Framework for Community Health in the Aragon Health System: Primary Care (EACA)

Department of Health.

Government of Aragon.





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Framework for Community Health in the Aragon Health System: Primary Care (EACA)

atencioncomunitaria.aragon.es

ARAGÓN



- Surface area of 47,720 square kilometres
- 1,353,884 inhabitants (11th largest region in Spain in terms of population)
- 28 inhabitants per square kilometre





BASIC PILLARS HEALTH DISEASE PROCESS



COMMUNITY CARE STRATEGY PRIMARY HEALTH CARE

Community Care

"This is understood as the set of actions with the participation of the community, aimed at detecting and prioritising their health needs and problems, identifying available community resources, prioritising interventions and drawing up programmes aimed at improving the health of the community, in coordination with other social and educational devices".

Portfolio of Primary Care Services



Government of Aragon. Health Department



D 💥

Estrategia de Atención Comunitaria en el Sistema de Salud de Aragón Atención Primaria

> Abril 2019 Fersión revisada a octubre 2009

> > COBIERNO DE ARAGON

Community Healthcare Strategy Aragon Health System

COMMUNITY ORIENTATION



Setting one. The consultation.





Setting two. Our health centre

Setting three. The community

COMMUNITY CARE IN PRIMARY HEALTH CARE: NO IMPROVISATION

THE OBJECTIVES OF THE COMMUNITY CARE STRATEGY

- 1. To strengthen the asset-based, community and health-enhancing orientation, intersectorality and participation in health in the provision of health services.
- To reduce the process of medicalisation of non-pathological everyday life situations, promoting the autonomy of users and facilitating the recommendation of community assets for health.
- 3. To generate organisational capacity in health services to respond in a coherent and sustained way to the needs and demands of the different contexts and population groups served.
- 4. To facilitate continuous training for health and non-health professionals of the Aragonese Health Service that provides the skills and competencies to provide quality community care.
- 5. Promote the collaboration of the Department of Health and the health centres of the Aragonese Health Service to develop healthy policies, promote intersectoral coordination and networking between health services and other public services present in the territory and support community participation in health promotion.

