



SELF-CARE AND PREVENTION RECOMMENDATIONS

COMMITTEE ON PREVENTION AND SELF-CARE
EUROPEAN HEALTH PARLIAMENT 2016



**EUROPEAN
HEALTH PARLIAMENT**



EXECUTIVE SUMMARY

Healthcare affordability is a crucial theme for European Member States. The benefits of prevention and self-care measures are supported by evidence, but barriers still prevent full exploitation of their potential. In view of the urgent need for change, this Committee recommends three clusters of actions to be taken at EU, Member State and community level. The aim is to empower patients and health and community actors, and to influence policy makers and payers.

AT EUROPEAN LEVEL, THE EUROPEAN HEALTH PARLIAMENT CALLS UPON:


- The European Commission to enhance the assessment of the performance of healthcare systems, with a focus on patient and societal outcomes of prevention measures, and the effect of fiscal incentives
- The European Commission to create a European Joint Action focusing on self-care and prevention to coordinate on-going work in prevention and to increase awareness of self-care as a patient-empowerment tool
- The European Parliament to create an Interest Group on prevention and self-care, to promote a unified strategy on prevention and self-care across Europe and to place it as a strategic legislative priority
- The upcoming Slovakian and Maltese EU Presidencies to include recommendations around self-care and prevention in their priorities relating to food improvement and obesity, and in particular to encourage collaboration and joint funding among finance, education and health ministries on early childhood initiatives on healthy eating

AT MEMBER STATE LEVEL, THE EUROPEAN HEALTH PARLIAMENT CALLS UPON:

- Member States to increase collaborative efforts across health, social affairs, finance, education and environment ministries in support of a "prevention in all policies" approach
- Member States to increase their budget allocation for public health and prevention activities beyond the current 3% average
- Member States to develop policies, practices and incentives for prevention in the form of financial benefits for employers, and for the implementation of self-care and prevention measures for employees in the work place
- Payers to promote and incentivise consumers to make positive choices and adopt healthy and sustainable habits

AT THE COMMUNITY LEVEL, THE EUROPEAN HEALTH PARLIAMENT CALLS UPON:

- Investors to take part in a fund for the implementation of self-care and preventive policies and programmes
- Public-private partnerships between food, IT and healthcare industries and governments to address current inconsistencies relating to labelling of foods
- Patient organisations and associations of healthcare professionals to prioritise education of the community on the importance of self-care and the role of lifestyle in prevention of diseases
- Healthcare professionals in the community to embrace and advocate self-care to prevent avoidable chronic diseases



INTRODUCTION

Imagine a future for the next generation, where they no longer have to worry about the skyrocketing rates of chronic disease¹ and the accompanying escalating costs. What if public-private partnerships were developed to alleviate the governments' growing financial burden in tackling chronic diseases? What if such public-private partnerships identified good practices, ensured outcomes were measured and scaled up effectively, so that all communities could benefit from them? What if private and public investors contributed to national funds dedicated to financing prevention programmes?

More action is required to tackle the issues arising from unhealthy lifestyles, an ageing population and increasing rates of chronic disease. Meanwhile, growing demand for and rising costs of healthcare are obliging health systems to seek increased efficiency. The European Health Parliament's Prevention and Self-Care Committee has addressed these issues with recommendations for integrating self-care and preventive measures into multi-stakeholder solutions, engaging the wider community rather than merely focusing on policy makers at EU and national level.

Since the early nineties, research has demonstrated the benefits of prevention on a meta-level. In 1995, the US Public Health Service calculated that prevention

efforts and investments could save up to 11% (\$69 billion in 1994 dollars) of medical costs over five years (US Dept. Health & Human Services, 1995). Since then, extensive research activity has provided insights into pathology-specific advantages of prevention.

Efforts are being made at EU and Member State level to reduce preventable chronic disease, with a focus on promoting and implementing self-care, healthy lifestyles and primary prevention solutions. But a major barrier stands in the way of sustainable solutions - the allocation of appropriate funding. Currently, only 3% of public health budgets in Europe is spent on public health and prevention activities (WHO Europe, 2014; OECD, 2016). Huge opportunities exist in prevention and self-care across Europe, but this requires an urgent change of policy.

