

Public Health - Summary

What is the main issue here?

The Minister of Health, Welfare and Sport (VWS) wants the Netherlands to regain its former position as one of the five healthiest countries in Europe. Many people consider health to be important. Furthermore, healthy citizens can help our society to achieve vital targets, such as deferring retirement and optimum social participation.

However, our society is increasingly tempting people to make unhealthy choices. Convenience, economic growth, and prosperity appear to be very important. In addition, investing in health is a long-term consideration. The price must be paid before (sometimes long before) the benefits become apparent. This does not sit well with present-day society, which focuses on the short term, wants quick results, and allows itself to be led by current events.

Doing nothing is not an option, however. The enormity of the threats involved precludes this. While life expectancy is indeed increasing, for women in particular it is still below the European average. Overweight, diabetes mellitus, anxiety disorders, and depressions are all on the increase. Most of the victims of these conditions are to be found among our young people, and in socially vulnerable groups. This is demonstrated by the Public Health Status and Forecasts (VTV or *Volksgezondheid Toekomst Verkenning*) from the National Institute for Public Health and the Environment (RIVM, 2006).

For this reason, the Minister asked the Council for its advice regarding specific public health problems that will require attention in the near future, about why tackling public health problems appears to be so difficult, and about ways in which this can be improved. He was particularly interested in suggestions for involving society in this endeavour.

The main message of this advisory report is that policy can be still better attuned to the demands generated by increasingly complex public health problems. The complexity of public health problems is characterized by the fact that our knowledge of the specific health risk involved, and of the most effective interventions, is still very limited. Another characteristic is that a large and varied group of actors will have to be involved in attempts to tackle this problem.

To date, all attempts to deal with public health problems have employed a top-down management style involving the use of legislation, in combination with a fixed distribution of responsibilities. This approach is effective when there is little uncertainty concerning the risk in question, when a great deal is known about the approach itself, and when a clearly defined group of individuals is needed to tackle the problem. Some examples of this are vaccinations and the methods used to combat certain infectious diseases.

Tackling *complex* public health problems effectively, however, requires a different approach. What is needed is a process in which all those involved can collaborate to tackle the problem. They will be motivated to do so once it becomes clear that this is in their own interest. In this regard, it may sometimes be necessary to actively influence people's interests. Furthermore, promising initiatives must also be allowed sufficient scope, and optimum use must be made of creativity and involvement.

In that sense, this document is a complementary advisory report, as it supplements existing policy strategies that are suited to less complex problems. The advisory report provides a new approach, one that specifically addresses that area in which the old strategies were found to be less effective, namely dealing with complex problems.

With this in mind, the Council is looking to the new government. The most urgent disorders and risk factors are set out in VTV 2006 and in the new Public Health Policy Memorandum (autumn 2006). The government has to make the next move, by deploying an effective policy.

On which problems should we focus our efforts?

The RVZ has prepared a scan of the situation (for details, see the background study to this advisory report) using the databases maintained by various knowledge centres. This scan shows that, for the population as a whole, the problems requiring particular attention are overweight, diabetes mellitus, anxiety disorders, depressions and dementia. Risk factors such as smoking also require consideration.

These problems are rapidly assuming even greater proportions. In addition, each age group has its own areas of concern. Within these, extra policy is required for the socially vulnerable. The Ministry of Health, Welfare and Sport has a clear picture of the major public health problems.

Investing in these points is also worthwhile, as it creates the conditions for achieving social objectives such as postponing retirement, social participation, and greater labour productivity. One problem in this regard is that it is often difficult to assess the gains produced by individual prevention programmes.

On the basis of past performance, however, we know that certain endeavours can greatly improve the health of the population. It should also be remembered that there is a strong correlation between prosperity and health. The implication of this is that we must broaden our definition of health gains, rather than focusing purely on reductions in the cost of curative care.

Why is it often difficult to deal with public health problems?

The answer to this question can only be found in practice. Accordingly, the Council has analysed four thorny sample problems or cases (overweight in children, psychiatric problems in the work situation, falls in the elderly, and fine particulates). An extensive field survey and literature review were carried out for each case, in addition to an examination of the roles of the various actors.

The four cases clearly show why these problems in particular are so difficult to tackle (see table below). The reason for this is that they have various awkward characteristics in common. One of these is uncertainty about the health risk involved, while another is a lack of effective interventions. Finally, a large and varied group of actors is needed to tackle the problem in question. The latter have differing interests, however. They also work in different sectors, each with its own individual culture.

Table

	Overweight in children	Psychiatric problems (work)	Falls in the elderly	Fine particulates
Uncertainty knowledge				
- Uncertainty about risk	Average	Average	Small	Average to large
- Uncertainty about interventions	Large	Average	Small	Average
Difficult to manage measures used				
- Number of determinants (levers)	Large	Average	Large	Average
- Diversity of actors	Large	Average	Average	Large
- Number of sectors (cultural differences)	Large	Average	Average	Large
- Diversity of objectives and interests	Average	Large	Average	Large

Source: RVZ, 2006

The more of these characteristics a given public health problem possesses, the more difficult it is to tackle. Due to the uncertainty regarding the health risk (fine particulates) and to the lack of effective interventions (overweight), for example, there is a lack of objective arguments with which to bring all of the actors into line. In such a case, there is no inescapable urgency and success is by no means assured. The policy does not appear to include an effective strategy for dealing with situations in which the relevant know-how is still in the development phase, and where numerous actors (with all the cultural differences and conflicts of interest that that implies) are involved in tackling the problem. There is no effective cooperation, partly because no platform or consultative structure exists for bringing the parties together. Furthermore, no matter how enthusiastically it

is disseminated, the message that health is important will not come across if each actor has a different vision and a disparate objective.

