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“G.A. Feruglio”  
Martignacco

# Inebria Presentation

Muenster 15 – 16 September 2005

## **BRIEF ADVICE and LOCAL AUTHORITIES**

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Martignacco, Italy



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# Presentation profile

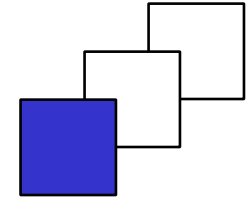
General  
concepts

Udine  
experience

Conclusions



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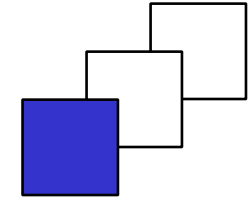
## **Aim of Inebria**

To promote wide implementation of brief intervention in a variety of settings...at local, national, international levels.

## **How to implement SBI ?**



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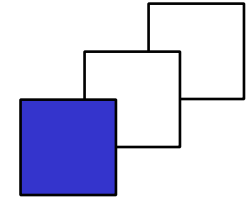
## Implementation process

- Educate community leadership
- *Establish community support*
- *Build collaboration*
- Target screening sites
- *Use scientific research*
- Establish measures of results
- Encourage a participatory process



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## Implementation problems

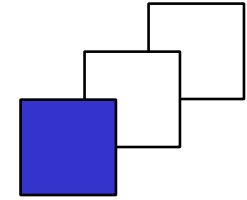


- Guidance on how this may be achieved is limited.
- Collaboration and cooperation is required at many levels
- Problems include activating and empowering local actors, workplaces, communities and schools.
- Lack of **resources** and lack of willingness to cooperate at different levels



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# Local Authorities



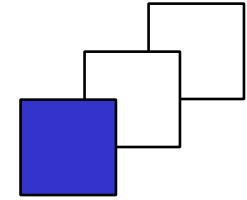
- First elected politicians within local government entities such as

**Province, Region, Common, Department, County, District, City, Township, Town, Borough, Municipality.....**

- They have “some” power
- ..and, since they are citizens, they may either think..



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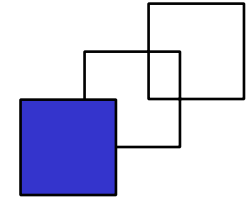


- “..I will do my best to implement research findings”
- “..I will try to propose evidence base actions”
- “...I will follow suggestions of experts..”



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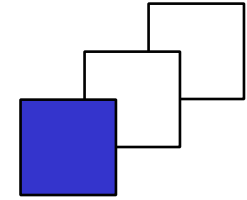
## ...or they may think...



- “Public opinion is my major objective”
- “There are tensions among my colleagues and me, so my decisions will also depend on this...”
- “Why should I spend well my budget if at national level they waist it?”
- “Till the elections I am ready to listen to you. ...not after the elections because I promised too much”
- “I prefer not to do anything so I will not make mistakes”
- “Trust comes before facts”



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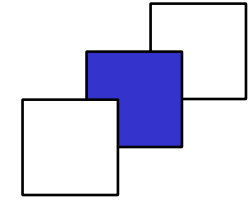


“The existence of relevant research may not be enough for the dissemination of SBI since it is widely agreed that health policies do not always reflect research evidence to the extent that in theory they could”



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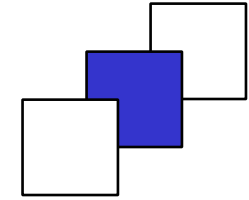
## How can we link SBI and LA ?