Salud Comunitaria

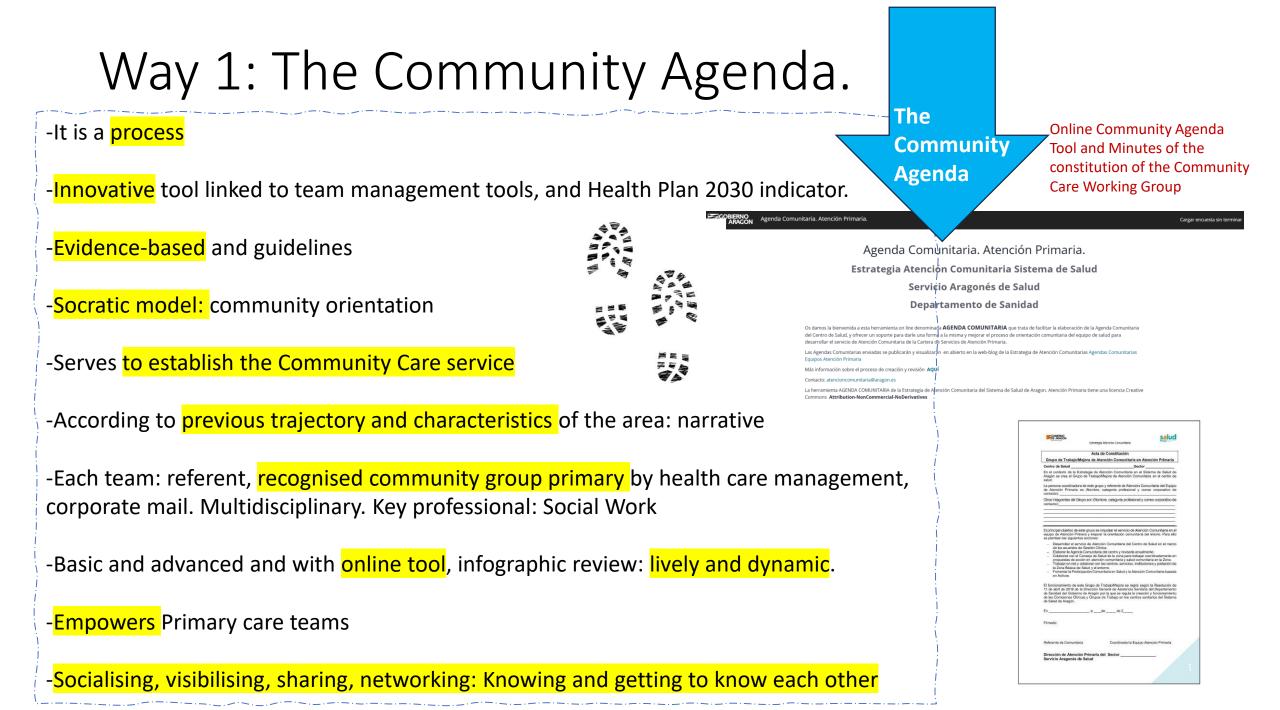


HOW HAVE WE PROPOSED THE DEVELOPMENT OF THIS STRATEGY?



3 WAYS OF ACTION

5 COORDINATED ACTIONS



Socratic model: community orientation



Basic agenda:

What needs for well-being are there in my community? What opportunities for well-being are there in my community? What health agents are there in my community? With whom do I interact?

How do I organise myself internally and externally? What organisational proposal do I make based on my context to serve the community? How are we going to work together?



Advanced Agenda:

How is the health diagnosis of my area?

What are the community resources and assets for health in my area? Do I make a recommendation of assets for health or social prescription? To whom, for whom, with whom and how do I do it?



como cartelería para dinamizar las salas de espera del centro de salud, con estaciones para realizar ejercicios de fuerza, equilibrio, flexibilidad y cardio-vascular. El proyecto también incluye campañas de salud como "sol sano", "prevención de consumo de tóxicos" previo a las vacaciones de navidad entre otras.

A la vez que se trabaja en todos estos contenidos, se fomenta la consulta de la web de la escuela de salud y la participación, difundiendo el uso y conocimiento de esta herramienta como fuente de salud. RESPONSABLES: María Isabel Loscertales Artieda (enfermera), Teresa Paraled Campos (enfermera), Sandra Ezquerra Azor (enfermera),

Cristina Manau Omedes (fisioterapeuta), Mª de Mar Fernandez Izarbez (médico), Mª Rosa Prieto

Bonson (administrativa).

Noticias









Gaceta Sanitaria Volume 37, 2023, 102257



Original

Análisis de las agendas comunitarias en atención primaria y factores asociados a su implantación Analysis of community agendas in primary care and factors associated with their implementation

Marta Domínguez García ^{a, b, c} , Marina Pola-García ^{a, b} , Bárbara Oliván Blázqu , María Luz Lou Alcaine ^{b, e} , Carmen Belén Benedé Azagra ^{a, b, c}	uez ^{b, c, d} 옷 쩝, Isabel Lahoz Bernad ª
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Resumen

Objetivo

Describir las agendas comunitarias creadas por los equipos de atención primaria (EAP) aragoneses, analizar las características de dichos EAP y explorar factores relacionados con la puesta en marcha de las agendas.

2025: 113 Primary Care Teams (91% of 123 EAP) with community agenda published on Strategy EACA web-blog

Analysis of agendas and factors (2017-2021)

Domínguez García M, Pola-García M, Oliván Blázquez B, Lahoz Bernad I, Lou Alcaine ML, Benedé Azagra CB. Análisis de las agendas comunitarias en atención primaria y factores asociados a su implantación [Analysis of community agendas in primary care and factors associated with their implementation]. Gac Sanit. 2022 Nov

5;37:102257. Spanish. doi: 10.1016/j.gaceta.2022.102257. PMID: 36347170.

