

## Summary Seminar Report

# STRENGTHENING ENGAGEMENT IN PUBLIC HEALTH RESEARCH

(Active engagement of the civil society in health support in the CR)

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## 1 INTRODUCTION

The seminar on the subject of "Support of Public Health Research" that took place on 31.3. in Prague in the area of CZ Ministry of Health, took place within the framework of the project Strengthening Engagement in Public Health Research (STEPS), financed from the European Committee Programme "Science in Society". Using open discussion seminars, Project STEPS surveys the state of public health research and the extent of civil society engagement in this process in 12 new EU member countries. The Healthy Cities of the Czech Republic (HCCZ) as one of partner organisations engaged in the STEPS Project, organised a seminar dedicated to support of public health research in the Czech Republic.

### Seminar Preparation

The objective of the seminar was to address the widest possible range of those interested in the field of public health research in the CR, in particular from the ranks of representatives of non-profit organisations that deal with this issue. HCCZ has considerable experience in organisation of special seminars for municipal representatives. The Healthy Cities, Municipalities and Regions collaborate with a number of professional partners in the field of health support, both on the national level as well as on the local and regional levels. This is why HCCZ in the course of seminar preparation addressed its partners who consequently participated in the professional and organisational preparation of the seminar.

**CZ Ministry of Health**, in whose areas the seminar took place, was the national partner of the seminar. At the seminar as such, the ministry was represented by MUDr. Lidmila Hamplová, public health support department head.

Doc. PhDr. Kateřina Ivanová, Ph.D., head of Institute of Social Medicine of the Medical Faculty of Palackého University in Olomouc, was the expert guarantor of the seminar.

The Office of World Health Organisation (WHO) in the CR, represented by the director, MUDr. Alena Šteflová, Ph.D., also participated in event preparation.

Presenters for individual topics were chosen with respect to the professional aspect of the seminar and the target group of civil society organizations. The seminar hosted representatives of **international organisation (WHO)**, **state institutions (CZ Ministry of Health, Institute of Health Information and Statistics of the Czech Republic)**, **academic sphere (Institute of Social Medicine of the Medical Faculty of Palackého University in Olomouc)**, **non-profit organisations (Czech Red Cross, Czech Health Support Society)** and **public administration (The Healthy Cities of the Czech Republic)**.

**Children's injuries** have been selected as the "**national topic**". Injuries are a major problem in the CR, nevertheless, there are also available statistical information and there is under way a number of activities to support injury prevention, namely in such manner that the required information get straight to the given target group.

**Invitation to the seminar** was distributed in particular through thematic HCCZ e-mail conference, focused on the support of health and healthy lifestyle. E-mail conference includes both the representatives of professional institutions, as well as representatives of public administration and non-profit organisations operating on the national, regional and local levels.

## 2 Topics discussed

### The current research situation

#### SUMMARY OF PRESENTATION BY DOC. PHDR. KATEŘINA IVANOVÁ, PH.D. FROM INSTITUTE OF SOCIAL MEDICINE OF THE MEDICAL FACULTY OF PALACKÉHO UNIVERSITY IN OLOMOUC

This seminar offers an opportunity to give some thought to the subject of public health from another perspective than usual so far. We know what relevant institutions do in the field of health support, but the topic of "research" is basically new. It is positive that on the occasion of this seminar there have met the representatives of academic environment with representatives of general citizen's society.

*The only* and main objective of the seminar is therefore **the support of research in the area of public health in cooperation with citizen's society.**

From the point of view of mutual relationships the issue can be divided into *two* areas:

- **research and public health,**
- **research and civil society.**

*Three* main terms need to be defined for further progress:

- **public health** (in particular against the term "public health service"),
- **research,**
- **civil society.**

There are *four* main problems that we will deal with:

- **many branches,**
- **many topics,**
- **many dimensions,**
- **many actors.**

And finally, we are looking for answers to *five* basic questions:

- What?
- Why?
- How?
- Who?
- Where?

The first part of the presentation deals with the relationship between research and public health, definition of public health and public health service and definition of research. In this part of the presentation we look for answers to questions of "What?" and "Why?".

From the point of view of research in the field of public health, individual is a far too intimate topic, on the other hand, the society as a whole represents too wide a topic.

Health as such can be viewed from various perspectives. It is possible to search for definitions e.g. according to World Health Organisation (WHO) or perceive health as a "public interest" or European priority", the options are many.

**Public health** characterises the health condition of population or that of individual population groups.

By way of contrast, **public health service** is an interdisciplinary branch which deals with health condition of population groups or that of the whole population. Public health service is a part of health system that realises measures that should lead to improvement of health condition in the interest of the state and within the framework of certain health policy. Public health service is a science that deals with prevention, prolongation of life, support of health through organised society efforts (WHO).

**Bases for operation of public health service:**

- knowledge of inhabitants' health condition, age, work activity,
- living environment,
- appropriate (available) network of medical facilities,
- sufficient personnel and technical equipment,
- financial ensurance of all required activities,
- motivation for improvement of qualification,
- and adequate research that reflects both the objective health support indicators and subjective needs of social groups.

**Definition of research:**

Systematic collection of empirical data (hard data - quantitative research or soft data - qualitative research) with an objective to gain new knowledge (basic research) or new problem solution (applied research) to a certain precisely defined (adequate) topic.

**What is an adequate research topic for public health?**

The 2nd European Public Health Association (EUPHA) Conference brought **82 topics** within the framework of 12 lectures at plenary sessions and 70 parallel proceedings in sections.

