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Salud+60

### **The Health System in Spain and its operating structure**

The contents of this report are based on the information and guidance we have obtained from the General Directorate for Public Health, Quality and Innovation. Ministry of Health, Social Services and Equality.

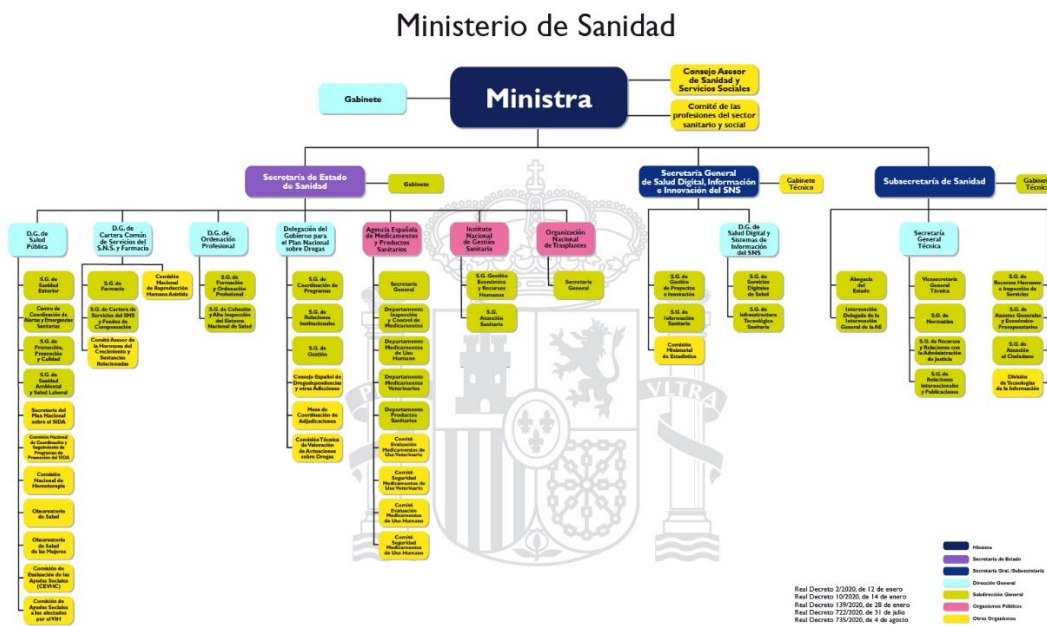
We offer our most sincere thanks to the General Subdirectorate (GS) for Promotion, Prevention and Quality who have provided the data and opinions on which this report is based.

## Introduction

The health policy in Spain is developed on a nuclear concept that defines it and is key to the organization of the resources allocated to this responsibility: the Decentralization of the National Health System (NHS).

Unified health policies in the NHS are implemented from two different areas: the Central State and the Autonomous Communities (17).

The central state is responsible for the general guidelines, the health advances for generating synergies in its territories, as well as managing the available resources in the General State Budgets. The Ministry of Health organizes all functional areas as it follows:



The Autonomous Communities have the responsibility of executing health policies, which entails the deployment of primary medicine, the organization of hospital medical treatments and the necessary resources for preventive medicine.

There are multiple agencies and collaborative bodies that combine the central policies and the implementation experiences in the different Autonomous Communities. Throughout this report, those that are most relevant to our purpose will be presented.

In this dual structure, it is worth opening a gap to mention the IMSERSO, an organ dependent on the Institute of Elderly and Social Services, which through its State Council has several possibilities to intervene in the health of people over 60.

Health policies in Spain are articulated around two administrations: one of them is the Central State responsibility, that defines and controls the health policies; the other one, is the responsibility of the Autonomous Communities administrations, which deals with the implementation of policies.

### **Attention to the particularities of the elderly population**

The central part of the health services provided to the elderly has to do with the execution carried out by the Autonomous Communities, since the elder people attend the health centers and hospitals for severe health problems.

But this is generic for all ages, the recommendations come from the centralized activity carried out by the central administration that is a part of the National Health System that attends the global issues.

That is why we are going to dedicate the following points to present the different initiatives and programs that are particularly related to the health of the elderly. The initiatives, their developments and proposals arise from the leadership of the central administration that agrees and debates each proposal in different forums.

### **Strategy for health promotion and prevention in the National Health System**

The overall objective of the strategy is to promote the health and well-being of the population by promoting healthy environments and lifestyles and enhancing safety against injuries.

The Strategy is an opportunity to integrate and coordinate health promotion and prevention efforts among all levels, sectors and actors involved. It also represents a new impulse in the reorientation of the National Health System, which is a demand of our environment and a reiterated recommendation by international organizations such as WHO or the European Union. Society places a high value on health and demands a joint, coordinated, and integrated response of effective interventions and sustained over time.

