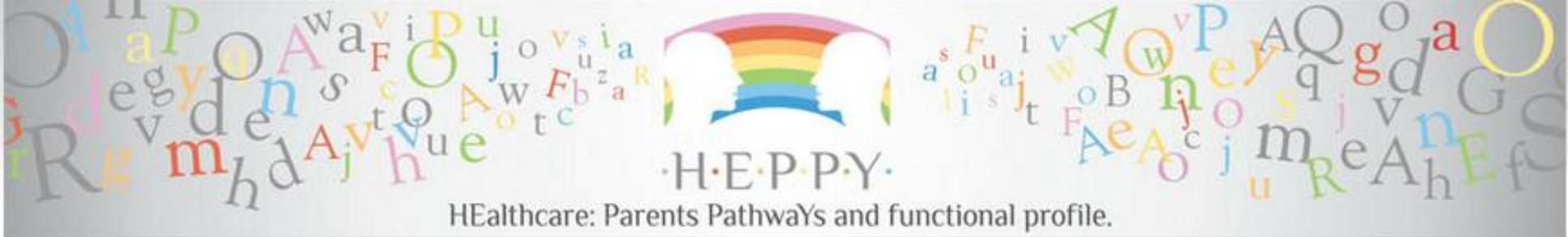


National Report of ITALY

Written by Sabrina Grigolo



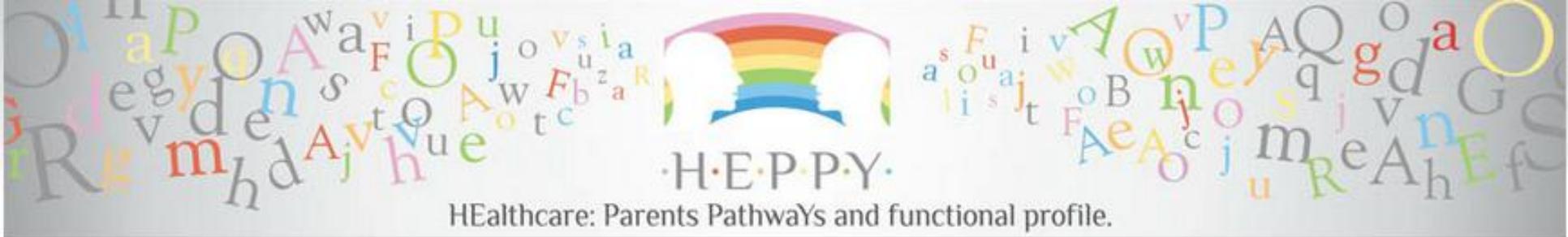
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- Main national trends
- National bodies in charge of the home health service
- National policies implemented to promote and improve the home health service
- Strategies and initiatives developed at a national and local level to promote and improve the home health service



GRIGOLO Sabrina

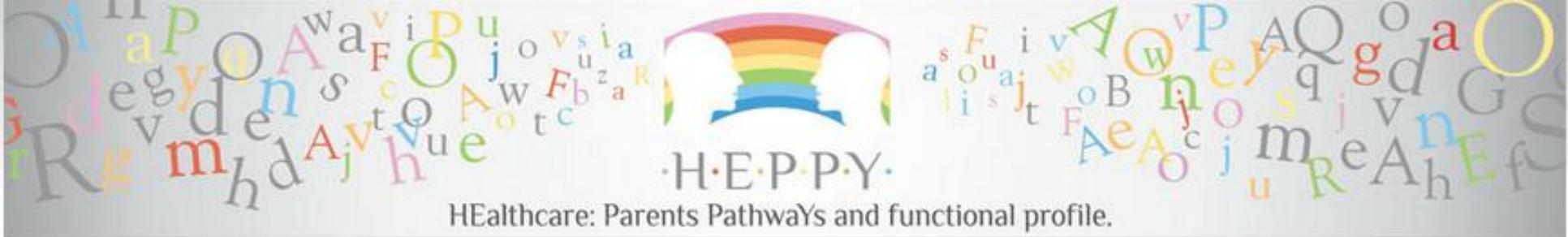




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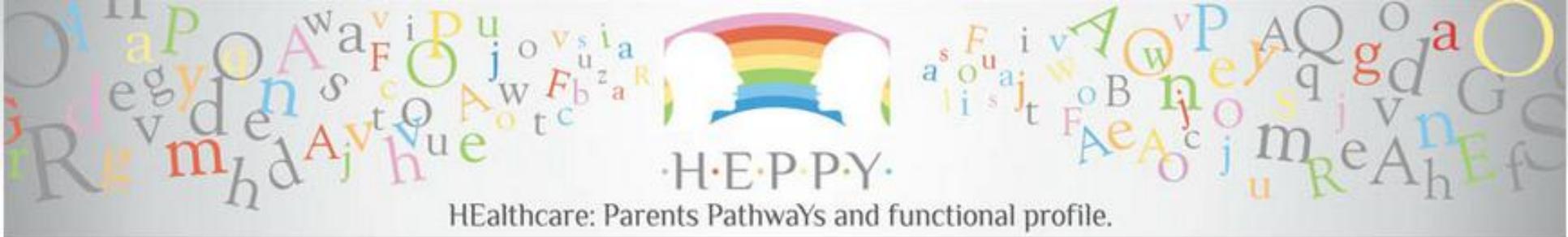
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HEalthcare: Parents PathwaYs and functional profile.

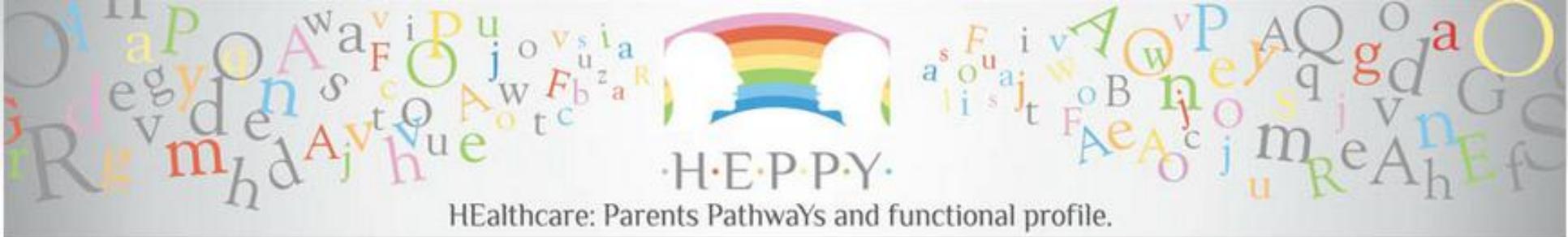
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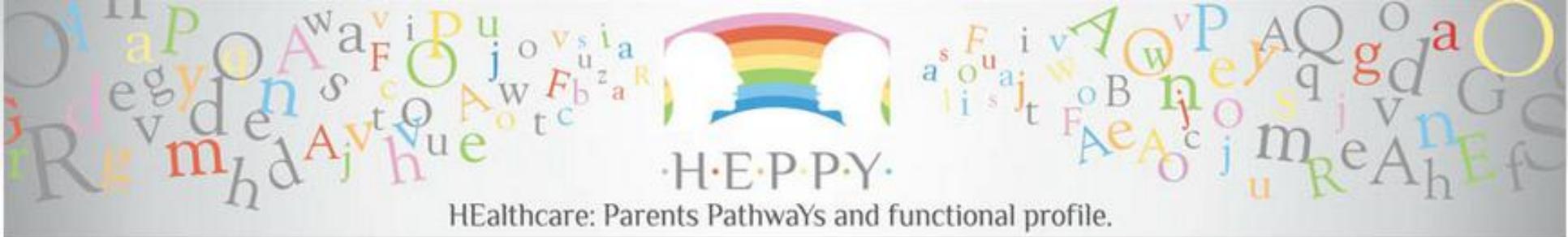
INTRODUCTION 1/2

- NHS was born in 1978
- To safeguard health as a fundamental right of the individual and as a collective interest. It guarantees free medical care to the indigent
- The principles are:
 - Public responsibility for healthcare
 - Human dignity
 - Equal access to healthcare for all citizens
 - Cost-effectiveness in the use of resources
 - Public financing of healthcare through general taxation