**The principal topics of research in the field of public health** are also the answer to the question of "What?". These topics among others include:

- creation of a healthy living environment,
- growth of incidence of asthma, allergies, obesity and children's injuries,
- motivation of people to healthy lifestyle,
- suitable information system that would enable the description of current situation and evaluation of the results in individual areas,
- the influence of social status on health,
- the influence of other social circumstances on health,
- the influence of working conditions on health,

- availability of health services,
- the issue of violence and its health consequences (in particular deals with the issue of stress, depression, anxiety states, children's development disorders),
- the issue of health in most-threatened groups (children, seniors, minorities, socially excluded persons),
- persisting differences among EU states in the level of health and provision of health services,
- study of national health care systems,
- development of common European public health care,
- connection of European public health care development with future orientation of WHO in Europe,
- professional preparation of specialists in the field of public health care,
- the relationship of ethics and public health care,
- the persisting economic crisis and its impact on health,
- climatic changes and their consequences,
- the epidemic of chronic non-infectious diseases,
- collaboration and coordination of all sectors and ministries,
- development of partnership among involved institutions,
- systematic research development.

*Note: The traditional areas of public health care are introduced in the book "Introduction to Public Health Care" by PhDr. Hana Janečková, Ph.D. and PhDr. Helena Hnilicová, Ph.D.*

The unifying basis of all topics remains the answer to question "Why?":

The dominant objective and purpose of health care is the health of people, which is also the basic criterion of health care system quality.

"Health care management is a highly professional activity based on scientific, continuously developing findings as well as on practically systematically evaluated professional experiences." (from article by prof. Holčík: Health Care in the CR, No.1, 2010)

**Scientific management cannot be realised without reflection of the needs of civil society!**

**The second part of the presentation** deals with the relationship of research and civil society, definition of civil society and looking for answers to questions of How?, Who?, Where?

### **The definition of civil society**

According to *Sociological Dictionary* (J. Jandourek), civil society is a "notion from the area of political thinking, trying to differentiate the sphere of state and politics from the sphere of natural association of people". *Cicero* talks about conditions that characterise life in civilised political community, decency, urban way of life, **civil partnership**, civil life, business skills. *Hegel* uses the notion of **true unification**.

### **Research as the basis of knowledge society**

European Committee report *Taking knowledge society seriously* (Felt, 2007) defined two current concepts of knowledge society.

#### **1) Regime of economy of techno-scientific promises, characterised by:**

- expert knowledge,
- technological high-tech solutions of social problems,
- active role of specialised institutions,
- passive (consumer's) role of civil society,
- emphasis on the protection of intellectual property (e.g. patents),

- ability to be substantiated by quantitative reports - Register of Information on Results (RIR).

## 2) Regime of collective experimenting (engaged research):

- pays attention to innovations that react to the requirements of consumers and communities,
- enables engagement of concerned groups situated in a specific relationship in connection to the given issue (e.g. patients, interest groups, inhabitants of a certain area),
- also includes low-tech innovations and social innovations,
- the protection of intellectual property has such form that does not restrict transfer and use of knowledge by other actors, but only ensures the traceability of their origin and changes,
- puts emphasis on public substantiation and public usefulness.

**Both regimes ARE NOT opposed**, provided that they complement one another. They become opposed in case one regime is enforced as the only alternative of how knowledge society can be thought of - the possibility of coexistence is dependent on social context (Felt - 2007 in Green Circle: Science and Non-Governmental Organisations, 2009).

In the Czech Republic, the support of the first type of research is ensured within the framework of the following institutions and documents:

- National Policy of Research, Development and Innovations for the Years 2009 - 2014,
- Research and Development Council of the CR,
- Law No. 130/2002 Coll. on support of research and development,
- Law No. 110/2009 on support of research and development,
- The Green Book of Research and Development - ASCR Technological Centre.

The institutions that also dealt with other than technocratic research in the field of public health care have been gradually liquidated or restricted in their activity.

- Institute of Social Medicine of the MH CR,
- Institute of Health Policy and Economy,
- School of Public Health Care (the number of workers significantly reduced and research section limited)
- National Centre of Nursing Care and Other Non-Medical Branches (research section limited).

The main weight now rests on academic institutions, but engaged research is not appreciated, there is no economic contribution, there are no "hard results" in the RIR (i.e. registration of individual results). It is therefore necessary to also emphasise "other impact" - social, environmental, cultural - where the public substantiation can be ensured.

**Public substantiation (i.e. usefulness defined in other than economic notions)** is principal in researches for non-governmental non-profit organisations (in the CR - civic associations, public service associations, foundations and endowment funds, ecclesiastic legal persons. Non-governmental non-profit organisations are the most easily handled (and most visible) part of the "civil society". These organisations are able to formulate the interests of specific groups of citizens in relation to science and academic institutions and often also have real potential to engage in research processes.

The basic idea for engagement of civil society in research should be the **incorporation of citizens' knowledge about healthy acting** (KAB method - knowledge, attitude, behaviour). Other types of possible collaboration are as follows:

- research rooted in community,
- scientific workshops,
- civil juries,

- consensual conferences.

#### Conclusion - summary of answers to questions:

- Why? Public health research cannot do without civil society.
- What? The answer is to a considerable extent formulated exactly by civil society.
- How? Economic aspect is not the most important one.
- Who? It can be the academicians, but with widest possible engagement of civil society.
- Where? In communities and at events that enable the connection of civil society and research.

#### **The role of civil society**

#### SUMMARY OF LECTURE BY PETR ŠVEC, DIRECTOR OF HEALTHY CITIES OF THE CZECH REPUBLIC

The role of civil society can be shown with success on the example of cities, municipalities and regions that collaborate in the area of health support with professional partners from the ranks of state, academic and non-profit organisations and institutions. Health support has been announced as the Common Topic on the local level for the 2010 by the Governmental Council for Sustainable Development, the topic of "Society, Man and Health" has been even included, among others partly owing to Healthy Cities of the Czech Republic (HCCZ), among the priorities and objectives of sustainable development of the CR.

