



Ankara University

SCHOOL OF MEDICINE

The First Medical School In The Republic of Turkey (1945)

Community Health Services: *International Models*

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How you can define community health?

Community health,
a field of **Public Health**,
is a discipline that concerns itself
with the study and betterment
of the health characteristics of
biological communities.

While the term **community** can be
broadly defined, **community health**
tends to focus on geographic areas
rather than people with
shared characteristics.

What is the difference between
community health and **public health**?

There is a plausible answer :
Two are not mutually exclusive.

Public Health includes **community health**.

Public health is

❖ *The science and art of preventing
disease, prolonging life and
promoting health through the
organized public and private,
communities and individuals.*

(CEA Winslow 1920).

What does the term “*community health*” mean?

Q: What does the term “**community health**” mean?

Is it the same as “*population health*”?

A: These terms have distinct but related meanings.

Community health is “a multi-sector and multi-disciplinary collaborative enterprise that uses *Public Health Science*, evidence-based strategies, and other approaches to engage and work with communities, in a culturally appropriate manner, to optimize the health and quality of life (QUALY) of all persons who live, work, or are otherwise active in a defined community or communities.”

(source: [Goodman RA, Bunnell R, Posner SF](#)External, <https://www.cdc.gov/chinav/>, 12.3.19)

What does the term “*Population health*” mean?

Population health is often defined as
“the health outcomes of a group of individuals,
including the distribution of such outcomes within the group.”

This definition explicitly emphasizes health outcomes.
The reference to the distribution of outcomes within a group
implies the need to consider why differences exist,
including those in patient populations or in communities,
but does not specify how to achieve *population health*.

(<https://www.cdc.gov/chinav/>, 12.3.19)

Determinants of Community Health

DETERMINANTS OF COMMUNITY HEALTH

- Biological determinants
- Behavioural and sociocultural condition
- Environment
- Socioeconomic condition
- Health services
- Aging of the population
- Gender
- ❖ Other factors are
- Science and technology
- Information and communication
- Equity and social justice
- Human right

The Global Conference on Primary Health Care in **Astana**, Kazakhstan in October 2018 endorsed a new **declaration** emphasizing the critical role of PHC. Please click for clips..
<https://www.youtube.com/watch?v=55WjiY67Xpc>
<https://vimeo.com/317217862>

Health is a human right, no matter your gender, race, religion, sexual orientation, age, ability or citizenship.

Universal health coverage means ensuring every community can get the health services they need, without discrimination or financial hardship.

#HealthForAll #UHCDay



What are community health services?



Community health services

Community health services

are and the key role they can play in supporting people and delivering care.

Community health services

cover **'cradle-to-grave' services** that many of us take for granted.

They provide a wide range of care, from supporting patients to manage long-term conditions, to treating those who are seriously ill with complex conditions.

Most *community healthcare* takes place in people's homes. Teams of nurses and therapists coordinate care, working with professions including GPs and social care.

Additionally *community health* provides preventative and health improvement services, often with partners from local government and the 3rd sector.

Collaborative vs. independent approaches

These examples, of health systems successfully collaborating with community partners to improve the community's health, can be used to *educate decision makers* within the health system, and others, of the multiple benefits of collaborative vs. independent approaches. ([infographic](https://www.cdc.gov/chinav/docs/chi_nav_infographic.pdf))

https://www.cdc.gov/chinav/docs/chi_nav_infographic.pdf

Populations of greatest need -individuals with complex health issues who account for a large share of **health care** spending-frequently cluster together in certain geographic areas.

These areas often have higher levels of **poverty** and other determinants of health.

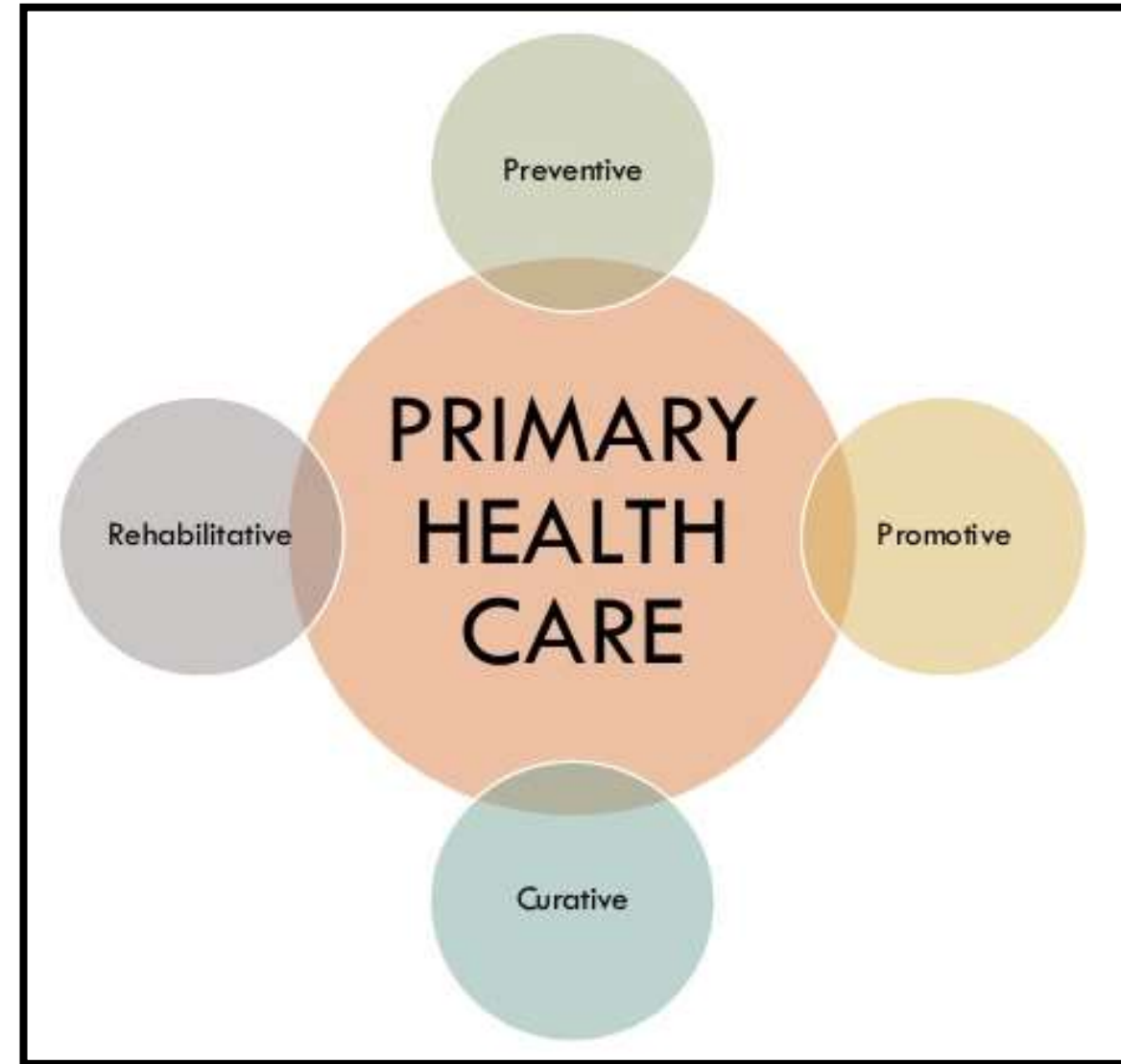
Thus, addressing **root causes of health** problems in such areas can lead to a tremendous impact on health outcomes and a significant reduction of health expenditures.