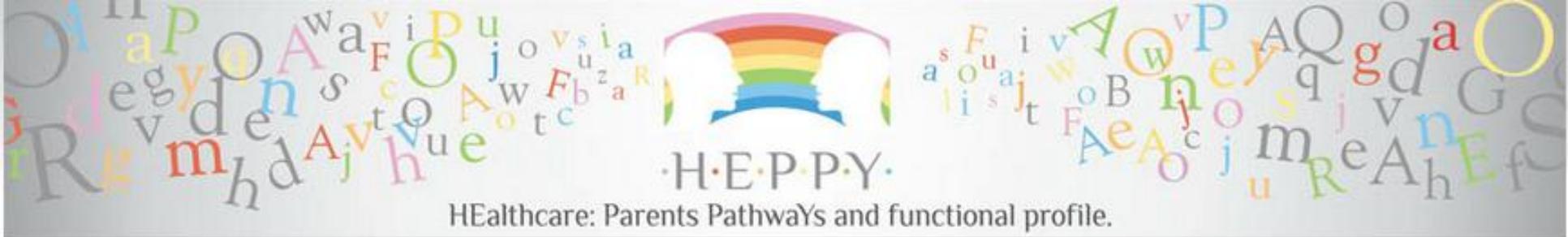
INTRODUCTION 2/2

- The Italian NHS is governed both at a national and regional level.
- Health and social care integration is regulated as a method of coordination of social performance, regarded as all the activities which are aimed to meet, through integrated care paths, the health needs of people requiring both healthcare and actions of social protection that can ensure healthcare and rehabilitation support even in the long term.
- Among the recurring contents of health and social care planning, there is the provision for health and social care integrated paths able to ensure continuity of care within the framework of a capillary network of services characterized by the health-care "management" of the patient (case management)



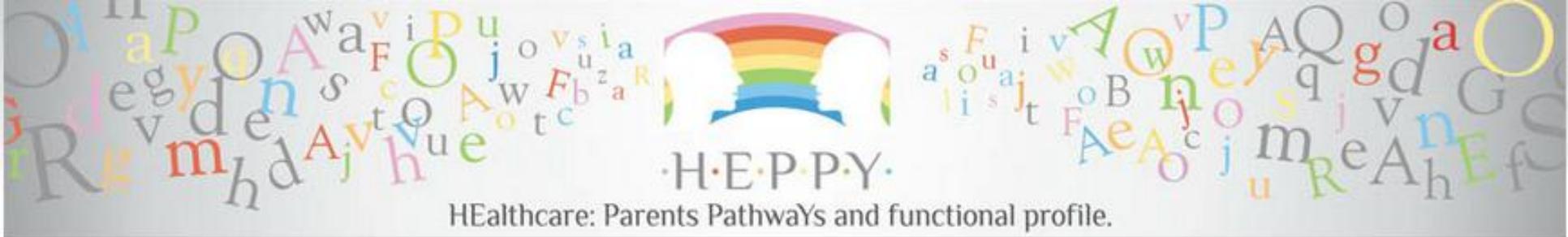
HEalthcare: Parents PathwaYs and functional profile.

Main National Trends



Main National Trends 1/3

- The progressive aging of population (about 20% of Italy's population is more than 65 years old);
- Change in the structure of families;
- Increase in chronic-degenerative conditions;
- Strengthening of medicine and technology.

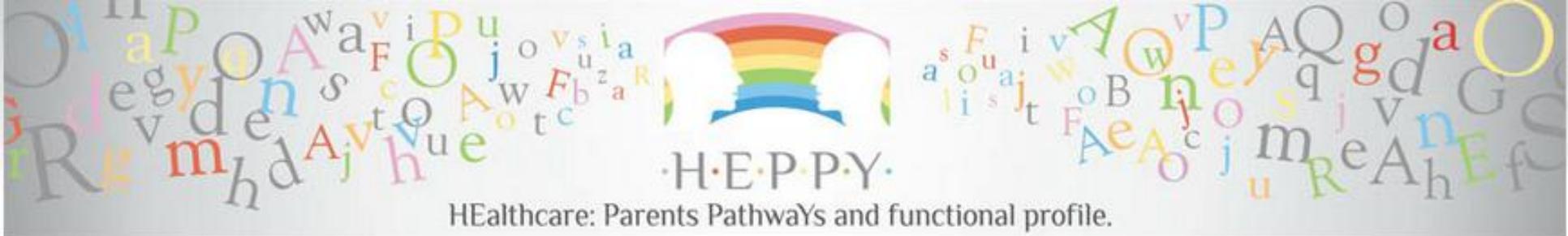


HEalthcare: Parents PathwaYs and functional profile.

Main National Trends 2/3

The features of an equitable, effective and efficient system for Non Self-sufficiency

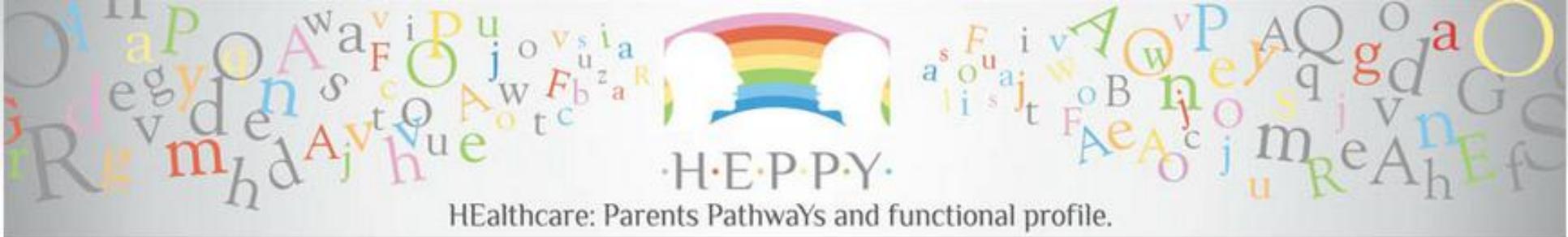
- It is a system that recognizes the patient and his family as the main resource and promotes subjectivity
- It is a unitary system characterized by a strong health and social care integration, so as to make indistinguishable for the user the different types of interventions (health or social interventions), capable of combining multi axial and multi sectional interventions, far beyond those interventions certainly linked to health, health care, social care, including, for example, those regarding house and transport sectors;
- It is a system that invests very much in terms of accessibility and acts intensively to guarantee a low access threshold and a warm and friendly welcome;
- It is a system endowed with a strong capacity to orientate and help those in need, with technical mediation in the assessment of need, and it is capable of monitoring the quality and outcomes of interventions;
- It is a heavily shared system, with a considerable presence of informal networks, primarily centered on the family, on voluntary work, on the third sector. Above all, this system is very attentive to recognize, prevent and combat isolation and loneliness of people and families who live and deal with highly complex problems.



Main National Trends 3/3

In the context of long-term treatment, with greater determination, the public system must set itself the objective of:

- increasing its efficiency
- refining the technical mediation of the assessment of needs, a practice which is expensive but essential for the customization of interventions
- overcoming the performance logic in services and reinforcing the culture and practice of an integrated "management" of the patient
- integrating with the other areas of Sociality to "act as a system", thus achieving intersectional interventions
- creating organizations "free" from red tape and overspecialization, spreading skills and knowledge till the lowest levels of the organizations, focusing on the recovery of security and confidence of citizens and operators, thus making both more conscious of the importance of their decisions. Citizens/users who are more informed, competent, used to a more mature demand, able to use services in a more appropriate manner can contribute greatly to bridge the gap between supply and demand and to create complex organizations that will be able to really "give more to those who have less".



