Title	**PUBLIC HEALTH SERVICES – PRESENT ORGANISATION AND CHALLENGES FOR TOMORROW**
Module: 1.3	**ECTS (suggested): 0.2**
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Keywords	Public health services, health policy, health promotion, project management
Learning objectives	After completing this module students should: • know the present health situation in Europe and the strategies that were taken or are actual in the present to help people to preserve their health, • be familiar with project management approach in conduction of health promotion projects.
Abstract	In European society very important changes have occurred in recent decades. They brought different health problems. Different interventions were developed in order to preserve health in the society. Health promotion has proved to be one of the most important tools in this field. Implementation of health promotion is not possible without radical changes in approach to and method of work. As this is the case of intervention in several social subsystems, the project method is considered the most adequate tool for implementation of health promotion in organisations. Institutes of Public Health have, due to their role in the society of today, developed various kind of knowledge and skills to facilitate the implementation of project work. They are closely connected with several social subsystems so they stand a real chance of undertaking the role of project co-ordinators in health promotion. • The benefits, gained by the institutes of public health through taking part in health promotion projects, will not only be those reflected in broader social community and other organisations. The new working methods will, above all, find their most rapid and positive expression in the very same institutes i.e. in the process of performing their regular professional tasks.
Teaching methods	An introductory lecture gives the students first insight in characteristics of cross-sectional studies. The theoretical knowledge is illustrated by a case study. After introductory lectures students first carefully read the recommended readings. Afterwards they discuss the characteristics local public health organisations and infrastructure. The students will discuss the about the appropriateness of the actual organisation and try to find out the weaknesses and strengths of that kind of approach.

Specific recommendations for teachers	• work under teacher supervision/individual students' work proportion: 30%/70%; • facilities: a computer room; • equipment: computers (1 computer on 2-3 students), LCD projection equipment, internet connection, access to the bibliographic data-bases; • training materials: recommended readings or other related readings; • target audience: master degree students according to Bologna scheme.
Assessment of students	Multiple choice questionnaire examination.

PUBLIC HEALTH SERVICES – PRESENT ORGANISATION AND CHALLENGES FOR TOMORROW

Ivan Eržen, Lijana Zaletel Kragelj

THEORETICAL BACGROUND

Some useful definitions and considerations for understanding the module

Public health

When speaking of "public health", to many people, even medical professionals, this term conjures up images of hospitals and ill people and has the same meaning as publicly funded health systems. However, public health is actually quite different from that - it has at its heart the aim of improving wellbeing, promoting positive health and preventing diseases. Thus, the main focus of public health is health and disease prevention. This is reached through its activities: it prevents epidemics and the spread of disease, protects against environmental hazards, prevents injuries, promotes and encourages healthy behaviours, responds to natural and societal disasters and assists communities in recovery, and assures the quality and accessibility of health services. According to this, public health has many subfields. Most typically is divided into following subfields or categories:

- epidemiology of communicable diseases,
- environmental health (hygiene),
- social and behavioural health (social medicine), and
- health statistics.

The role of public health is of major importance for the health of the population, since many diseases are preventable through simple, non-medical methods. Public health plays its role in prevention efforts through local health systems or through international non-governmental organizations.

Public health services

When we know what "public health" is, we can start discussion about public health services. There exist several definitions of "public health services", among them being also the definition of Organisation for Economic Co-operation and Development (OECD) (1). According to OECD, prevention and public health services comprise services designed to enhance the health status of the population as distinct from the curative services which repair health dysfunction. Typical services are vaccination campaigns and programmes. But prevention and public health functions included in this definition do not cover all fields of public health in the broadest sense of a cross-functional common concern for health matters in all political and public actions. Some of these broadly defined public health functions (such as emergency plans and environmental protection) are not part of expenditure on health (1).

Since the main focus of public health is health and disease prevention, this is the main focus of public health services as well.

Activities, performed by public health services are so-called public health interventions. The focus of a public health intervention is among others to prevent a disease through surveillance systems of cases of various diseases (e.g. communicable diseases surveillance system), and the promotion of healthy life style. But in addition to these activities, in many cases treating of a disease can be vital to preventing it in others,

such as during an outbreak of an infectious disease. Vaccination programs and distribution of condoms are examples of activities of public health services.

Essential tasks of public health services

Essential tasks of public health services are to:

- monitor health status to identify community health problems;
- diagnose and investigate health problems and health hazards in the community;
- inform, educate, and empower people about health issues;
- mobilize community partnerships to identify and solve health problems;
- develop policies and plans that support individual and community health efforts;
- enforce laws and regulations that protect health and ensure safety;
- link people to needed personal health services and assure the provision of health care when otherwise unavailable;
- assure a competent public health and personal health care workforce;
- evaluate effectiveness, accessibility, and quality of personal and population-based health services; and
- research for new insights and innovative solutions to health problems.

Level of functioning of public health services

The population, covered by a single public health service, can be as small as a group of people (a family or local community for instance) or as large as all the inhabitants of several continents (for instance, in the case of a pandemic). Thus the level of functioning of a public health service can be:

- local,
- regional,
- national,
- international, or
- global.

