

### THE CONCEPT OF HEALTH (Claudia Zanini and Sara Rubinelli, University of Italian Switzerland, Lugano)

Health is a difficult concept to define.

In the last decades, two conceptualizations of health have been developed: descriptive and normative health theories.

Descriptive theories define health on the basis of the statistical normality of physiological and psychological parameters. These theories describe health as the absence of disease.

By contrast, according to normative theories, health is a human good with an intrinsic value, which is instrumental to an individuals' wellbeing. An example of a normative definition of health is the one formulated in 1948 by the World Health Organization (WHO): "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity".

As from its origin, the WHO definition has been a source of debate for two main reasons. On the one hand, by equating health with complete wellbeing, health becomes an almost unachievable ideal. On the other hand, human intuition suggests that health is only one of the elements that composes wellbeing (Callahan 1983).

The International Classification of Functioning, Disability and Health (ICF), published by the WHO in 2001 is a program to operationalize the concept of health by taking into account the role of health in the achievement of wellbeing, without equating health with wellbeing. The ICF considers the body functions and structures (health in a narrow sense of the term), but also the impact that impairments at the level of body functions and structures mediated by environmental and psychological factors have on the individuals' activities and participation.

The value and the role that normative theories attributed to health has important political implications: if health is a resource for everyday life to facilitate the achievement of the person's own ambitions and needs (Ottawa Charter 1986), then health promotion becomes part of the political agenda (national and international) that aims at the population wellbeing.



### DON'T UNDERSTAND: A HEALTH EMERGENCY (Marta Nobile and Peter J. Schulz, University of Italian Switzerland, Lugano)

Why is it important to talk about Health Literacy (HL) related to health emergencies?

The HL is an important topic for

health professionals because a correlation has been demonstrated between inadequate levels of HL and negative outcomes of health

(increased use of emergency services, less use of prevention services, greater probability of ineffective manage chronic diseases, and

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### THE OTTAWA CHARTER FOR HEALTH PROMOTION





consequently growth of health costs) (AHRQ, 2011).

Furthermore, the proportion of people without adequate levels of HL is considerable: in 8 European countries a survey was recently managed which has highlighted that about 12% of the population has an inadequate HL level, and more than one third (35%) has a just enough level (The European Health Literacy Project 2009-2012).



Around half of the people that search for health information, believe that the Net (Internet) is a good source and that it allows them to fully understand their health problems, also facilitating the interactions with their doctor (Kondilis, 2008).

According to what was said before, it is however legitimate to think that people often don't really understand the information found on Internet and this can negatively influence their requests and choices related to health.

The purpose of this article is to provide a clear definition of the meaning of HL and of the possible development of research.

The HL concept appeared for the first time in 1974 in a document

which defined the American minimum educational standard; over the years HL's definition has expanded.

The World Health Organization (WHO) has defined HL as a set of "cognitive and social skills which determine the motivation and the ability of individuals to access, understand and use information to promote and maintain good health".

In the document "Healthy people 2010", HL is defined as the degree in which individuals have the capacity to obtain, understand and use basic health information needed to make health care decisions.

Nutbeam was among the first to apply these larger notions of HL in a context of health communication, recognizing three levels of HL: functional, interactive, critical.

In addition to the HL concept, also the term "Empowerment" has gained an increasing importance in the study of health behaviour. Empowerment can be defined as a process by which people gain control on their lives.



The interest for the Empowerment answers to an ethical need, as people have to be more involved

and responsible in the choices about their health, in order to limit the costs and, not less important, improve people's health outcomes.

Increasing the patient's empowerment means to improve his availability to be more involved in the health decisional process; it is then essential to ensure that the patient has the necessary skills which are at the base of the HL concept.

Shultz and Nakamoto integrated the notions of HL and Empowerment. They assert that although HL and Empowerment are two different terms, they are tightly integrated, and that their combination is able to better explain health behaviour. In fact, patients empowered who don't have adequate level of HL could make dangerous choices for their health, as well as littered patients with poor empowerment could be overly dependent on health professionals.

Considering that today the involvement of patients in conscious health choices represents a current challenge for Public Health, also in order to improve and make the use of health services more responsible, it is important to act both on Empowerment, which motivates the citizen to engage, and on HL, which allow him to make informed choices in order to obtain the best possible profit in terms of health.





## STRENGTHENING PUBLIC HEALTH SERVICES AND CAPACITY: AN ACTION PLAN FOR EUROPE (Umberto Gelatti, University of Brescia)

The main challenge for public health is to ensure that services adapt and respond to societies and countries changing over time.

