

# The Prevention and Health Promotion Strategy of the Spanish NHS: Framework for Addressing Chronic Disease in the Spanish NHS Spain

## *Title in original language:*

Estrategia de Promoción de la Salud y Prevención en el Sistema Nacional de Salud. En el marco del abordaje de la cronicidad en el SNS

## *Which 'life stage' for CVDs prevention targets the intervention?*

The Strategy has a life-cycle approach, starting on the pregnancy. In the first stage (2014-2020), two populations have been prioritised for action: children (younger than 15, including fetal development) and those aged 50 years and older.

## *Short description of the intervention:*

The Prevention and Health Promotion Strategy of the Spanish NHS proposes the progressive development of interventions aimed at improving health and preventing diseases, injuries and disability. It is an initiative developed within the framework of the Plan for the Implementation of the Strategy for Addressing Chronic Disease across the Spanish National Health System (NHS).

The major causes for the burden of disease, both at a global level and in our environment, have common determinants and risk factors; tackling them in a cooperative and holistic way improves the impact of the actions for promotion and prevention as well as their efficiency.

Strategies to improve health and prevent diseases are based on effectiveness and five important approaches needed to achieve the best results: a life-cycle approach, employing specific approaches for specific environments, a population approach, a positive approach and holistic approach.

Vision: The vision of this Strategy is to promote a society where individuals, families and communities are able to achieve their maximum potential regarding development, health, wellbeing and autonomy, and where working for health is assumed as a task shared by everyone.

Mission: Facilitating a common framework for health promotion and primary prevention in the cycle of life, harmonising its integration in the portfolio of services of the National Health System and getting other sectors of society actively involved, promoting participation of individuals and population in order to raise their autonomy and capacity to have a greater control over their own health.

General objective:

- promoting the populations' health and wellbeing by fostering healthy environments and lifestyles and strengthening safety in order to prevent injuries.
- Increasing life expectancy in good health by two years, for those born in Spain has been set out as a quantifiable global objective for 2020.

This Strategy represents an opportunity to integrate and coordinate the efforts for health promotion and prevention among all levels, sectors and actors involved. It also means a new driver in the re-orientation of the National Health System, which is a demand of our environment and a recommendation that has been repeated by international organisations such as the WHO and the European Union. Health is a high priority for society and it requires a joint response, coordinated and integrated by effective interventions and maintained over time.

Strategic lines: Strategic lines tackled are: Strengthening public health, territorial coordination and governance, health equity, re-orientation of health services, intersectorality in health, health empowerment, healthy and safe environments and community participation and action.

A Three-dimensional course of action: This Strategy is developed in a three-dimensional course of action: by populations, environments and factor to address.

In the first stage, two populations have been prioritised for action: children (younger than 15) and those aged 50 years and older. In the interventions addressed to prevention and health promotion, it is important to act in an inclusive way. Not only addressing the main health/risk factors and their interactions all together, but also the different life environments of each population. Therefore, for the population aged younger than 15, priority environments for intervention have been identified, in addition to the healthcare, education and community environment. In the population aged over 50 years, the healthcare and community approaches are addressed.

The factors addressed in this Strategy are the most important in tackling chronic diseases: healthy eating, physical activity, tobacco consumption and risk of alcohol consumption, in addition to emotional wellbeing and a safe environment for preventing non-intentional injuries.

Specific Objectives: In the first stage of this Strategy, the specific objectives are:

1. To encourage healthy life-styles as well as safe environments and behaviours among children through the coordination of holistic interventions in the health care, family, community and education fields.
2. Encourage healthy life-styles during pregnancy and breast-feeding.
3. Encourage emotional wellbeing among children.
4. Encourage active and healthy aging in the population aged over 50 years old, through the comprehensive integration of healthy life-styles and safe behaviours in a coordinated manner between healthcare and family-community fields.
5. Prevent functional impairment and promote health and emotional wellbeing in the population aged over 70 years old, fostering the coordination of comprehensive interventions in the health care, social services and community fields.

Selected interventions for action

The interventions are:

- Comprehensive counselling about life styles in Primary Healthcare, linked to community resources in child population
- Comprehensive counselling about life styles during pregnancy and breast-feeding
- The positive parenthood programme, for promoting emotional wellbeing among the child population
- Comprehensive counselling about life styles in Primary Healthcare linked to community resources in the over-50 age group of the population.
- The frailty screening and multi-factor attention for the elderly, which will lead to plans of preventive intervention and individualised monitoring in line with the action plans by the European Innovation Partnership for Active and Healthy Ageing (EIP-AHA).

