diabetes). This organizational/programmatic structure arises from the enhancement of prevention initiatives already in place. From the experiences of the previous RPP 2005-2007 and from the extension 2008 and 2009 program, the need to reinforce a model in which the regional center has the function of planning and support for prevention projects has been identified, thanks to the continuous monitoring and improvement of communication between different structures; a strong coordination between the various entities was established, and will be further strengthened: Regional Health Agency, Department of Prevention of the local Health

Unit (ASL), University, School, National Institute for Insurance against Accidents at Work (INAIL), Institute for Prevention and Safety at Work (ISPESL), Institute for Security for the Maritime Industry (IPSEMA), labor, local government agencies. RPP of Umbria Region promotes synergies by putting “networking” systems, skills and responsibilities, and promotes collaboration among professionals in the health system, with others belonging to different institutions, but also to the business world or to the voluntary associations. RPS 2010-2012 of Lazio Region adopted, as a main organizational model, the network Hub & Spoke. For the RPP of Friuli Venezia Giulia Region, priority is to ensure the quality of data and the information system (flows, certification, accessibility) and to continue the collaboration with non-health organizations (environment, transport, schools, local authorities, associations), valuating a multidisciplinary, multisectoral system.

Inequalities - In the RPP of Puglia Region, “women’s health” was defined as the most efficient indicator for assessing the impact of national policies on health and to remove all the conditions of economic, social, or gender inequality. The theme of women’s health has a number of peculiarities which must be considered for the organization of services and health care.

Relationship between environment and health - In the RPP of Tuscany Region there are plans to reduce the living and working environmental risks, and to reduce climate-related and pollution-related diseases. In the Veneto Region, the attention is focused on reducing exposure to indoor environmental risk factors.

Communication - In every RPP planning the importance of communication is stressed, that is considered, especially by Friuli Venezia Giulia Region, a priority as an essential tool to promote health and to manage the results of the monitoring systems in collaboration with policy-makers, operators of the Regional Health System (RHS), with the various stakeholders and with the general and target population. The issue of the ethics of communication is important: transparency and completeness must be well conjugated to the target and its specific needs.

Predictive medicine - Can be defined as the set of interventions aimed at preventing or reducing the risk of unwanted events, or at knock down or dampen their effects in terms

of morbidity, disability and mortality. It was introduced in the National Prevention Plan 2010-2012, and Table 1 shows the projects of the different regions in this area.

TABLE 1

PREDICTIVE MEDICINE PROGRAMS APPROVED IN ITALIAN REGIONS					
COLLECTIVE PREVENTION PROGRAMS REGIONAL COUNCIL RESOLUTION (DGR)	PREDICTIVE MEDICINE				
	CARDIOVASCULAR PREVENTION	CANCER PREVENTION	INTOLERANCE PREVENTION	GENETIC TEST	OTHER PROJECT GUIDELINES
ABRUZZO DGR N. 1 012, 20 DEC 2010	“Play the chart of the heart: increased knowledge of cardiovascular risk by extending the use of the risk chart”				
BASILICATA DGR N. 2 252, 28 DEC 2010	Primary prevention of cardiovascular disease	Stratification of the diabetic population based on the overall cardiovascular risks with early diagnosis of possible organ damage			
CALABRIA DGR N. 851, 29 DEC 2011	Dissemination/use of the heart chart and improving the cardiovascular risk score by training GPs				
CAMPANIA DGPREV/0044517-P-2010 DGR N. 309, 21 JUN 2011	Prevention of recurrence in patients with previous acute cardiovascular events; Cardiovascular risk chart	Get a cancer registry of pediatric and adult population			Identification of eating disorders in childhood and training of school and health workers
EMILIA-ROMAGNA DGR N. 2 071, 27 DEC 2010	The cardiovascular risk chart	The hereditary and family risk assessment - screening of colon cancer - colorectal and breast cancer			
FRIULI VENEZIA GIULIA DGR N. 2 757, 29 DEC 2010	Cardiovascular risk chart, extension of its use and diffusion of the software that contains it (“gente di cuore”)	Define articulated pathways for individual risk of colorectal cancer			
LAZIO DGR N. 613, 29 DEC 2010		Metabolic diseases and expanded newborn screening	Implement the promotion of opportunistic screening for early diagnosis of food intolerance to gluten		
LIGURIA DGR N. 1 545, 17 DEC 2010	Cardiovascular risk chart: test a program to expand knowledge and skills to spread the use of cardiovascular risk chart	Application of risk management pathways of breast and colon cancer and the diagnostic and therapeutic pathways of familial adenomatous polyposis (FAP)			