On the national level, countries have their own government public health agencies to respond to domestic health issues, on the top being ministries of health and national institutes of public health. We can present some very well known national agencies, which are not involved only with national duties, but also with several international health activities:

- maybe the most known public health system is the system of the United States of America (US). In the US, the agency responsible for the public health of the US population is US Public Health Service (US-PHS), led by the Surgeon General of the United States. The US-PHS administers a number of critically important health agencies including the Food and Drug Administration (FDA), the Centres for Disease Control (CDC) (with its headquarters in Atlanta), and the National Institutes of Health (NIH).

  The CDC is the primary federal agency for conducting and supporting public health activities in the United States. CDC's focus is to protect the health of all US people. CDC keeps humanity at the forefront of its mission to ensure health protection through promotion, prevention, and preparedness (2). It is composed of several units being National Institute for Occupational Safety and Health, and six Coordinating Centres/Offices, including environmental health and injury prevention,

health information services, health promotion, infectious diseases, global health and terrorism preparedness and emergency response.

- an example of a national public health agency/institution is Finnish National Public Health Institute KTL (3). KTL is responsible as an expert body under the Finnish Ministry of Social Affairs and Health, for providing various professionals and citizens the best available public health information for their choices. This institution could be classified among the most important public health services in Europe. Its ideas have been spread even worldwide. An example is an intervention programme for combating non-communicable diseases known under its acronym CINDI (Countrywide Integrated Non-communicable Diseases Intervention) (4).

On the international and global level, there exist several very well known public health organizations/agencies:

- in the first place it is an organization which acts on the international and global level, and which is in fact a guiding body for public health services at national, regional and local levels – the World Health Organization (WHO) (5). WHO is responsible for providing leadership on global health matters, shaping the health research agenda, setting norms and standards, articulating evidence-based policy options, providing technical support to countries and monitoring and assessing health trends (5);
- here, again, we have to mention CDC with its international activities,
- but not only US, also European Union (EU) established an agency, similar to CDC - the European Centre for Disease Prevention and Control (ECDC) (6), which was established in 2005. It is an EU agency with aim to strengthen Europe's defences against infectious diseases. It is seated in Stockholm, Sweden. ECDC's mission is to identify, assess and communicate current and emerging threats to human health posed by infectious diseases. The ECDC disease specific activities are organised within seven horizontal programmes with team members from all technical units: Programme on influenza, Programme on tuberculosis, Programme on food- and water-borne diseases, Programme on other diseases of environmental and zoonotic origin, Programme on vaccine preventable diseases and invasive bacterial infections, Programme on HIV, sexually transmitted diseases and blood-borne viruses, and Programme on Antimicrobial resistance and healthcare-associated infections (6).

But not only national, international or global level is important. Regional and local levels are of principal importance, since they are gate-keepers for diseases which could spread over the borders of a country. This importance and an example of organizational scheme will be presented via case study from Slovenia. There is no average scheme how to organize public health services, since every country has its own scheme of public health services organization, which depends on its health care system organization.

Before introducing the case study, it is necessary to discuss some contemporary public health issues and the present and the future role of public health services in solving contemporary public health problems.

Some contemporary public health issues in Europe to challenge public health services

Very important changes in society have occurred in Europe in recent decades: a falling birth-rate has resulted in small families where both parents work, and many children are cared for outside their home for most of the day. The divorce-rate is high, urbanization is increasing, and more and more people live in satellite towns with long travel times to their

work. Further problems stem from the increasing proportion of older people in the population.

The changing disease and health care demand patterns, with increasing emphasis on the care of chronic diseases, are reflected both in morbidity and mortality statistics. The balance between primary care and hospital care is everywhere under review, with increasing stress on the importance on the long-term care and a well-developed primary care system. Reliable researches and statistical information is important for monitoring these changes as the need for planning and priority –making in public health grows.

The financial implications of the operations of health organizations are enormous; painstaking planning, prior evaluation, and a detailed subsequent research are increasingly necessary. All recent experiences show how difficult it is to achieve a satisfactory balance between completing priorities in health care, between the demands of effectiveness and equity, and between completing attitudes of different health professions.

Responses to contemporary pressure

Demographic trends

Crude live births in most of Europe are about 13 per 1000 population per year, almost equal to mortality rates. As a consequence, the total population-size is essentially stable. Only a few countries have recorded a slight natural increase many other report an overall decline of the population. The population of Europe is, however, aging. The proportion of children in the age-group 0-14 decreasing, and the high-age groups are growing. These demographic changes have important consequences for public health policy and planning. Low fertility will undoubtedly continue, and the number of families with few children will further increase. The number of large families will continue to be low, but they will tend to present health services with social, economic, and health problems.

The modernization of family planning and the spread of more efficacious and less hazardous methods have contributed to a decrease in the number of unplanned pregnancies. The use of more dangerous methods such as abortions is being discouraged but it is still quite high in a number of European countries. The youth group is declining in size but the problems facing young people are important for social and health policy. Accidents, drug abuse, smoking, unwanted pregnancy, and sexually transmitted disease are very important in youth groups as are the psychological and social effects of unemployment, family breakdown, loneliness, homelessness, and migration. The AIDS epidemic took its place among these major hazards.