Hence, within this Strategy, progress will be made in the comprehensive health intervention. Primary Healthcare interventions will be reinforced as well as health promotion; these interventions in Primary Healthcare will be strengthened on a global basis. Community interventions and their coordination within different environments (healthcare, social, education and community fields) will be fostered, always on the basis of the guiding principles of integrity, scientific evidence, cohesion, participation, evaluation, health in all policies and equity.

Implementation: Throughout the process of the effective implementation of the Strategy, this are the main lines of actions in place:

- The operational development of comprehensive interventions that will go into detail in the common and replicable aspects related to the best identified practices in order to ease their globalisation and will promote an effective coordination among the Public Health and Primary Healthcare structures to ensure equity in their implementation.

- The design of professional training plan focused on the methodology of change and the education on healthy life styles which include brief counselling, intensive individual/group education and community education. The capacity-building activities will be based fundamentally on on-line methodology.
- The training of the population through the design of a web platform related to healthy life styles.
- The creation of partnerships, which includes a Plan for local development for which bilateral work has already been put in place. One of the key elements of this Plan will be the creation of on-line maps bringing together community resources for prevention and health promotion at a local level. In relation to the joint work in the education environment, the aim is to universally reinforce interventions in a harmonised way in two specific fields: Physical activity and healthy eating, and emotional health and wellbeing. It also includes joint work with the sports sectors in two lines of action: the operational development of training programmes for physical activity for health, aimed at healthcare, education and community professionals; and support for all those interventions in the strategy using physical activity as an instrument to improve health.

This action among sectors allows the strengthening of public health and the guiding principle "health in all policies".

### *Was the design of the intervention appropriate and built upon relevant data, theory, context, evidence, previous practice including pilot studies?*

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For the elaboration of this Strategy, a participative methodology has been employed, based on the implication of the professional sectors related to health as well as the health care administrations at both a national and regional level. The starting point was the identification of good practices in health promotion and primary prevention, established in the Autonomous Communities. After a strict process of evaluation, prioritisation, integration and planning; based on its importance and feasibility, this methodology allowed us to identify the best available practices to be universalised throughout the entire NHS and integrate them on the comprehensive interventions selected for action.

### *Did the design thoroughly describe the practice in terms of purpose, SMART objectives, methods?*

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The Strategy is well described in terms of purpose and objectives, and briefly describes the comprehensive interventions selected for action. Also establishes the implementation needs and evaluation framework, as well as a timeframe for implementation. Nonetheless, during the implementation process one of the first actions accomplished have been the operational development of comprehensive interventions that will go into detail in the common and replicable aspects related to the best identified practices in order to ease their globalisation and will promote an effective coordination among the Public Health and Primary Healthcare structures to ensure equity in their implementation. The concrete activities, timeframe and evaluation of each comprehensive intervention are there described.

### *To which type of interventions does your example of good practice belong to?*

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Policy/strategy. The Prevention and Health Promotion Strategy of the Spanish NHS proposes the progressive development of interventions aimed at improving health and preventing diseases, injuries and disability. It was approved by the Inter-territorial Council of the National Health System on 18 December 2013 for its universal implementation among the Spanish NHS.

### *How is this example of good practice funded?*

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National/regional/local government, as part of the activities on the Spanish NHS

### *What is/was the level of implementation of your example of good?*

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It's implemented at all levels, national, regional and local, depending on the intervention or action.

### *What are the main aim and the main objectives of your example of good practice?*

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The general objective is to promote the populations' health and wellbeing by fostering healthy environments and lifestyles and strengthening safety in order to prevent injuries. Increasing life expectancy in good health by two years, for those born in Spain has been set out as a quantifiable global objective for 2020. In the first stage of this Strategy (2014-2020), the specific objectives are:

- To encourage healthy life-styles as well as safe environments and behaviours among children through the coordination of holistic interventions in the health care, family, community and education fields.
- Encourage healthy life-styles during pregnancy and breast-feeding.
- Encourage emotional wellbeing among children.
- Encourage active and healthy aging in the population aged over 50 years old, through the comprehensive integration of healthy life-styles and safe behaviours in a coordinated manner between healthcare and family-community fields.
- Prevent functional impairment and promote health and emotional wellbeing in the population aged over 70 years old, fostering the coordination of comprehensive interventions in the health care, social services and community fields.