Key factor: specific training and support

It is a tool that facilitates. Continue with technical support
Improve creation and revision process: automation and dynamism.



Community Agenda

WAY 2: COMMUNITY PROJECTS

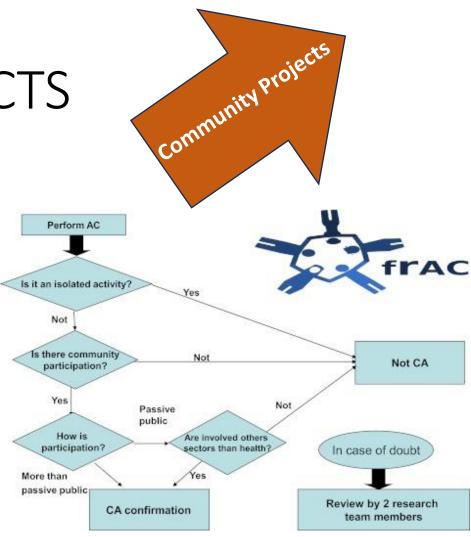
-They involve a process of reflection and change in the organisation of the primary care teams in order to provide an adequate response to the needs identified in their Basic Health Area. Part Community Action. Process.

- Linked peimry care portfolio. Definition frAC Proyect scientific literature.

Participation. Multidisciplinary project group

-Types of Community Activities: Health Problems, Health Determinants, Life Transitions.

-Community Health Instruments: Health Education, Social Communication, Health Social Action and Community Plans, Community Reorientation of Health Services- Intersectorial.



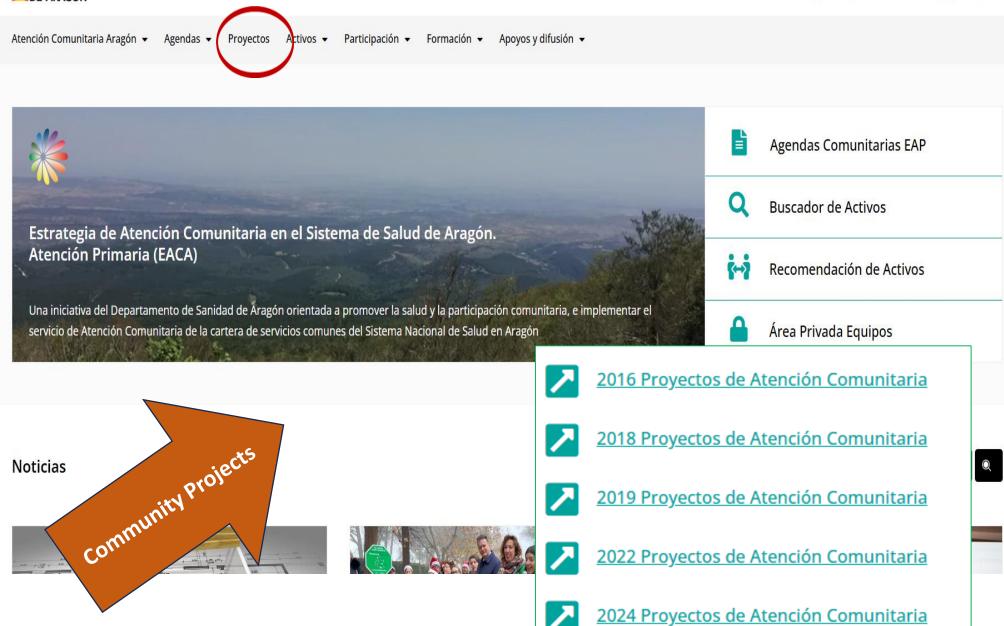
March S, Ripoll J, Ruiz-Giménez JL, et al

Observational study on factors related to health-promoting community activity development in primary care (frAC Project): a study protocol

BMJ Open 2012;2:e001287. doi: 10.1136/bmjopen-2012-001287

March S, Ripoll J, Jordan Martin M, Zabaleta-Del-Olmo E, Benedé Azagra CB, et al. Factors related to the development of health-promoting community activities in Spanish primary healthcare: two case-control studies. BMJ Open. 2017 Oct 8;7(10):e015934. doi: 10.1136/bmjopen-2017-015934. PMID: 28993380; PMCID: PMC5640008.