Across the WHO European Region, the main challenges facing public health, which are exacerbated by the economic crisis, include inequalities, globalization, ageing, migration and urbanization, environmental break-down and climate change.

“The European Action Plan (EAP) for Strengthening Public Health Services and Capacity and Resolution” has been elaborated by the WHO in this perspective.

It is built on a solid base of evidence and presents ten essential public health operations (EPHOs), clustered into:

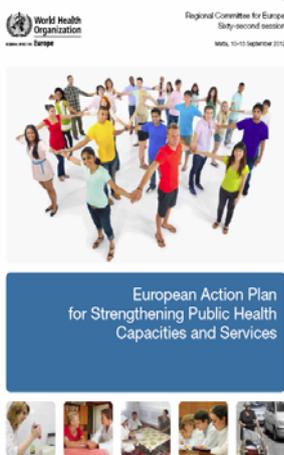
- core EPHOs focusing on service delivery (health promotion, health protection and disease prevention),

- enabler EPHOs (strengthening governance, workforce development, financing, communication and research)

- intelligence EPHOs (surveillance, monitoring and preparedness for response) according to an integrated approach.

The overall vision of the EAP is to promote greater health and well-being in a sustainable way while aiming to strengthen integrated public health services and reduce inequalities.

“Everyone can play a role in promoting health and well-being now and for future generations” is the closing message. Governments can work in partnership to develop and implement a policy to influence the wider determinants of health. Public health professionals can apply information and evidence intelligently to prioritize. All sectors (education, nongovernmental organizations, agriculture, housing...) can participate in shaping healthy environments, reducing inequality, promoting protective factors.



## AN OVERVIEW OF Cri.Co.R.M. PROJECT (Carmelo Scarcella, ASL Brescia)

Health crisis management is a field of public health with specific relevance and a huge possible impact on people's lives and social texture at a global dimension.

Considering the potentially destructive effect of a crisis on the social and economic structure, its consequences can affect not only the population but also the organizations, especially the health organizations.

In emergency situations, risk communication requires the application of specific

strategies in order to manage the "uncontrollability" of the reactions that the propagation of news and beliefs could generate on the population.

Processes of the exchange of information between the institutions and people are very complex, and the risk of misunderstanding is substantial when the knowledge of the "technical experts" are translated by the media and broadcasted to the public.

It is important to highlight that media and social media exert a great influence on people and that they have an impact in at least four cases: knowledge, opinions, attitudes and behaviours.

For this reason, it's really important to know which psychological dynamics influence the people reactions in order to properly set up communication strategies.

Furthermore, although the commu-



nication takes place throughout the crisis management process, it changes continuously in the different stages of the crisis because the involved groups and the problems transfer during the process.

Considering the importance of identifying effective communication strategies in order to increase the citizens compliance to preventive measures recommended by the institutions, ASL Brescia has promoted the project "Project on crisis communication in the area of risk management" (Cri. Co.RM).

Cri.Co.R.M. is a project implemented by an International consortium, coordinated by ASL Brescia and partially funded by the European Commission within the Public Health Programme.



## Partners

The international consortium is composed of the following partners:

### Azienda Sanitaria Locale di Brescia



It is one of the territorial structures of the Italian National Health System and is responsible for the health status of the population living in the area.

### Università degli Studi di Brescia



It manages research in the field of Public Health, Epidemiology, Health Policy, Health Crisis Management, evaluation of Health Or-

ganizations and has developed specific competence in the field of Health and Crisis Communication, with a focus on the impact of Internet on Public Health.

### Ludwig-Maximilians-Universität di München



It is one of the largest and in terms of research and publishing most successful communication departments in the German-speaking world. Its competence extends from journalism to public relations to media effects and it has gained increasing competence in health communication, specifically health campaigns, depiction and impact of health in the media and risk communication.

### Universidad de Murcia

It is specialized in mass and social media. Specifically, there are two main areas: organizational communication and the management of crisis communication and media content analysis and the representation of individuals and events in mass and social media.



### INOVAMAIS

It has large experience in ICT projects applied to the health area, for diagnosis, tele-monitoring and early warning, treatment and decision support systems for crisis management. INOVA+ certified Training Unit acts mainly on the conception, development and promotion of training (adult learners, companies' staff, local authorities, etc.) and assessment of training processes, including diagnosis and evaluation.



## The objectives

The main objective of the project is analysing, elaborating and experimenting communication strategies that are appropriate to the target audience, in order to strengthen health security during emergencies, including the use of social media.