- 1) Understanding the the local context
- 2) Proposing Research Projects
- 3) Health determinants
- 4) ..a good political reason (visibility)



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## 1) The local context

- Udine project is part of the national PRISMA project (Florence 1, 2 and Padova)
- Phase IV starting point
  - 74 GPs in the city of Udine (+ control group city of Gorizia)

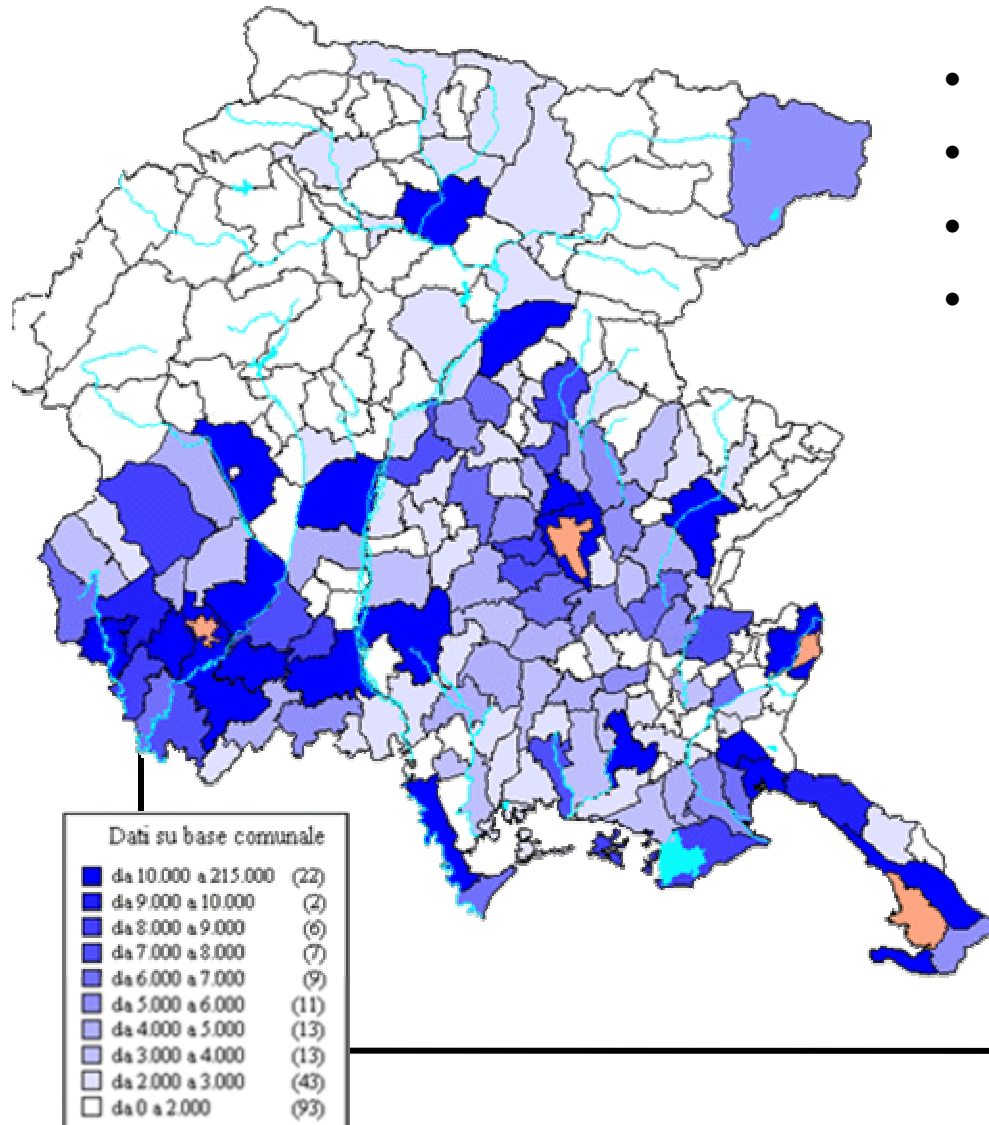
Little or no collaboration from institutions

# The Friuli - Venezia Giulia Region



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# The Friuli - Venezia Giulia Region



- Area: 7.844 km<sup>2</sup>
- Population: 1.189.000
- Density: 152 inhabs/km<sup>2</sup>
- Chief town: Trieste (214.000)  
Udine (96.000)  
Gorizia (37.000)  
Pordenone (49.000)

Regional council

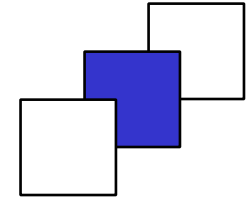
Regional executive committee

Special bylaw (laws + taxes)

216 small municipalities with little /no decision power on health issues (administering pre-decided budgets)



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## 2) Research.