([Robertson TM, Lofgren RP](#)External)

Primary Healthcare-1

*The English Department of Health defines **primary healthcare** simply as care provided **outside hospitals** by family health services (including family physicians, dentists, pharmacists, and opticians) and community health services (including community doctors, dentists, nurses, midwives and health visitors, and other allied professions).*

(Oxford Textbook of Public Health, 6th ed. pp. 272-3)

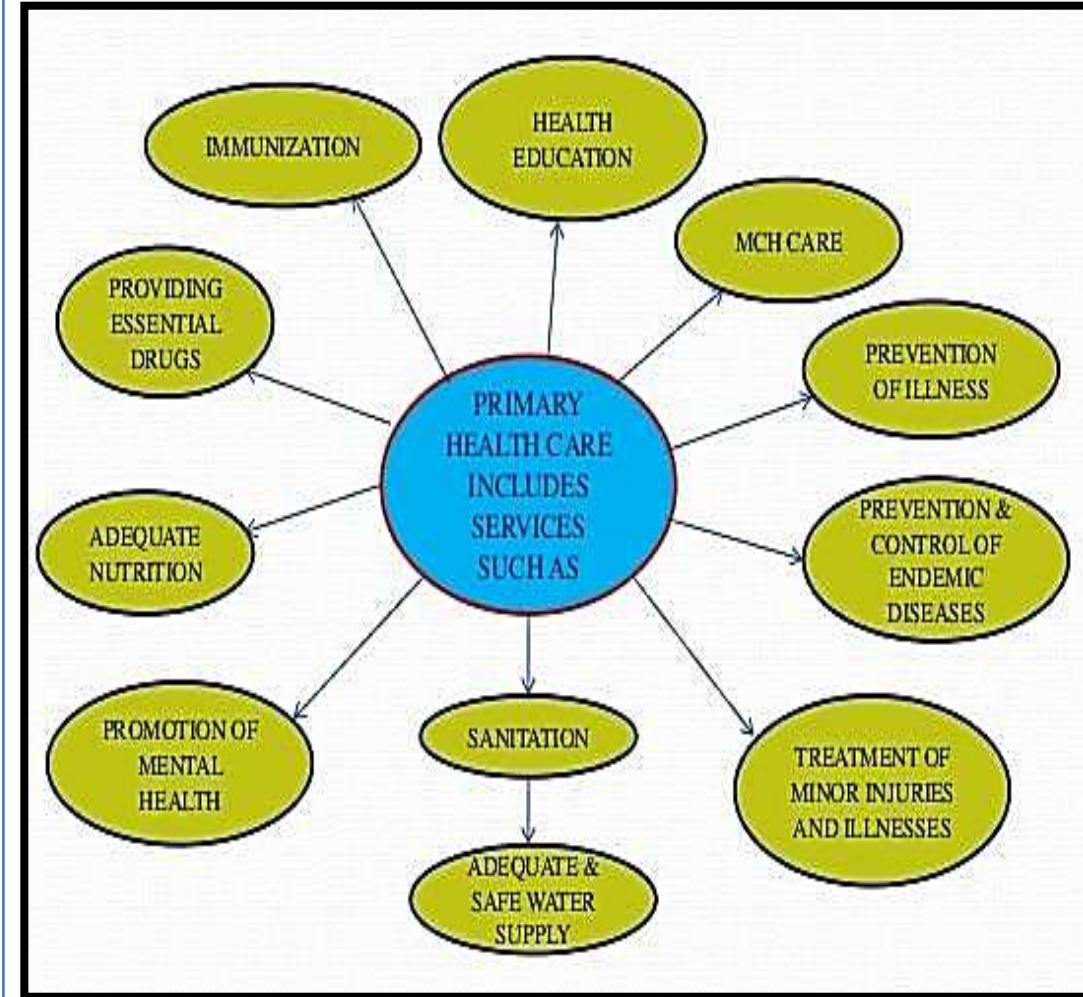


Primary Healthcare-2

Other definitions characterize primary healthcare according to key attributes. Primary care providers are community based, easily accessible, and offer population coverage.

Primary care provides the first point of contact with the health system and is comprehensive in its scope, addressing all potential health problems. Primary care also provides ongoing care over time with continuity or longitudinality representing a key element in most definitions.

(Oxford Textbook of Public Health, 6th ed. pp. 272-3)



Primary medical care: *Definition and key elements-1*

Definition of primary medical care

Care which provides integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practising in the context of family and community. (*Institute of Medicine, 1994*)

