

spectra

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Equal Opportunities

2 «Migration and health» set for further development

The federal government has renewed its commitment to improving the equal opportunities situation with regard to healthcare. Improving migrants' health and facilitating their access to the Swiss healthcare system is the goal of the federal strategy «Migration and Health, Phase II» for 2008 to 2013.

3 Interview: Ilona Kickbusch

How does Switzerland compare to other countries? Ilona Kickbusch, a leading international figure in the field of health promotion, sees «a contradictory picture: on the one hand one of the top-ranked – and, at the same time, most expensive – healthcare systems in the world and many exemplary prevention schemes; on the other, an inadequate budget for prevention activities».

4 Organ donation: civil rights information

The Federal Office of Public Health is running an information campaign on the civil rights aspects of the new Federal Law on the Transplantation of Organs, Tissues and Cells. The aim of the campaign is to ensure that the Swiss public has access to full and neutral information on the new transplantation law and on their rights.



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«To reduce health-related inequality, we need to start with the determinants.»

Interview: Ilona Kickbusch. What is the situation in Switzerland in terms of equal opportunities? What are the issues that need to be addressed, in what areas can our country be proud of its achievements? Ilona Kickbusch, international expert on health promotion issues, reflects on opportunities and challenges for Switzerland.

spectra: The WHO cited equal opportunities as the basis for its 21 «Health for all» goals. You were involved in the development of these goals. What were the key drivers of this process?

Ilona Kickbusch: Two basic motivations were at the forefront here: to guarantee health as a human right and to ensure equal access for all to the healthcare system. In the case of Europe, it became clear in the 1970s that, despite universal access to healthcare services, health-related inequalities persisted. The 1990s were marked by the significant differences in life expectancy between Western and Eastern Europe. The last few years have shown that significant differences also exist within individual countries, and that in some cases these are actually increasing.

In which areas has equality of opportunity not yet been achieved in Switzerland?

The same applies to Switzerland as to other countries. There are disparities relating to differing social statuses arising from different cultural backgrounds, such as health among female migrants, and gender-related inequalities persist in certain key areas. At European level, Switzerland is one of those countries in which income differences are not as stark as they are elsewhere, and accordingly its health-related inequalities are also not quite as pronounced as in some other European countries.

However, recent educational research has shown that around 800,000 people in Switzerland are illiterate. This lack of comprehension skills naturally has a knock-on effect in terms of obtaining healthcare. Awareness of this issue needs to be greatly increased. At any rate, we have to proceed on the assumption that one-fifth of patients do not fully understand the healthcare system or the instructions of their doctor and therefore cannot take as active a part in the healing process as could be desired. As far as health literacy is concerned, the need for action is immense.

How can health literacy be improved?

Health literacy is the ability to make everyday decisions which will benefit our health. It begins with self-care and extends through nutritional and consumption decisions all the way to the healthcare system and related referenda.

What we have here is a triangle: first, the literacy of the citizens themselves, second, the «legibility» of the systems, and third, the communication skills of the professionals in the field. It is within this triangle that health literacy is developed.

Since 2002 we have had a national strategy on migration and health. What has improved in the field of migration, and where do you see a need for further action?

These efforts are of great importance and the new programme has in fact just been approved. A difficult aspect here is distinguishing between problems that are specifically migration-related and those that have more to do with class. The very fact alone of being transplanted into a different living environment gives rise to different clinical pictures. I think that the whole area of migrants' mental health, in particular, should be given much more attention. Admittedly, however, this is a general problem: mental health is unfortunately not yet fully established as a public health issue in Switzerland.

From which other countries could Switzerland learn something?

One could certainly transpose some of the experiences of other countries onto Switzerland. I am thinking, for example,

of the Web-based mental health programmes from Australia which cater to the youth culture there. There is also an important study by the American Psychological Association which shows how the extreme sexualisation of advertising and everyday life is negatively affecting young women's self-image. There are a number of challenges here which we have thus far not addressed adequately. These include problems which do not fit in with our classical understanding of mental illness, but rather are influenced by the new, more virtual



Ilona Kickbusch

Credits

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Giving the migrant population a fair chance to develop their personal health potential

«Migration and Public Health Strategy, 2008–2013». The federal government has renewed its commitment to improving the equal opportunities situation with regard to healthcare. Its «migration and public health» policy will be continued and developed in a second phase lasting from 2008 to 2013. The Federal Office of Public Health (FOPH) will implement the strategy in collaboration with a large number of stakeholders at federal and cantonal level. The aim of the strategy is to improve the health of the migrant population, give them better access to the Swiss healthcare system, empower them to take responsibility for their own health and enhance their health skills.