The increase in the size of the older age groups also presents important specific health problems. These are due to higher chronic morbidity, the requirement for more visits by the physician and days in hospital, an increased use of dugs, and a heavier utilization of nurses, home-help, and nursing homes. These are all matters which will demand a high priority for resource allocations in the coming years (7).

Mean life expectancy at birth, in Europe, varies from 65.8 years (Russian Federation) to more than 80 years (Iceland) (Figure 1). In all European countries women have a higher life-expectancy than men: on average 6.5 years more. The gap seems indeed to be widening; women are tending to live even longer, whereas the life-expectancy for men seems to be levelling off. The national differences in length of life are probably to some extent due to differences in the standard of public health services, but the contributions of economic variation und unhealthy life-styles are undoubtedly of much greater consequence. This is reflected, within different countries, in social class differences in mortality.

Major Public Health Problems in Europe

The main causes of death in the region in most age groups are diseases of the cardio vascular system, cancers, and accidents. Suicides are important and so is mortality from traffic accidents. The main causes of chronic disability are accidents, stroke and other vascular diseases, chronic lung diseases, mental diseases and disorders, senile dementia, arthritis, and the physical disabilities of extreme old age.

The main determinants of health lie outside the traditional health sector. Health policy cannot remain a matter for health centres, hospitals, or other health-care services, alone. Yet there are still serious problems in mobilizing the expertise of health professionals and applying their findings and recommendations in health policy areas outside their traditional framework of employment.

Meanwhile, the roles of national governments are chiefly restricted to controlling costs, guaranteeing equity in the distribution of resources, and developing local services. There is little evidence of engagement with true health objectives.

These deficiencies are serious, and acceptable solutions to these problems have not in general been found (8).

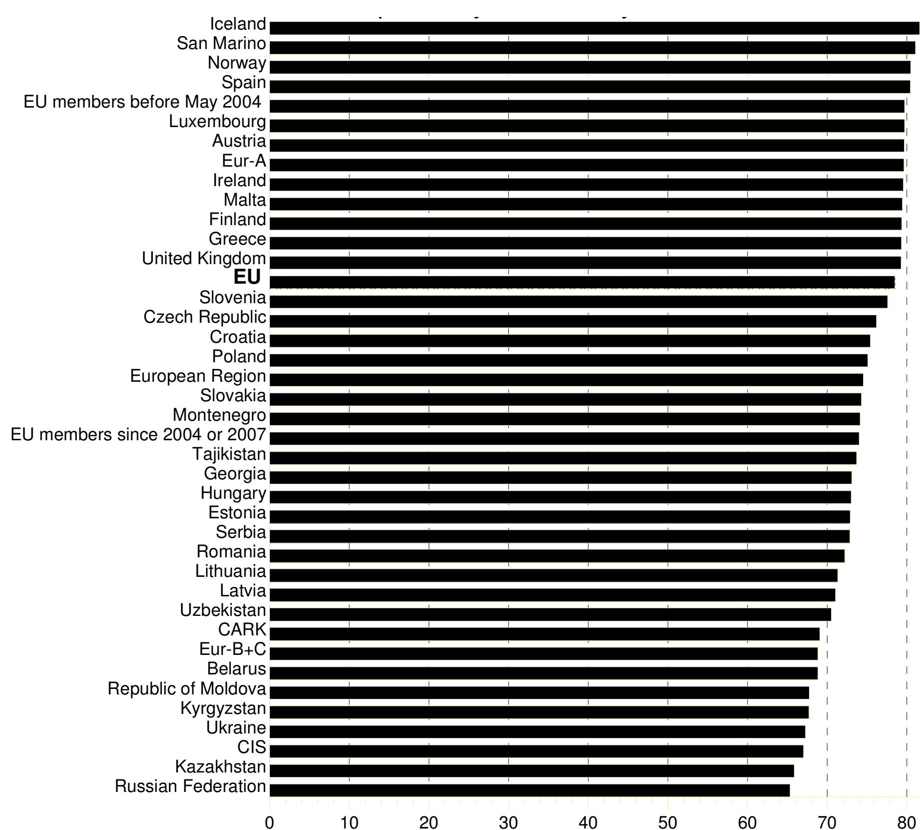

Figure 1. Life expectancy at birth in years, 2005 (Source: Health for All Data-Base, World Health Organization) (9).

The cost of health care

The cost of health care is being given great attention in most European countries (Figure 2). Increasing costs are creating severe problems for many governments. The capacity of governments to finance total health care costs is limited and, given a harsher economic climate, the financial consequences on other fields of social endeavour are becoming quite serious.

The size of the hospital sector is a crucial determinant of total costs. The distribution of resources between hospital care and ambulatory care is a major policy question. When considering these problems it should be noted that most of the costs in the health care sector are manpower costs (between 55 and 80% of total costs), which tend to rise faster than other production factors in the public sector.