Community care projects

WAY 3: ASSET-BASED COMMUNITY CARE

1) The dynamisation of Assets for Health in the basic health area.



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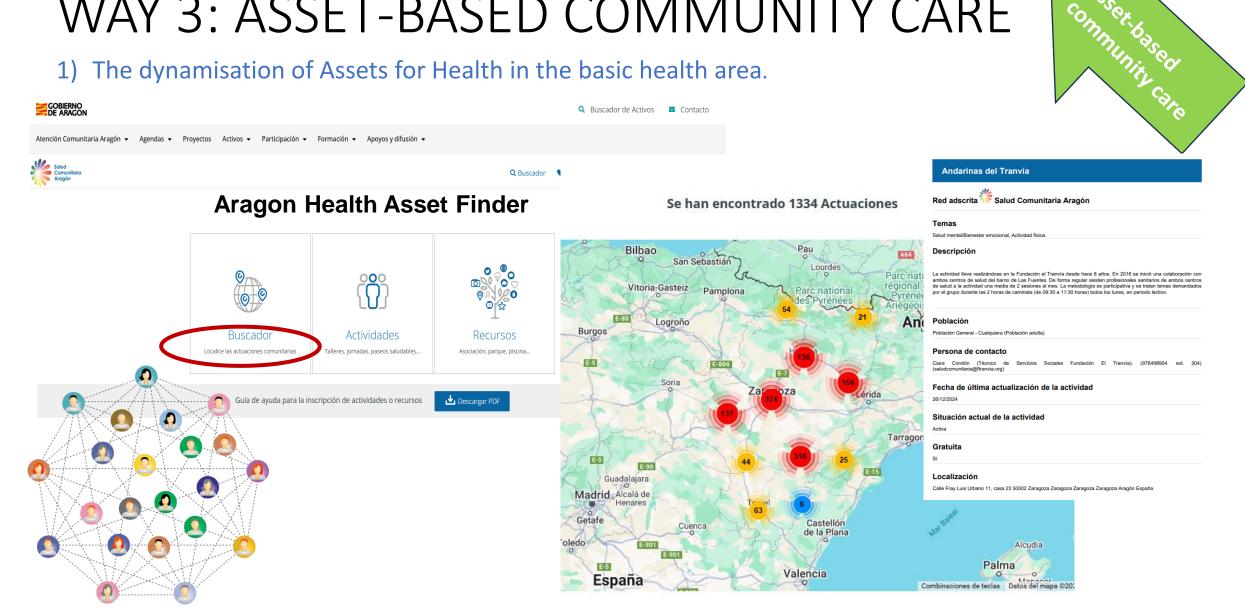