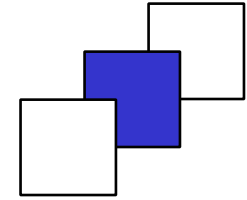
We proposed to Martignacco...

- SBI within a medium size municipality
- Action-research
- Bottom-up approach: community development, devolution, visibility.

**Community Research Centre**



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- From individual risk management (SBI)

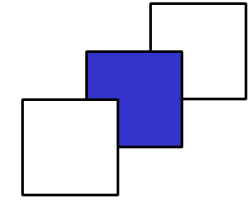


- To risk conditions management (disadvantaged groups)

### **3) Health Determinants**



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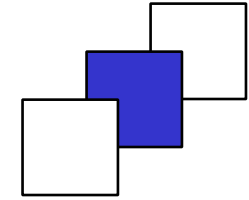
## GPs are community resources

- Analyse and maximize local assets for health
- Positive approach to health

### **4) Assets for health and development**



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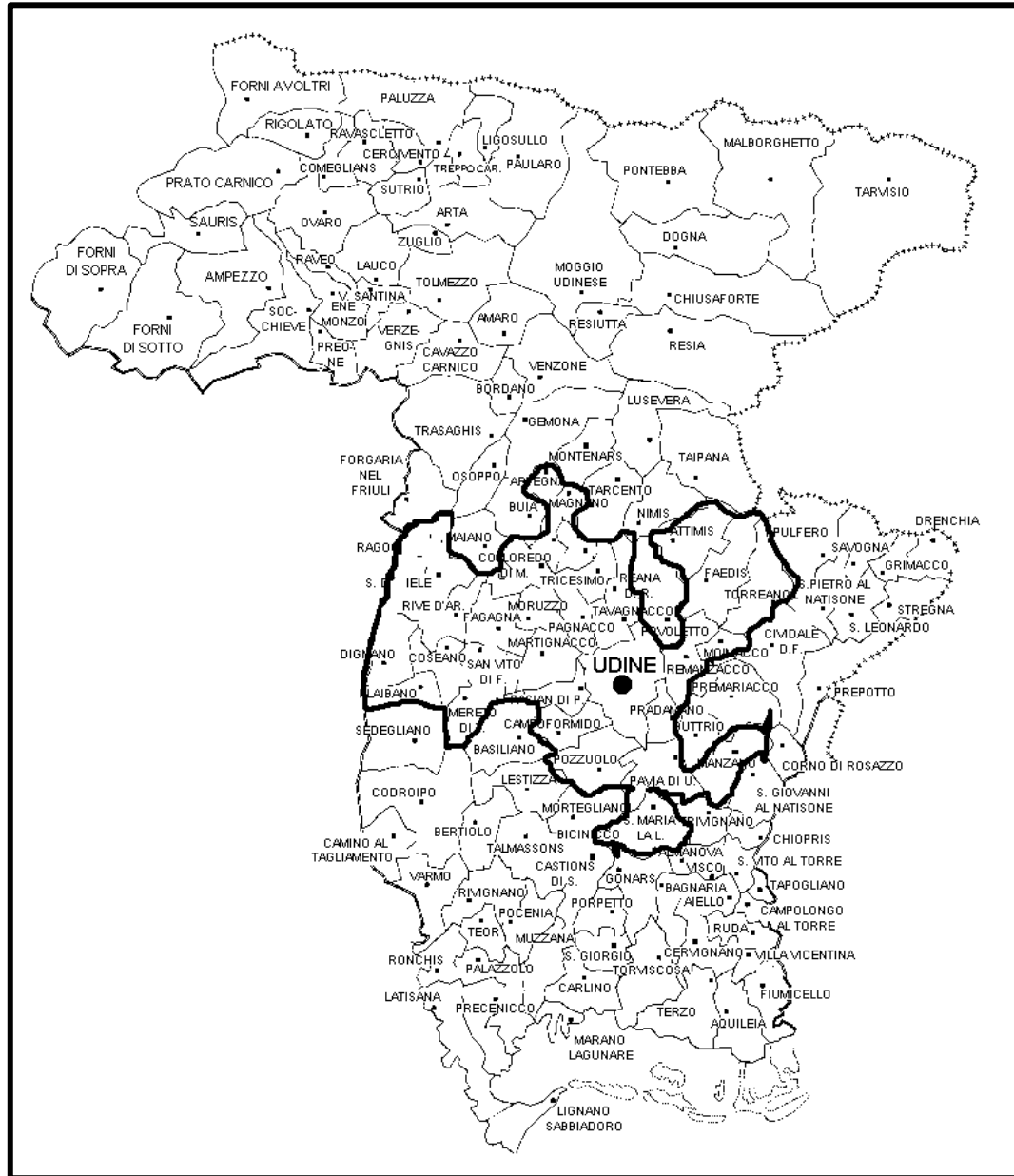