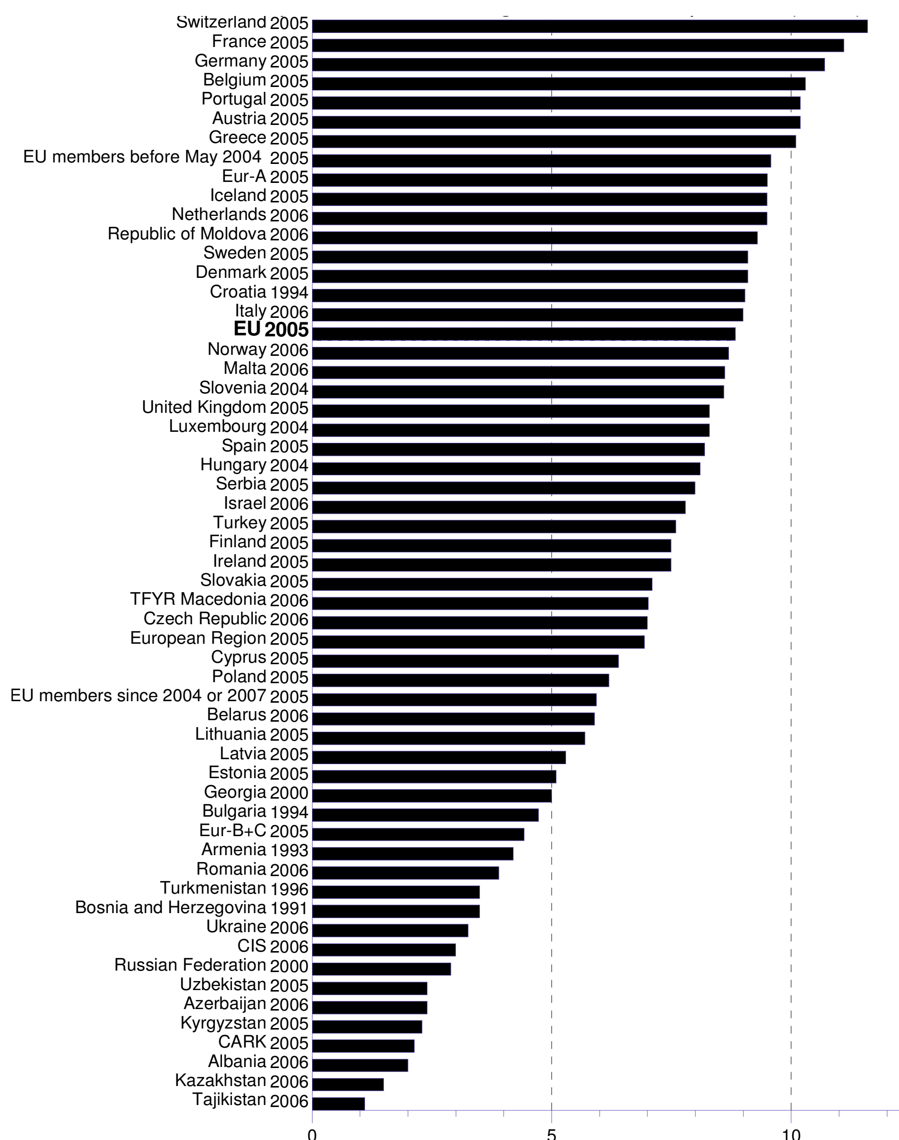

Figure 2. Total health expenditure as % GDP of gross domestic product (last available) (Source: Health for All Data-Base, World Health Organization) (9).

Intersectoral efforts to improve public health

In discussions of »public health«, it is generally assumed that the policies, actions, and outcomes of importance are those originating from the public sector. It is the activities of health department bureaucracies and associated bodies, of publicly funded public health research and teaching institutions, and the laws and regulatory provisions generated by health ministers that are taken to be the obvious subjects matter to consider when assessing the practice of public health in a country.

However, an emerging dialogue within public health spheres is focusing on evidence that the health of the community and the fruits of the labours of those self-consciously

engaged in explicit public health occupations are hardly co-extensive. An »intersectoral« perspective on both, analysis and action to improve the health status of populations, is increasingly being recognized as fundamental to any consideration both of how the health status of populations does change, and of questions concerning efficiency in the roles and work of those public sector agencies that have traditionally addressed public health (7). The impacts, direct and indirect, on health resulting from the policies and actions or other (non-health) Government portfolios, such as employment, consumer affairs, education, housing, the environment, and agriculture; from non-governmental agencies such as pensioners associations, leisure and sporting groups; and from the private sector (e.g. the food, pharmaceutical, sunscreen, and product safety design industries), are demonstrably of immense importance in variously promoting or retarding public health.

Future prospects of public health services

These programmes will be closely associated with the development and provision of primary health care in the twenty-first century. The fundamental policy for health services should be established on the basis of the real health needs of the residents and of an action plan which takes into account these various levels of health needs (10). It is thus important to create effective organizations and functional structures for primary , secondary, and tertiary health care systems in the community by the integration of social resources with existing infrastructures such as social insurance, welfare services, educational systems, labour standards and employment policies, communications and transportation, and local industrial development. Comprehensive health-care systems should promote a wide range of activities, such as promotion of health, prevention of diseases, medical care, and in industry, and also the development of international health services.

Needless to say, the most important problems in public health services in more developed countries can be said to be those associated with the rapid ageing of the population and related effects, changes in the disease pattern, increasing demand for medical care and welfare services, and limitation in social resources. These indicate the very important role that public health services must play, and the responsibility they have in comprehensive health-care systems (11).