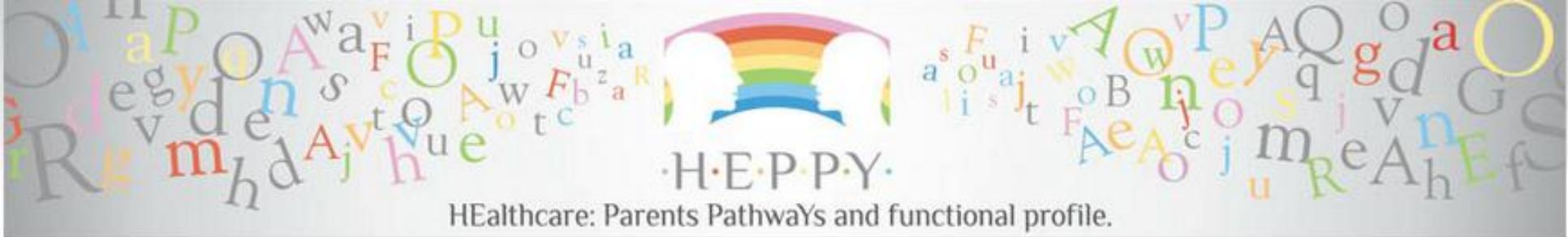
National Bodies in charge of the home health service



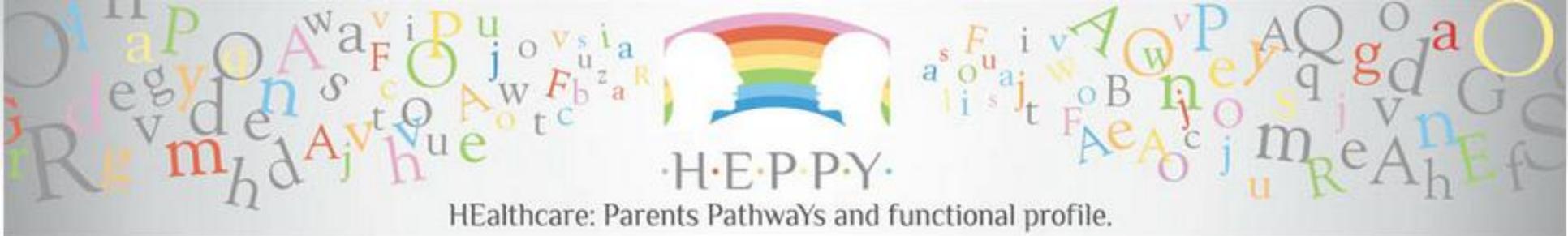
National Bodies in charge of the home health service

In the field of the disability, we can identify structures that differ depending on the kind of service delivery:

- structures/teams that provide diagnostic, therapeutic, rehabilitative and socio-rehabilitative services in residential structures for **people with disabilities** who need intensive or extensive rehabilitation, as well as treatments for the maintenance of people with problems that require highly intensive care, including minimally responsive patients;
- structures/ teams that provide diagnostic, therapeutic, rehabilitative and socio-rehabilitative services in residential structures for **children suffering from behavioural disorders or diseases related to neuropsychiatry**;
- structures/teams that provide therapeutic, rehabilitative and socio-rehabilitative services for the **maintenance of patients' standards**, in residential structures together with particular care for **severely disabled patients**;
- structures/teams that provide therapeutic, rehabilitative and socio-rehabilitative services for the **maintenance of patients' standards**, in residential structures together with particular care for **disabled patients without family support**.

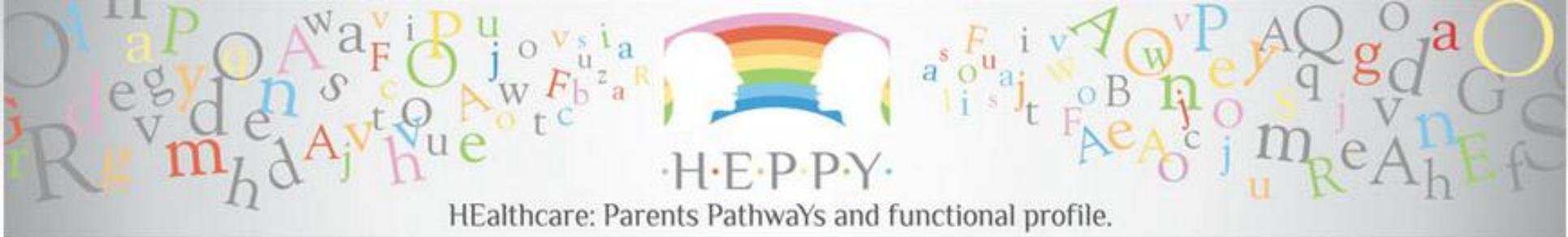


National policies implemented to promote and improve the home health service.



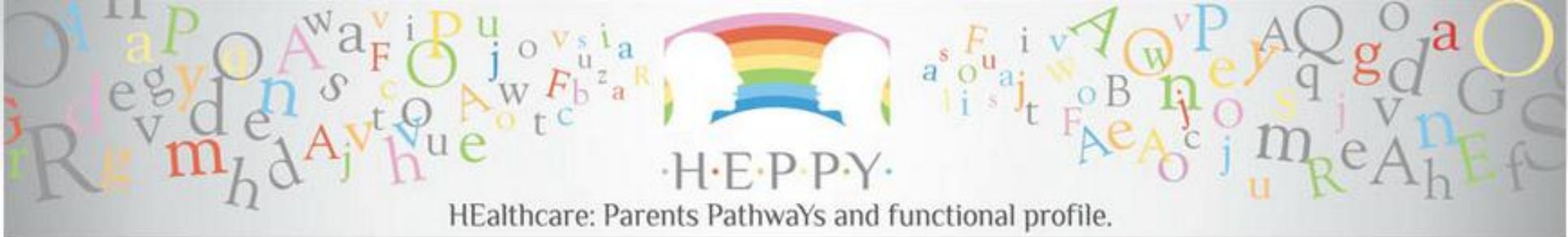
National policies implemented to promote and improve the home health service. 1/4

- One of the main objectives of the Italian NHS is to ensure continuity of care
 - between the different intra- and extra-hospital professionals, so that the fragmentation originated in the development of overspecialized skills integrates in a single framework (team work, development and implementation of shared therapeutic pathways, etc.);
 - between the different levels of assistance, especially in the delicate boundary between hospital and community, the period after discharge that the patient is sometimes still forced to deal with alone, outside a known and shared path;
 - of therapeutic treatment when necessary.



National policies implemented to promote and improve the home health service. 2/4

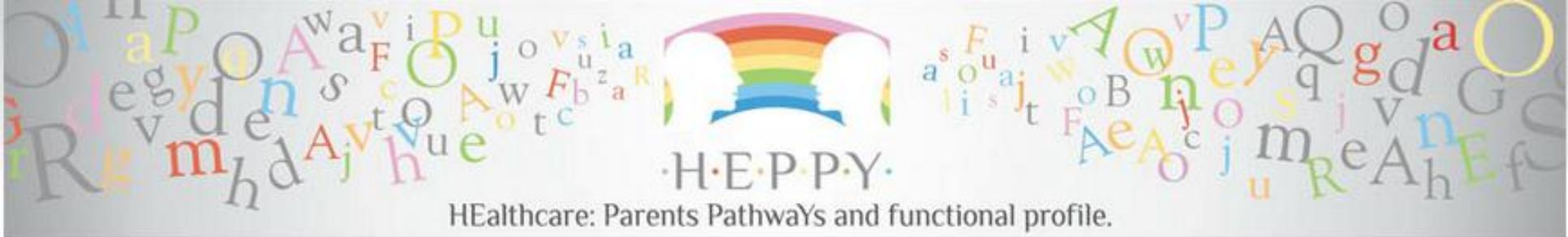
The welfare model oriented to the continuity of care provides for the design of suitable paths and a “management” of the patient performed in a continuous way by a team characterized by social and health skills, as well as the monitoring of the phases of transition between the various welfare structures by means of appropriate tools for the assessment of appropriateness, taking into account what is made available through the Health Card System



National policies implemented to promote and improve the home health service. 3/4