The project of Healthy City WHO has been functioning in the CR for more than 16 years and it is currently adopted by up to 90 cities, municipalities and regions. The project also functions successfully on the level of regions, as can be seen on the example of Healthy Region of Vysočina.

Municipal management especially expects from the "brand of Healthy City" the following:

- satisfaction of inhabitants, which is also the objective of public administration (common denominator: quality of life + health),
- open communication and collaboration (public engagement, local partnership),
- functioning of the office as a good company for ensurance of development of a city/region and public service,
- the ability to gain external resources,
- national and international prestige.

**Healthy Cities** as such do not run research, but they serve as a laboratory.

The Healthy Cities, Municipalities and Regions of the Czech Republic are also successful on the international level. In the 2009, several Healthy Cities succeeded in the worldwide competition „The LivCom Awards“ - "City Worth Living in", realised under the auspices of UN.

An advantage of network collaboration among Healthy Cities lies in the possibility of meeting and sharing best practices, e.g. at so called Schools of Healthy Cities.

In the Healthy Cities there are annually common community campaigns, such as Earth Day (22. 4.), World No Tobacco Day (31. 5.), National Injury Free Days (5. - 15. 6.), European Mobility Week (16. - 22. 9.) or Health Days (October 4 - 17). The campaigns are attended by great number on inhabitants, therefore, the campaigns can be a part of research.

Research activities are also possible in the course of other activities related to **community planning**, such as Healthy City Forums - public meetings where people identify the major problems of a city, municipality or region. Approximately 35 similar meetings are being prepared for the 2010.

In the Healthy Cities, Municipalities and Regions there are also created **conceptual documents** related with health support, such as Health Plans that among others include sets of inhabitants' health condition indicators

HCCZ tries to collect and promote the best practice of cities, municipalities and regions on a specialised internet portal [www.dobrapraxe.cz](http://www.dobrapraxe.cz).

Travelling performance in the course of which two well-known entertainers discuss with local experts on the subject of old age and care for seniors, can serve as an example that health support can be also approached in a relaxed form.

HCCZ endeavours that people do not approach the issue of health with contempt.

### **SUMMARY OF LECTURE BY RNDR. MAREK JUKL, PH.D., CZECH RED CROSS PRESIDENT**

The national association of Red Cross in the Czech Republic has 57 thousand of members and volunteers, collaborates with offices and health organisations in *prevention of diseases, support of health and easing of human suffering...to the advantage of the society* (Statute of International Red Cross). The activity of Czech Red Cross (CRC) is based on:

- Law No. 126/1992 Coll., on protection of the sign and name of RC and CRC,
- Law No. 20/1996 Coll., on public health care,
- CRC Statutes.

CRC activities in connection with public health among others include the following:

- first aid courses,
- Help Trans – Friendly Places,
- free blood donation,
- prevention of drug abuse and HIV/AIDS disease,
- stay events.

In the field of **drug prevention**, CTC performs training of discussants, organises discussions at schools and youth collectives and organises lectures for all groups of inhabitants.

**Free blood donation** is an important activity connected with public health. Exactly free donation, supported in accordance with international principles, bears a strong moral aspect. In the event that blood donation was charged, donors could withhold some facts about their health condition, which would contribute to higher risk for blood recipients. CRC strives for the widest possible promotion and raising of social respect in connection with free blood donation, focuses in particular on the young generation.

Instruction of **first aid** is focused on all age groups through a system of EFAC certified courses and national accreditation for observance of first aid standards. 75 thousand people are trained annually. Promotion of this activity is also supported by World First Aid Day or recently also by television spot that shows the necessity to start first aid timely.

The aim of the project **Friendly Places** is to create a network of certified service providers for clients with handicap, while observing the following conditions:

- .1 guarantee of professional approach and availability of services,
- .2 accessibility of areas for persons with specific handicap.

Friendly Places are certified by an emblem.

Help Trans service among others provides the following:

- provision of assistance to clients with orthopaedic handicap and seniors,
- accompaniment to doctor, to the office, to visits of cultural and sports events,
- trips, cultural events.

CRC also organises stay events for children with health handicaps (stay with therapeutic regimen, according to diagnoses) and for seniors (stay with therapeutic regimen, according to diagnoses).

CRC operates across the whole region of the Czech Republic.

### **National topic: injuries at children's age**

#### **SUMMARY OF LECTURE BY MUDR. IVA TRUELLOVÁ FROM THE MINISTRY OF HEALTH OF THE CR, REPRESENTING THE MULTI-DEPARTMENTAL WORK GROUP FOR CHILDREN'S INJURY PREVENTION**

##### **Injuries as a global problem**

Children's injuries are a serious medical, economical and social problem across the whole world. Children's injuries are a problem of public health. Children have the right for safe environment - without injuries and violence. Injuries can be prevented, systematic and long-term preventive measures including influencing of socio-economic determinants can minimise the children's injury rate and their mortality due to injuries.

##### **Injury prevention in WHO, EU documents:**

„WHO Regional Committee for Europe resolution RC55/R9 RC55/R9 on Prevention of injuries in the European Region (2005)“.

The document „European commission consultation on a recommendation to the Council on the prevention of injuries and promotion of safety (31.5.2007)“ stipulates the following procedures:

- improve the system of collecting injury data,
- create and realise national action plans of injury prevention and safety support,
- educate and inform in the area of injury prevention and safety support,
- support collaboration and best practice examples.

##### *Advocacy - National injury surveillance - Policy making - Capacity building*

##### **Children's injuries - the problem of the Czech Republic**

In the CR, injuries are the most common cause of death of children and young adults. Traffic injuries belong among the most serious children's injuries. Children get most often injured at home and in the vicinity of home, during sports and at school. The CR has more than double children's injury rate if compared to states with advanced injury prevention.