Health Promotion – major challenge for Public Health Services

The member states of the World Health Organisation (WHO) had, on encountering contemporary health problems, laid new foundations for a long-term health policy, popularly called "Health for All" (8), which was updated in 1999 and is now known as "Health 21" - the Health for All policy frameworks for the WHO European Region for the 21st century (12). The basic principles of this policy are:

- health is a fundamental human right;
- equity in health and solidarity in action by reducing gaps in health status between and within all countries and their inhabitants;
- participation and accountability of individuals, groups, institutions and communities for continued health development

In 1986 the Ottawa Charter for Health Promotion was adopted (13), which is considered the key strategy for implementation of the new health policy. This document outlines a comprehensive strategy for health promotion trough five interactive means of action that cover the whole range of the new approach to health:

- building healthy public policy;
- creating environments supportive to health;
- strengthening of community action;

- development of personal skills and
- re-orienting of health care services toward primary health care.

Although health is, above all, considered a personal value, it is the very influence of working and living conditions, which are practically beyond the control of an individual, that makes the society and its organisations responsible for creating the conditions of "a healthy choice being the easier choice".

Such a radical change in attitude towards health as well as in chances of its implementation and improvement requires a lot more than the mere adoption of global orientation. One should not neglect the fact that various social sectors, having major impact on human health, were caught completely unprepared for such changes so there are still many parts of developing and developed countries, where even today, after more than twenty years, no changes can be observed – WHO 1998 (7).

Organisations to play the "promoter" role

Health promotion represents an extremely ambitious public health intervention in the society, which is in Europe already present (14). The success of such intervention, however, depends on the knowledge about and accuracy of the structure and dynamics evaluation for the system we wish to exert influence upon. It should be pointed out that this can not be compared to building a new house on bare ground and in ideal conditions. All health promotion efforts have been addressing a complex, hardly recognisable social structure network, in which resources and energy already interweave. Any modification is to affect all parts of such network.

CASE STUDY: PUBLIC HEALTH SERVICES IN SLOVENIA

Historical perspective

The organised preventive health services have a long tradition in Slovenia, with the Central Institute of Hygiene in Ljubljana established already in 1923 to be soon afterwards also followed by the district hygiene stations (15). The activities of the Institute of Hygiene followed the ideas of Dr. Andrija Štampar, the then Director of the Department of Hygiene at the Ministry of Health, and the ideological promoter of social medicine. During a period of first two decades, the Institute of Hygiene founded about 20 community health centres throughout Slovenia; among them was the Community Health Centre in Lukovica near Domzale, established in 1926, which was one of the first community health centres in Slovenia at that time, and which became the prototype for such institutions.

Due to various reasons, however, this sphere of medicine later failed to keep pace with the development of curative medicine, and has in a certain period of time actually proved regressive. Especially the Second World War drastically interrupted the development of public health at that time. It was continued only in the 1950s, when the population, gradually recovering from the war and finding itself in different political circumstances and with different people, began to project the further development of public health.

There were several attempts made to pave the way for the preventive health services, mostly in the form of various organisational interventions which in the final phase achieved no desired effect. The tasks from the field of social medicine, epidemiology and hygiene were performed partly within the basic health services, and partly by the institutions which were predecessors of contemporary nine Regional institutes of public health and the National Institute of Public Health of the Republic of Slovenia. The co-operation between the individual regional institutes of public health and their linkage with

the National Institute of Public Health of the Republic of Slovenia was scarce and not compulsory, except in some joint tasks, stipulated by the legislation (16).

At the end of the 80's, first radical changes took place, which had a significant influence upon the present status and activity of the Regional and National institutes of public health. A uniform national programme was adopted for the tasks in the field of public health. The individual tasks to be performed by the National Institute of Public Health of the Republic of Slovenia and the regional institutes in this field were defined in detail. Both, the number of personnel and their required qualifications, were defined as well. And, very importantly, the funds for the performance of such tasks were also provided. At that time, all the funds intended for health care were part of the integral national budget.

Current organisational scheme of public health institutions in Slovenia

Public health policy in Slovenia

For the time being, in Slovenia we do not have a special act, covering public health sector, but many of public health issues are covered by the Health Services Act adopted in 1992 (17).

According to the Health Services Act (17), there are nine regional institutes of public health operating in Slovenia (Celje, Koper, Kranj, Ljubljana, Maribor, Murska Sobota, Nova Gorica, Novo Mesto, and Ravne), covering corresponding health regions (Figure 3), and the National Institute of Public Health of the Republic of Slovenia.

The Health Services Act gives a more detailed definition of the services of social medicine, epidemiology, hygiene and environmental health (17). According to the content and sphere of activity, they could be summarized into four main fields:

Figure 3. Nine health regions of Slovenia where Regional Institutes of Public Health were established.

1. Health situation monitoring and analysis, research, development and implementation of innovative public health solutions;

2. Collection, analysis and interpretation of health informatics data and evaluating of health care system;
3. Surveillance and control of risks and damages in public health, surveillance of communicable and non communicable diseases, health promotion and supporting healthy lifestyles, strengthening communities, and improving health for vulnerable groups;
4. Analysis of data on environmental health with special emphasis on air, water and foods quality, including of assessment of the health risk due the environment and preparation of measures to preserve health of population.