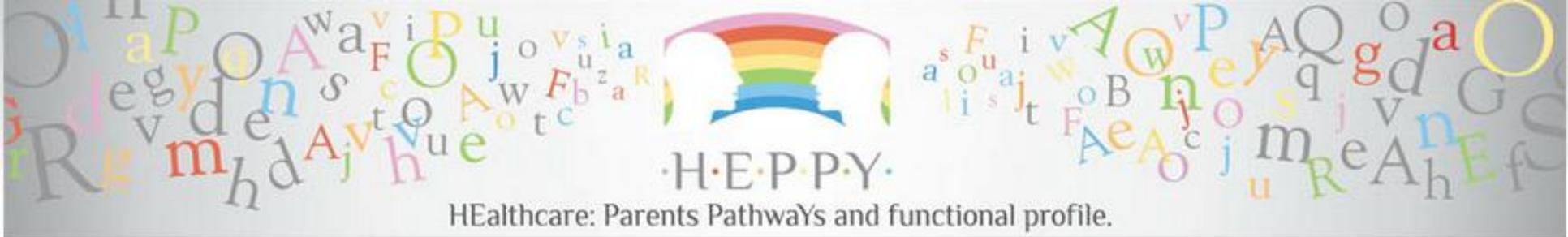
An organizational method aimed at facilitating a unified access to health, public health and social services is the “Single Point of Access” (PUA),

- which operates through the collection of signalings, orientation and management of the demand,
- activation of services for simple needs, as well as start-up of the multidimensional assessment for complex needs,
- thus improving collaboration and coordination between the different public and not public, health care and social components, engaged in the clinical path, in order to ensure its unitariness

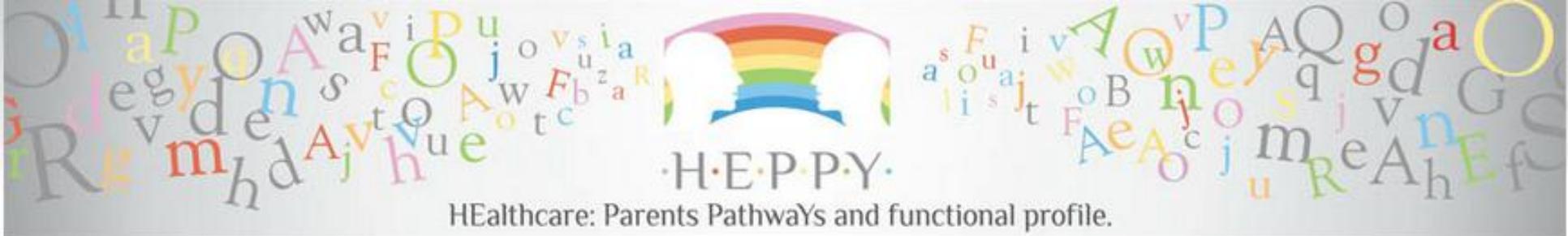


National policies implemented to promote and improve the home health service. 4/4

- Management of chronicity and continuity of care rely heavily on the contribution of innovative technologies, including telemedicine, remote support, and, more generally, information and communication technologies (ICT) in particular to ensure the realization of an operative network method, which integrates the various institutional and non-institutional actors whose task is the “management” of chronic cases (LHAs, Hospitals, districts, primary care, health residences, municipalities, but also families, associations, profit and non-profit institutions; in other words, the rich social capital that characterizes many local realities in Italy).



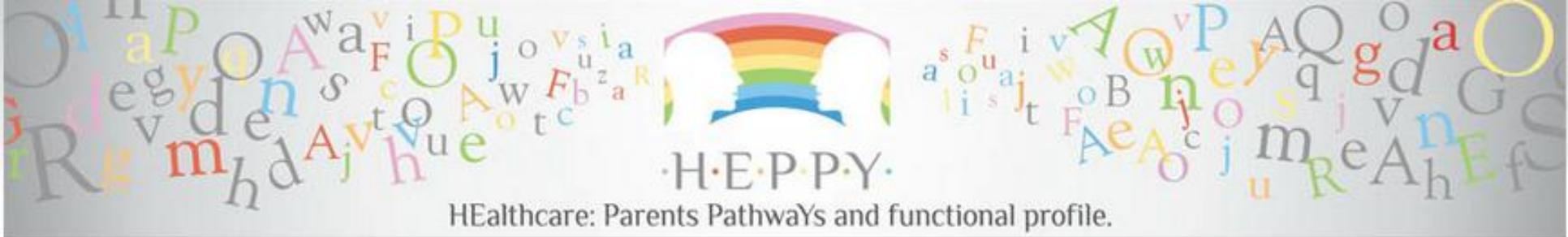
Strategies and initiatives developed at national and local level to promote and improve the home health service.



Strategies and initiatives developed at national and local level to promote and improve the home health service. 1/5

The modern families (single-parent, family separations, etc ...) are characterized by:

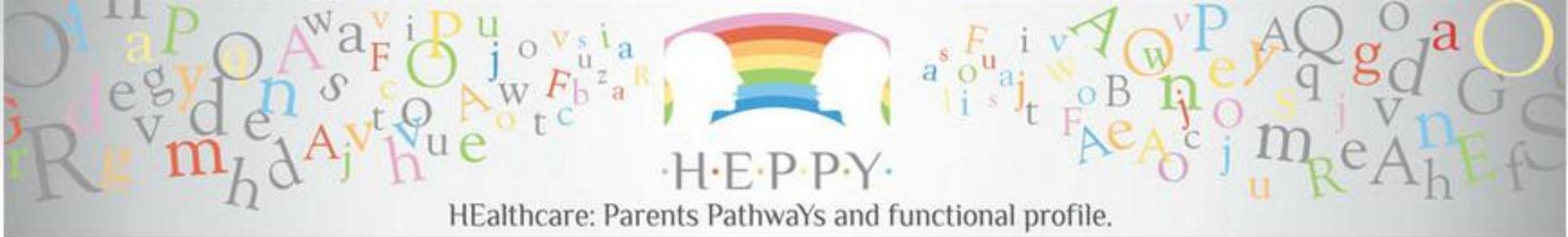
- the presence of multidimensional nature of female role,
- birth rate reduction,
- later leaving of the children (over eighteen) from the family unit
- increase of the number of aged and disabled people.



HEalthcare: Parents PathwaYs and functional profile.

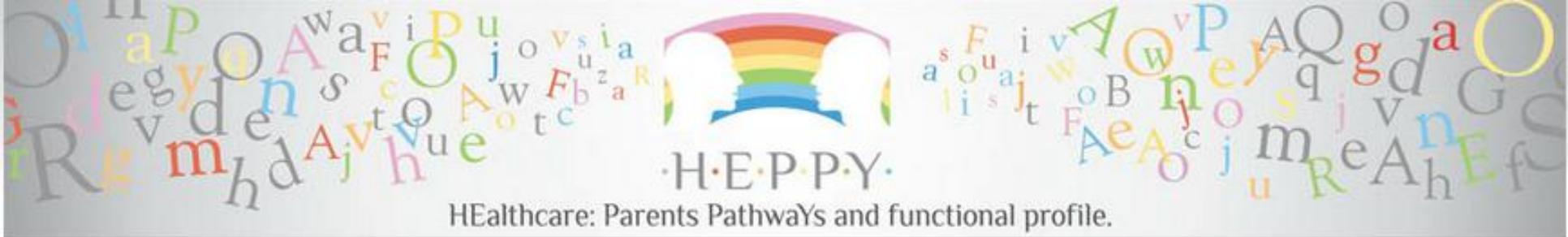
Strategies and initiatives developed at national and local level to promote and improve the home health service. 2/5

- Family often cannot face disability and care needs of weak aged people.
- This created the conditions for the big increase of no formal carers (more than 400.000 between 2001 and 2008).
- These foreign workers, mainly coming from Eastern Europe countries but also from South America and Asia, are often "irregular".
- Today, the phenomenon of "no formal carers" is estimated at 770,000 rounded down units, one part of them without a regular employment contract.
- Family is who usually takes care of the non self-sufficient or disabled, meaning for the person a fundamental resource to face the limitations resulting from disability.