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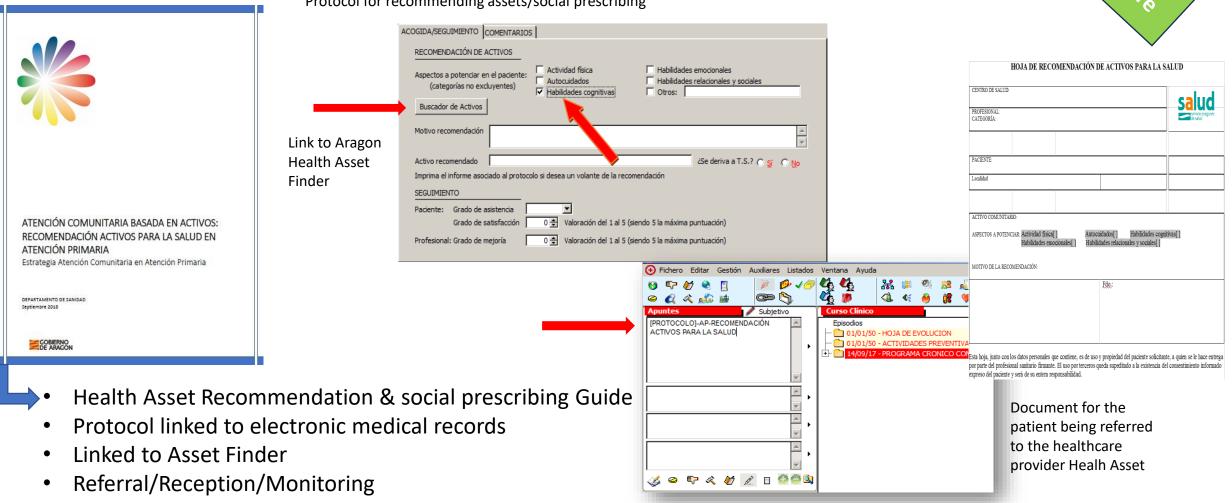
WAY 3: ASSET-BASED COMMUNITY CARE

1) The dynamisation of Assets for Health in the basic health area.



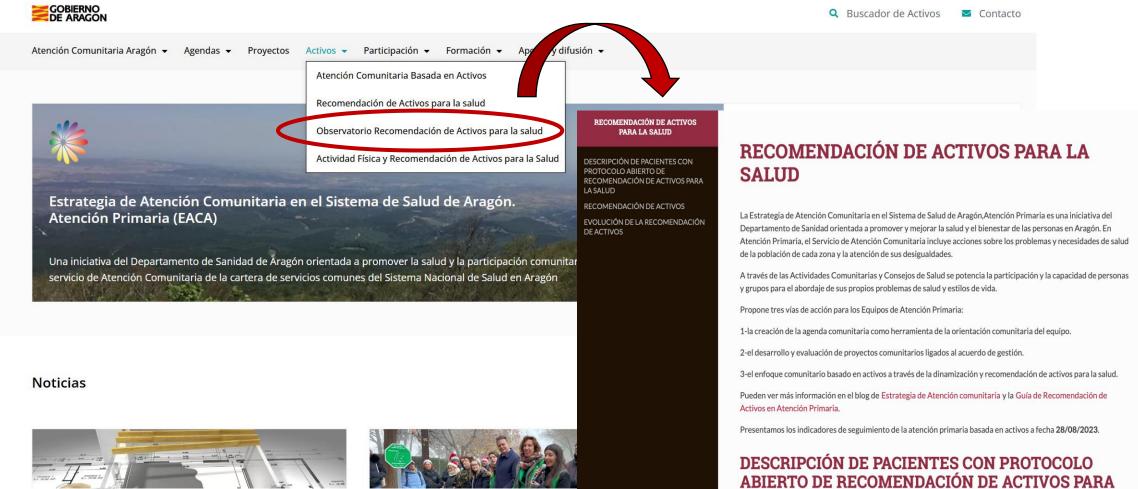
WAY 3: ASSET-BASED COMMUNITY CARE

Recommendation of Health Assets in Primary Care or as Social Prescribing 2)