   Beside these professional tasks, which are partly financed by government, numerous other tasks are performed:
5. Services of the laboratories for microbiology and for chemistry (samples of human and environmental origin);
6. Monitoring of environmental elements;
7. Counselling in different sphere of public health;
8. Different expert and research projects, and
9. Education.

Tertiary level

The national level of public health in Slovenia is in the domain of the Institute of Public Health of the Republic of Slovenia.

Short history

As described earlier, this institution was established in 1923. Its first tasks were monitoring the quality of drinking water and milk and preparing expert opinions about safe drinking water supply.

Two years later, the Institute merged with the Ljubljana Permanent Bacteriological Station, broadened its activities, and reorganized into three units:

- the bacteriological-serological laboratory,
- unit for monitoring the drinking water and food provisions, and
- unit for hygiene promotion and education.

The Institute was reorganized into the Central Hygienic Institute in May 1951. Its tasks were to monitor the health of the population and improve it by taking appropriate preventive measures; to monitor and improve the hygiene in the country; to prevent and control communicable diseases; and to develop and coordinate the work of all hygienic stations.

In 1974, the Institute reorganized again into the Institute of the Socialist Republic of Slovenia for Health Care. The activities of the Institute covered the fields of social-medicine, hygiene, epidemiology, and preparation of technical recommendations for health care-related legislation.

The contemporary Institute of Public Health of the Republic of Slovenia (IPHRS) was established in 1992 (15).

Current organization

Currently, activities of the IPHRS are organized within five centres, two special units, and three laboratory departments (18).

1. IPHRS centres.
   - Center for Population Health Research;
   - Center for Health Care Organization, Economics and Informatics;

- Center for Environmental Health;
- Center for Communicable Diseases; and
- Center for Health Promotion,

2. IPHRS special units.
   - Health Statistics Unit, and
   - Informational Unit for Illicit Drugs.
3. IPHRS laboratory departments.
   - Department for Sanitary Chemistry,
   - Department for Sanitary Microbiology, and,
   - Department for Human Microbiology (including reference laboratories).

The IPHRS professionally links the otherwise autonomous regional institutes, which will be presented later, and in co-operation with them performs the tasks of the adopted national programme. Such solution does not encroach upon the independence of individual institutes, yet dictates a similar, if not the same organisational pattern, as the performance of joint tasks would otherwise be hindered.

Secondary level

As described earlier there are nine Regional Institutes of Public Health, covering corresponding health regions (Figure 3). The populations they are taking responsibility for, are of very different sizes: from about 75,000 to about 600,000. The details are presented in Table 1.

Table 1. The sizes of populations, nine Regional Institutes of Public Health in Slovenia are taking responsibility for (19).

	Regional Institute of Public Health	**Approximate population size**
1.	Celje	299,000
2.	Koper	139,000
3.	Kranj	197,000
4.	Ljubljana	601,000
5.	Maribor	320,000
6.	Murska Sobota	124,000
7.	Nova Gorica	103,000
8.	Novo Mesto	135,000
9.	Ravne	74,000

All Regional Institutes of Public Health in Slovenia have more or less similar organization, which is also very similar to the organization of the Institute of Public Health of the Republic of Slovenia. They all have three major departments:

- Social Medicine Department – major activities of this department are health statistics and assessment of health status of the population covered by the Regional Institute, and proposals for necessary public health interventions in the context of social medicine;
- Environmental Health (Hygiene) Department – major activities of this department are monitoring of parameters of environmental health (outdoor parameters such as air, soil, water, and food, and indoor parameters of dwelling and occupational

places), risk assessment, and proposals for necessary public health interventions in the context of environmental health. The other part of activities is health inspection of food industry processes, potable water supply networks, swimming pools, etc;

- Department for Communicable Diseases Epidemiology - major activities of this department are communicable diseases surveillance, and proposals for necessary public health interventions in the context of communicable diseases epidemiology. Vaccinations and counselling to passengers to regions at high risk for communicable diseases also are in the domain of this department.

Beside presented activities, health promotion is coming to agenda of Regional Institutes of Public Health in Slovenia more and more clearly, what will be discussed later on. Some of them already have special units dealing with health promotion issues, while in others health promotion activities are incorporated in activities of other departments.

In addition to joint undertakings, the Regional Institutes of public health perform some other tasks as well. An important activity and thus the source of funds is the laboratory activity (human and sanitary microbiology, sanitary chemistry) as well as performance of several other tasks for the needs of individual organisations, private persons, and local communities.

Primary level

One should place a special emphasis on the role of the National Institute of Public Health of the Republic of Slovenia and the regional institutes of public health in connecting and co-ordinating various health institutions (e.g. Community Health Centres) and private sector in the implementation of preventive health care at the primary level.

In the past, a lot was unclear in the implementation of preventive programmes at the primary level. Those programmes were not carried out equally in all places, neither in the scope nor in the quality. By introducing private practices and the institution of a personal physician, it often happened that individual population groups were not included in the preventive programme. For this reason, the Ministry of Health reached a decision and at the beginning of 1998 issued special legal regulation, being Instructions for the implementation of preventive health protection at the primary level (20) with the detailed instructions for the implementation of preventive health care at the primary level. In those instructions, the content and the method of preventive programme implementation have been precisely defined. in the following spheres (20,21):

- reproductive health care;
- health care for babies and infants till the age of 6;
- health care for school children and youth till the age of 19;
- health care for students;
- dental care for children and youth;
- health care for adults in general practice;
- health care for persons in the nursing care treatment, and
- health care for sportsmen.