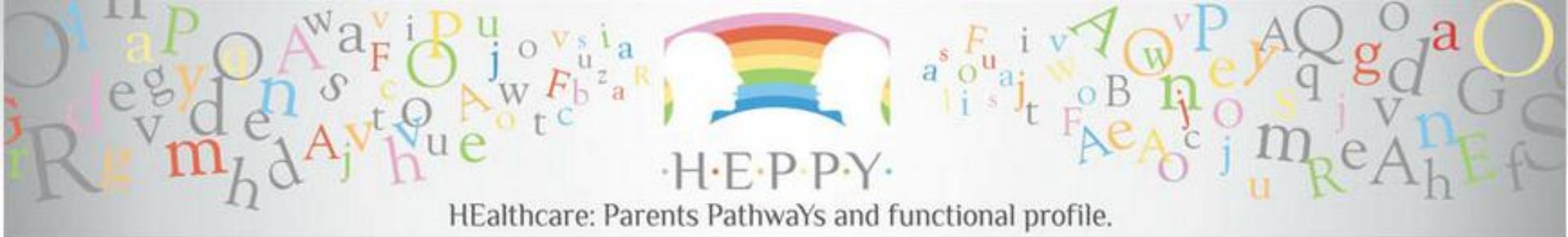
Strategies and initiatives developed at national and local level to promote and improve the home health service. 3/5

- Family caregiver is a particularly important figure (around 9 million in Italy) and will be the subject of the following in-depth examination, also as regard as the assumption of recognition and modification of current LEA (standard healthcare provision).



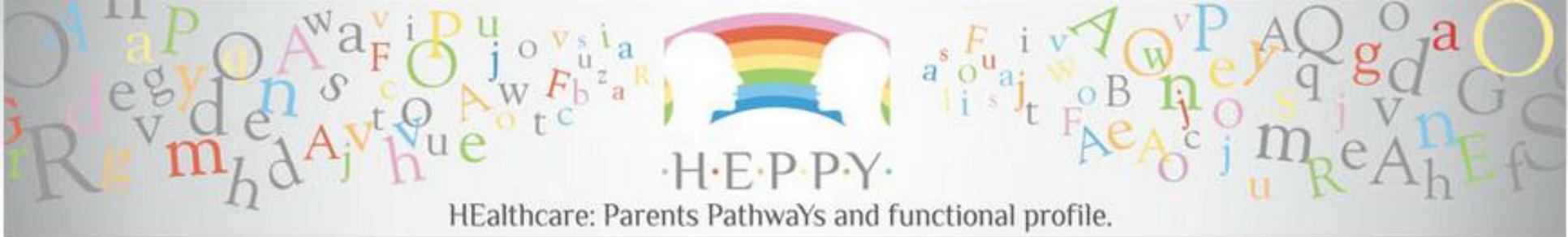
Strategies and initiatives developed at national and local level to promote and improve the home health service. 4/5

Nowadays in order to keep the welfare system and control costs it is necessary the improvement and formalization of the role and function of the caregiver. Moreover, his/her care involvement is established within the Individualized Plan of care.

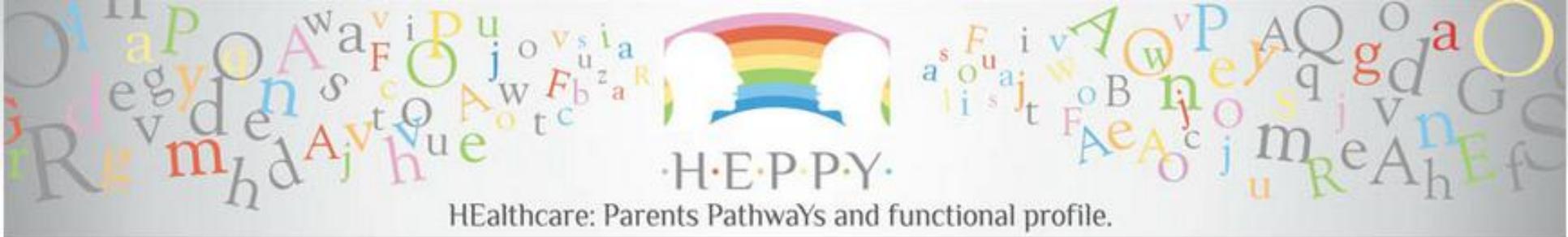


Strategies and initiatives developed at national and local level to promote and improve the home health service. 5/5

This figure is in fact subject to psychological and emotional risks and to fall sick consequently, becoming in turn a person in need of care that creates difficulties within the family system in which he/she is inserted. Hence it is necessary a negotiation-mediation-agreement between family caregivers and the network of institutional services.

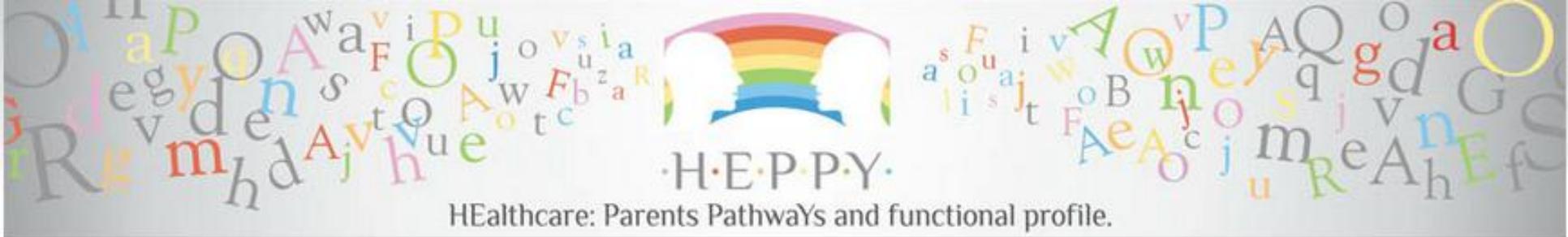


GRAZIE!
sabrina.grigolo@gradenigo.it

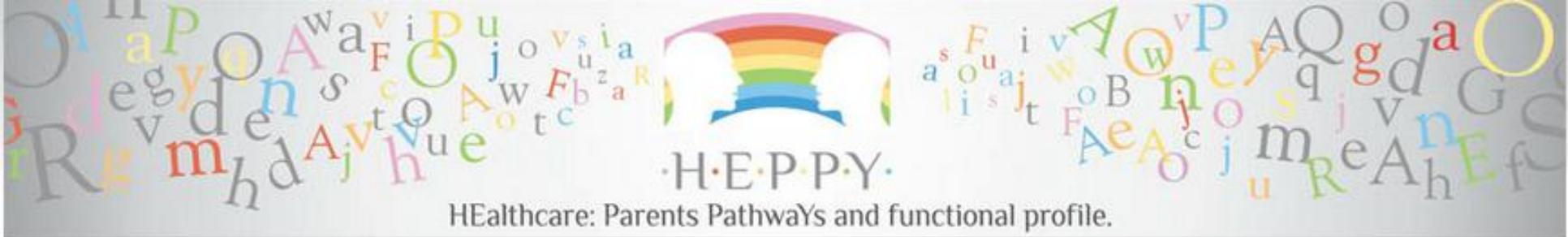


Summary

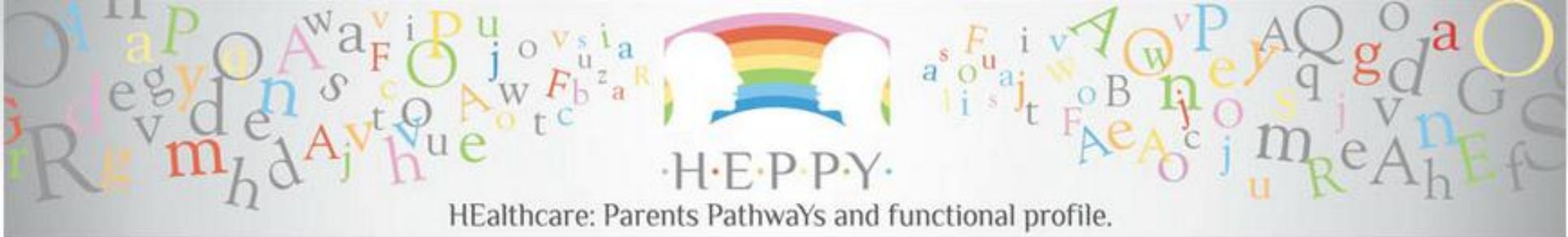
- **Training in health promotion in Italy**
- **Settings for health promotion**
- **Training in Health promotion in Europe**



- In recent years, the courses of the faculty of medicine have undergone a reorganisation process throughout Italy to meet the current and future needs of the healthcare industry. Health promotion is considered as a key component within the new curriculum and this shows that there is growing awareness that the promotion of health is essential for the preparation and training of doctors
- In Italy, the first training course in health promotion was activated by the University of Perugia in 1990
- DoRS (the Regional Centre for Health Promotion Documentation) is an organization funded by Piemonte at regional level and was founded in 1998. [...] It is involved in the training of professionals and policy makers in order to develop the skills and knowledge necessary for the practice of health promotion
- Among the other courses offered in Italy, there is the Master's degree in design, coordination and evaluation of integrated interventions of health education and promotion at the University of Perugia. Other courses in health promotion are offered in Siena, Torino, Cagliari, Milano e Roma."