##### **Children's injury prevention in documents of the CR:**

- "Long-term programme of improving the health condition of CZ inhabitants - Health for All in the 21st Century" (2002)
- "National strategy of road traffic safety" (2004)
- "National action plan of children's injury prevention for the years of 2007-2017" (2007)

## **"National action plan of children's injury prevention for the years of 2007 - 2017" - NAP**

NAP systematically deals with prevention of deliberate and unintentional injuries of children aged 0-18 years in the CR. The objective of NAP is an endeavour for reduction of children's injury rate in the CR due to injuries and stopping of growth and reduction of frequency of children's injuries, in particular serious injuries and those with permanent consequences. NAP defines the most important tasks for the nearest period. The main task is to establish a National Register of Children's Injuries. NAP objectives and tasks will be concretised in connection to assessment of the results of newly implemented National Register of Children's Injuries. Report on NAP fulfilment and proposal of priorities for the next period will be submitted to the CZ government until 30.6.2010.

### **NAP fulfilment 2007 - 2010**

#### **Collection, analysis and connection of injury data**

Within the framework of department of health, there are currently only available injury data processed on the basis of:

- reports on activity of ambulatory medical facilities (IHIS),
- records from National Register of Hospitalized (IHIS),
- statistics of cause of deaths (CSO).

The available injury data only provide approximate information on injury issue, they are not compatible with collection of injury data in the EU and cannot be used for adjustment of appropriate and efficient preventive measures.

#### **National Register of Children's Injuries - a project by Faculty Hospital Brno**

Stage I - collection of poly-traumatic data from DTC, stage II - collection of mono-traumatic data from DTC, stage III - collection of data from hospitals, stage IV - collection of data from primary care. The National Register will be used/extended within the framework of V4 and connected to IDB.

Each injury is recorded individually, from the point of view of its origination and development, character of affection, treatment progress, results of treatment and possible health complications, possibly in connection to other health problems of the carrier. This method will enable optimum injury diagnostics, therapy and prevention.

The monitored data reflect the standards within the European Union and will meet the compatibility requirements. The reason for this lies in the need to share the relevant data.

An analysis of injury data takes place, website portal is launched.

#### **Support of research, activities, projects**

Subsidy programmes of the Ministry of Health "Care for Children and Youth", "Criminality Prevention" include the support of:

- Children's injury prevention.
- Prevention of violence on children.

The area of support also includes:

- Deliberate children's self-mutilation
- Prevention of handicapped children's injuries

The supported activities include e.g. the National Register of Children's Injuries by FH Brno.

**Education and awareness - most important documents:**

- Regulation No. 3/2010 Coll. - the content of preventive examinations in the field of GPCY has been among others extended by injury prevention according to specifics for the given age,
- proposal of methodology for GPCY for children's injury prevention,
- methodology to sy CAN,
- international seminar CZ PRES EU 2009,
- website portal - injury data from the National Register of Children's Injuries.

### Safe Community WHO

There are currently 3 Safe Communities WHO in the CR:

- WHO Safe Community Kroměříž - designation in 2003.
- WHO Safe Communities Chrudim and Třeboň – (11.-12.10.2009).

### Multi-departmental, multi-branch, local, regional, national and international collaboration

- Multi-departmental MH workgroup for children's injury prevention
- Safe Communities WHO
- Healthy Cities of the Czech Republic
- Health supporting schools
- National focal persons for VIP
- Biennial Collaborative Agreement

### Children's Injury Rate in the CR

The number of outpatient treated children due to injury has been falling, the severity of these injuries has been rising, the number of other injuries has been rising.

Hospitalisation of children due to injury has been falling in case of all monitored types of injuries except burns, deliberate self-mutilation and other injuries. The most frequent cause of children's hospitalisation due to injury are falls.

Mortality of children due to injuries has fallen except for the age category of children aged 1-4 years. Mortality due to injury is the lowest in case of children aged 0-1 years and highest in case of children aged 15-19 years. Traffic injuries are the most often cause of children's fatal injury. Children most often die as passengers, pedestrians and cyclists. The second most frequent cause of fatal injury in case of children aged 0-19 years as well as those aged 15-19 is deliberate self-mutilation. The third most frequent cause of death in case of children aged 0-19 years as well as those aged 15-19 is drowning.

Deliberate self-mutilation in the long run remains a frequent cause of children's death, in particular in case of youth aged 15-19 years.

Boys die of accidents far more often than girls. This difference is most striking in the long run in the age group of 15-19 years and this difference is minimal in the age group of 0-1 year old children.

The most serious injuries of children aged 0-19 years include traffic injuries, children get most often injured at home and in the vicinity of home, during sports and at school.

With respect to the growth of traffic, economic changes and continuing diversification of social structure of the society, it can be anticipated that the number of children disadvantaged and threatened by negative influences of the environment is going to grow.

### NAP evaluation

The previous strategy of the CR in the field of children's injury prevention can be clearly evaluated as positive.

NAP objectives and tasks have been set correctly. Some NPA tasks, however, have a too general character and many activities are focused on education and awareness.

Numerous researches, studies and foreign experience, however, prove that awareness of both the professional and lay public is basically good owing to previous preventive activities. What is missing is the application of these information and knowledge in practice.