TABLE 1 (CONTINUED)

PREDICTIVE MEDICINE PROGRAMS APPROVED IN ITALIAN REGIONS					
COLLECTIVE PREVENTION PROGRAMS REGIONAL COUNCIL RESOLUTION (DGR)	PREDICTIVE MEDICINE				
	CARDIOVASCULAR PREVENTION	CANCER PREVENTION	INTOLERANCE PREVENTION	GENETIC TEST	OTHER PROJECT GUIDELINES
LOMBARDIA DGR N. 1 175, 29 DEC 2010	The community approach in deepening and using of predictive medicine: systematize the predictive medicine to implement programs of proven effectiveness				
MARCHE DGR N. 1 856, 23 DEC 2010	Implementation of the use of cardiovascular risk chart	The path for the management of individual risk for familial breast cancer			
MOLISE DGR N. 1 856, 23 DEC 2010	Heart Project - application of cardiovascular risk chart		Prevention of the urogenital male diseases: varicocele	Increase in fetal translucency as a marker for the identification of cases at risk of fetal aneuploidy in the population of Molise	
PIEMONTE DGR N.37-1222, 17 DEC 2010	Dissemination/use of the heart chart and improvement of cardiovascular risk score by training GPs				Prevention of health damage from summer heat waves through the improvement of the registers of the frail elderly people and assessment of the impact of prevention interventions
PUGLIA DGR N. 2 994, 28 DEC 2010	Prevention of cardiovascular risk				
SARDEGNA DGR N. 47/24, 30 DEC 2010	Propagation of cardiovascular risk chart				Path physiology, monitoring, evaluation of thyroid diseases in paediatric age
SICILIA DA N. 3 220, 30 DEC 2010	Propagation of cardiovascular risk chart				
TOSCANA DGR N. 1 176, 28 DEC 2010	Expanded newborn metabolic screening				
TRENTO DGP N. 13, 14 JAN 2011	Extension of the individual risk of disease				
UMBRIA DGR N. 1 873, 20 DEC 2010	The cardiovascular risk assessment in Umbria				
VALLE D'AOSTA DGR N. 3 726, 29 DEC 2010	Extent of cardiovascular risk chart PRATO project				
VENETO DGR N. 3 139, 14 DEC 2010	CCM 2009 - activation of a primary cardiovascular prevention project on the model of cancer screening program (screening IV) - Prevention of cardiovascular diseases in the workplace				

Assessment and Support - The preparation of RPP is based on directions from the “Document for the evaluation of RPP 2010-

2012”, produced by the Ministry of Health, that provides an evaluation system of expected results based on the identification of criteria, of

observed and expected indicators and the verification of sources for different chosen health goals. The Ministry has developed and shared with the Regions an operational project to support the implementation of central lines.

CONCLUSIONS

The trend that emerges from this brief summary of the priority actions of the RPP, without analyzing the specific individual projects, is the constant attention on the cornerstones of public health, such as lifestyles, systems of surveillance, vaccine coverage and the programs of cancer screening. It also highlighted the close relationship between

health and life contexts characterized by different factors, not only health, but economic, political and cultural aspects. It is desirable, therefore, a cultural reorganization of the preventive system, with the aim to share health goals with a wide network of actors in the institutional scientific and social world.

The reorganization of prevention relies on the development of a networking system that allows the various stakeholder to benefit from a well organised and up to date benchmarking project system. Other key issues are communication, an essential tool for the promotion of health, overcoming inequalities in the population and the adoption of measures for environmental protection both at work or in daily life.

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