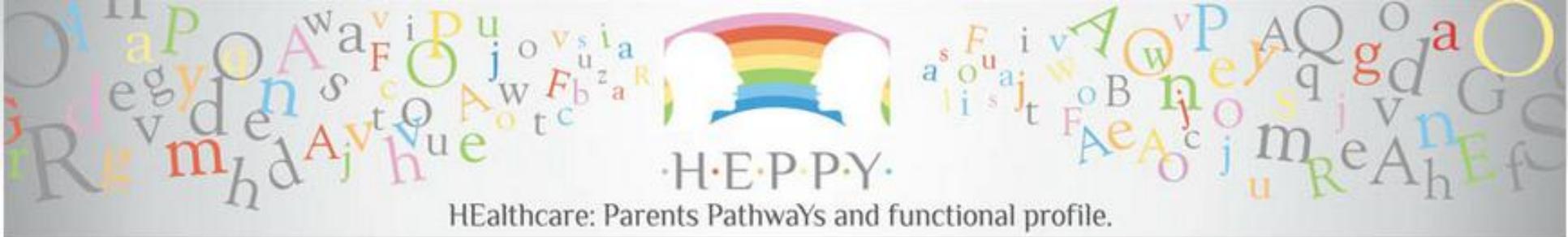


- The MED/42 sector has undergone an interesting development, as regards health promotion and health education, in Degree Courses for health professions, especially first-class Degree Courses (nursing and midwifery) and fourth-class Degree Courses (health care and prevention technicians) and, above all, this has been possible thanks to the hygienists who have had the opportunity of chairing the Boards of these Courses all over Italy
- In all Degree Courses for health professions, all humanistic disciplines (anthropology, psychology, pedagogy...) have also developed considerably

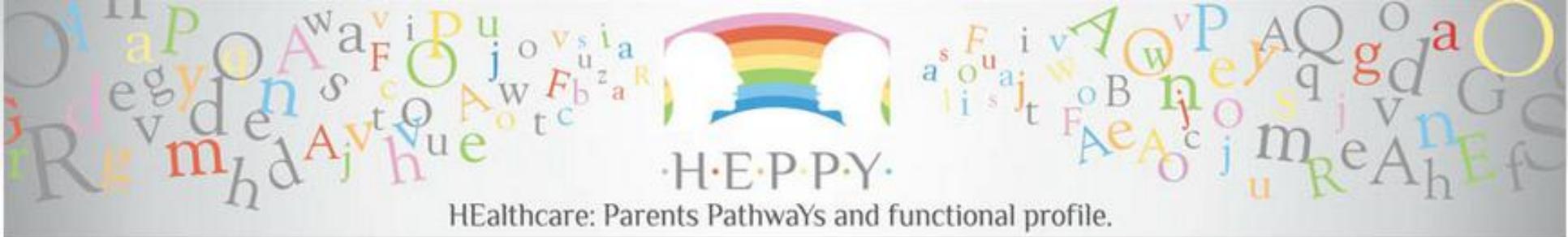


- As regards the training of psychologists, health promotion/community psychology is among the areas of teaching of the specialization school in health psychology, which has the purpose of training specialists to carry out the following interventions in organizations, communities, groups and people's houses:
 - promotion and maintenance of health;
 - prevention and treatment of illness;
 - analysis and improvement of systems for the protection of health and the working-out of health policies;
 - using the competencies and techniques which characterize the profession of the psychologist.

In Italy, there are 3 specialization schools in health psychology, in Torino, Roma and Bologna.

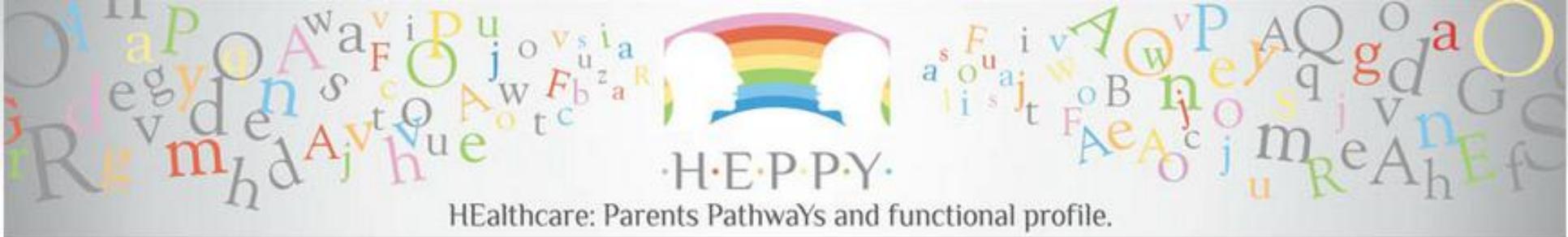


Within the framework of nursing, health promotion and health education are mostly linked to the nursing of family and community within the framework of public health nursing. In many documents, WHO urges member states to implement health care reforms aimed at prioritizing basic health care focused on family and community (community care), above all, with the final purpose of carrying out activities of self care, prevention, health promotion in the perspective of strengthening individual resources as well as community's resources (empowerment). In this context, in virtue of the nurse's specific profile and training, he is the professional responsible for the overall assistance because he can understand the needs of the community and assist the "management" of the patient better than other professional figures.



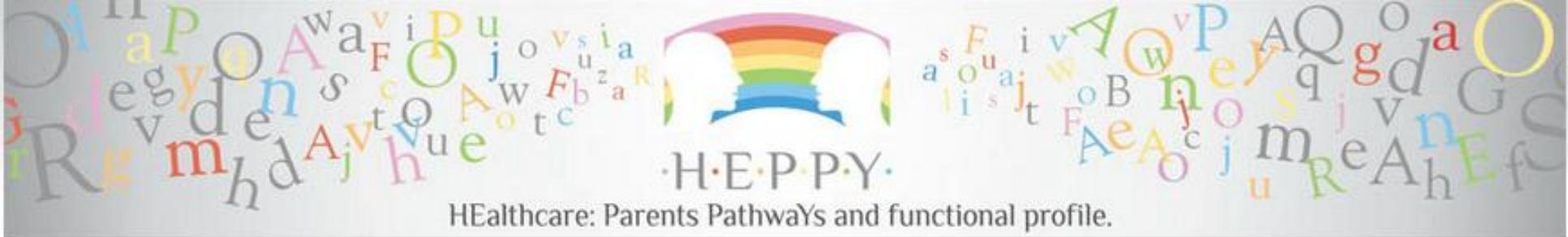
Training outside university

- Training is offered mainly to operators in service who are already dealing with health promotion (nurses, doctors and other LHA workers; teachers of different levels) by LHAs, instrumental and institutional bodies (DORS, ISS, CCM...)
- This type of training has taken place thanks to the commitment of several subjects: scientific institutes and training agencies, including private ones, local and regional health services, schools, and it has targeted health and social professionals, teachers, and other people working in schools
- Participation in these training courses has been facilitated in some way also by the obligation for healthcare professionals to acquire CME credits (CME stands for Continuing Medical Education).



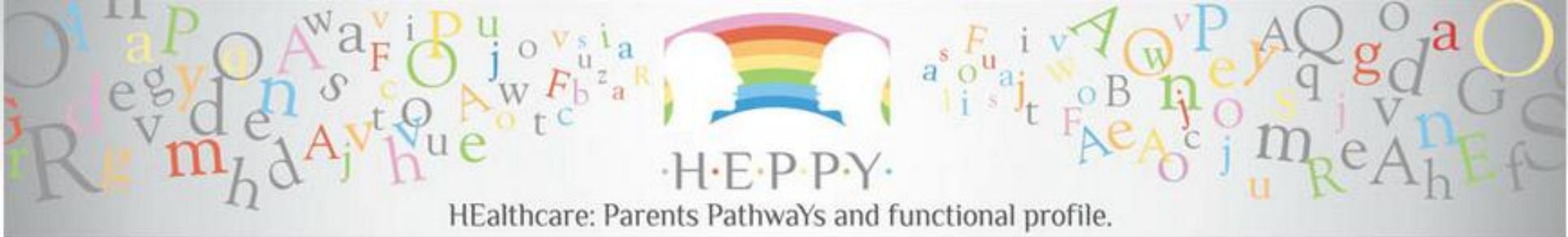
Settings for health promotion

- In the community context: **the Italian Network of Healthy Cities**
- The aim of the WHO project called Healthy Cities is to involve Local Administrations in the development of policies in which health is one of the main reference values.



