

LETTER TO THE EDITOR

The synergies of University Education and Primary Health Care to meet populations health needs

Le sinergie tra Università e Primary Health Care per soddisfare i fabbisogni di salute delle popolazioni

Key words: Primary Health Care, Education, Public Health

Abstract

In the last decades, the World Health Organization has sensitized all countries to adopt a Primary Health Care approach in their health systems. It is also important to invest in education about primary health care. Indeed, we need to spread this comprehensive culture of health, starting from university education, and continuing during the whole work-life cycle. Due to the current medical model, approaching patient by specific pathology or discipline, inefficiencies have been generated due to a lack of communication and integrated management of chronicity. Public Health can build dynamic models and mechanisms that pursue the health needs expressed by populations and education plays a crucial role in enhancing a country's resilience and protecting the health of its inhabitants. All the health workers should consider all the aspects of health, beyond the specific phases of diagnosis and treatment. Continuous education and training are key elements to focus on, to satisfy our population's health needs.

Dear Editor,

Since the 1978 Alma-Ata declaration (1), the World Health Organization (WHO) has sensitized all countries to adopt a Primary Health Care (PHC) approach in their health systems, i.e. promoting an integrated model of care that still today aims to meet the needs of the person rather than focusing on the selective treatment of the specific disease. Investing in PHC means also investing in education; indeed, we need to spread this comprehensive culture of health, raising awareness among health professionals, both during the working life cycle, but also starting from university education. Nowadays, PHC approach become more important than ever due to the demographic profile of the world population and its evolution towards a progressive aging and an increase in health (2). Observing the most recent years, all countries have been also hit, or even overwhelmed by dramatic events, such as the SARS-CoV-2 pandemic (3), wars, and global economic crises, climate emergencies, just to list the most known phenomenon that influenced demographically our planet. In such contexts, robust PHC strategies increases citizens' confidence in the healthcare system and enhances its resilience (4). Available and trusted healthcare professional, who can know the patient's situation and coordinate the performance and services they need before accessing to specialized care, avoids an operational centralization that leads the system to default (5).

The Italian National Health Service is an interesting example to take into consideration, because it is nationally regulated but organized at a regional level, also with different experiences implemented (6). Indeed, during the peak of the first waves of COVID-19 occurred a huge influx of patients in the emergency department and the indicators of hospital beds saturation were continually monitored to decide whether establish a lockdown or not. A regional healthcare

system with enough and well-organized resources in Primary Health Care is a factor that makes the difference in this scenario (7), easing the pressure on the hospital system and avoiding preventable conditions or inappropriate admissions. Moreover, improving or maintaining stable the health status of the population in such circumstances, delivering all the ordinary health services with an economic model heavily revised by years of *spending review* policies (8), has been a titanic challenge, which has required diligent work and extraordinary skills to take the most appropriate decisions. Even the current shortage of health personnel, due to a lack of planning of human resources in healthcare, related to the Schools of Medicine enrollment strategies and a missing comprehensive analysis of the citizens' health needs, does not allow to meet the contextual needs of the population. The primary care and the local and community care are the first to suffer the effects of that, with consequent pressures on the healthcare personnel of the hospital system. Indeed, in the great threats to the communities of our time, we have witnessed how much the culture of prevention and the knowledge and skills acquired by local and international leaders and health professionals - called to protect citizens - have been crucial on the positive or negative health outcomes of populations while dealing with exceptional situations. Moreover, with the current medical model, approaching patient by specific pathology or discipline, inefficiencies have been generated due to a lack of communication and integrated management of chronicity. In this sense, in Italy, multiple experiences and reflections - which accelerated especially during this two-year pandemic - led to a greater awareness of the importance of PHC and to the current reformist period, in which the community care and local medical services are destined to be reformulated and empowered. Indeed, Mission no. 6 of the Italian National Recovery and Resilience Plan (PNRR) aims to strengthen the local medical services, also developing telemedicine and remote assistance services, as well as to invest in digitalization and interoperability of information systems (9). In this context, with Decree no. 77/2022 of the Italian Ministry of Health, containing the models and standards of local medical services and community care, the legislator tried to give shape and homogeneity between the different regions to all the health services not provided by hospital; however, this much-awaited attempt has raised numerous perplexities, among which the shortage of healthcare personnel for the implementation of services and the absence of a specific number of Public Health professionals as organizational standard in every Prevention Department. Indeed, it is in contradiction with what we have learned during the pandemic, that is to invest in Public Health, because we need to build dynamic models and *orchestral* mechanisms that connect to the health needs expressed by populations, which varied over time according to the determinants present in our society. To list some examples, just think to new intrinsic characteristics of our society, which are increasingly prevalent: an example is the multiculturalism of our communities (10), which requires the rethinking or adaptation of entire services; or to extrinsic factors, such as the rise in climatic temperatures, from which multiple consequences arise: favoring the habitat of certain disease vectors that modify the epidemiology of a region is just one of the many possible examples that occur all over the world (11). Even the consequence of the present pandemic, which is leading to a dramatic and ever-increasing mental health's burden of disease (12), also due to lockdowns and limitations to routinary activities (13), is the last of many examples which enhance the importance of a comprehensive approach: the Primary Health Care one.

