

# A public health perspective for primary health care

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The content and service goals of primary health care must reflect national public health priorities, if primary health care is to retain its traditional role as a relevant contributor to the national health system, as a reliable caregiver promptly responding to the evolving health needs of the Maltese population and as a trustworthy partner providing sustainable and cost-effective services.

## THE OLD-OLD

The average life expectancy at birth of the Maltese population has increased by 25 years in the last 70 years reaching 82 years in 2013. The number of persons attaining age 75+ years (commonly referred to as the old-old) has swelled. However increase in life-expectancy among the old-old has only been 3.65 years over the same 70 year period with mean life expectancy reaching almost 87 years in 2013. The old-old aspire for a better quality life, not merely more years to their life. The number of old-old will rise exponentially over the coming 20 years from 32,500 in 2015, doubling to 65,500 in 2035. The care needs of our old-old population and their aspirations for a better quality life will be the outstanding feature of our health system in the coming 20 years. Primary health care must concentrate its efforts on the better health and wellbeing of our current middle-aged (40-59 years) and young-old (60-74 years) in order to have a healthier old-old population over the coming 20 years.

## HEALTH LITERACY

The Malta Health Literacy Survey 2014 (HLS2014) has provided useful insights on the current level of citizen empowerment. 45.8% of our adults have problematic or inadequate health literacy. Although Malta's general health literacy level is comparable with the rest of Europe, our performance lags behind the best in Europe (the Netherlands) by 8 to 16 percentage points. In relation to delivery of care, HLS2014 has shown that more than

85% of adults in our population find it very easy or fairly easy to find out where to get professional help when ill (86.8%), to understand doctor or pharmacist instructions on how to take medication (92.4%), to use information from the doctor to take decisions about their health (88.3%) and to follow instructions from doctor or pharmacist (94.6%). The health care professional enjoys the trust of the population and primary health care must continue to build upon this trust. The situation concerning promotion of health and prevention of disease is less uniform. Health warnings about smoking, low exercise and excess alcohol were understood very well or fairly well by 92.5% of interviewed adults.

## RISK BEHAVIOUR AND CHRONIC DISEASE MANAGEMENT

This high level of understanding of risk factors for chronic disease is not always being translated into concrete health behaviour at population level. Measured Body Mass Indexes reveal that 77% were overweight or obese in 2010 and this represents a net increase of 10% in the prevalence of obesity over 26 years (1984-2010). The population prevalence of diabetes has continued to hover at around 10% of the adult population despite decades of aggressive campaigns. On a more positive note, blood pressure control has improved with normal blood pressure being detected in 68% of adults in 2010 compared to 52% in 1984. This same trend can be observed with measured cholesterol levels with desirable levels being attained in 37% of adults in 2010 compared to 22% in 1984. Given the poor performance in lifestyle related risk factors, it is not unreasonable to assume that improvements in blood pressure and cholesterol control can be attributed primarily to the effects of medication. Primary health care must continue to work with citizens on lifestyle related risk factors.

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## **CANCER SCREENING**

88.3% of the Maltese adult population understand why health screening is necessary. The last available published figures indicate that for breast cancer screening, following very encouraging initial responses of 75%, uptake is now barely reaching 50% of the target population. Colon cancer screening levels have not reached 40% uptake. Uptake rates for the complete Human papillomavirus vaccine are not encouraging. Primary health care practitioners have a pivotal role in transforming this “understanding of the necessity of screening” into concrete health behaviour change at population level.

## **MENTAL HEALTH**

Only 54.3% of adults know where to seek help for managing basic mental health problems such as stress and depression. Primary health care practice must take up the challenge of addressing this serious lacuna in the Maltese health system. Mental health and wellbeing is an integral part of health and primary health care is eminently placed to give form and substance to the concept that there is no health without mental health.

## **PERSONALISED MEDICINE**

38% of the population is getting mixed messages from the media and this does not facilitate active participation in decisions on one’s own health. This affects mostly those who are most vulnerable and those at risk of limited health literacy. These include persons with bad self-perceived health, persons with low self-assessed social status, those suffering from more than one long-

term illness, persons aged 76+ years, and persons with pre-primary or primary education. The primary care practitioners must identify and tackle less resilient and vulnerable persons within our community. Care and advice must be personalised, taking into account the specific needs the more vulnerable groups.

## **WAY FORWARD**

Better primary health care is an investment in the future of our society. Family medicine specialists need to sharpen and focus their skills and competencies on the public health challenges prevalent in the current health system scenario. The main role of primary health care is the reduction of the burden of ill health in our families and communities by identifying and targeting those behaviours that lead to chronic disease, by improving early detection of illness, by improving the delivery of health services in community settings, and by teaching patients, families, students, trainees, other health care professionals and educators. These are the four distinct areas of work around which primary health care action must develop and evolve in the interest of primary health care practice and the long term sustainability of our health care system.

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