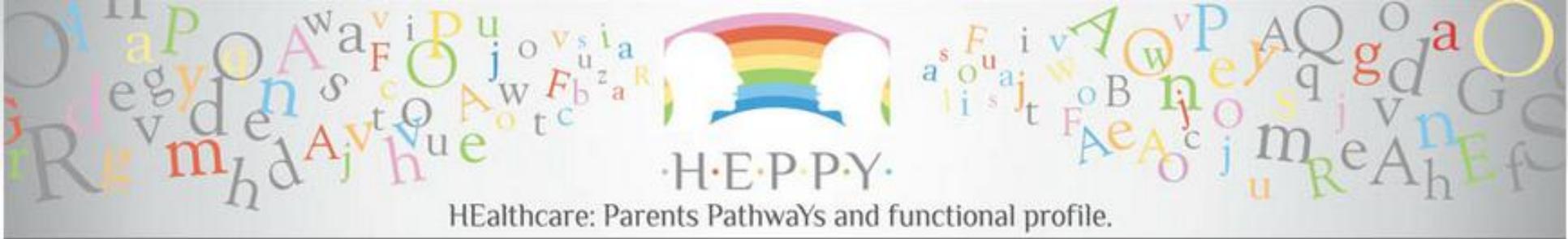
In the health context: Health Promoting Hospitals

- The Health Promoting Hospitals project was born at the end of the Eighties with the competition of the WHO European Office with the aim of connecting and supporting the hospitals that undertake initiatives of transformation and reorientation based on the setting approach
- The HEPPY project fits in the HPH Network of the Region of Piemonte, within two specific projects: the "Continuity of care between Hospital and Territory" Project (Coordinator: Dr. Maria Grazie De Rosa) and the "Hospital and territory without pain" Project (Dr. Carla Bena).



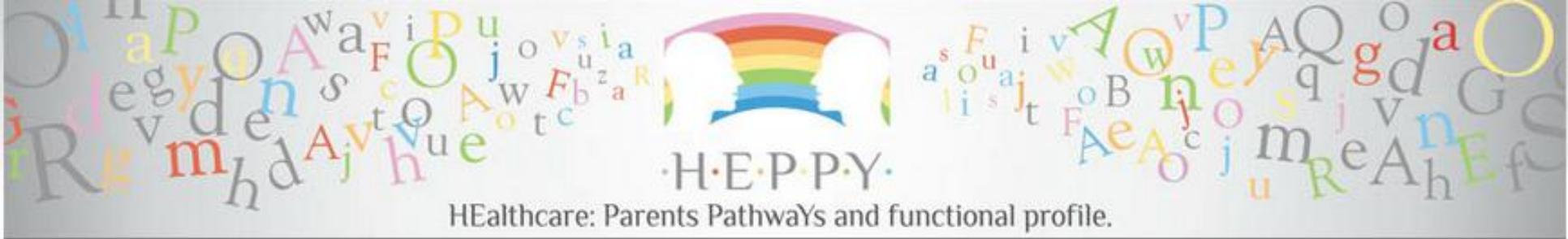
In the school context: Promoting Health Schools

•In Europe, thanks to WHO, and other international organizations, a concerted action has been taken to extend the health education activities that had already been carried out in schools. Apart from health education, all aspects of school life had to be taken into consideration: the development of the holistic sense of health, from the environment to the organization of the activities, from activities related to catering and so on, thus passing from the prevention of possible childhood diseases to the transformation of school time into a fundamental moment for the harmonious growth of the student.



The Regions for Health Network (RHN)

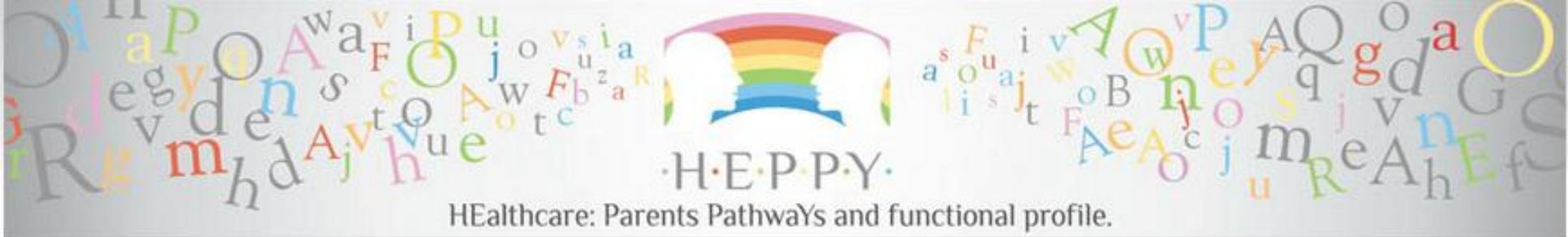
It was established in 1992 to strengthen the focus on health improvement in the regions, with a view to increase their role in Europe. This Network supports the development of policies and strategies for health improvement carried out at national level and promotes equity in health, broad participation in decision-making processes and balance between health promotion, social-environmental context and health services



Training in Health promotion in Europe

The Treaty of Maastricht (Title XII, Education, Vocational Training, Youth and Sport Article 165 - ex Article 149 TEC) establishes that the European Community should contribute to the development of a quality education by encouraging cooperation between member states, supporting and integrating this action when necessary

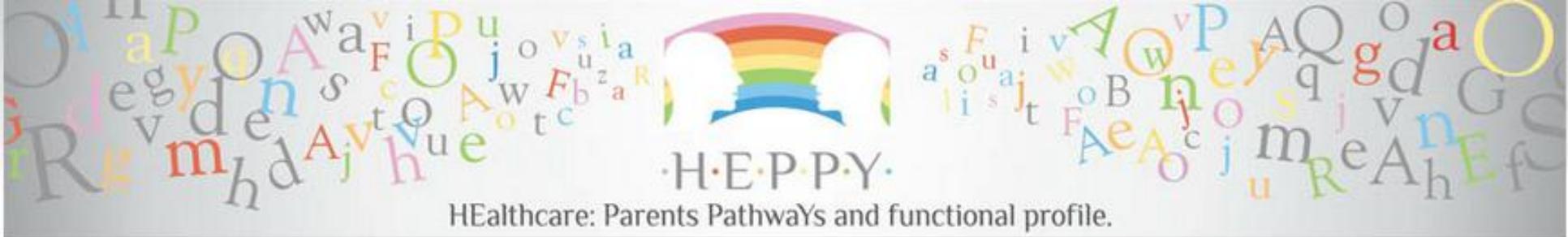
The main objective of the Bologna process was to create a European Higher Education Area based on international cooperation and academic exchanges that attracts students and staff both from Europe and from other parts of the world



HEalthcare: Parents PathwaYs and functional profile.

Collaboration on the development of competencies for Health Promotion in Europe

Through its public health program, the European Commission has supported many significant initiatives in this area, among which there are the development of competencies for second level training in health promotion of the EUMAHP project (European Master in HP)

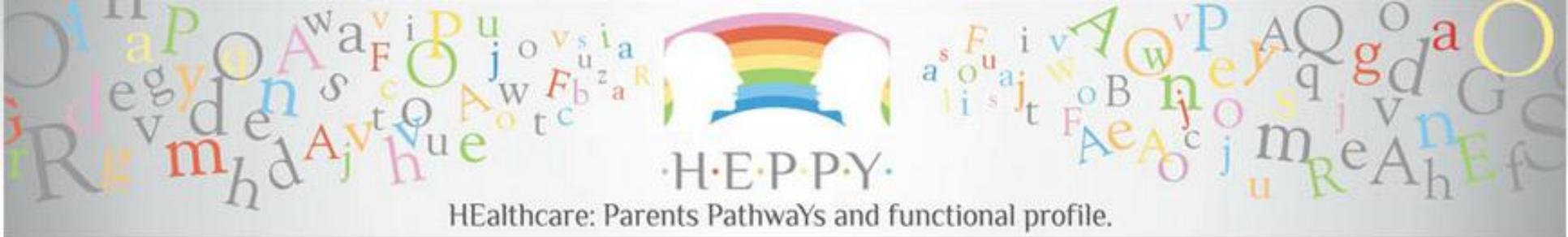


European Masters in Health Promotion (EUMAHP)

- The development of competencies was central to the initial work of the EUMAHP project.