Another major handicap is that the knowledge infrastructure is not equipped to deal with the issues that arise from these complex problems. The opportunities for commissioning an assignment are too limited. In addition, the parcelling up of knowledge development is not effective. The current financial set-up tends to favour a situation in which research is directed by government and not, as is often required, by those in the field.

What would constitute an effective approach?

The more characteristics of complexity a problem exhibits, the more important it is to select a policy strategy that takes this into account. What would constitute an effective policy strategy for complex public health problems?

Organizing a customized approach

The more complex a public health problem, the more important it is to organize a customized approach. The government is, and remains, responsible for the approach used. If other actors were to assume ownership of the problem (see falls in the elderly), then the government could delegate the responsibility and support those behind the initiative in question. The benefit of such an approach is that it often leads to widespread involvement. If financial incentives or regulations are required, then it is of course up to the government to take the appropriate steps.

Whoever it is that takes the initiative, the task of tackling a complex problem must involve a process that facilitates cooperation and knowledge development. Uncertainty about the risks involved and about the approach to be used form the starting point, the diversity of the actors must be fully exploited, and it is not necessary for all conflicts of interest to be resolved.

The first step is to formulate a common vision. After this, an assessment can be made of the ways in which individual actors can contribute to the solution. In this way, interventions from the health service, and from the domains of science, technology, and industry, can be coordinated, implemented, and assessed.

Organizing involvement

It is up to the organizer to find a form of cooperation or a platform, or to create one. However, the involvement of actors in public health issues is by no means always self-evident, and compulsion is often neither possible nor desirable. Health is often just one of a range of interests.

In order to firmly link the health message to the objectives of the various actors involved (such as ordinary citizens, industry, or health insurers), the organizer must develop an in-depth understanding of these other parties. Occasionally, it may even be necessary to influence interests through the use of financial incentives, facilitative orders or prohibitive orders.

..by health insurers too

Health insurers require special consideration. Following the overhaul of the health insurance system, they have a new assignment, and fewer public tasks. Compelling them to contribute to prevention is no longer an option. Nevertheless, health insurers are aware of opportunities for making a greater contribution in this area.

They can incorporate prevention as a quality criterion when purchasing care, if that is part of the guidelines for professionals. Collective contracts also offer opportunities in this regard. The WTG ExPres (an amendment to the Health Care Charges Act, in connection with experiments, performance-related funding, and various other measures) provides scope for expanding involvement. An incentive scheme might also prove useful in this context.

Other options, such as multi-year policies, a higher excess, compensation via the system of standards (in the case of groups with a low socio-economic status), a preventive diagnosis-treatment combination, and a new style Prevention Fund, still need further study.

Cooperating with other sectors

Intersectoral cooperation at local and national level is often crucial, if complex public health problems are to be dealt with effectively. Aldermen and departments whose fields of interest do not involve public health will have to participate in the process of dealing with these problems. Two instruments can be used to confer greater direction and urgency on such cooperative ventures.

The first involves regional Public Health Status and Forecasts (VTV). This provides arguments that the Municipal Health Service (GGD) and aldermen concerned with public health policy can use to gain support, both within the local authority area and elsewhere. Accordingly, the government should assign the National Institute for Public Health and the Environment (RIVM) and the GGDs to set up regional VTVs throughout the country.

The second instrument involves integrated cost-effectiveness analyses and investment decisions, which are of major importance when tackling complex problems. These must be incorporated into the policy strategy. The government must therefore take the decision to perform such integrated cost-effectiveness analyses (or to have them carried out by others). The cost of this procedure cannot be established in advance.

The government should instruct RIVM to provide support for those responsible for investment decisions, before, during and after the implementation of the policy strategy. The Ministry of Health, Welfare and Sport can request assistance from the Netherlands Court of Audit in carrying out these analyses.

The cooperation with other actors and sectors requires investments by local and national government authorities. These investments involve the time (monitoring), knowledge, and communication skills of professionals and policy makers. The same applies to relations with international organizations.

Exploiting international contacts

International contacts are a source of knowledge and legislation. That knowledge, and the associated opportunities in terms of policy, are particularly relevant for those involved in tackling complex problems. Making use of the services of experts is an important factor here. An expansion of lobbying activities would give the Netherlands a greater voice in the development of new legislation within the EU. This would require investment in the skills of policy makers.

Improving knowledge development

Lack of knowledge, and the management difficulties associated with the involvement of numerous actors, require that the development of knowledge relating to a given problem be concentrated and coordinated. This in turn demands a flexible knowledge infrastructure. Other important factors are greater opportunities for determinant research, more scope for granting assignments concerning innovative proposals, and financing that is centred around cooperation with those in the field. The government therefore needs to modify the knowledge infrastructure, in order to meet this demand.

Being prepared to invest

On the main issue, the new government must declare that it is prepared to boost its investment in health. The implementation of any subsequent investments should be weighed up carefully, on the basis of the considerations regarding integrated investment. In addition, it is important to define the yields in broad terms.