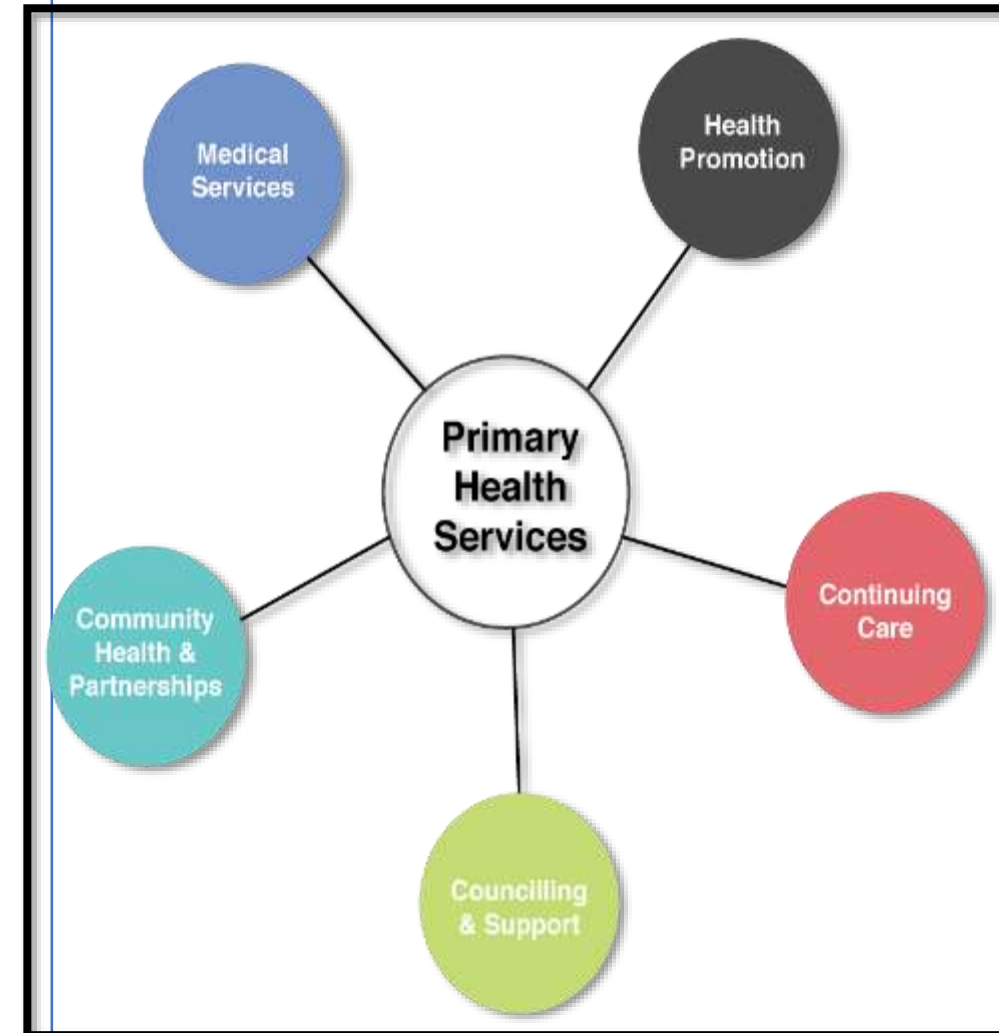
Characteristics of primary medical care

Attribute and Meaning

Universal Population-based, open to everyone

Accessible Enabling people to use services when they are needed

Community-based Placing the patient within the wider familial or social context necessary for addressing multiple causes of illness.



Primary medical care: *Definition and key elements-2*

Definition of primary medical care

- ❑ Care which provides integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal healthcare needs, developing a sustained partnership with patients, and practising in the context of family and community. (*Institute of Medicine, 1994*)

Characteristics of primary medical care / Attribute and Meaning

First point of contact Providing entry into the health system

Comprehensive Addressing most personal care needs including **preventive, curative and rehabilitative**

Continuity Providing care that is patient-focused over time

Coordination Coordinating and regulating use of other levels of care

Affordable Consistent with capacity to pay

Community health improvement

Our health and well-being are products of not only the health care we receive and the choices we make, but also the places where we live, learn, work, and play.

Community health improvement (CHI) is a process to identify and address the health needs of communities.

Because working together has a greater impact on health and ***economic vitality*** than working alone, CHI brings together health care, public health, and other stakeholders to consider **high-priority actions** to improve community health.

(<https://www.cdc.gov/chinav/>, 12.3.19)

A Holistic Approach to Health Care is Needed

The Letter H



*What will the “H” represent in 10 years? Much more than “Hospital.” People should see it and think of “**Health**.” As delivery and reimbursement systems change to incentivize keeping patients healthy and out of the hospital, the hospital field must be looking at a holistic approach to care, prevention needs to be front and center, and more than just hospitals and the **health care system** will be needed to impact change. Our focus should be on **determinants of health**, not just health care or hospital care.*

(<https://www.cdc.gov/chinav/>, 12.3.19)

Evidence-based interventions across 3 principal domains

According to the IOM (*Institute of Medicine*), achieving these goals requires evidence-based interventions across 3 principal domains:

1. The **social, economic and environmental conditions** that act as the ***primary determinants of individual and population health***.
2. Health care services for individuals.
3. **Public health activities** that target populations and address individual health behaviors, such as smoking and excessive alcohol consumption.

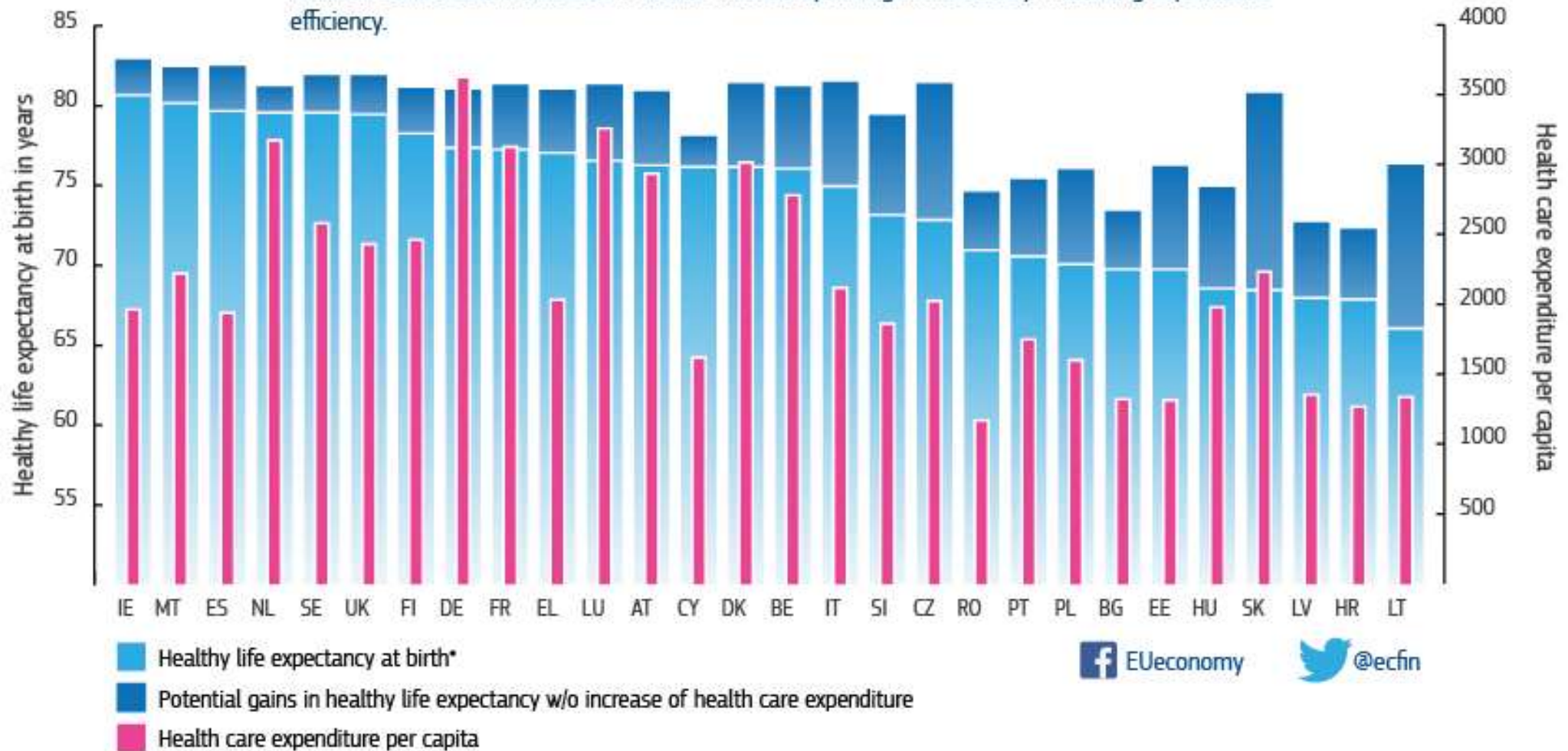
Planning to improve community health

The effectiveness of these interventions in turn rests on 3 fundamental tenets:

1. A process for *planning to improve community health*.
 2. Prioritizing and investing in *evidence-based interventions*, while allowing for innovative interventions that can improve health.
 3. Evaluating the results of investments and incorporating these results into an ongoing cycle of *evidence-based assessment* and improvement.
- At each stage of community health improvement, inclusiveness and **transparency** are key to generating a maximum level of *community engagement / participation*.