Protocol for recommending assets/social prescribing

OBSERVATORY ON HEALTH ASSET RECOMMENDATION OR SOCIAL PRESCRIBING



LA SALUD

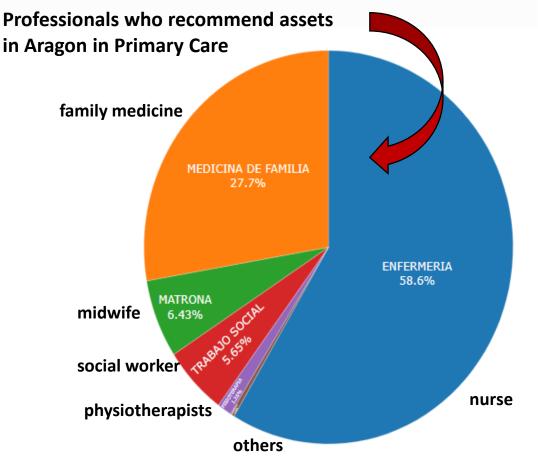
OBSERVATORY ON HEALTH ASSET RECOMMENDATION OR SOCIAL PRESCRIBING

1. Pacientes con protocolo de recomendación de activos diferenciado por sexo y sector

SECTOR	MUJERES	HOMBRES	TOTAL	PORCENTAJE DE MUJERES
ALCAÑIZ	648	231	879	73.72
BARBASTRO	863	513	1376	62.72
CALATAYUD	404	173	577	70.02
HUESCA	585	175	760	76.97
TERUEL	448	245	693	64.65
ZARAGOZA I	844	381	1225	68.90
ZARAGOZA II	1393	447	1840	75.71
ZARAGOZA III	857	364	1221	70.19
ARAGÓN	6042	2529	8571	70.49

Patients with an asset recommendation protocol differentiated by sex and sector

4. Profesionales que recomiendan activos en Aragón



OBSERVATORY ON HEALTH ASSET RECOMMENDATION OR SOCIAL PRESCRIBING

1. Porcentaje de Equipos que recomiendan activos por sector

100

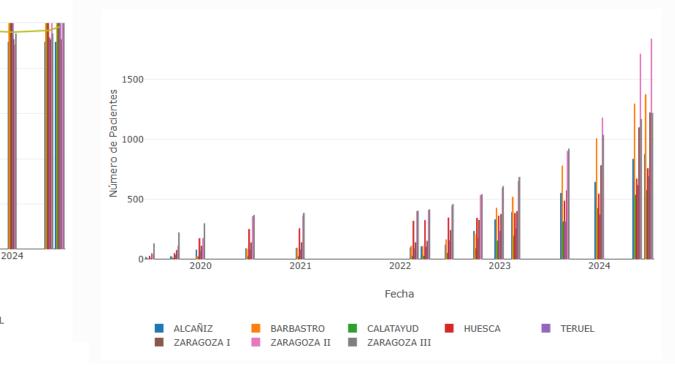
80

60

20

Porcentaje de Equipos

2. Pacientes con protocolo de recomendación de activos diferenciado por sector



1. Percentage of teams recommending assets by health sector and territory

2022

ZARAGOZA III ---- ARAGON

Fecha

2023

HUESCA

TERUEL

2021

ZARAGOZA II

2020

ALCAÑIZ

ZARAGOZA I

2. Patients with asset recommendation protocol differentiated by sector

Pola-Garcia M, Domínguez García M, Gasch-Gallén Á, Lou Alcaine ML, Enríquez Martín N, Benedé Azagra CB. Implementation of a social prescribing protocol in Aragon's primary care team]. Aten Primaria. 2022 Dec;54(12):102496. Spanish. doi: 10.1016/j.aprim.2022.102496.

Tabla 2 Capítulos CIAP asociados a RA		
Capítulos CIAP	RA, n	RA, %
A. Problemas generales e inespecíficos	49	3,3
 B. Sangre, órganos hematopoyéticos y sistema inmunitario 	4	0,3
D. Aparato digestivo	3	0,2
F. Ojo y anejos	0	0
H. Aparato auditivo 3		
K. Aparato circulatorio	67	4,5
L. Aparato locomotor	142	9,6
N. Sistema nervioso	27	1,8
P. Problemas psicológicos	335	22,6
R. Aparato respiratorio	4	0,3
S. Piel y faneras	5	0,3
T. Aparato endocrino, metabolismo y nutrición	132	8,9
U. Aparato urinario	3	0,2
W. Planificación familiar, embarazo, parto y puerperio	5	0,3
X. Aparato genital femenino y mamas	2	0,1
Y. Aparato genital masculino y mamas	0	0
Z. Problemas sociales	365	24,6
Actividades preventivas 336 (22,7%)		