**NAP - tasks for the nearest period:**

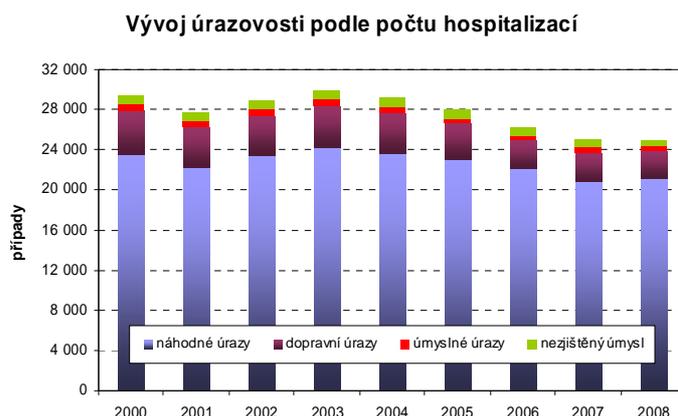
- Focus injury prevention in particular on the most serious injuries (traffic injuries, heating, deliberate self-mutilation) and on most frequent injuries (home accidents) of children aged 0-19 years.
- Focus attention on the closer specification of "other" and "violent" children's injuries.
- Focus attention on socio-economic factors, which are the main risk factors of children's injuries (inequality in health).
- Improve the quality of care for children - registration of children at GPCY, system of preventive examinations, social aspects of health, sy CAN, collaboration of GPCY with family, with CSLPB and school, improve the system of traumatological care.
- Focus on education of the professional public.
- Ensure appropriate legal responsibility of the society (parents, school, community, region, state) for safe environment for children - without injuries and violence, including legal enforceability of this legal responsibility.
- Ensure permanent sustainability of children's injury prevention, in particular in the period of economic stagnation or depression.
- Extend the area of children's injury prevention to other age groups.
- Support multi-branch and multi-departmental collaboration on the local, regional and national level, also support international collaboration, namely with a focus on collaboration within the framework of V4 and collaboration with new EU member countries.

**SUMMARY OF LECTURE BY MUDR. TOMÁŠ SRB FROM INSTITUTE OF HEALTH INFORMATION AND STATISTICS OF THE CR**

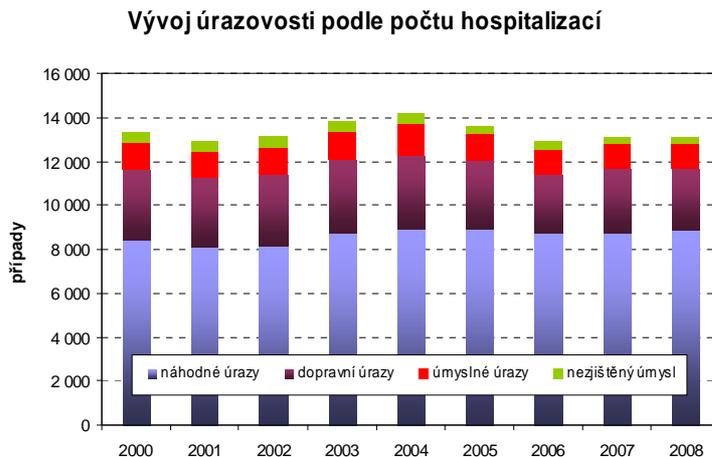
The presentation summarised the statistical data of the National Register of Hospitalised (NRHOSP), Statistics of Deceased (Czech Statistical Office) and MH Report on Activity of MF line A.

From the total number of 182,182 hospitalisations due to injury in the 2008, 24,917 case fell into the age category of 0 to 14 years and 13,111 cases into the age group of 15 to 19 years.

Development of children's injury rate in the age of 0 to 14 years:



Development of injury rate in the age of 15 to 19 years:



### Home injuries in the age of 0 to 19 years - summary for the years 2000 and 2008

The number of hospitalisations due to home injury has fallen (years 2000 -->2008 decrease by 22,1%)

Mechanism (3 most frequent mechanisms of injuries):

- Accidental fall
- Accidental drug or gas poisoning
- Accidental hit by an object or scalding/contact burn

Type of injury within the framework of accidental fall in the household:

Most often head, neck and torso injury, only the next spots are taken by limb injuries, consequences of burns and poisonings

Deceased due to home injury:

Only the number of those deceased in the course of hospitalisation has been analysed (there has been a decrease from 16 persons in the 2000 to 3 fatal injuries at household in the 2008).

### Traffic injuries in the age group of 0 to 19 years - summary for the years 2000 and 2008

The number of hospitalisations due to traffic injury has fallen (years 2000 --> 2008 decrease by 27.1%).

The number of deceased due to traffic injury has fallen (years 2000 --> 2008 decrease by 49.2%).

Mechanism of injury (3 most frequent types of accident)

year 2000 cyclist -> pedestrian -> member of car crew

year 2008 cyclist -> pedestrian -> member of car crew

#### Type of injury

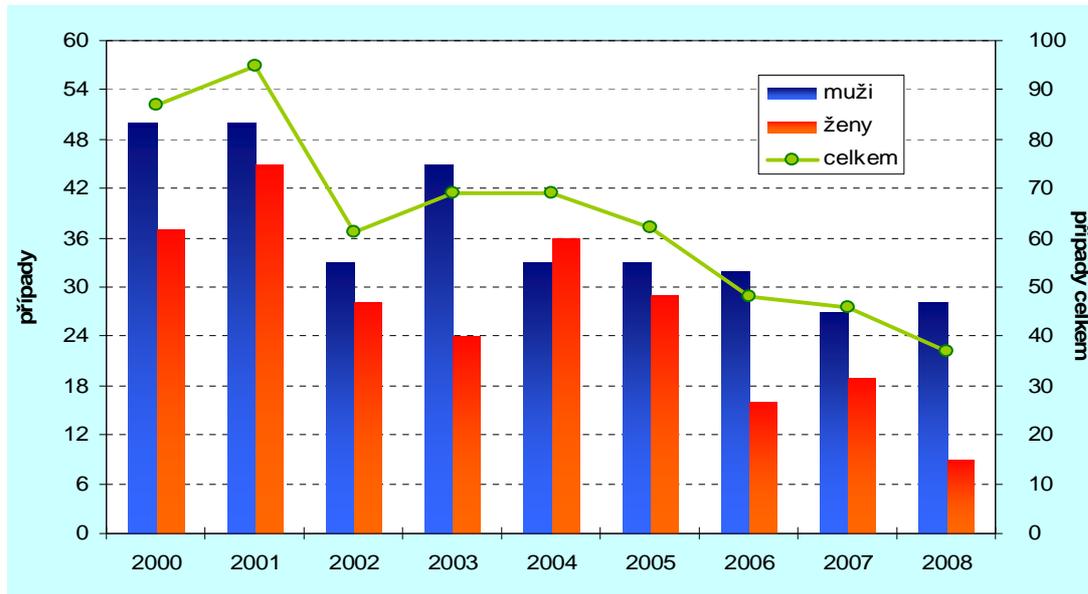
In general most often head injuries, other parts:

- pedestrian = knee and lower leg + lower part of torso (pelvis, stomach)
- cyclist - elbow and forearm and least poly-traumas
- motorcyclist = knee and lower leg + poly-trauma over 6%
- car crew member - lower body half + chest + poly-traumas more than 6% from all monitored injury types

### Deceased due to traffic accident

The number of deceased has fallen from 199 persons in the 2000 to 101 persons in the 2008 (i.e. decrease by 49.2 - see above)

### Drowning in the age group of 0 to 19 years - summary for the years 2000 and 2008



THE TREND OF DEVELOPMENT IS FALLING (in the year 2008 the number of hospitalisations has fallen compared to that of year 2000 by 58%)

Most frequent diagnoses:

drowning in natural water (W69+W70)	261 cases (46 %)
drowning in swimming pool (W67+W68)	173 cases (30 %)

The most hazardous age according to NRHOSP is 1-4 years

In the group of deceased due to accidental drowning, the prevalent diagnosis is drowning in natural water.

Overall number of drowned	209 persons (source CSO)
In natural water (W69+W70)	63 persons (30 %)

Drowned with unspecified diagnosis 122 persons (58%)

The highest number of drowned is in the age group of 15-19 years

### European research dimension

#### SUMMARY OF PRESENTATION BY MUDR. ALENA ŠTEFLOVÁ, DIRECTOR OF WHO OFFICE IN THE CZECH REPUBLIC

For your idea about trends, there was selected one of areas of the European dimension of research within the field of public health - projects WHO for support of local and regional health support policy.

#### Key areas of public health service

From its beginning focused primarily on dealing with infectious diseases, public health

service managed to eliminate a number of health threats.

We are witness to rise of diseases of other character - multifactorally undermined, primarily of chronic nature. Their treatment and prevention require other requirements as well as other health policy strategy. The basis of these diseases is closely related with organisation of the modern society and their origination and development is most contributed to by the unhealthy lifestyle. The key solution of the fight against them lies in application of new forms of health protection and support and disease prevention realised using multi-sector approach.

### **Non-Contagious Diseases (NCD)**

They are the main cause of premature deaths and represent an economic burden for the society and health service. Origination and development of NCD is connected to the way of life and risk factors - smoking, diet, physical activity, alcohol, psycho-social stress -, i.e., they are preventable.

There is obvious change of approach and dealing with health determinants - there is shown the relationship between NCD and socio-economic environment. In the 1990 there was endeavour for introduction of health determinants to the professional public.

### **Factors that influence inhabitants' health condition**

Health is influenced by many various and still new factors, out of which many lie outside the traditional field of health service:

Social and economic	30%
Lifestyle	40%
Living environment	10%
Health service	10%
Genetic predisposition	10%

*N.N. The numbers stated are a summary result of various national studies. Presented within the framework of project WHO BCA 2006-07 Investment for Health.*

*The researches in UK, USA, Canada and Australia show that: 40% share of health, which is given by lifestyle, is further of 35-70% strongly influenced by social and economic conditions.*

### **WHO Commission on social determinants of health - established in the 2005**

The Commission draws attention to social determination of health, which are the main cause of bad health and cause unjust differences in health, namely both among the countries and inside individual countries. Such determinant is e.g. the level of attained education, social class, gender issues, unemployment, hazardous working conditions, inadequate housing and unavailable health services.

### **Publication „Closing the gap in a generation“ (2008)**

The publication dedicated to unjust health differences has proven the fact that health service and lifestyle are important health determinants. It is the social factors that primarily undermine the access the health services and influences the selection of lifestyle. The publication that includes an overview of all up to now activities, is a representative study.

### **Measurement of problem extent, evaluation of impact of follow-up activities**

Measurement of inequalities is the basic solution to their managing. Health inequalities and social determinants of health should be continuously monitored and evaluated both on the level of individual countries, as well as on the global level. It is also necessary to professionally prepare the politicians and medical workers and in appropriate extent inform the civil public on the importance of social determinants of health. In this sense

it is desirable to systematically develop research and education in the field of public health.

### **The Green Book of medical workers in Europe**

European Union Council - DG Sanco, concept published in December 2008 - commentary until March 2009

Health service systems face a number of challenges:

1. Adapt their systems to the aging population, it is anticipated that in the years 2008-2060 the number of inhabitants in Europe will grow by 66.9 mil. (65+) and very old (80+) will be the fastest growing group of inhabitants
2. Implementation of new technologies - specialists, however, need to be prepared for their use
3. Ever growing health service costs
4. Existence of new and recurring health threats

Health service tasks:

- Evaluation of health service needs and evaluation of health impacts for the needs of planning of services
- Disease prevention - through vaccination programmes and preventive examinations
- Health support and public education
- Planning and reaction to health threats caused by sources of contagious diseases, pandemics and natural and human-caused catastrophes, including climate change related catastrophes.

In order that health service systems were able to react to these challenges appropriately, they must have available capable and efficient workers.

Capacities in the field of public health:

- Public health service must have available duly qualified workers in sufficient numbers in order to be able to perform these activities efficiently; this requirement must be reflected in the plans of workers' professional preparation and hiring.