A closer look at relative efficiency in EU healthcare systems

Member States achieve very different levels of health outcomes for the same money spent. All Member States could have better results without spending more and by increasing expenditure efficiency.

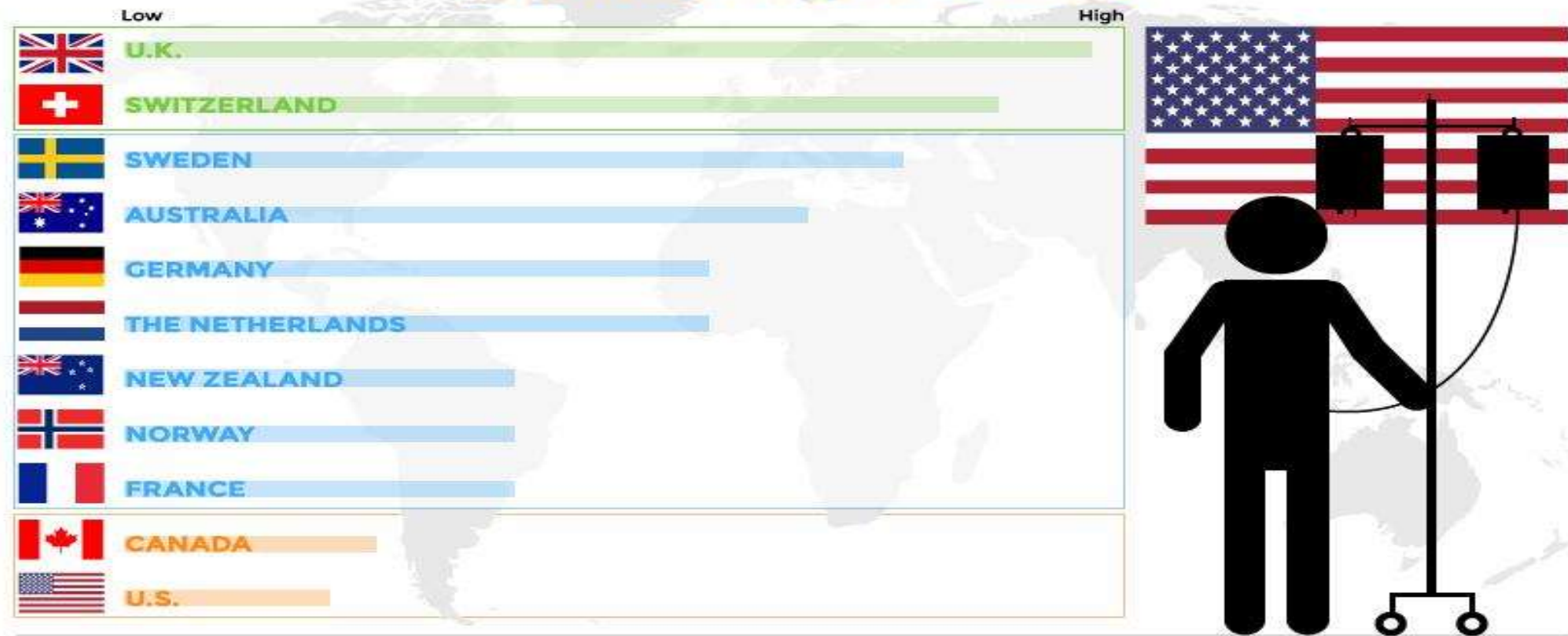


* According to Heijink R. et al, adjusted for the impact of lifestyle differences, such as smoking and alcohol consumption (2015)

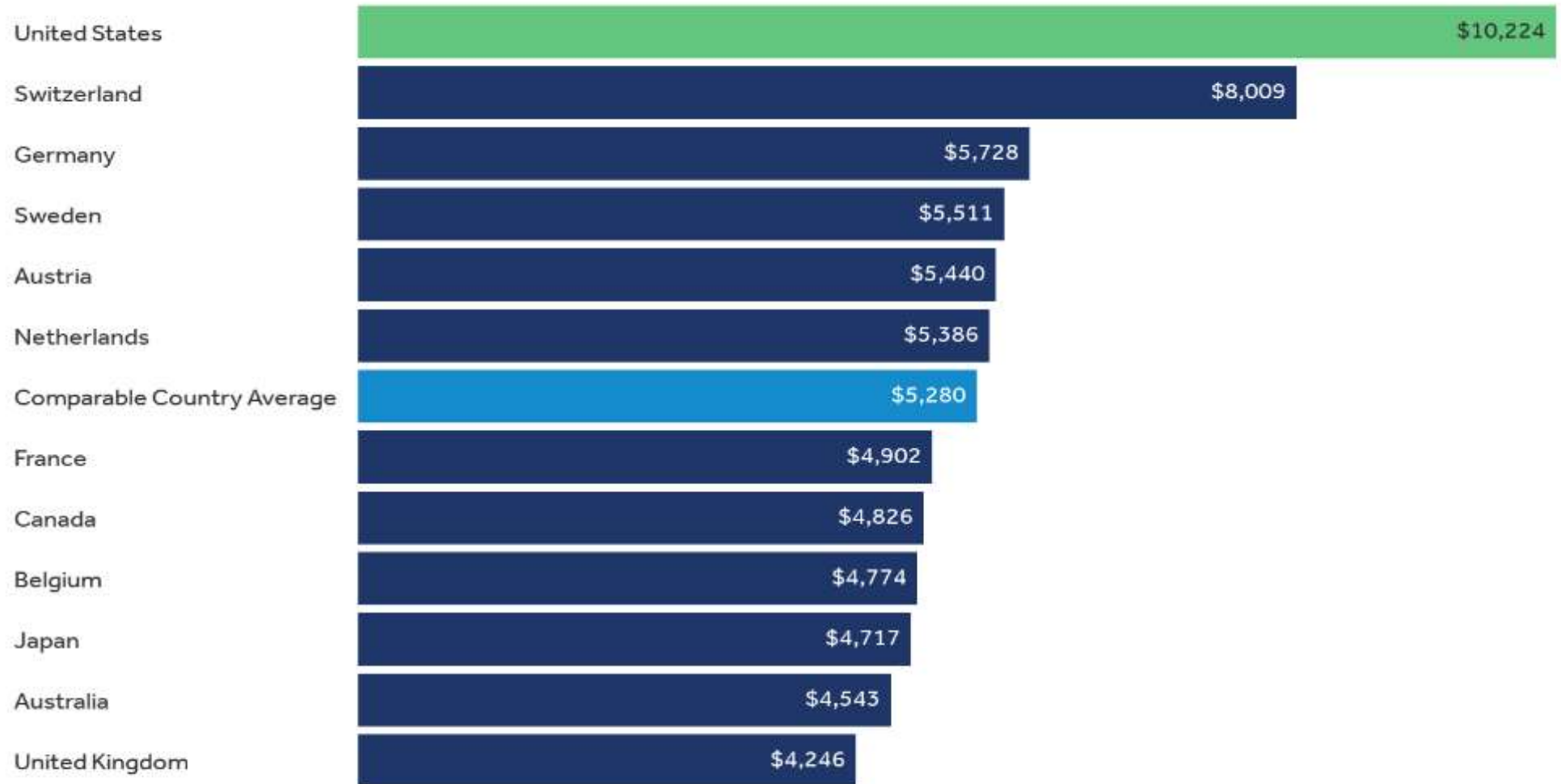
U.S. HEALTH CARE RANKS LAST AMONG WEALTHY COUNTRIES

A recent international study compared 11 nations on health care quality, access, efficiency, and equity, as well as indicators of healthy lives such as infant mortality.