Full details can be obtained at:

<https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/estrategiaPromocionPrevencion.htm>

## **Local Implementation of the Health Promotion and Prevention Strategy**

The central administration prepares a guide of good practices and recommendations to convey the suggestions of the Promotion and Prevention Strategy in any corner of the country.

To download the guide:

[https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/Guia\\_Accion\\_Comunitaria\\_Ganar\\_Salud.pdf](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/docs/Guia_Accion_Comunitaria_Ganar_Salud.pdf)

## **Training Plan**

Aware of the needs of adaptation of relevant knowledge and information aimed at the health community, the central administration has a capacitation plan for health workers depending on their respective specialties.

<https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/Estrategia/PlanCapacitacion/home.htm>

That incorporates courses and other training resources aimed at general citizens and through training objectives in different areas and with different targets:

<https://sipes.sanidad.gob.es/sipes2/indexAction.do>

Due to obvious reasons, we highlight here the set of strategies related to healthy aging and the prevention of frailty.

[https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/EnvejecimientoSaludable\\_Fragilidad/home.htm](https://www.mscbs.gob.es/profesionales/saludPublica/prevPromocion/Prevencion/EnvejecimientoSaludable_Fragilidad/home.htm)

## **Schools for Health Network**

Due to the coincidence of interests, the Schools for Health Network, led by the Ministry of Health, is an actor of utmost importance in the context of health in all its manifestations. We introduce some of their main features:

The Network of Health Schools for Citizenship was born as a proposal of the Ministry of Health with the purpose of providing patients, caregivers, and relatives of patients a source of information and training tools, from the commitment to allow the best available evidence. This commitment is the final product of a collaborative action in which the different options available in the National Health System of

Spain participate. *What we seek from this platform is to offer contrasted, relevant, updated and truthful information, but above an information that all citizens can easily understand.*

The commitment aims at promoting the “you decide” through knowledge, support elements, helpful tools, the best information and the personal experience resulted from your own values and beliefs.

To promote the empowerment of patients -thinking that this tool should be a useful instrument-, so that patients, their families and their caregivers, have the necessary information, both as a clinical level and as a support services level. That allows them to manage in the most appropriate way according to their preferences and their reality.

This reality is based on the contributions made by the Schools and Health Programs of the Autonomous Communities from the Technical Committee of the Network, formed by:

The head of the General Directorate of Public Health of the Ministry of Health (Presidency of the Institutional Committee).

A representative of each of the Autonomous Communities and autonomous cities.

A representative of the National Institute of Health Management (INGESA).

The chair of the Technical Committee of the Network.

The head of the Technical Secretariat of the Network.

A representative of the Spanish Patient Forum.

A representative of the Platform of Patient Organizations.

A representative of rural women's associations.

A technical coordinator of the NHS Health Promotion Strategy.

A technical coordinator of the Strategy for the Approach to Chronicity of the NHS.

We identified their composition because each of them is a potential informant for the coordination of their objectives and those we pursue in this project as education centers for the elderly.

## **Additional information for the citizenship**

The central services of the Ministry maintain a certain attention to everything that may be relevant to promote the most recommended healthy habits. To prevent diseases or to block pandemics, they have an antenna that collects evidence and issues recommendations. This is a very helpful tool to our work of programming training for the elderly, supported by suggestions coming from the health administration. Their recommendations can be followed:

<https://www.mscbs.gob.es/profesionales/saludPublica/ccayes/alertasActual/nCov/ciudadania.htm>

Both the Schools for Health Network and the informative strategies aimed at all citizens can be completed with other lines of action of the central administration that are articulated in the governmental space assigned to improve basic aspects of the citizenship. The most outstanding are exposed in the following link:

<https://www.mscbs.gob.es/ciudadanos/portada/home.htm>

## **Features of direct collaboration with the health administration**

Our health project in people over 60 seeks to anchor their training objectives with the recommendations and utilities that the health administration deems appropriate. In this sense, we can say that there are some objective channels, which we have presented in the previous sections and that the GS of Promotion and Prevention itself specifies as follows:

*The GS of Promotion, Prevention and Quality leads the Health Promotion and Prevention Strategy in the NHS, with the aim of maintaining and improving the health of the population through the promotion of healthy lifestyles and environments. Among the actions carried out, the awareness and information of the population (citizens, professionals and decision-makers) on healthy lifestyles, promotion of healthy environments and participation, risk factors of the main non-communicable diseases and how to prevent them, etc.*

*This information is transmitted mainly through the web in web format, document, infographic or video. From the Press Office of the Ministry, it is disseminated through press releases or messages on social networks. And we send it to the Autonomous Communities through the Institutional Committee of the EPSP, Health Promotion Presentation and Working Groups in which there may be other actors such as scientific societies. They are also disseminated to the municipalities adhering to the EPSP and through the FEMP (collaboration agreement for the empowerment of the Network of Healthy Cities)*

All this work has little presence in the training framework, training is disseminated, but it is aimed at health professionals and is related to their activity. Only one course for citizenship has been launched.