### **Collaborative agreement between WHO and MH**

#### Biennial Collaborative Agreement – BCA 2004-05

Priority: Support of availability and qualification of workers in health services

Creation/updating of curriculum of health service workers in the field of public health service

Objective: Ensurance of adequately qualified workers in the field of public health service in order to intensify prevention and reduce NCO and factors with influence on incidence of diseases related with hazardous behaviour and social determinants through complex and integrated approach.

Priority area: focus on healthy lifestyle

Project outputs:

- building of capacity support to the regions in the process of integrating population's health support into the development plans and activities,

There has been performed an analysis and support of practical realisation of the programme Investment in Health in the Czech regions through pilot project in selected regions (Region of South Bohemia, Region of South Moravia and Liberecký Region). This

approach enabled gaining of new point of view on the field of public health service, undermining of health development by economic and social development.

#### Biennial Collaborative Agreement – BCA 2002-03

Project realisation: Assessment of health support policy and its infrastructure in the Czech Republic

Coordinator: Institute of Health Policy and Economy (IHPE)

Assessment report presented within the framework of parliament seminar

Critical assessment:

- support of health to influence lifestyle was delegated solely to the department of health service
- low participation of all interested partners
- potential exists in the regions

IHPE report was of very good quality and in a certain sense critical - there is low participation of partners in the CR. Hope is seen in the regions, on the local level. Liberecký Region serves as a successful example.

#### *Investment triangle*

Show the dependence of three variables - development of health is closely related with social and economic development.

#### Biennial Collaborative Agreement – BCA 2006-07

Priority: Intensification of prevention and control of non-contagious diseases

Output:

- Support in the process of developing capacities required for ensurance of a wider spectrum of inhabitants' health determinants

Within the project framework there continued the support of regional health integration policy in the extent of conceived development plans and political frameworks in a form of consultations and regional workshops.

There was organised a national seminar with international participation, focused on the issue of social determinants of health:

- evaluation of three regional case studies realised in the CR,
- presentation of studies taking place in individual European regions (Slovenia, Great Britain),
- creation of specialised WHO/EURO documents (technical paper IFH) - synthesis of studies; Assessment Report Investment for Health in the Regions of CR.

#### Biennial Collaborative Agreement – Agreement BCA 2008-09

Objective: Support of the policy of healthy ageing, including inequalities in access.

Task: Formulation of health profiles' methodology for enforcement of health support on the local level with emphasis on the planning of healthy cities, healthy ageing and dealing with needs of vulnerable groups.

Solvers: National Institute of Public Health through the Ministry of Health Work Group for Health Plans and Policies and main partners (HCCZ was a key partner).

Outputs:

- completion of manual for Urban Health Plan,
- extension of the manual by independent part dedicated to issue of health ageing,
- processing of a set of indicators for seniors.

#### Biennial Collaborative Agreement – BCA 2010-11

Anticipated result: Support of public health policies with respect to main health risks and socio-economic determinants of health (SED) with a focus on prevention of obesities and supervision of tobacco products use.

Product: Evaluation of social determinants of health for obesity and use of tobacco products and spreading of these risks among inhabitants of the CR; processing of appropriate recommendations.

Coordinator: Ministry of Health/Department of Public Health Protection and Support

Solver: National Institute of Public Health in connection with specialised companies.

### **European Observatory on Health Systems and Policies**

WHO is a platform for research, with "Observatory" it collaborated in particular in the course of CZ Council of Europe presidency in the first half of the 2009.

Observatory supports and promotes creation of health policy based on proofs through exhaustive and precise analysis of dynamics of health systems in Europe and through direct engagement of conceptions' creators.

Observatory is a partnership among WHO Regional Office for Europe, governments of Belgium, Finland, Greece, Norway, Slovenia, Spain and Sweden, the Veneto Region of Italy, European Investment Bank, the Open Society Institute, World Bank, the London School of Economics and Political Science (LSE), and the London School of Hygiene & Tropical Medicine (LSHTM).

Observatory tools:

- Publications
  - Books
  - Health Systems in Transition (HiT)
  - Eurohealth
  - Euro Observer
  - Policy briefs
  - Joint policy briefs
- Political dialogue
- Health Evidence Network (HEN)
- Health Policy Monitor

### **SUMMARY OF LECTURE BY PHDR. ZDENĚK KUČERA, CHAIRMAN OF CZECH HEALTH SUPPORT SOCIETY**

Seminar STEPS supports the interest of non-governmental sector in public health research. Dialogue among non-governmental organisations and academic institutions is necessary.

**Personal view on various forms of tripartite cooperation - gained owing to activities in the below stated institutions, programmes and projects. These activities have been taking place from the very beginning on project basis.**

- Illustration of connecting implementations of health support programmes and descriptive and evaluation research
- Various forms of implementation and research co-existence:
  - Purchase of research from a specialised agency
  - Collaboration with a specialised agency
  - Own collection of data as a part of project realisation
- Paradox standing on both sides of proposed cooperation
- National Health Support Centre (NHSC) - state subsidised agency (1990 - 1995)
- Institute of Health Policy and Economy (IHPE) - state subsidised institution, co-financed from grants (2000 - 2005)
- Czech Health Support Society (CHSS) - civic association (1993/1996-)

**Projects by National Health Support Centre supported by research:**

- Research of opinions on health and health care
- Programme "Smoking and Health" - Project Chance/Columbus