Overall Health Care Ranking



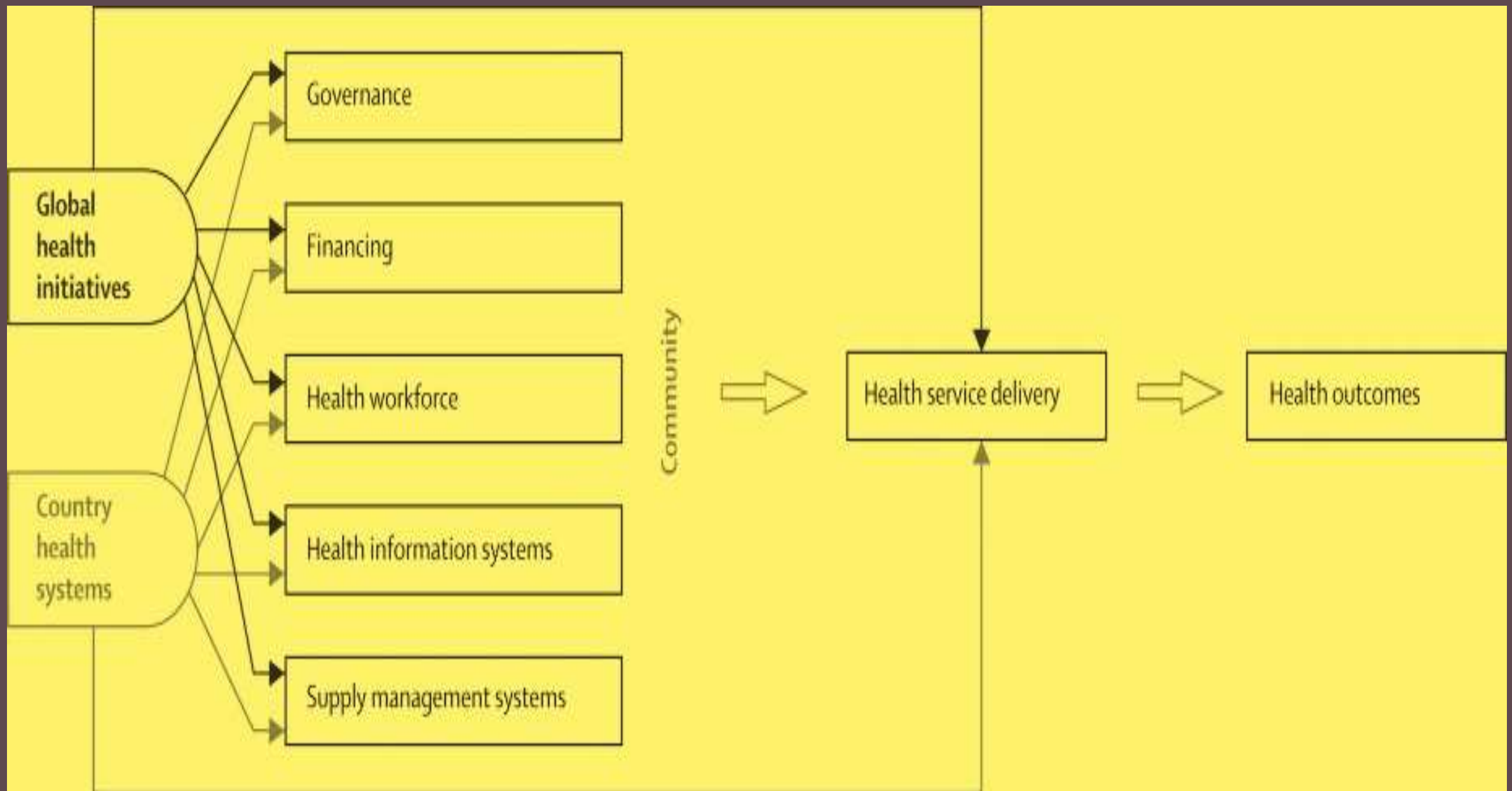
Health consumption expenditures per capita, U.S. dollars, PPP adjusted, 2017

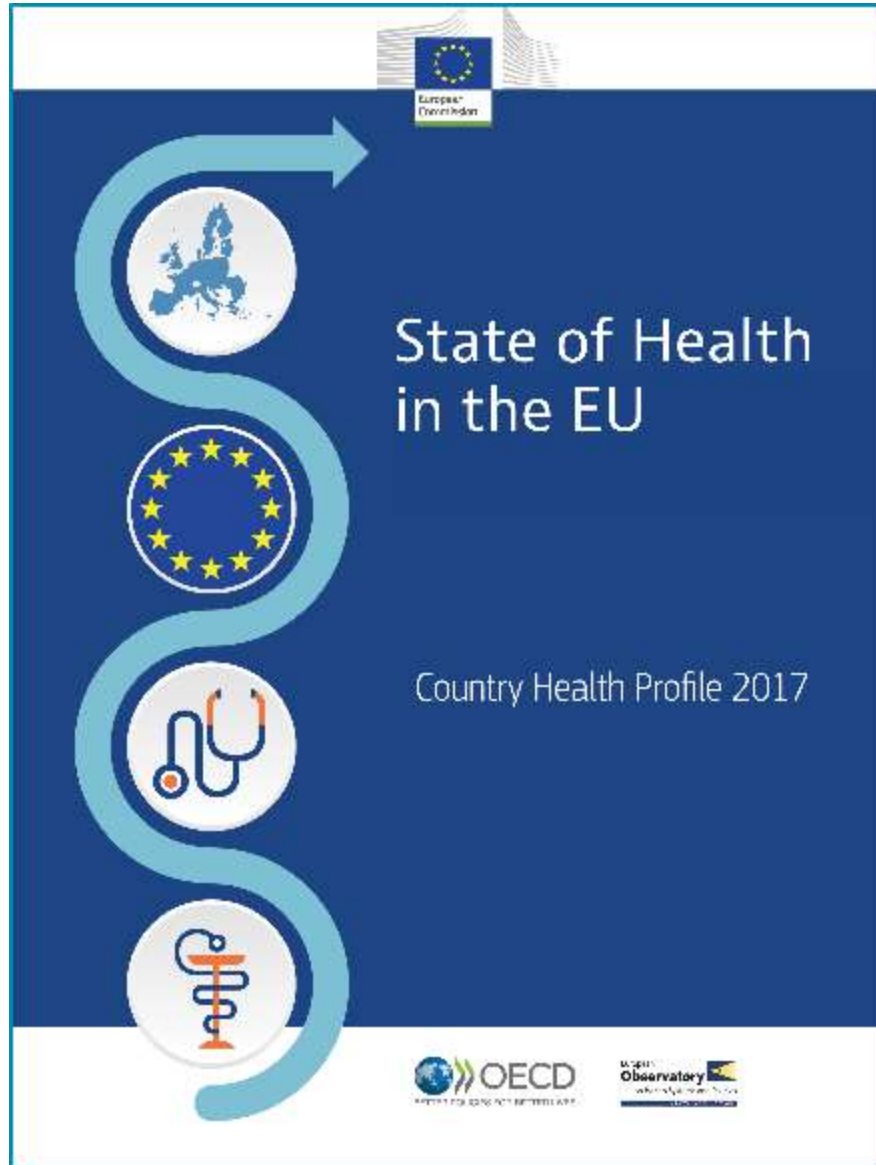


The US value was obtained from the 2017 National Health Expenditure data

Source: [KFF analysis of data from National Health Expenditure Accounts and OECD](#)
• [Get the data](#) • [PNG](#)