The European Health Parliament's Prevention and Self-Care Committee seeks to dismantle this barrier. The solution is not simply an increase in funding. It requires a broader solution that will bring tangible benefits for all stakeholders.



"Self-Care is what people do for themselves to establish and maintain health, prevent and deal with illness. It is a broad concept encompassing hygiene (general and personal), nutrition (type and quality of food eaten), lifestyle (sporting activities, leisure, etc.), environmental factors (living conditions, social habits, etc.) socio-economic factors (income level, cultural beliefs, etc.) and self-medication."

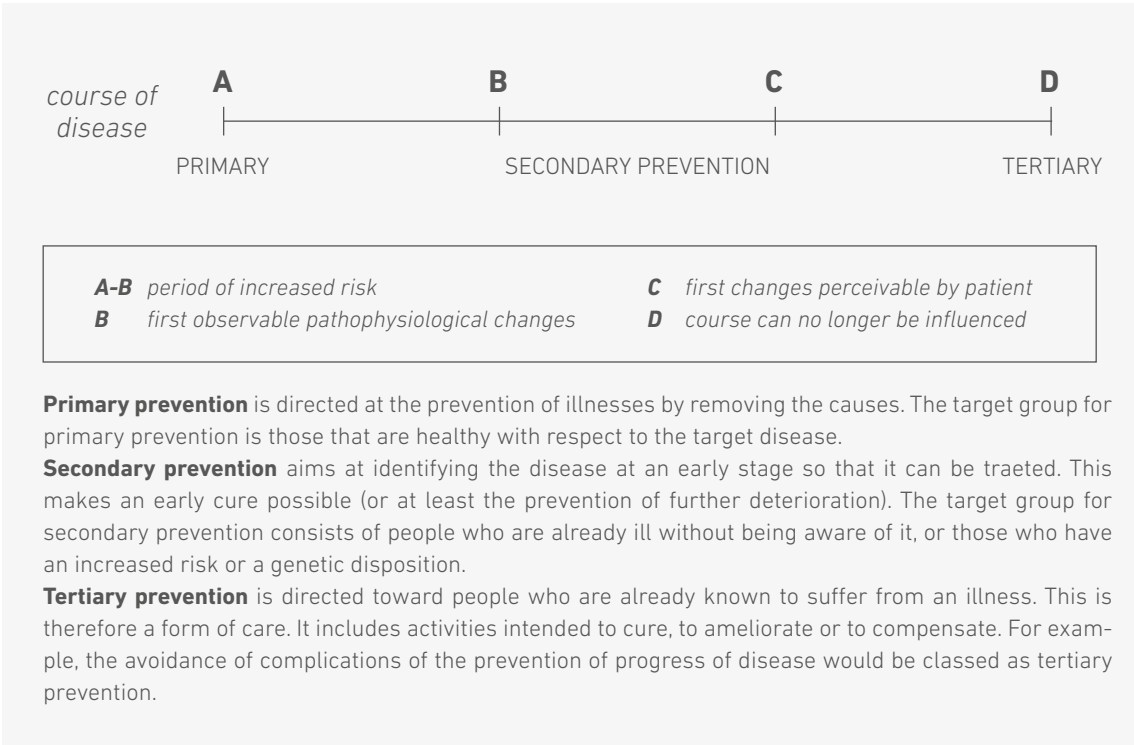
World Health Organisation (1998)

¹ *Non-communicable or chronic diseases are diseases of long duration and generally slow progression. The four main types of non-communicable diseases are cardiovascular diseases (like heart attack and stroke), cancer, chronic respiratory diseases (such as chronic obstructed pulmonary disease and asthma) and diabetes (WHO, 2015)*



To align with current EU key priorities, our committee will focus its attention on self-care and prevention which is predominantly related to healthy lifestyles and primary prevention of chronic diseases:
a period in which consumers are living with increased risk

FIGURE 1: PREVENTION AND STAGES OF DISEASE



Source: Van der Mass and Mackenbach (1999) cited in: EOHSP (2010)



OUR RECOMMENDATIONS: THE THREE LEVELS

Our recommendations address the barriers our research has identified to effective policies, and to the scale-up of existing good practices from our communities. The aim is for self-care and prevention practices to be embedded in national health programmes.