This way, a uniformity of such services can be achieved in Slovenia. Furthermore, the minister appoints experts responsible for each sphere of preventive health care, who are in charge of the proper implementation of the programme.

Health Promotion – major challenge also for Slovene Public Health Services

In view of the situation in Slovenia, we should not be completely satisfied despite some advantage we have over other countries. We can boast a clearly defined orientation towards primary health care, one of the main focuses of this policy, as well as rich infrastructure of preventive institutions. Besides, some preventive health care measures have the tradition of several decades. All this might be one of the reasons why our attitude became even more demanding and as such calls for a more energetic approach to implementation of basic principles of joint European health policy.

But why is this so? To put it briefly, the major problem lies in our inability to determine who is to take the initiative. The existing professions and organisations have their specially defined roles and tasks and have as such adapted to solving of the problems, for which they were established and/or formed.

A problem of a particular nature is that the society still holds the prevalent view of considering health as a task and commitment of health professionals and health organisations and not an area of activity to be dealt with also by, or rather, primarily by outside-health professionals and organisations.

In Slovenia, from organizational point of view, the existing public health organisations already have their tasks and roles defined and assigned. The present health care system puts emphasis on solving problems of ill health (diseases), which is understandable – ill health certainly is one of the major problems.

Complex and sophisticated organisational systems have been developed for treatment of diseases, rehabilitation and compensation of diseases. The tasks and professional roles are well defined, with their working methods and their daily routine. Moreover, they enjoy the benefit of being supported by the system of finance and education (22).

Nevertheless, health is not viewed as a problem, so we have not yet reached the decision, what institution is to undertake the tasks in health promotion. No particular social system can be made responsible for health promotion as this issue addresses several systems at the same time (Figure 4) (22).

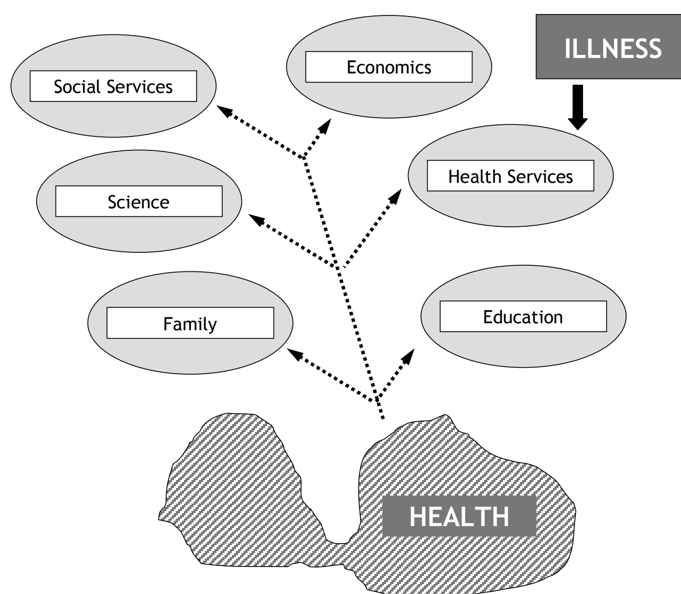

Figure 4. There is no particular system for health. Health enters each system.

There is, however, at least in Slovenia, a possibility that certain tasks related to health promotion are undertaken by the public health services which are in Slovenia the institutes of public health, organised at the national and regional level and considered the central preventive institutions, able to play an active role in health promotion.

Numerous connections, both from the institutional as well as territorial aspect, fostered for the purpose of performing various professional tasks, have enabled the formation of an extremely rich network of adapted means of communication. These organisations have the distinction of great flexibility and are, more than others, able to seek paths yet not trodden and to create new social network, required in the implementation process of health promotion strategy. Figure 5 shows the complexity of connections made by e.g. regional Institute of Public Health. The interconnections among individual organisations are not shown, although rich in number as well.

The advantages of the institutes of public health when applying for the "promoter" role in the implementation process of health promotion strategy are:

- wide scope of connections made with various social subsystems and their organisations;
- variety of communications skills;
- variety of professions, tasks and working methods used and thus more open for successful introduction of new forms of work;
- awareness and understanding of the importance and possibilities of health promotion.