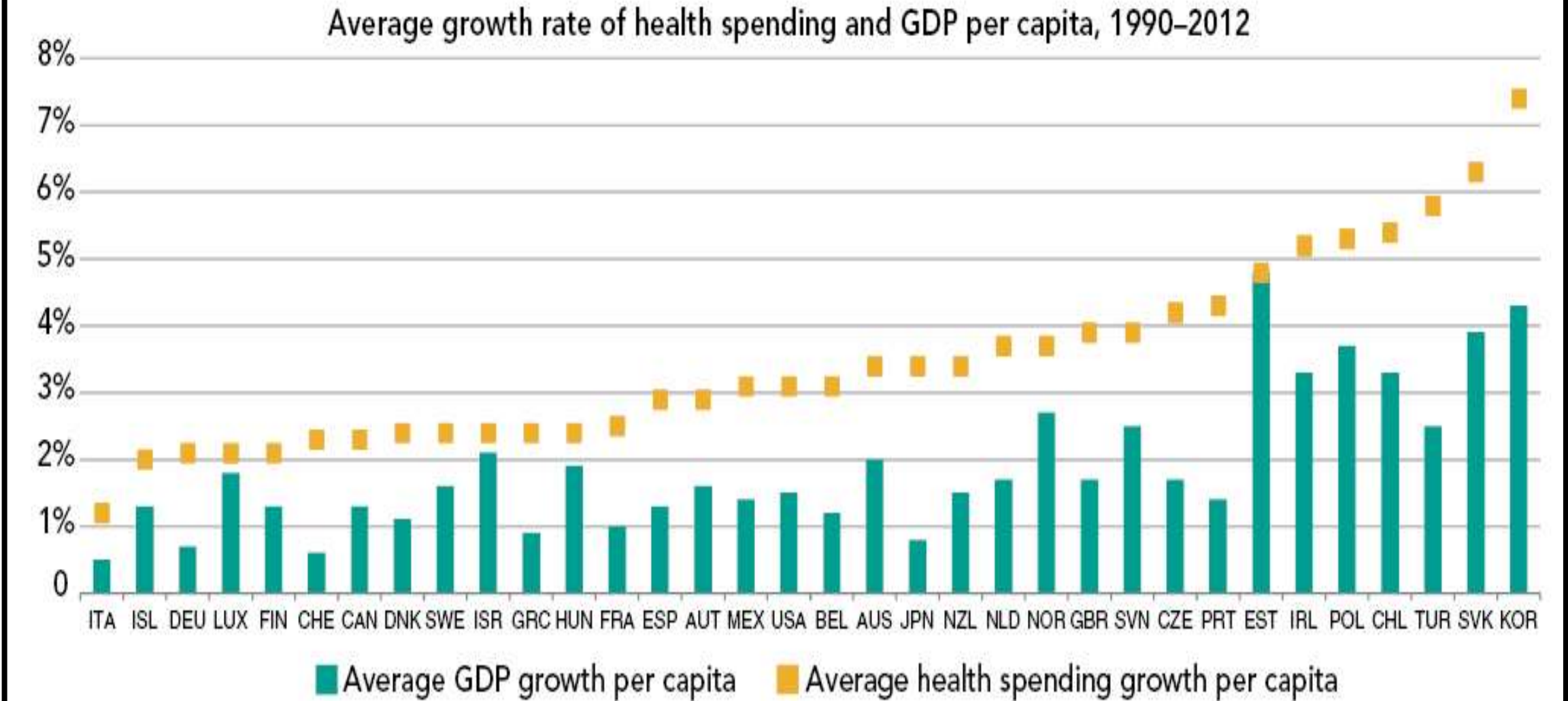
Peterson-Kaiser
Health System Tracker



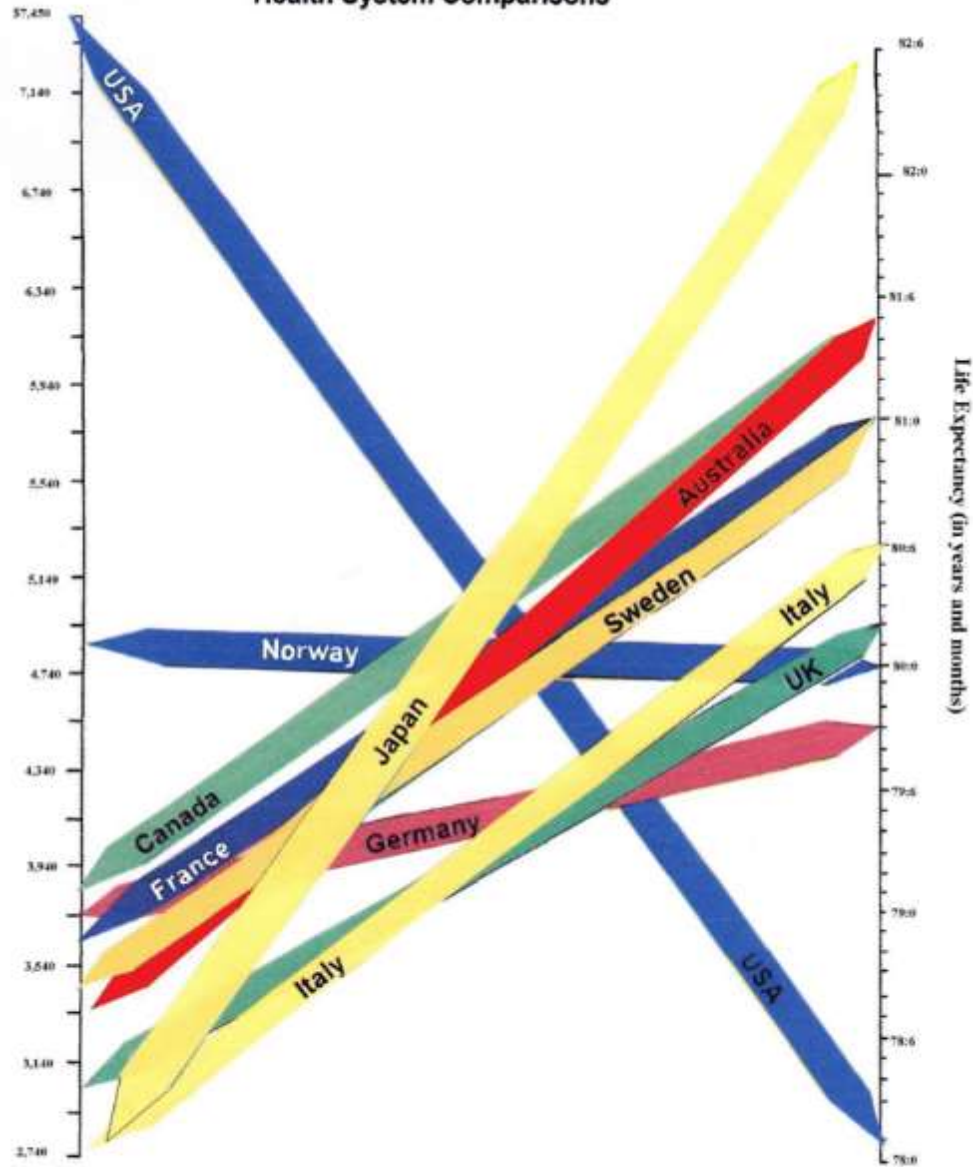


Health spending has outpaced economic growth.