### *Please give a description of the problem the good practice example wants to tackle:*

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Spain has achieved one of the highest life expectancy rates in the world (82.1 years) however other countries in the region have the advantage of more of their life expectancy being lived in good health (in Spain, 61.5 years old among men and 59.4 years old among women). Since the last century, modern societies are facing two interrelated challenges, the demographic and the epidemiological transition. This means a change from the transmissible diseases to non-communicable diseases, as the life expectancy rises in the population. Chronic health conditions stand for 86% of deaths and 77% of the disease burden in the WHO European region. They are the main cause of preventable mortality and morbidity. Even if mortality due to these diseases has a progressive decline, their disease burden is on the rise. In Spain, they stand for 89.2% of the total disease burden measured in years of life adjusted by the disability-adjusted life year (DALY).

### *Is your example of good practice embedded in a broader national/regional/ local policy or action plan?*

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The Prevention and Health Promotion Strategy of the Spanish NHS proposes the progressive development of interventions aimed at improving health and preventing diseases, injuries and disability. It is an initiative developed within the framework of the Plan for the Implementation of the Strategy for Addressing Chronic Disease across the Spanish National Health System (NHS).

### *Implementation of your example of good practice is/was:*

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Continuous (integrated in the system)

### *Target groups:*

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For the first stage of the Strategy, two populations are prioritized:

- People under 15 years old, including the pregnancy.
- People 50 years or older

### *During implementation, did specific actions were taken to address the equity dimensions?*

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Equity is one of the guiding principles, so this perspective is integrated as a cross-cutting aspect on the whole Strategy. In the implementation process, equity is being address through the following actions:

- Adapting the interventions during its operational development, depending on the different needs of each population group. To do so, a brief tool has been adapted from the “methodological guide for the integration of equity on Strategies, programs and activities on health” already published (please see: [http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/jornadaPr esent\\_Guia2012/Methodological\\_Guide\\_Equity\\_SPAs.htm](http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/jornadaPr esent_Guia2012/Methodological_Guide_Equity_SPAs.htm))
- To reach an effective equity on health and improve effectiveness of the interventions, the works will be conducted with an intersectorial approach.

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### *In design, did relevant dimensions of equity were adequately taken into consideration and targeted?*

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All relevant dimensions of equity are considered both at the designing phase and at the implementation.

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### *Which vulnerable social groups were targeted?*

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Equity is one of the guiding principles, so this perspective is integrated as a cross-cutting aspect on the whole Strategy, tailored by each population group needs. During the implementation phase, different groups will be targeted depending on each action, and will be identified by the tool already mentioned.

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### *Did the intervention have a comprehensive approach to health promotion addressing all relevant determinants and using different strategies?*

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One of the main features of the Strategy is its comprehensive and holistic approach. It takes in consideration the three main aspects of health: physical, emotional and social health. At the same time, it has a comprehensive approach of the risk factors considered, since they tend to act jointly. The factors addressed in this Strategy are the most important in tackling chronic diseases: healthy eating, physical activity, tobacco consumption and risk of alcohol consumption, in addition to emotional wellbeing and a safe environment for preventing non-intentional injuries.

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### *Was an effective partnership in place?*

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The creation of partnerships is a central line of action of the Strategy, which includes a Plan for local development for which bilateral work has already been put in place. One of the key elements of this Plan will be the creation of on-line maps bringing together community resources for prevention and health promotion at a local level. In relation to the joint work in the education environment, the aim is to universally reinforce interventions in a harmonised way in two specific fields: Physical activity and healthy eating, and emotional health and wellbeing. It also includes joint work with the sports sectors in two lines of action: the operational development of training programmes for physical activity for health, aimed at healthcare, education and community professionals; and support for all those interventions in the strategy using physical activity as an instrument to improve health. This action among sectors allows the strengthening of public health and the guiding principle "health in all policies" that is one of the strategic lines of action of the whole Strategy.

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### *Was the intervention implemented equitably, i.e. proportional to needs?*

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Equity is one of the guiding principles, so this perspective is integrated as a cross-cutting aspect on the whole Strategy. In the implementation process, equity is being address through the following actions:

- Adapting the interventions during its operational development, depending on the different needs of each population group. To do so, a brief tool has been adapted from the “methodological guide for the integration of equity on Strategies, programs and activities on health” already published (please see: [http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/jornadaPr esent\\_Guia2012/Methodological\\_Guide\\_Equity\\_SPAs.htm](http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/promocion/desigualdadSalud/jornadaPr esent_Guia2012/Methodological_Guide_Equity_SPAs.htm)).

- To reach an effective equity on health and improve effectiveness of the interventions, the works will be conducted with an intersectorial approach.

*Were potential burdens, including harm, of the intervention for the target population addressed?*

Yes, this aspect is incorporated in the adapted equity tool to be used during the implementation phase.

