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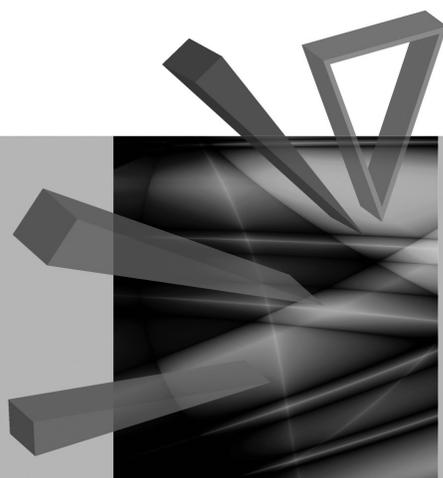
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THE COOPERATION OF POLISH LOCAL GOVERNMENT AND NON-GOVERNMENTAL ORGANIZATIONS IN THE AREA OF HEALTH PROMOTION

Summary: This work covers issues of local government responsibility for the health of citizens through the implementation of tasks in the field of health promotion and disease prevention, which are implemented in the context of cooperation with non-governmental organizations which, through a bottom-up initiative, will naturally complement the area of public health-related activities. The main content of this study constitute the observed changes that took place in relations of local government with the so-called third sector, based on literature studies in the field of functional development aspects, in conjunction with a statistical analysis of non-profit health promotion initiatives in Poland.

Keywords: health promotion, local government, non-governmental organizations (NGO sector).

1. Introduction

The restoration of local government and the reconstruction of the NGO sector are the key achievements of the system transformation in Poland. The principles of subsidiarity included in the Polish constitution, as one of the foundations of developing social order, were a result of a rational observation, flowing from the experience of most developed countries, that delegating decision-making power to a lower level of management enhances the efficiency of solving social problems.

The reform of the administration ultimately shaped the organizational system of the country, in the scope of which the public power is divided between the central authorities and local government units which contributed significantly to changes in the key areas of public interest.

Among many tasks assigned to local government there is also the duty of securing the health needs of the local and regional community, which is reflected in the legislation concerning all levels of local government in Poland. One of the aspects of collaboration with the community of inhabitants is to provide a part of the

powers in these areas to entities from the non-profit sector, which is an amplification of the social participation idea.

The care for health of the society should be based on the use of synergy of many factors such as organizational, administrative, financial, medical factors, as well as on the basis of system tools of prevention and health promotion.

2. Health promotion – objectives and tasks

Health promotion was defined in the Ottawa Charter as a process that allows each person to increase their influence on health in terms of its improvement and maintenance. The idea of health promotion was born in the 1970s, although earlier on actions were taken to improve the health of citizens. New threats to health were identified in the form of civilization diseases, resulting primarily from an unhealthy lifestyle. The new health paradigm focuses on the active participation of society in defining health problems, giving the priority to health promotion and disease prevention, with the greater involvement of social support systems. At the heart of this concept is the observation that the continuous growth of medical technology does not cause a linear improvement of public health, on the contrary – the total resistance of the population decreases, causing an increase in the number of chronic conditions.

Health promotion places its influence tools in health education, disease prevention and health policy. In all three areas that were mentioned, it is essential to promote social activities because health promotion policy is the most important at the local level, and only in this sense may diminish health inequalities [Karski 2005, pp. 397–398].

A key legal act in shaping the perception of health was the so called Lalonde Report, published in 1974, and contains a model of health determinants widely used up till now [Lalonde 1974]. The leading role of lifestyle factors was proved, together with the marginalization of health care, in shaping the health of individuals and the general population, thus emphasizing the important role of individual behavior in the process of health modeling, so attention was drawn to the need for a cross-sector, society-wide approach to the problem [Raport... 2009]. Factors affecting health are divided here into four groups, later referred to as Lalonde fields, or health fields, among which lifestyle determines 50% of the share in the development of health, environmental factors, including socio-economic factors, including living and working environment are responsible for the influence at the level of 20%, biological factors (e.g. genetic factors, sex) – 20%, health care, understood as the organization of medical care, access to health care, quality and the level of infrastructure resources, is responsible for 10% of the welfare of the whole unit.

The development of health promotion has caused significant changes in the concept of health education, which is an essential tool on an individual and collective level. Health education is the process in which people learn how to care for their

own health and influence the improvement of community health indicators. We can distinguish three areas of health education: focused on health (health education, health awareness and its development), risk factors (knowledge of health risks, avoiding risk factors), disease (knowledge transfer of how to cope in times of sickness, how to support the healing process). Education in response to the challenges of health promotion should, in aiming to increase the effectiveness of undertaken actions, use innovative solutions and technologies, formulate strategies at different levels of social interaction – from the government, through all the levels of local government policy, ending on the individual level, and use a multi-sectoral and multidisciplinary approach.