TABLE 1: CURRENT BARRIERS AND LIMITATIONS IDENTIFIED ON A EUROPEAN, MEMBER STATE AND COMMUNITY LEVEL

LEVEL		
EU	MEMBER STATE	COMMUNITY
Outcomes and resources from EU tools and initiatives focussed on prevention are not communicated to wider society	Lack of adequate budget allocated to public health, prevention and self-care activities	Lack of credible, trustworthy or relevant health literacy aids to enable good decision making by the public
Lack of coordination and follow up between programs and joint actions	Lack of incentives for employers and employees for promotion of health in the workplace	Lack of advocacy of self-care by healthcare professionals
Industry pressure	Existing good practices are often not scaled up due to lack of measurement of outcomes	Lack of public health campaigns on prevention and self-care topics
Resistance to behavioural change policy	Investment in prevention does not benefit healthcare budgets	Unhealthy habits widely adopted by citizens
Policy is not always evidence based	Lack of communication between Member States on national approaches that could provide valuable lessons and outcomes	Public-private partnerships are under-utilised
	Lack of coherence and implementation of existing policies	

I. AT EUROPEAN LEVEL, THE EUROPEAN HEALTH PARLIAMENT CALLS UPON:

- ***The European Commission to enhance the assessment of the performance of healthcare systems, with a focus on patient and societal outcomes of prevention measures, as well as the promotion of fiscal incentives***

For Europe to put sustainable healthcare systems in place, it must be possible to measure and assess the patient and societal outcomes from healthcare policies and programmes.

The European Health Parliament therefore calls for EU-wide quality standards for health and social care services, with mechanisms to alert countries in fiscal situations that require planned structural reforms to their tax base in order to create a safety net to provide specific inpatient/outpatient care.

The ability to evaluate the performance of healthcare systems is also necessary for effective assessment of the overall financial impact, using specific interoperable e-health prescription tools and activity-based funding. This will bring added value to the health systems of Member States and pave the way for a unified EU agenda on healthcare, with a robust framework for action.

- ***The European Commission to create a European Joint Action focusing on self-care and prevention with the aim of coordinating all the ongoing work in the area of prevention and increasing awareness of the importance of self-care as a patient-empowerment tool***

The extensive recent work in Europe in the area of prevention includes CHRODIS (n.d), the Joint Action on Nutrition and Physical Activity (JANPA, n.d), and the European Innovation Partnership on Healthy and Active Ageing (European Commission, 2015). But there are no concrete measurement tools that support the Europe 2020 strategy (European Commission, 2016) with respect to health priorities.

A Joint Action could help to shift attention towards prevention and self-care practices, particularly among vulnerable groups such as pregnant women, patients with chronic diseases and transplant patients. Success will depend on effective scaling-up of good practices and the encouragement of increased levels of investment (European Commission, 2013).

- ***The European Parliament to create an Interest Group on prevention and self-care, to promote a unified strategy on prevention and self-care across Europe and to position it as a legislative priority***

The primary aim of such a group is to place self-care and prevention as a priority in raising awareness about prevention of chronic diseases. It can also act as a platform for relevant stakeholders to foster change. Collaboration with Members of the European Parliament (MEPs) will ensure accurate and up-to-date input on best practices and the cumulative visions of food experts, patients, broader society, healthcare professionals, policy makers, representatives from the healthcare, food and IT industries, and payers.