Source: OECD



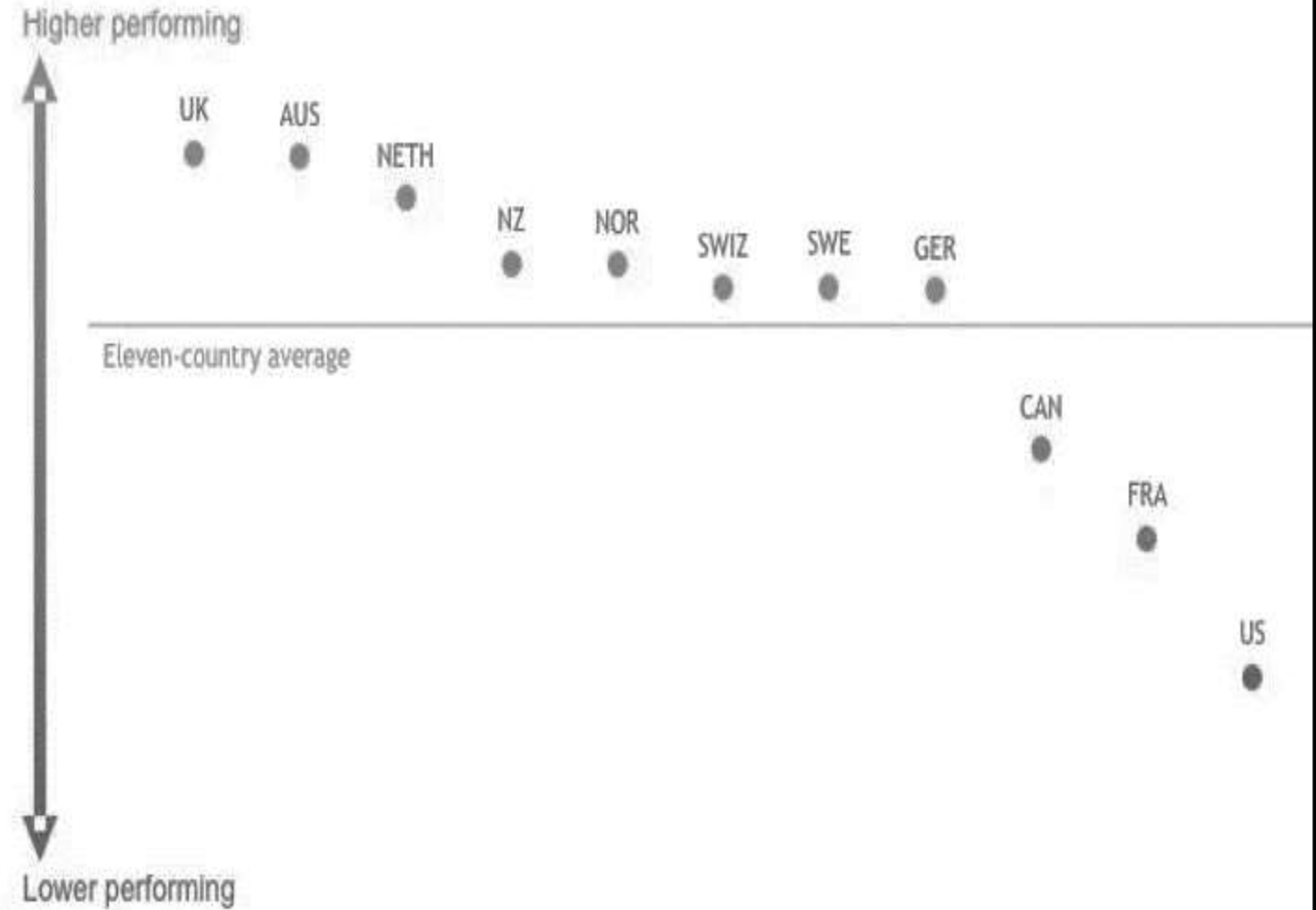
Health System Comparisons



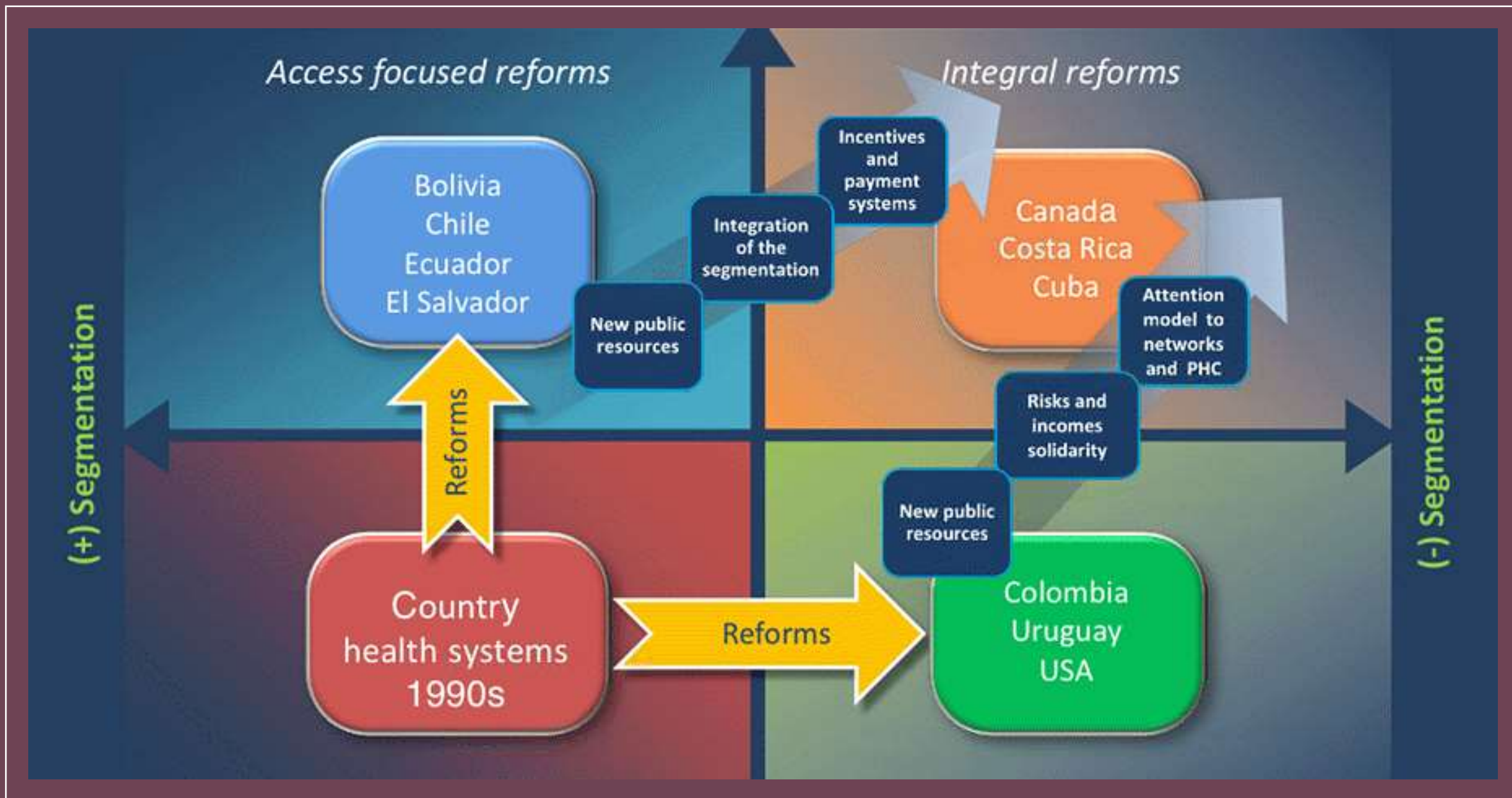
Data Sources

Organisation for Economic Co-operation and Development, "OECD Health Data 2008: How Does Canada Compare" (PDF). Retrieved 2009-01-09.
Oecd.org. "OECD Health Data 2009 - Frequently Requested Data". Retrieved 2011-08-06.

Health Care System Performance Scores



| | | | | | |
|---|---|--|--|--|--|
| Coverage | Universal: everyone is automatically covered at birth (most countries) or after a certain age or condition (US Medicare and VA) | | | Non-universal: people have to acquire insurance. Some will remain uninsured. | |
| Model | Single payer, single provider (also called Beveridge model or socialized medicine) | Single payer, multiple providers | Multiple payers, multiple providers (also called Bismarck model, Sickness Funds or Social Health Insurance) | Multiple payers (private insurance), multiple providers | Out-of-pocket |
| How it works | Healthcare is provided and financed by the government through taxes. | Healthcare is provided by private doctors in private facilities. The majority of medical bills are paid by the government. | Employers and employees fund national health insurance through compulsory payroll taxes. Health insurance companies are private but non-profit, and are regulated. | A variety of payers, including state- and federal-level plus commercial health insurance companies reimburse healthcare providers on a fee-for-service basis. Most people have insurance through their employer. | Patients pay out-of-pocket for healthcare. They may or may not have private insurance privately or through their jobs. |
| Relevant examples from the world (and % of GDP spent in healthcare) | UK (10.2%) Cuba (11.1%*) | Canada (10.5%) Taiwan (6.60%*) | Germany (11.0%) Switzerland (11.4%) Japan (11.4%) | The U.S. is the only industrialized country without universal health coverage. Overall, the US spends 17.2% of its GDP in healthcare. | India (4.7%) China (5.6%) |
| US example | VA (Veterans Administration) | Medicare and part of Medicaid | Affordable Care Act (ACA) | Most commercial health plans | Self-insured or non-insured |
| Care coordination | ● ● ● ● | ● ● ● | ● ● | ● ● | ● |
| Cost control | ● ● ● ● | ● ● ● ● | ● ● ● | ● ● | ● |



Dr. J. Tudor Hart : *Inverse care law*

Inequality in the availability of health services is a concern for all countries.

Without regulation, the supply of healthcare resources is distributed towards more affluent areas with fewer health needs. This situation was described by the British GP **Julian Tudor Hart** as an '*inverse care law*' with 'the availability of good medical care tending to vary inversely with the need for it in the population served'.



(Tudor Hart 1971, p. 405)

The Global Conference on Primary Health Care in Astana

- ❑ In 1978, a pivotal conference was held in Almaty, Kazakhstan, bringing together health experts and world leaders to commit to **health for all**. Endorsed at that conference, the declaration formed the foundation for the last 40 years of *global primary health care efforts*.