It will define strategies and offer suggestions to improve the existing guidelines for crisis communication performed by the key actors involved in health crisis management.

## The work plan

In order to achieve the project objectives, the following activities will be implemented:

- **Analysis of the communication processes.** Actions undertaken a) to review the state of the art regarding communication with the public during major health emergencies, with special focus on the H1N1 pandemic; b) to identify key stakeholders and c) to analyze communication processes taken to mitigate the various health crisis.
- **Guidelines development.** Actions undertaken to improve existing guidelines for crisis communication at a European level.
- **Implementation of tools for crisis communication.** Actions undertaken to develop tools applied to crisis communication in public health, especially web 2.0 applications, for communicating health messages to the public, monitoring their impact in real time, thus understanding the information needs of the public and how to react to them rapidly during a crisis.
- **Training.** Actions undertaken to



develop crisis communication training modules which can be re-used at regional, national, and EU level, also inviting the EU Health Security Committee and Communicators' Network. This will help to develop a common communication system during crisis and to strengthen common communication capacities.

### ***The duration of the project***

The project, which began on 1<sup>st</sup> June 2012, will last three years.

## ***COMMUNICATORS' NETWORK***

The EU Health Security Committee has established Communicators' network, a system that brings together communicators from national risk-management authorities, the Commission and EU agencies.

Within the EU, it helps communicators cooperate with each other:

- during a crisis, through sharing information in the early stages and coordinating common strategies and messages to the public;
- longer-term, exchanging best practice on health risks/crisis communication and recommendations for preventing diseases caused by the health threats.

Globally, the network is an important channel for containing and mitigating global health threats. It enables the EU to spread information rapidly worldwide, by connecting with existing communicators' networks under the Global Health Security Initiative and the WHO network under the International Health Regulations.



## **ROLE OF SURVEILLANCE NETWORKS IN IMPORTED DISEASES: THE GEOSENTINEL AND EUROTRAVNET NETWORKS**

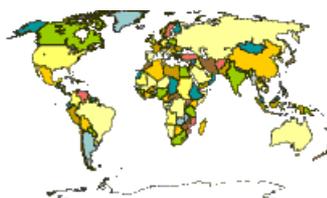
(Francesco Castelli and Silvia Odolini, University of Brescia and Spedali Civili of Brescia)

Today's increasing pace and scale of global human movement have enhanced the opportunities for disease spread and translocation across continents.

To better understand travel related health issues, travel medicine has emerged as an autonomous discipline, represented by the International Society of Travel Medicine (ISTM).

In 1995, the ISTM and the CDC (Centers for Disease Control and Prevention) initiated GeoSentinel, a communication and data collection network of ISTM member travel/tropical medicine clinics for the surveillance of travel related morbidity among travelers, immigrants and refugees.

The European clinics belonging to GeoSentinel also collaborate with EuroTravNet, the European Travel Medicine Network founded in 2008 by ISTM and ECDC (European Centre for Disease Prevention and Control).



### **GeoSentinel**

**The Global Surveillance Network  
of the ISTM and CDC**

a worldwide communications & data collection  
network of travel/tropical medicine clinics



The University Division of Infectious and Tropical Diseases of the University of Brescia – Spedali Civili General Hospital collaborates with both GeoSentinel and EuroTravNet, entering in a general database all clinical and epidemiological data of inpatients and outpatients with travel-related diseases, then periodically analyzed.

This collaboration guarantees the immediate identification of infectious diseases threatening Public Health, from influenza H1N1 epidemic in 2011, to Chikungunya virus outbreak in 2007 in the province of Ravenna or to the recent clusters of sarcocystosis in Malaysia and of autochthonous Plasmodium vivax malaria in Greece.

A continuous update in knowledge about preventive measures to be taken before travel is therefore necessary as well as an improvement in physicians' knowledge of "exotic" diseases, now really frequent in our country.

On December 3rd, 2012, Professor David Freedman, the head of GeoSentinel, came to Brescia with a tight schedule which saw him involved in work meetings with Italian GeoSentinel personnel in our Clinic of Infectious and Tropical Diseases of Brescia, in a visit to the Disadvantage Medical Service — Center for Transcultural Medicine and STDs of the ASL (Local Health Authority) of Brescia and in a lecture at the University on the issue of travel-related diseases, which was attended by students, staff and the Director General of the ASL of Brescia and Infectious diseases clinics' Directors and physicians of different General Hospitals located in northern Italy.



## *Healththreats*

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