- Project Healthy School (Health Behaviour in School-aged Children – HBSC methodology used in the 1992 for the first time in the Czech Republic).
- Project Lighthouse (European ESPAD research focused on drug and alcohol abuse by children, realised in the 1995. HBSC methodology was used for monitoring of alcohol consumption)
- Project Line
- Global Aids prevention programme
- Collaboration with Centre for Science in the Public Interest
- Other WHO projects
  - Healthy City (K. Matzon 1992 – Brno, Rožnov, Šumperk, Jeseník, Třeboň)
  - Healthy Enterprise
  - Healthy Hospital
  - Healthy Region
- Overall: Participation in 6 international studies, 11 independent studies and 30 omnibus surveys

#### Projects by Institute for Health Policy and Economy supported by research

- Project KRCA
- Project Investment for Health
  - project WHO/EURO in the years 2002 to 2007

#### Projects by Czech Health Support Society

- Project Fons vitae
- Project 37
- Project KAPROS
- Project Inco Forum
- Project Healing 21
- Project Minutes for Life

As a non-governmental organisation, Czech Health Support Society is dependant on money from various resources. It helps companies, but also patients. It always endeavours that money do not come from one company, that the project result is not a product portfolio. Correct assignment is always important. It is good to have a consultant, who knows his way about. Research at one's own expense is possible in case of formative researches.

### 3 PARTICIPANTS' OBSERVATIONS

#### Observations in the course of opening section

HCCZ Director *Petr Švec* emphasised the issue of health support in the regions.

*MUDr. Lidmila Hamplová* from the Ministry of Health of the CR welcomed the possibility to engage civil society exactly on the grounds of the ministry. She reminded the recent reduction of regional branches of National Institute of Public Health, out of which only 6 workplaces remained in operation. The ministry therefore appreciates all partners with whose assistance the activities in the field of health support are ensured.

*MUDr. Alena Šteflová, Ph.D.* from WHO Office in the CR reminded that seminar participants relatively often meet on various occasions, but the issue of research is relatively new to the majority of those present.

#### Observations - discussion after the first section of lectures

*Petr Švec* from the Healthy Cities of the Czech Republic stated that community campaigns, taking place in the Healthy Cities, Municipalities and Regions of the CR can be the subject of academic research.

He further reminded the publication Green Circle titled "Science and Non-governmental Organisations - Experience, Possibilities, Inspiration", which summarises the up to now collaboration of academic and non-profit sector in the Czech Republic.

*MUDr. Hana Janečková, Ph.D.* from the Institute of Postgraduate Education in Medicine reminded that School of Public Health Service still organises seminars, but that its activity has been significantly reduced.

*Doc. Horváth* in the reaction to lecture by *Doc. Ivanová* emphasised that the regimen of economic and technical promises is a motivation. Industry came to realise that prevention reduces costs. The notion of health support in Europe has been defined wrongly. European Union provides a contribution of EUR 1 mil for protection of health in workplaces, but this contribution is distributed by insurance companies. In England there was implemented an independent branch for support of health in the workplace.

*Doc. Kukla* from Faculty Hospital in Brno reacted to the debate on correct use of the notion of public health, or social medicine. He reminded that the Czech equivalent "social pediatry" corresponds with the English notion of "public health for children". The concept of "Public Health" was used in the past in particular by Nordic states and Great Britain. Germany traditionally fostered social medicine.

#### **Observations - discussion after the second section of lectures**

*PhDr. Zdeněk Kučera* completed the list of terminated institutions by the National Health Support Centre.

*Doc. Horváth* supplemented the lecture by *MUDr. Šteflová* by stating that the notions of "risk factors" and "health support" originated in the 50's in America, they were not available here. He also raised the question of precise delimitation within Lalonde Field, which delimits lifestyle and socio-economic conditions. Lalonde as a representative of particular state (Canada) added the necessary impulse.

*MUDr. Šteflová* added that particular numbers always raise polemics and are not dogmatic in any way. There often occurs e.g. suggestion for allowance for genetic factor.

*MUDr. Benešová* from Faculty Hospital Motol appreciated the presentation by *MUDr. Srb* from the Institute of Health Information and Statistics of the CR (IHIS), which in her opinion suitably complemented the previous lecture by *MUDr. Truellová*. IHIS data should be freely accessible, as hard data are the best argument for any activities.

*Michal Kalman* introduced a particular ESF project, which promotes physical activity at schools as a means to improvement of health condition. Could e.g. HCCZ take part in such project in a particular location? HCCZ Director *Petr Švec* welcomed this activity.

*MUDr. Skálová* from National Institute of Public Health stated that many projects, presented by *Dr. Kučera*, still continue.

*Petr Švec* reminded that in the CR we do not have too many scientific information on the long-term development. There are also many activities in progress, which are not scientifically examined in any way, such as e.g. connection of the Healthy City and Healthy Company in Mladá Boleslav, where the project of children's Safe Route to School realised in collaboration with Partnership Foundation has been launched.

## **4 CONCLUSIONS**

The seminar has proven the necessity to share information on activities in the field of health support among the representatives of academic community, state institutions and non-profit sector.

In the recent past, a number of professional institutions subsidised by the state has been terminated. This situation has to be coped with from the part of institutions that operate in the field of public health in such a way that the activities of health support on the national, regional and local levels were ensured.

The connection of the issues of "public health research" and "public health and civil society" is new in the Czech Republic. This is why the terms had to be defined at the beginning of the seminar. Seminar participants are basically familiar with these terms and their definitions.

The seminar has shown some **other possibilities of public health research** in the Czech Republic. Other community campaigns with health subject matter, taking place in the Healthy Cities, Municipalities and Regions, can serve as a space for research activities.

In the selected thematic area of "children's injuries" there are **"hard data" and analyses of development during last years** available owing to Institute of Health Information and Statistics of the CR. These data can be used as an argument for support of other activities that lead to reduction of injury rate in the CR. Multi-departmental work group for children's injury prevention **coordinates the activities** on the national level.

Since the 1990 there has been in the Czech Republic a **number of successful projects**. It would be great, if some of these projects could be **followed in order to ensure continuity of activities**.