

# THE ISSUES OF PREVENTION IN THE HEALTH FIELD

Prevention in the health field is one of the major challenges facing a health policy which is still overly focussed on cure. For the Economic, Social and Environmental Council, there are several reasons why today France is shifting its focus towards a policy of prevention:

- **At an individual level**

Despite generally good health indicators, premature death is higher, and the disability-free life expectancy indicator is lower than in certain EU countries. Social and regional inequalities in access to health remain. Life expectancy of an executive at 35 years of age is thus 6.3 years more than that of a labourer.

*Health is a complete state of physical, mental and social wellbeing, and does not merely involve an absence of illness or infirmity.*

*Definition of health  
in the WHO's Constitution*

- **At a collective level**

The impact of the environment and living conditions is still insufficiently taken into account. Thus, atmospheric pollution is responsible for 30,000 premature deaths in France, and pathologies such as lead poisoning persist. Working conditions also have a concerning impact, especially when combined with the poor demographics for workplace doctors.

The need to provide responses to new health challenges: the increase in chronic illnesses, a high level of addictions and levels of legal drug consumptions greater than that of our European neighbours.

The mechanisms are there to implement a more effective prevention policy:

- **providing effective responses to the shortcomings of our system, namely:**
  - poor identification of financing allocated to prevention and cure (5.9 billion Euros were dedicated to prevention in 2010, to which can be added costs of 5.7 billion allocated to curative medicine;
  - insufficient research into epidemiology;
  - complex governance due to a host of national and local players, often with poorly defined competences.
- **making full use of the potential of new approaches (neurosciences, telemedicine etc).**



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## ➤ Introducing and disseminating a collective culture and contributing to its take-up by everyone

- raising awareness and involving each individual
- strengthening the training of all professionals involved
- promoting living and working conditions compatible with good health

## The success of this policy relies on three main pillars:

### 1. The involvement of all citizens at each stage of their life:

- monitoring each individual, developing a true «citizen based» prevention path
- raising awareness of all, in particular in school and in the workplace

### 2. The training of health professionals

- including prevention within skills assessment questions
- ensuring that prevention is included in the annual guidelines for continuing professional development (CPD) laid down by the Secretary of State

### 3. Increasing the sense of responsibility of the community

- in economic activities, for example improving respect for emission standards
- improving the quality of the housing and the environment

At 1 January 2011,

**1,478 school doctors  
and 8,429 nurses**

The average age of school doctors:

**53.5 years**

three quarters of these will be retiring  
in the next 15 years

## ➤ Establishing new approaches to prevention and public health

- by developing information campaigns favouring the better take-up of prevention messages
- by sharing knowledge
- by assessing the efficiency of prevention policies

## ➤ Introducing national governance and suitable regional variations

Prevention does not only fall within the remit of the health field but also requires an inter-ministerial approach associating all key players (housing, national education, work and employment...).

### **The ESEC recommends a flexible organisation system:**

one or two annual prevention objectives will be fixed as a priority,  
under the auspices of the prime minister, for the ministries concerned.

1. The Government's General Secretary will validate the inter-ministerial consistency of these objectives and their operational application.
2. The *Comité d'animation du système d'agences* - Health Agency Networking Committee (CASA after its French initials) should incorporate a new aspect into its working program relating to coordination between the *Direction générale de la santé* - Directorate General for Health (DGS after its French initials), other ministries and health agencies. This group would be steered by the DGS, which would invite the ministers concerned.
3. This governance can only be effective with better coordination of health, social and medico-social issues, to encourage continuity between care and prevention. To a large extent this task is the responsibility of *Agences régionales de santé* - Regional Health Agencies (ARS after its French initials).

## **Strengthening preventative aspects in the upcoming Public Health Act which could be promoted in 2012**

The Economic, Social and Environmental Council recommends:

1. selecting and ranking appraisable objectives;
2. selecting the most efficient strategies, targeting populations at risk as closely as possible;
3. putting a clear management system in place, accompanied by the necessary financing;
4. disseminating these objectives through national and local information campaigns;
5. ensuring that this legislative measure comprises a preventative strand aimed at young people.