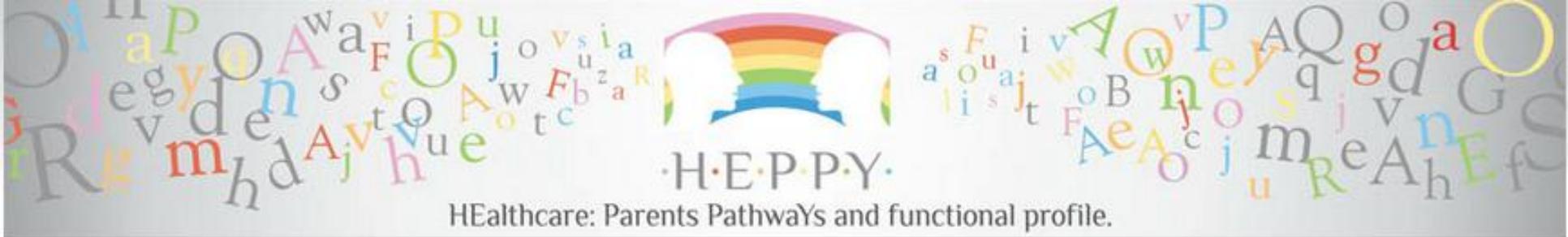
The objectives of the EUMAHP project were:

- the improvement of educational standards in the context of health promotion within the academic institutions
- the certification or accreditation of professionals and operators in health promotion
- the professionalization of the field of health promotion and its recognition.



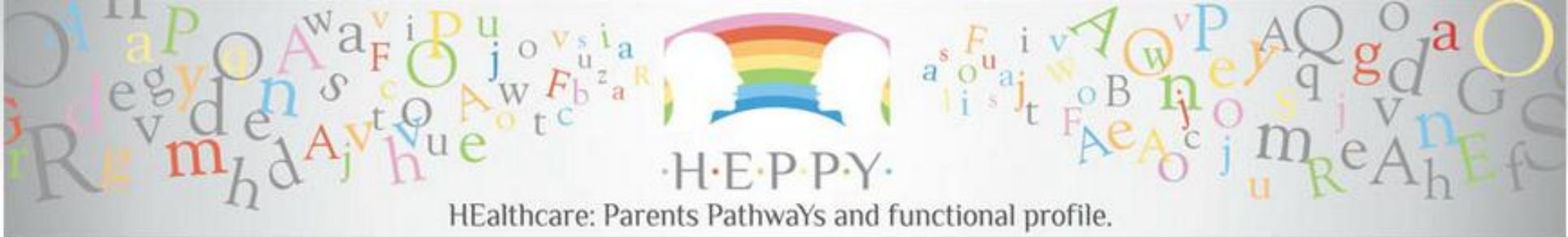
Public Health Training in the Context of an Enlarging Europe (PHETICE)

The PHETICE project was launched in 2005, with the idea that the public health developments in the European Union demanded a unified approach for the workforce development through specializations in public health



Association of the School of Public Health in the European Region (ASPHER)

ASPHER was established in 1966 to represent public health schools, other types of second level education in public health and other programs. These schools and other programs prepare students for careers in services or in the field of academic public health by obtaining diplomas in public health at all levels (bachelor, master and doctorate). ASPHER is currently developing standards based on skills for education of professionals in public health, including those who work in health promotion

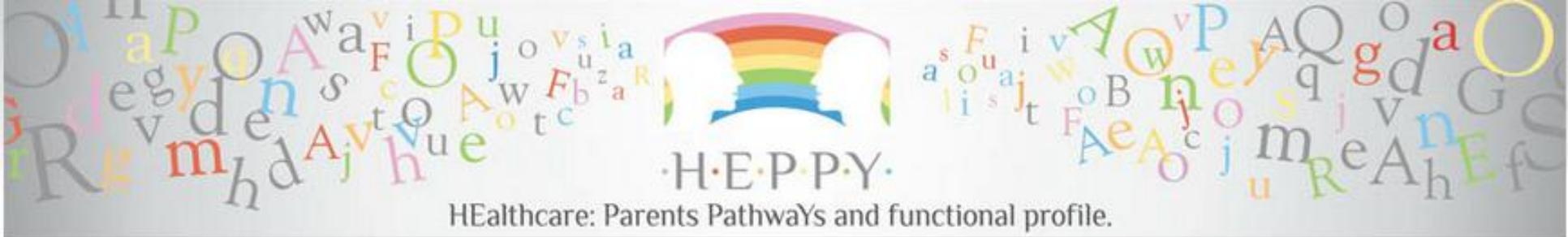


IUHPE/European initiatives

• In 2005, the IUHPE European Regional Committee created a sub-committee with the purpose to develop recommendations on the development of training, accreditation and professional standards for health promotion in the European Union

The objectives of the study were:

- to examine the level of specialized training in health promotion in European regions
- to determine the current situation as regards accreditation and professional registration of health promotion operators in European countries
- to have a bird's eye view of the current activities at national/regional level as regards competencies and professional standards
- to determine the existence and the current situation of career paths in health promotion in the various countries



The Galway Consensus Conference Statement

On the basis of international developments, the 2008 Galway Consensus Conference was conceived as a first step toward an international agreement on core competencies necessary for the professional training of specialists in health promotion and education

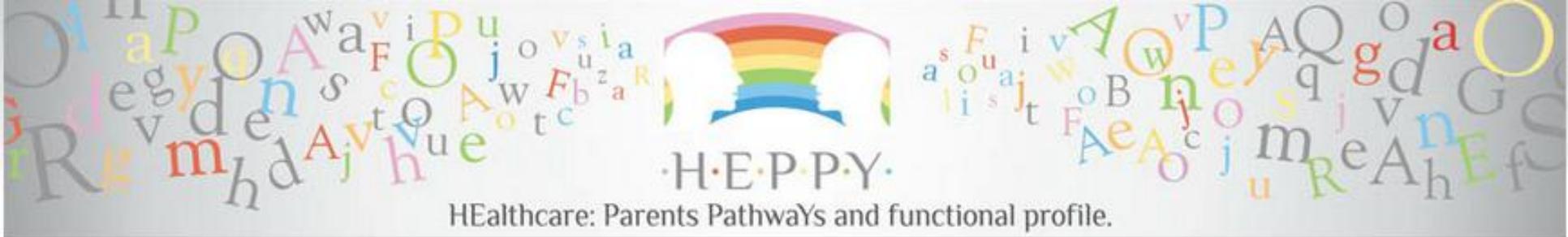
This conference sought to promote the exchange and greater collaboration on the development of core competencies for health promotion and the strengthening of common approaches to the development of competencies and workforce



HEALTHCARE: PARENTS PATHWAYS AND FUNCTIONAL PROFILE.

References

- <http://www.dors.it>
- www.unipg.it/csesi
- www.asnas.it
- www.societaitalianaigiene.org/cms/index.php?option=com_content&view=article&id=47&Itemid=86
- http://www.epicentro.iss.it/focus/guadagnare_salute/PinInformatiCompetenti.asp
- <http://www.unipg.it/csesi/ita/cipes.htm>
- <http://www.antropologiamedica.it/fondazione.html>
- http://www.ccm-network.it/prg_area4_centri_doc_Asl3TO
- http://www.retepromozionesalute.it/allegati/REPORT_progettoAdolescenti.pdf
- <http://www.guadagnaresalute.it/site/la-banca-dati>
- http://www.agenas.it/norm_naz_assist_dom_ssn.htm



Thanks for the attention!