Currently, local government units have the greatest impact on the funding of health programs of a preventive nature. The main goal of primary prevention is to prevent the occurrence of a disease by reducing or completely excluding the risk factors. Secondary prevention is aimed at detecting the disease in its earliest stages using population-based screening, assuming that early intervention reduces the likelihood of complications of the disease, and gives greater possibilities of treatment, or prevention of its development. Among the studies we can identify preventive screening tests and preventive medical examinations of children, preventive medical examinations of professional groups, as well as other preventive examinations of adults. Tertiary prevention is based on the diagnosis, treatment, and rehabilitation. Its goal is to improve the quality of life by overcoming the degree of disability, reduce the risk of death and affects the chronically ill and/or disabled [Czupryna et al. 2001, pp. 223–230].

3. Local government and health promotion

Taking into account both the healthcare organization and the existing powers of local government, several roles within the health care system can be distinguished: the system organizer, and a payer to a limited extent, the owner of public health care, public health care supervisors and managers of public health care units [Frączkiewicz-Wronka 2002, pp. 166–183]. In addition, taking on specific tasks in the field of health care [Włodarczyk, Sitko 1999, pp. 23–48]: creating the overall strategy and planning of health policy in the area, to take action in the field of public health and health promotion.

There is no clear indication in the provisions of the competence split, among the local government units, which means that the usual two or three entities are included in the scope of its activities in the same areas of public tasks. Only the application of democratic procedures and the introduction of special arrangements between the parties can quickly and effectively resolve any such problems [Dercz 2005, pp. 1–10].

A number of tasks included by the legislator in the powers of local government refers to a widely considered health promotion. The basis of the determination of

local government tasks are the provisions on the local government at a community, district and provincial level which define the responsibilities related to the activities in the field of health, cited as its own tasks. However, only in the acts relating to the district and the voivodeship occurs the term “health promotion”, without any indication of the extent of the measures in this area which should be followed by the local government bodies.

Local government units play an increasingly important role in the execution of public duties. Among the ideas that had a particularly strong influence on the shape of contemporary health promotion should be emphasized the importance of health promotion based on civic communities (community-based health promotion). These communities are an intermediate link in the relations of a unit with the environment and through the norms and group values can modify the nature of the interaction. The impact on the local and regional communities, as the entities modeling the relations with the environment, is essential for health promotion [Tones, Green 2004, pp. 258–266].

4. Health promotion carried out in close collaboration of the third sector with local government

The reconstruction of the Polish NGO sector since 1989 has been a process resulting from several factors: restoration of the freedom of the citizens to associate – a privilege that for decades had been unavailable to Poles, but also the difficulties of the first years of transition and the emergence of a number of adverse socio-economic effects: unemployment, increasing crime rate, problems in the functioning of the health system, etc. Therefore, in the early 1990s, the number of new non-governmental organizations which were created in response to the failure of state structures grew rapidly, and their goal was to support communities in order to overcome the existing problems. In the initial period of the development of the third-sector, there were many difficulties in terms of its co-operation with public institutions, including local governments, in addition to the disadvantage of the third sector it was affected by the separation from both the political, as well as from business sphere and the lack of a clear legal framework for the opportunities of cooperation. Often, non-governmental organizations were perceived as a threat to public entities, due to their often higher efficiency [Boni 1999, pp. 231–232]. The ultimate breakthrough in building partnerships between NGOs and the local government was the adoption in 2003 of the Act on Public Benefit and Volunteering which was fundamental to the development of the Polish non-profit sector, primarily because it contains an unambiguous definition of an NGO and the requirements for local government environments to create cooperation programs.

The above mentioned acts managed a wide area of cooperation between the third sector and local government in almost all the fields included in the scope of

activities of local government. Although in some areas it is possible to imagine the implementation of tasks without the third sector, whereas in other areas by the definition it must be carried out in cooperation with a number of social partners, an example may be the promotion of health.

The general rule related to the implementation of activities in the scope of health promotion, adopted for all three sectors of local government, is the principle of multi-sectoral action. This means that in the projects aimed at promoting health, many actors may participate, including non-governmental organizations. It seems that the creation of such a possibility will strengthen in particular the activities of local government, because it allows for shortening the distance between the decision makers in the area of health promotion and the beneficiaries of the actions. The involvement of different entities is assumed to result in an increased efficiency of the activities carried out [Frączkiewicz-Wronka 2002, pp. 166–183].