- ***The upcoming Slovakian and Maltese EU Presidencies to include recommendations about self-care and prevention in their priorities on food improvement and obesity and in particular, to encourage joint collaboration and funding among finance, education and healthcare ministries to implement early childhood initiatives around healthy eating***

II. AT MEMBER STATE LEVEL, THE EUROPEAN HEALTH PARLIAMENT CALLS UPON:

- **Member States to increase collaboration across health, social affairs, finance, education and environment ministries to ensure a “prevention in all policies” approach**

National government policies can help in building economically viable and sustainable communities – but not if policies are fragmented, services duplicated, gaps are left unfilled and agencies do not communicate with one another (OECD, 2009). Operating in silos can result in reluctance to invest in prevention because investments may not generate direct benefits to investors. Breaking down these silos and creating alliances will promote dialogue and collaboration in budgeting mechanisms for investment in healthcare. A “prevention in all policies” approach can benefit ministries.

Together with the Anti-Microbial Resistance (AMR) Committee, we jointly recommend a pilot approach for the Member States’ health, finance and education ministries. This would develop cross-funded initiatives to strengthen health literacy for all, from childhood, by promoting healthy lifestyles, education on prevention (particularly with vaccines) and proper use of medication (and particularly antibiotics) in the school curricula.

- **Member States to increase their budget allocation for public health and prevention activities beyond the current 3% average**

There is evidence that preventive approaches can be cost-effective in the short and longer term, including interventions to promote healthy behaviours, vaccinations and screening. But an average of only 3% of the healthcare expenditure is devoted to prevention and public health services European data for 2012 show a negative relationship between health expenditures for prevention and public health services per capita, compared with age standardised mortality rates (per 100,000 population) for non-communicable diseases (Eurostat, 2015; WHO, 2016). Increased investment in public health can generate cost-effective health outcomes, contribute to wider sustainability and demonstrate economic, social and environmental benefits (WHO Europe, 2014).



“Chronic diseases threaten to overwhelm Europe’s healthcare system. Between 70% and 80% of Europe’s healthcare costs are spent on chronic care, amounting to €700bn. Chronic diseases account for over 86% of deaths in the EU.”

EPHA, 2012

- **Member States to develop policies, practices and incentives, in the form of financial benefits for employers, and in turn, the implementation of self-care and prevention measures for employees in the work place.**

Chronic conditions equal fewer people in the workforce. Evidence demonstrates the impact of chronic disease and risk factors on labour, with negative effects on workforce participation, earnings, hours, job turnover, early retirement and career development (EOHSP, 2010). Employers have a responsibility to provide opportunities and incentives to employees to lead healthy, balanced lives, to ensure health and wellness and to aid prevention of chronic disease.

In 2009, the German Tax Act granted employers a tax exemption of €500 and an exemption from social security contributions for activities undertaken to improve the employees’ general health (Eurofound, 2010). Similar measures need to be implemented on a wider basis.

Financial incentives such as tax cuts and reduced social security measures would provide a two-fold benefit:

- *Employers would have additional funds available to invest in health and wellness related measures for their employees – particularly attractive to smaller businesses that might otherwise face difficulties in paying for such programmes*
- *Employees would benefit from measures that promoted positive lifestyle choices and improved their health and wellness. What if employee wellness goals were incorporated into their annual goals?*

- **Payers to promote and incentivise consumers to make positive choices and adopt healthy and sustainable habits**

A major factor in the rising demand for national health services is consumer behaviour. Unhealthy lifestyle and dietary choices lead to an increase in chronic disease and inefficient use of healthcare resources (Dixon-Fyle and Kowallik, 2010). Payers can help to improve consumer health and reduce longer-term healthcare costs through providing information and encouragement for healthy choices and incentives to modify unhealthy lifestyles.

Programmes on self-care and prevention could, if there was adequate analysis of the outcomes through algorithms that assessed potential cost savings, lead to significant benefits, for populations and healthcare systems across Europe.