Original

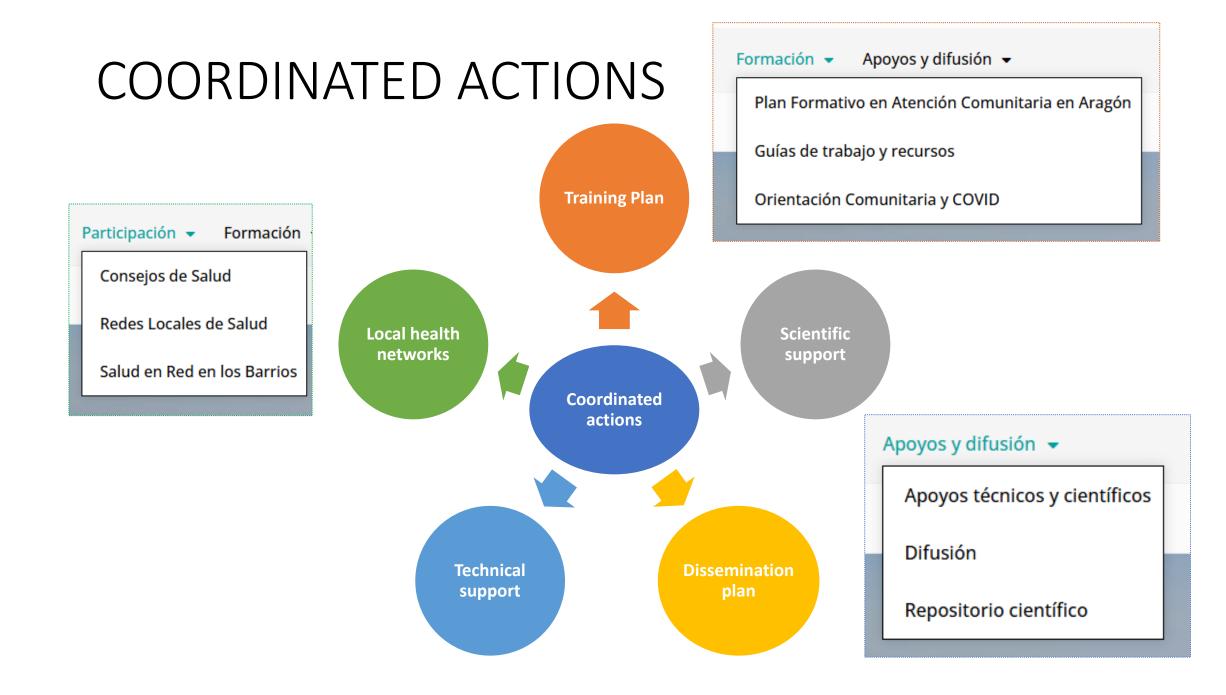
Implementación de un protocolo de recomendación formal de activos para la salud en los equipos de atención primaria aragoneses Implementation of a social prescribing protocol in Aragon's primary care teams

Tabla 3 Esferas a potenciar con RA		
Esfera a potenciar	RA, n	RA, %
Actividad física	884	59,6
Autocuidados	574	38,7
Habilidades cognitivas	475	32,0
Habilidades emocionales	604	40,8
Habilidades relacionales y sociales	558	37,7
Otro	424	28,6