As with the above determinants and processes, the knowledge and skills necessary to cope with these changes must also be constantly linked to the evolving needs of the population, as well as being updated with the strong development of technologies and knowledge, especially in a broad sector with innovative propulsion such as the medical one. Indeed, the constant results of our Research communities make the same technical knowledge dynamic, whose life is shortened, giving ever closer deadlines to the educational and training curricula that universities, institutions, and different organizations develop for their students and learners. Medical knowledge has gone from doubling in fifty years in 1950 to doing so in just seventy days in 2020 (14), and education can only constantly renew itself in methods, programs, and objectives. The Italian Schools of Public Health are the first on the frontline, due to their broad field of interest, coping with the rethinking of educational and training objectives and outcomes, adapting curricula in response to change of the scenarios. Moreover, the lectures and internships of medical universities focus often their attention only on individual diseases from a clinical point of view, reducing the medical approach to the diagnostic-therapeutic perspective, limited to the context of a hospital admission or a specialistic outpatient visit. Instead, these occasions are often short episodes in the lives of patients. The concept of health, formulated in 1948 by the WHO through an ambitious definition, abandons the negative affirmation of health as the mere absence of disease (15). A medical doctor is therefore not only in an operational position towards the resolution of a specific problem, but also in a role of health promotion and disease prevention, to maintain a state of well-being throughout the entire life of the patient.

Education plays a crucial role in enhancing a country's resilience and protecting the health of its inhabitants, especially in an ultra-dynamic context. To preserve a welfare state, health professionals and politicians themselves must have received up-to-date training with evolving content. All the health workers should be capable to practice their professions, taking into consideration all the aspects of health, beyond the specific phases of diagnosis and treatment. In this regard, education should transmit medical knowledge that increasingly includes the preventive

strategies before the onset of the disease; that embraces Primary Health Care (PHC), along the lines defined by the aforementioned Alma-Ata Declaration in 1978 (1) and by the Astana Declaration in 2018 (16). Life expectancy has increased exceptionally in the last century and remains a key indicator for assessing the health and social status of a country; likewise, we need to focus on the state of “good health” of the community, measured by indicators such as the disease-free life expectancy. PHC is an essential element of the welfare state to take care of the population and intercept their needs, even before they are expressed, aiming to increase the quality of life and leading to a even more sustainable model. Indeed, *health for all*, as formulated in 1998 by the WHO (17), is a right that allows a happier and more productive life. Given the demographic transition that globally is leading to a progressive unsustainable increase in health demand, States must increasingly invest in a cultural paradigm that intends health as a goal, prevention as a tool and PHC as an approach to implement. Continuous education and training are the ways forward to prepare our health workers to satisfy our population’s health needs.

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