The number of active associations, social organizations and foundations in Poland is currently estimated at about 73 thousand. Including 64.9 thousand associations and similar civil society organizations, 5.9 thousand foundations and 2.2 thousand social religious entities or member organizations and institutions providing social services in the churches and religious associations. The number of organizations which declare as their major business activity the area of health care in Poland is lower than 4 thousand, which constitutes about 8% of the non-governmental sector. Another 16% is composed of organizations for which health care is one of the most important, but not a priority area of action. Among these organizations, 66% declare the focus on health promotion, prevention, health education and blood donation. One in three also conducts rehabilitation and therapy activities, manages a sanatorium, rehabilitation center, care and treatment facility or a nursing care facility – 35%. Just over 10% conduct activities in the area of crisis intervention. Over 8% of organizations working in the area of health care run a hospital or ambulatory care, an equal number distributes drugs, materials and medical equipment, and 5% are active in the field of emergency medicine services. Almost 40% of such companies declare other actions in the area of health care, due to the dominant legal form of association, making up to 75% of all initiatives in this area. Other medical industry organizations operate on the basis of the Law on Foundations – 24% of the entities, or suggest another form of activity, which should be regarded as a marginal situation, not exceeding 1% [Herbst 2005, pp. 33–47].

Organizations considering health care as the most important area of their activity, perform their activities mainly in large cities. In this respect they definitely stand out from the non-governmental sector, although also in this case, more organizations are located in the cities. Only 5.5% of them operate in rural areas or in towns of fewer than 10 thousand citizens, while among all organizations, this percentage equals 27%. Every other organization in the health sector has headquarters in one of 16 provincial cities. The location of the organizations considering health care as an

important, but also not necessarily the most important area of their activities, also points out their urban character (21%) [Herbst 2005, p. 33].

The most common partner in the health care organizing activities is the local community (73% of responses), and the local government in second place in terms of the frequency of contacts. It cooperates with 54% of the organizations involved in health care, and the constant interaction with public authorities is declared by 37% of them. Subsequent NGO partners include: local media (53%), other non-governmental organizations in Poland (47%) and business environment (40%). Among the most rarely mentioned institutions were political parties, international non-governmental organizations (especially those located in countries outside the European Union) and the institutions responsible for the distribution of European funds. Despite the large declared interest in the use of EU funds (68%), only 13% of healthcare organizations solicited in the last four years, for the pre-accession and aid funds from the EU [Herbst 2005, pp. 11–15].

It should be noted that in highly developed countries of the European Union the participation rates of the non-profit sector in the economy is seven times higher than in Poland, despite the dynamic development of third sector organizations in our country [Leś, Nałęcz, Wygnański 2002, pp. 7–8].

5. Conclusions

Since the beginning of the idea of health promotion, the community has been a key element of the strategy of health care. Modern programs set out the key areas of health promotion actions, through [Ridde, Guichard, Houéto 2007; Raeburn 2007, pp. 12–47.]: building public policies aimed at health, creating support environments and strengthening actions of communities, supporting the development of individuals and communities by providing information and education for improving the health and life skills, the need for cooperation of individuals and groups which are a part of the local community, health care professionals, health care institutions and governments in their efforts to create a health care system that will enhance the pursuit of health.

The social dimension of health depends on the shared responsibility of individual organizations focused on the health of citizens inhabiting a given area. Health promotion is implemented through concrete and effective community actions, which include the determination of health priorities, strategy planning, decision making, and implementing them to achieve better health. A key element of such initiatives is the community, the basis for the development of which is the use of human and material resources to strengthen self-reliance, social support systems, and the development of flexible systems for public participation in health issues and the real control of its development, which requires the access to information, to conduct health education and to provide financial support.

Because local government is an organization of people who by a common law have the same interests and public needs, and at the same time is a form of public administration, where people make up a community and, almost on their own, decide on the implementation of the administrative tasks, in a natural way it is predestined to take actions in the field of health promotion and disease prevention, in the subordinate area.

Recommendations

- The role of local government should grow in the range of health promotion;
- Local government should commission tasks for health promotion to NGO;
- Health promotion in Poland should be realized on the grounds of the patterns tested in EU member countries.

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WSPÓLPRACA POLSKIEGO SAMORZĄDU LOKALNEGO I ORGANIZACJI POZARZĄDOWYCH W ZAKRESIE PROMOCJI ZDROWIA

Streszczenie: Opracowanie porusza kwestie odpowiedzialności samorządu terytorialnego za zdrowie mieszkańców poprzez realizację zadań z zakresu promocji zdrowia i profilaktyki chorób, realizowaną w kontekście współpracy z organizacjami pozarządowymi, które poprzez oddolną inicjatywę w naturalny sposób uzupełniają obszar prozdrowotnej działalności publicznej. Zaobserwowane zmiany dokonane w relacjach władzy samorządowej z tzw. trzecim sektorem, w oparciu o studia literaturowe z zakresu aspektów funkcjonalno – rozwojowych w powiązaniu z analizą statystyczną inicjatyw prozdrowotnych typu *non-profit* w Polsce stanowią główną treść studium.

Słowa kluczowe: promocja zdrowia, samorząd terytorialny, organizacje pozarządowe.