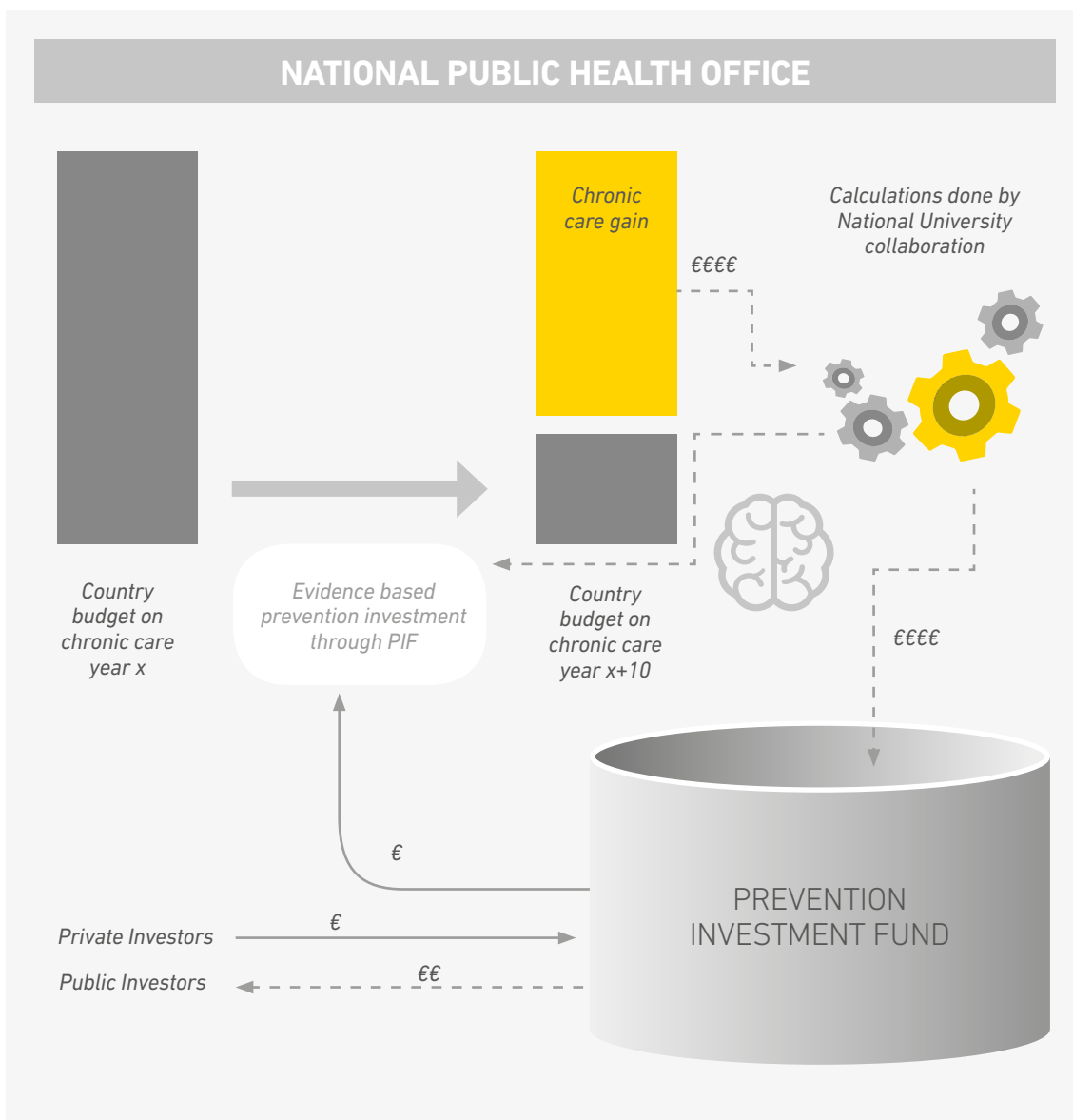
III. AT THE COMMUNITY LEVEL, THE EUROPEAN HEALTH PARLIAMENT CALLS UPON:

- **Investors to take part in a fund for the implementation of self-care and preventive policies and programmes**

Although research indicates the benefits of prevention for health and healthcare budgets, practical application is hindered because many of the benefits are delivered only over the longer term. Investment in pre-

vention today will reap long-term rewards for health and health care budgets – over periods longer than a decade. An investment fund for preventive measures could provide a strong incentive to increase attention to prevention as an investment in the future of health and healthcare budgets around Europe. Figure 2 elaborates on this idea:

FIGURE 2: ILLUSTRATION ON HOW INVESTORS CAN TAKE PART IN AN FUND FOR SELF-CARE AND PREVENTIVE POLICIES AND PROGRAMMES



Private and public investors could invest in a prevention investment fund (PIF) linked to the national public health authority. The fund, led by a consortium of health economists from national universities, would invest in prevention programs selected on an evidence base and capable of delivering cost-efficient health benefits. The savings in healthcare spending over time would be returned to investors in the form of dividends at a rate calculated by the university consortium. The consortium would itself also benefit from grants for conducting long-term research into prevention.

- **Public-private partnerships between food, IT and healthcare industries and Member State governments to explore the scaling up of successful pilots on self-care and prevention and to address inconsistencies on food labelling**

> **One solution would be the development of a QR code providing individualised information to consumers on the purchases they make and their impact on health**

Introduction of mandatory Quick Response (QR) codes (see figure 3) alongside nutrition tables on food and drinks could provide detailed information to consumers about their purchases. Public-private partnerships could play a role in the creation of software that would link QR codes with personalised healthcare information and offer alternative healthy recommendations to consumers.

A programme of this sort could benefit industries involved. For example, a food company could offer healthy alternatives from its own product range.

The engagement this software would provide with consumers who want to make positive health choices could help contain the increase in chronic disease, reduce overall health risks and provide benefits to the European economy.

The public-private partnership could also define outcome measurements to be applied to pilot projects in self-care and prevention, so that governments and other key actors would have a firmer base to endorse the successful pilots or scale them up.



FIGURE 3:
**EXAMPLE OF A
QUICK RESPONSE
(QR) CODE**

- **Patient organisations and associations of healthcare professionals to prioritise educating the community on the importance of self-care and the role of lifestyle in prevention of disease, using evidence based sources consistent across Europe**

There are numerous sources accessible to the public for data and information related to health and lifestyles, but credibility, impartiality and an adequate evidence base is frequently lacking. This can generate confusion and be counterproductive to adoption of healthy lifestyles, or a barrier to implementation in daily lives.

Patient organisations as well as associations of healthcare professionals (HCPs) are well placed to promote relevant and credible training of the public on the role of self-care in prevention.

- **Healthcare professionals in the community to embrace and advocate self-care, in order to prevent avoidable chronic disease**

Many chronic diseases can be avoided or tackled through self-care and preventive measures, but the opportunities are often unrecognised or underappreciated (ISCF, 2016).

Transferring more care responsibilities from HCPs to the public requires a supportive framework for the patient and appropriate incentives for HCPs. The relationship between HCPs and their patients also needs to become more collaborative with two-way communication and a supportive approach, which will empower the patient to take more ownership of their health.

More screening services should be made available in pharmacies, general practitioner (GP) consulting rooms and other HCP environments, and self-testing should be promoted among patients. These measures can still involve HCPs in facilitation and follow up, as appropriate.



CONCLUSION



A future can be imagined for the next generation in which the impact of chronic disease is reduced, long-term cuts become possible in healthcare costs, and positive returns can be made on health investments. However, for this ambition to be achieved, Europe must quickly shift from a reactive system of health-care focused on acute treatment and cure of already established diseases, and instead adopt a proactive approach in preventing illnesses before they take hold. Self-care, in the form of preventive measures, can play a major role in this change.

Efforts are being made at EU and Member State level to contain preventable chronic diseases. In line with current EU priorities, the recommendations of the European Health Parliament's Prevention & Self-Care Committee focus on promoting and implementing sustainable and long-term self-care solutions. The recommendations are directed at the three levels of the EU, Member States, and local communities. The key is a holistic and multi-stakeholder approach to combatting this EU wide predicament.

Public-private partnerships, prevention investment funds, and increasing the prevention budget beyond 3% across Europe are all achievable solutions to help reduce the burden of chronic disease - which could have a significant impact on the sustainability of European healthcare systems and the health of our population in the future.



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