Activos para la salud agrupados por temática	RA, n	RA, %
Actividad física organizada por el centro de salud con/o entidades del tercer sector con/o administración local	313	35,5
Recursos y Actividades relacionados con enfermedades crónicas	13	1,5
Recursos y Actividades relacionados con la salud mental y bienestar emocional	67	7,6
Centros de convivencia para mayores	41	4,7
Centros de día	10	1,1
Centros deportivos	67	7,6
Centros educativos	19	2,2
Recursos y Actividades relacionados con cuidadoras/es	41	4,6
Recursos y Actividades relacionados con deshabituación tóxicos	49	5,6
Recursos y Actividades relacionadas con la cultura y el ocio	28	3,2
Recursos y Actividades relacionados con la promoción de la autonomía personal	117	13,2
Redes comunitarias	11	1,2
Servicios / Apoyos de mejora del bienestar social	51	5,8
Recursos y Actividades relacionadas con la memoria	38	4,3
Otros	16	1,8

EvaLRA Research Project: Development of a model of evaluation indicators in formal schemes of Recommendation of Assets for Health in Primary Care <u>evalra.com</u>



Agenda, Proje	CTION WAYS: ects and Asset- munity Care
1.Degree of development of the community care service.	1.Global and interdisciplinary orientation. Extent to which the biopsychosocial approach is integrated and reinforced with the community care service.
Integration and continuity of community care actions in the organisation of the EAP.	Autonomy. Extent to which the actions promote personal assets and capabilities for the management of one's own health (health literacy).
Institutionalisation of innovation in the organisation, working methodology and functioning of the centre.	1.Community participation. Community capacity building for collective health management (values, ownership, resources and skills).
1.Equity. Actions contribute to improving social inequalities in health.	Activation and synergy with community resources. Promotion of coordination and community development in the surrounding area.
1.Evidence. The actions carried out are supported by existing evidence and good practice.	Relevance. Degree to which community actions respond to the needs of different population groups and to the analysis of the context of the area.
Effectiveness. Degree to which the planned objectives have been met.	1.Methodological appropriateness. Degree to which the methodologies and strategies used are coherent with the values of health promotion (empowerment, participation, integral approach, social responsibility, equity).
Intersectorality. Degree to which the community care service promotes networking and cooperation with the public services present in the environment.	De-medicalisation. Promotion of non-medicalising alternatives to everyday life situations that are not illnesses susceptible to pharmacological treatment.

RESUMING

Key aspects...

- Institutional commitment.
- Integrated in the Clinical Managerr Agreements/Programme Contract.
- Research/ Generation of scientific evidence.
- Coordinated and cooperative cross sectoral work. Team.
- Bringing languages together
- Values: respect, trust, horizontality teamwork, etc.
- Etc.

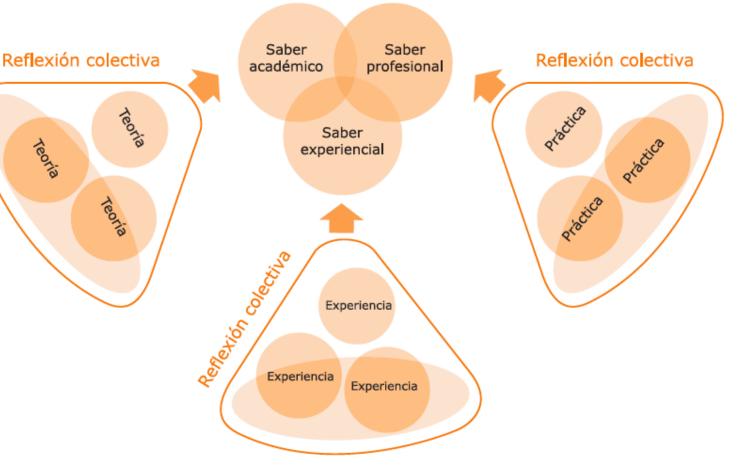


Figura 12. Saberes para construir en común. Elaboración propia.

Ministry of Health. Community action for better health. Or how to network to improve living conditions. Madrid, 2021.



"I have no doubt that this is only the beginning, that there is still a long way to go, that there are many things to improve and learn... but if we look back, the step forward has been a giant one...".

Adolfo, primary care nurse

THANK YOU VERY MUCH

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