- ❑ The Global Conference on Primary Health Care in Astana, Kazakhstan in October 2018 endorsed a new declaration emphasizing the **critical role of primary health care** around the world.
- ❑ The declaration aims to refocus efforts on primary health care to ensure that *everyone everywhere is able to enjoy the highest possible attainable standard of health*.

What brought the 1982 TR Constitution of globalizing?

- ♦ After the transformation mask in health, it brought the privatisation and commodifying of health services in Turkey.
- ♦ **Mediator State = The Merchant State Vs. Citizen = The Customer!**
- ♦ *In June 2003, the ruling JDP government started out by pushing WB-IMF-EU-USA) so called «**Health Transformation**» has imposed a mandatory General Health Insurance with **Premium = additional tax** and traditional aim of unfair tax load was started to be forgotten.*
- ♦ *As long as SSI (Social Security Institute - SGK), could not meet its spendings by **premium = additional tax**, health coverage was restricted gradually and out of pocket expenditures were concurrently forced to be increased.*
- ♦ *GHI (General Health Insurance) was transformed into **Insurance of the Capital** instead people!*
- ♦ *Citizens were humiliated to be customer despite UDHR, State became a proxy collector with stick for the Capital; health level of Turkey did not heal, resources were wasted, and financial deficit of SSI reached horrible dimensions. (supposed to reach 185 Bn TL in 2019)*

Conclusion for improving community health

The *collaborative, transparent approach* to community health needs assessment can accelerate *assessment, planning, intervention, and evaluation* in order to achieve enhanced **community health improvement**.

These principles can help guide implementation of the *Affordable Care Act's* community health needs assessment provisions by offering a straight-forward, feasible approach that hospitals and communities can use to pursue their mutual goal of *community health improvement*.

Principles to Consider for the Implementation of a Community Health Needs Assessment Process June 2013
Sara Rosenbaum, J.D. Department of Health Policy School of Public Health and Health Services

Declaration of Astana - 2018

Art. 1 : «We strongly affirm our commitment to the **fundamental right of every human being to the enjoyment of the highest attainable standard of health without distinction of any kind.**

Convening on the 40th anniversary of the **Declaration of Alma-Ata**, we reaffirm our commitment to all its values and principles, in particular to **justice and solidarity**, and we **underline the importance of health for peace**, security and socioeconomic development, and their interdependence.»

Please read entire declaration : <https://www.who.int/docs/default-source/primary-health/declaration/gcphc-declaration.pdf>

**Thank you
for your
participation..**

The world
recommitted
to affirming the
human right to
health through
the Astana
Declaration.

**Never forget; Health is an essential human right and
gained at birth for everyone without any pre-condition..**