## **Funding from Ministry of Health**

•Phase IV

## **Funding from the Province of Udine**

- Health Determinants
- Assets for health and development



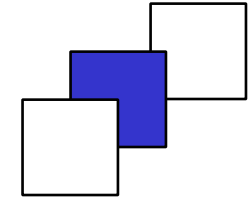
# Province of Udine

**137 Municipalities**  
**Pop: 522.455**

**Sample of 45 municipalities**



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# Province of Udine

(45 municipalities)

## 1) Social marketing strategy

- telephone
- email
- mailing
- personal

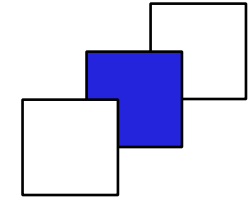
## 2) SBI + Local community analysis

- mayors
- intersectoral tables
- survey on risky behaviours and social capital



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## 35 Municipalities



• Udine (starting point)	96.000 inhabs	74 GPs
• 35 municipalities	145.000 inhabs	132 GPs
• Local Health Unit	<b>241.000 inhabs</b>	<b>296 GPs</b>

### •University

- Faculty of Medicine
- Faculty of Training Sciences (school teachers)



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## Benefits

A Research Centre was created

A stronger partnership

- University

- A SBI course in Faculty of Medicine

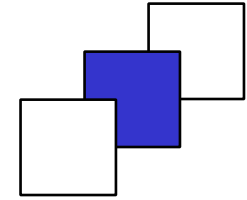
- A HP course in Training Sciences Faculty

- The GP training package included in regional CME

- Local Health Unit joined in with human resources and financial incentives for GPs

- Mayors funded a Campaign ( alcohol and tobacco) for teen agers.

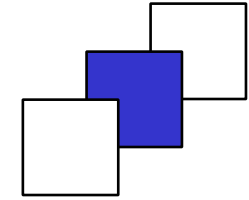
- They will contact the GPs to implement SBI in their own towns





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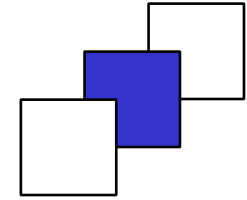
## ..more benefits



- They are the actors
- Visibility (monographs, meetings)
- Inclusion in the regional Welfare Innovation programme,
- New health policies based on risk management (from individual risk to risky condition management)



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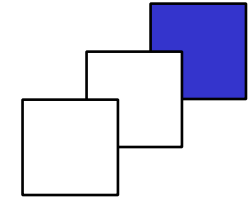


## Negative aspects

- It is difficult !!
- They tend to modify time schedules and research objectives, according to their needs.
- They may want to lead the action



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## Conclusions

- SBI should be integrated within the local community
- SBI could be the starting point of new local health policies
- Local authorities are important, have a leading role and should be involved in SBI implementation among GPs and within the local communities.