

# Applying Geoffrey Rose's ideas in Madrid: Reform of the Madrid city council network of health promotion centres

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## Background



Vallecas Villa council health centre

Madrid City Council has clear responsibilities in health promotion and environmental health, but none in health care (organised at regional level). There is a council network of 23 health centres (with more than 700 professionals) that cover each of the 21 city districts.

In March 2008 we started an analysis and reform process of these centres, whose first stages and strategic orientation are described here.

In 1992 Geoffrey Rose (1) analysed the limits of the individual “high risk” prevention strategies and said that “common diseases have their roots in lifestyle, social factors and the environment, and successful health promotion depends upon a population-based strategy of prevention”.



## Methods

- All the centres were visited and an open meeting with the health teams took place
- Semistructured interviews with stakeholders and professional groups were conducted
- Activity, demand, referrals, staff profile and budget indicators were obtained from the information system
- Relevant documents and previous analysis were identified and reviewed

Based on this information, a situation analysis and a proposal for strategic reorientation was presented to several levels of the organisation (management, intermediate control, general staff, communication unit, trade unions), obtaining a new input.

Finally, six groups of experts defined the main strategic framework in the **four established priorities** (i.e. health needs related to: inequalities in health, aging process, immigration and urban environment) and designed the department health information system.

In each district centers, a 6 meeting seminar was organised, as starting point for analysing specific district health problems and intervention possibilities

## Results

The analysis identified as strong points: interdisciplinary staff, community health experience and knowledge of the districts social networks.

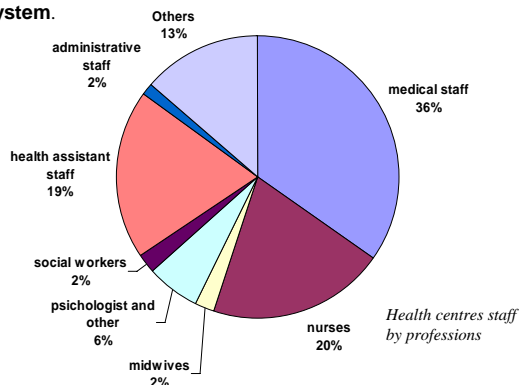
As weak points: weak programs-based organisation, predominance of clinical model and individual prevention, insufficient target population definition.



Council health centres of Ciudad lineal (left) and Vicalvaro (right) districts

More than 90% of the centres users were women and Family Planning was the main demand

The main offer was an opportunistic health screening, referring the positive findings to the primary health care system.



The project aim is strengthening health promotion orientation of the centres and prioritising groupal and community interventions

Concepts like health promotion vs. disease prevention, individual prevention vs. population prevention, demand driven activity vs. active risk population search, etc. have been central points of our debate

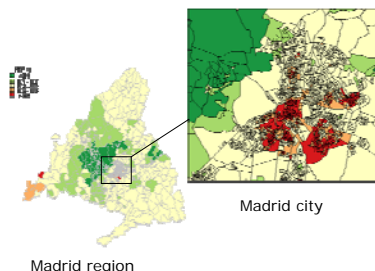
Double organizational strategy has been followed:

- Definition of common objectives, rules and evaluation system for all the centres, focused on supporting the territorial-based health interventions
- Centres autonomy promotion : definition of specific centres projects, based on a previous community health diagnosis and specific objectives and evaluation commitments

Applying Geoffrey Rose's ideas, we are starting to combine population strategy (e.g. intersectorial work for obesity prevention) with a high risk strategy (e.g. identification of population at high risk for diabetes).



Workshop meeting with elderly in Ciudad lineal health centre



Cirrhosis and other chronic liver disease mortality (PRP>1) in men, by Madrid's census tracts, 1996-2003 (red=highest risk). (3)

In order to mitigate the “Inequality Paradox” in Rose's population approach interventions (2), social determinants were deeply considered in our strategy: promoting **positive discrimination** for vulnerable population and for neighbourhoods with high mortality

“Glocalisation” perspective is also present: local interventions in a national, European and global reference and support framework

(1) Rose G. *The Strategy of Prevention Medicine*. Oxford Univer. Press, 1992  
 (2) Frohlich K and Potvin L. The Inequality Paradox: The Population Approach and Vulnerable Populations. *Am J Public Health*. 2008; Vol 98, Nº 2

(3) Segura del Pozo J, Gandarillas A, Domínguez-Berjón MF et al. Chronic liver disease and cirrhosis mortality and social deprivation... (Under review process)