*Were the intervention's objectives and strategy transparent to the target population and stakeholders involved?*

Yes. There was an external and public consultation process regarding the Strategy which took place on March 2014. It had the aim to facilitate public participation and focused on detecting, among the different actors, essential aspects for improving regarding the implementation phase.

*Did the evaluation results achieve the stated goals and objectives?*

Monitoring Strategy is conceived as a continuous process. Every two years an assessment and monitoring report, which raises an analysis and improvement measures will be made. Also an overall evaluation of the Strategy will be made at the end of the first phase 2014-2020.

*Did the intervention a defined and appropriate evaluation framework assessing structure, processes and outcomes?*

Yes. To proceed with the monitoring and evaluation, a number of general indicators of impact on health and lifestyles are established. All indicators are disaggregated, provided the source permits, by age group, sex, socioeconomic status and geographical units. Furthermore, unless otherwise specified, figures refer to calendar year periods. There are indicators relating to the final impact on health and lifestyles of the Strategy and a first group of structural and process indicators.

Summary table of impact indicators.

INDICATORS	SOURCES
Healthy life expectancy	
Healthy life expectancy at age 65 .	Spanish National Health Survey
Perceived health status	
% population aged over 65 with negative assessment of their health status.	Spanish National Health Survey and European Health Survey
Functional decline	
% population aged over 65 with limitations for the activities of daily life. Global and by specific dimensions (physical/ mental/ both).	Spanish National Health Survey and European Health Survey
Falls	
Rate of hospitalisations due to hip fracture	Basic Minimum Data Set on hospital discharges
The number of elderly individuals (65 or older) who died as a result of injury	Deaths according to cause of death Spanish National Statistical Institute

Impact of interventions	
% population experiencing improved result (significant change) in the initial performance test 6 months after the counselling-intervention.	Primary healthcare Information systems
% population at high risk of falls that suffers any fall after the intervention.	Primary healthcare Information systems

*Did the intervention have any information /monitoring systems in place to regularly deliver data aligned with evaluation and reporting needs?*

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Monitoring Strategy is conceived as a continuous process. Every two years an assessment and monitoring report, which raises an analysis and improvement measures will be made. Also an overall evaluation of the Strategy will be made at the end of the first phase 2014-2020.

*Who did the evaluation?*

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An internal party (representatives of the intervention, own organisation)

*Specifically, what has been measured / evaluated?*

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Process evaluation: Monitoring Strategy is conceived as a continuous process. Every two years an assessment and monitoring report, which raises an analysis and improvement measures will be made. Also an overall evaluation of the Strategy will be made at the end of the first phase 2014-2020.

Evaluation of the impacts/effects/outcome :To proceed with the monitoring and evaluation, a number of general indicators of impact on health and lifestyles are established. All indicators are disaggregated, provided the source permits, by age group, sex, socioeconomic status and geographical units. Furthermore, unless otherwise specified, figures refer to calendar year periods. There are indicators relating to the final impact on health and lifestyles of the Strategy and a first group of structural and process indicators.

*What are the main results/conclusions/recommendations from the evaluation?*

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First evaluation is planned in 2016

*Is the evaluation report available?*

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First evaluation is planned in 2016 and its results will be publicly available at the Strategy web site: <http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/estrategiaPromocionYPrevencion.htm>

*Was there a follow-up (describe how) or is any follow-up evaluation planned in the future?*

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Monitoring Strategy is conceived as a continuous process. Every two years an assessment and monitoring report, which raises an analysis and improvement measures will be made. Also an overall evaluation of the Strategy will be made at the end of the first phase 2014-2020.

*Who implemented the intervention?*

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The whole Spanish NHS structure is involved on the implementation. It's implemented at all levels, national, regional and local, depending on the intervention or action.

### *What core activities are/have been implemented?*

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Throughout the process of the effective implementation of the Strategy, these are the main lines of actions in place:

- The operational development of comprehensive interventions that will go into detail in the common and replicable aspects related to the best identified practices in order to ease their globalisation and will promote an effective coordination among the Public Health and Primary Healthcare structures to ensure equity in their implementation.
- The design of professional training plan focused on the methodology of change and the education on healthy life styles which include brief counselling, intensive individual/group education and community education. The capacity-building activities will be based fundamentally on on-line methodology.
- The training of the population through the design of a web platform related to healthy life styles.
- The creation of partnerships, which includes a Plan for local development for which bilateral work has already been put in place. One of the key elements of this Plan will be the creation of on-line maps bringing together community resources for prevention and health promotion at a local level. In relation to the joint work in the education environment, the aim is to universally reinforce interventions in a harmonised way in two specific fields: Physical activity and healthy eating, and emotional health and wellbeing. It also includes joint work with the sports sectors in two lines of action: the operational development of training programmes for physical activity for health, aimed at healthcare, education and community professionals; and support for all those interventions in the strategy using physical activity as an instrument to improve health.