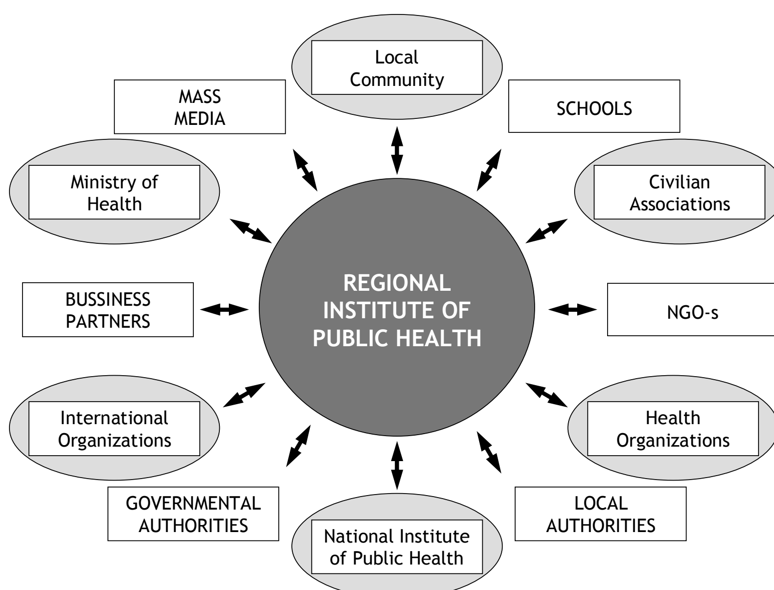

Figure 5. Different communications and connections held by the each of Regional Institutes of Public health in Slovenia.

To be able to perform their task properly, Regional Institutes of Public Health in Slovenia also have to undergo certain changes as well, to adjust their organizational structure and method of work in compliance with the new tasks (23).

Features of health promotion projects

In recent years the project management has become the most important tool for performance of new, complex tasks. This kind of approach to work was initially characteristic only for profit oriented enterprises, whereas it can currently also be observed in non-profit organisations. In view of the international health promotion movement the

project method represents a fundamental approach to task performance. Project management is considered a suitable tool for implementation of health promotion in various settings e.g. business enterprises, schools, hospitals, and can, as such, also be used in performance of programmes, focused on changing lifestyles and improving ecological conditions. It is only through the project approach that multisectoral and interdisciplinary co-operation can be implemented, which is regarded as essential to the performance of new tasks in health promotion.

The development and adoption of health promotion policy is important not only at the national, regional or local level, but also in organisations such as schools, hospitals and business enterprises. By means of health promotion the health criterion is being introduced into decision-making as well as into other activities of a system.

Projects and their successful management has become a favourite instrument in recent years for performing new and highly complex tasks in organisations or in the co-operation between organisations. In the international health promotion movement, projects have become central implementation strategy. Project management is an appropriate tool for promoting health in businesses, schools or hospitals, as well as carrying out programmes on healthy lifestyles and ecological issues. Features of a health promotion project are:

- it is a type of organisation to perform complex, new tasks of various sectors within a single organisation or among various organisations;
- it is an instrument to introduce changes planned in an organisation;
- it mobilises and redirects resources from one or more systems to new tasks;
- it evaluates and verifies the efficiency of new forms of co-operation and integration among individual departments and organisations;
- it gives the participants the opportunity to acquire fresh experience and skills to be later incorporated in their everyday activity;
- it exerts influence on the entire organisation or other organisations, taking part in the project.

Development and interaction of knowledge among professionals is an integral part of project management. New tasks usually require new expert knowledge as well as different application of knowledge with experience (24,25).

Projects can develop their innovative task solely through development of autonomous activity on the one hand, while they, on the other hand, maintain and make use of their connections with the parent organisation.

In distinction from the projects in the area of business enterprises, where predictions of reactions in the target system are often relatively accurate, this is not the case in health promotion projects. The response depends on the internal dynamics of an individual social subsystem and autonomous understanding of the process by such system. The provision of proper project management is therefore of vital importance. Only in this way it is possible to currently adapt goals, working methods and forms of intervention in the environment and to follow the project target to the fullest extent.

Special emphasis should be laid upon the gains from the activity within the project for the collaborators and the parent organisation. Successful work for the project results in utterly positive impact both on an individual project team member as well as on the team as a whole. It is of particular importance that through the project activity the innovativeness of an individual can be boosted and developed. And the opportunity for one's assertion leads to higher motivation for work. Motivation is also encouraged by positively oriented interpersonal relationships and high level of work culture, created in the team.

The activity within the project also very favourably reflects in the parent organisation. The qualifications, acquired by the project team members through such activity, often prove useful for their routine professional role. Social skills and knowledge of organisational development, required in the project, usually to a large extent satisfy the increased demand for such qualities in the rapid development and organisational complexity of modern society.

Conclusion

Implementation of health promotion is not possible without radical changes in approach to and method of work. As this is the case of intervention in several social subsystems, the project method is considered the most adequate tool for implementation of health promotion in organisations. National and regional institutes of public health in Slovenia have, due to their role in the society of today, developed various kind of knowledge and skills to facilitate the implementation of project work. They are closely connected with several social subsystems so they stand a real chance of undertaking the role of project co-ordinators in health promotion.

The benefits, gained by the institutes of public health through taking part in health promotion projects, will not only be those reflected in broader social community and other organisations. The new working methods will, above all, find their most rapid and positive expression in the very same institutes i.e. in the process of performing their regular professional tasks.

EXERCISES

Task 1

Carefully read this module, and recommended reading #1, especially Section 3 - The organization, financing and decision-making processes in public health in eight countries. Discuss the organizational scheme of public health services in presented countries and Slovenia.

Task 2

Discuss the organizational schemes of public health services in eight countries, presented in this book, and in Slovenia.

Task 3

Write a short essay on inner organizational scheme of one of public health services in the country (or if students are from different countries, organizational scheme of public health services in your country) and its tasks, and prepare a short presentation for other students.

Task 4

Discuss differences between different public health services.

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