This double reason certifies us in our purpose of the health +60 initiative: There is a lot of information, but dissemination channels through training processes are scarce.

With its weaknesses and its strengths, the function of information collection, processing and dissemination is replicated by the regional and local administration. In all the Autonomous Communities there is a department of Public Health, and specifically of Health Promotion and Prevention. They are represented in the Institutional Committee of the EPSP and in the Health Promotion Presentation of the Public Health Commission.

In the municipalities there are also usually related departments, with whom contact could be established through the Institutional Committee of the EPSP, Presentation health promotion and affiliated municipalities.

### **Starting now**

We wanted to take advantage of the meetings with the health administration to outline the way in which collaboration could be established. Go setting from now on certain recommendations and detecting how far this collaboration could reach.

For this reason, we have requested specific information that we present here through our questions and their answers.

### **On which area of health would it be most relevant to start programming in a synchronized way?**

*Health promotion and prevention is the basis of health and well-being, so the promotion of healthy lifestyles and environments is essential. In older people it is also especially important to address specific issues such as the prevention of frailty and maintenance of functional capacity, prevention of ageism, unwanted loneliness, etc.*

Given the lack in training for citizens, the health administration makes a general recommendation. Whoever is going to take the initiative in health training, the useful criteria are to base the programming on the scientific evidence published on the website of the Ministry of Health or other health authorities, such as the Ministries of Health of the Autonomous Communities, WHO, etc.

## **Specific suggestions**

The fundamental part of the training effort developed by the administration is, as mentioned, aimed at health professionals. It is not designed for citizens, which leads to certain limitations in the type of didactic materials used and the lack of pedagogical recommendations applicable. Keep in mind that they are online courses aimed at people with a strong training background.

However, individual or group interventions are carried out in the health system with a preventive or therapeutic objective. These interventions have a published methodology that can be useful for the objectives of the health+60 project.

Generally, the GS of Promotion and Prevention recommends focusing on life skills training and promoting resources to make the healthiest choices.

Regarding the implementation of stable mechanisms for collaboration between the health administration and training networks such as those found in health +60, they point to the scarcity of resources and time as a fundamental limitation to make it a continuous activity. Communication technologies can partially alleviate this dysfunction, websites, forums and blogs can be essential to these purposes.

In any case, what they do highlight from the health administration is the importance of education professionals who assume the leadership in the practical execution of all the training that can be carried out, since they find themselves as unable to tackle the issue, due to lack of qualification to address issues of educational practice. They consider that they could contribute to the definition of the objectives and the setting of contents, but not to intervene neither in the determination of the students and the teachers' profiles, nor in timing, nor in the setting of material and didactic resources. They seek not to intervene even in establishing the teaching strategy or the evaluation protocols.

But they highly believe in the possibilities of collaboration and outline the benefits that such collaboration could have for the health administration, and, above all, for the health prevention of citizens.

Moreover, the Ministry of Health has a coordinating function for Public Health and the NHS, but the Autonomous Communities own the transferred competences, and the municipalities execute the actions.

It seems that the principle of subsidiarity, that the closest administration is responsible for resolving the issues that affect citizens, is also present here, so that we know that the general lines are defined by the central administration, since the local administration will be our daily interlocutor.



## Summary

In summary:

- The National Health System is deployed from two different administrations, the central state and the territorial of each Autonomous Community.
- The General Subdirectorate for Promotion and Prevention is the unit closest to our aspirations.
- This GS gathers and produces a large amount of information.
- But it does not reach the citizenship in a fluid way. Let's say it stays absorbed in the health community itself.
- Channels are established for wide dissemination, through scattered specific actions or the activity of the Schools for Health Network.
- The commitment to increase the dissemination and socialization of the information is notorious, but it can be improved.
- In this context of improvement, the H+60 initiative is well received and is considered a synergistic activity of the health administration.
- Also, it is considered little qualified to address educational issues in a strict sense. Didacticisms and pedagogical strategies are not part of his technical corpus.
- Collaboration with initiatives such as the one we present at H+60 is considered very appropriate.
- The difficulties arise from the scarcity of resources to put in place a stable coordination mechanism.