### *Was the intervention designed and implemented in consultation with the target population?*

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Yes. For the elaboration of this Strategy, a participative methodology has been employed, based on the implication of the professional sectors related to health as well as the health care administrations at both a national and regional level. The starting point was the identification of good practices in health promotion and primary prevention, established in the Autonomous Communities. After a strict process of evaluation, prioritisation, integration and planning; based on its importance and feasibility, this methodology allowed us to identify the best available practices to be universalised throughout the entire NHS and integrate them on the comprehensive interventions selected for action.

There was an external and public consultation process regarding the Strategy which took place on March 2014. It had the aim to facilitate public participation and focused on detecting, among the different actors, essential aspects for improving regarding the implementation phase.

### *Did the intervention achieve meaningful participation among the intended target population?*

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Yes. There is a continuous participation of Regions through the Institutional committee of the Strategy and its diverse working groups for implementation. Also the participation on each line of action is meaningful, for example on the public consultation phase, or the professional training plan in place, offered to all the NHS primary care professionals free of charge.

### *Did the intervention develop strengths, resources and autonomy in the target populations?*

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Yes. That is a main perspective of all the interventions under implementation, especially regarding the Plan for local development and is on-line map of local salutogenetic resource.

### *Was the target populations defined on the basis of needs assessment including strengths and other characteristics?*

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Yes. That is explained on the situation analysis developed as part of the designing phase of the Strategy.

*Was the engagement of intermediaries/multipliers used to promote the meaningful participation of the target population?*

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Yes. As part of the designing and implementation process the scientific societies most related to the interventions prioritised were and are nowadays involved.

*Is the continuation of the intervention ensured through institutional ownership that guarantees funding and human resources and/or mainstreamed?*

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Yes, as said previously, the Strategy was approved by the Inter-territorial Council of the National Health System on 18 December 2013 and is being implemented on the whole Spanish NHS system.

*Is there a broad support for the intervention amongst those who implement it?*

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Yes. There is a continuous participation of Regions through the Institutional committee of the Strategy and its diverse working groups for implementation.

*Is there a broad support for the intervention amongst the intended target populations?*

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Yes. There is a continuous participation of Regions through the Institutional committee of the Strategy and its diverse working groups for implementation. Also the participation on each line of action is meaningful, for example on the public consultation phase, or the professional training plan in place, offered to all the NHS primary care professionals free of charge.

*Did the intervention include an adequate estimation of the human resources, material and budget requirements in clear relation with committed tasks?*

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The Strategy is being implemented as part of the routine preventive services of the Spanish NHS.

*Were sources of funding specified in regards to stability and commitment?*

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The Strategy is being implemented as part of the routine preventive services of the Spanish NHS.

*Were organisational structures clearly defined and described?*

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Yes. The Strategy is organised on a series of committees and working groups, coordinated by the Directorate General for Public Health at the Spanish MoH.

*Is the potential impact on the population targeted assessed?*

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Yes. As part of the monitoring and evaluation, a number of general indicators of impact on health and lifestyles are established.

*Are there specific knowledge transfer strategies in place?*

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Yes. A professional training plan is in place, focused on the methodology of change and the education on healthy life styles which include brief counselling, intensive individual/group education and community education. The capacity-building activities are based on on-line methodology and free of charge.

*Is there available an analysis of requirements for eventual scaling up such as foreseen barriers and facilitators?*

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Yes. This is part of the works done as part of the operational development of the comprehensive interventions selected for action, as well as part of the “plan for local development”.

*What were, in your opinion, the pre-conditions for success? Were there any facilitating factors?*

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A strong leadership, political commitment, intersectorial approach and good coordination.

*What were, in your opinion, the main lessons to be learned?*

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The need for a strong leadership and a good coordination, with a special attention to public health and primary healthcare coordination. Also, the need to enhance coordination between regional health authorities to reach a universal implementation of the actions. Another important aspect is the need for a strong evidence on health promotion issues, taking into consideration this evidence has unique characteristics and it is not possible to assume the parameters used in the evidence based clinical medicine.

*Web page related to the intervention*

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<http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/estrategiaPromocionyPrevencion.htm>

*References*

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<http://www.msssi.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/estrategiaPromocionyPrevencion.htm>

*Contact details of person who may be contacted for further information*

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