At the request of the Federal Department of Home Affairs the Federal Council acknowledged the second phase of the «Migration and Public Health Strategy», which will last from 2008 to 2013, at the end of June. Members of Switzerland's migrant population are often in poorer health than the native Swiss. Migrants are exposed to greater health risks and find it harder to gain access to Switzerland's health system. The Confederation's «Migration and Public Health Strategy, 2002–2007» is already help-

ing to improve migrants' health behaviours, health status and access to healthcare. As such, it is helping to prevent them from being avoidably disadvantaged, for example by training and certifying interpreters who work in the healthcare sector, by providing foreign-language information about prevention or by offering training courses for healthcare professionals on how to deal with people from migrant populations.

What factors impair migrants' health?

Migration does not in itself make people sick. However, a number of indicators show that socially and economically disadvantaged migrants are primarily at risk and particularly vulnerable. These indicators include a greater prevalence of risk behaviours that endanger migrants' own health (smoking, unhealthy diet, obesity), a higher incidence of sexually transmitted, parasitic or infectious diseases, a poor knowledge of how the healthcare system works and therefore frequent incorrect use of it, a low rate of use of preventive check-ups (cancer, hypertension) and communication problems when trying to use healthcare services. The reasons why migrants are at a dis-

advantage when it comes to healthcare can essentially be traced back to three groups of health determinants.

– **Material and psychosocial disadvantages:** Poor social or financial status, unhealthy working conditions and uncertain residence status are all factors that put a greater burden on the health of certain sections of the migrant population compared with the native Swiss. Even the experience of migrating can, in certain circumstances, have a negative effect on health.

– **Health-related behaviour:** People with a migrant background tend to engage more frequently in behaviour that puts their own health at risk (smoking, unhealthy diet, obesity, lack of exercise). They are less well informed about Switzerland's healthcare system and make less use of preventive or beneficial services such as cancer screening.

– **Healthcare system structure:** The Swiss healthcare system is still insufficiently geared to the needs of migrants. There is most need for improvement in the areas of access to and appropriateness of services, the transcultural competence of health-

world, problems such as computer game addictions, Internet addiction, etc. In the last few years, the discussion on social determinants of health and equal opportunities has come to focus especially strongly on the aspect of early childhood development. A great deal can be achieved by investing in the first five to seven years of a person's life. What is on offer, not only in terms of medical help, but in particular also in terms of support channels and relief programmes for parents and development opportunities for children? In this field, Scandinavia continues to lead the way. Health-related inequality cannot be addressed by focusing purely on the healthcare system; the other determi-

nants also have to be tackled head-on. The aim here is to ensure that the next generation starts off with a relatively level playing field in health terms as well as in relation to other opportunities.

Does Switzerland have something to offer the international community as a model as well?

On the whole, the OECD report did actually give Switzerland high marks for the quality of its healthcare system. There are some very good programmes on offer in individual areas. The Swiss Foundation for Health Promotion is a model for financing health promotion activities; the country's AIDS and drug prevention schemes are exemplary, and a

variety of decentralised programmes are available at cantonal, municipal and community levels. So there is a whole range of projects of which Switzerland can be very proud and which are highly regarded by the international community. However, the OECD report also pointed out that Switzerland ought to be investing more in prevention, as it is near the bottom of the OECD countries league in this respect. The OECD also noted that Switzerland is still a good way behind on tobacco and alcohol prevention schemes and that its nutrition and healthy weight policy is still in its infancy.

We spoke to

Dr Ilona Kickbusch (born 1948), initiator of the Ottawa Charter for Health Promotion, Founder and Editorial Board Chair of international journal *Health Promotion International*, with an impressive career at the WHO, inter alia as Director of the Division of Health Promotion, Education, and Communication (1994–98) and Director of the Department of Life-styles and Health (1990–94), is known all around the world for her contributions to the fields of public health, health promotion and «global health». From 1998 to 2004 Dr Kickbusch headed up the Division of Global Health, Department of Epidemiology and Public Health, at the Yale University School of Medicine. Dr Kickbusch lives in Brienz in the Bernese Oberland and works as an independent consultant in the field of health promotion.



care professionals and the use of intercultural translation.

Four action areas and one transverse assignment

To combat these disadvantages, the Swiss government launched the «Migration and Public Health Strategy, 2002–2007» under the leadership of the FOPH. In phase II of this strategy, which will last from 2008 to 2013, the government will continue to pursue its vision of equal health opportunities for all. It is helping to remove the obstacles that put the migrant population at a disadvantage and improving their chances of being able to develop their health potential to the same extent as the native population. The steps needed to achieve the goals that have been set will be implemented in four different action areas:

- The health promotion and prevention action area is aimed at improving the health skills of people with a migrant background, improving their health resources and reducing specific factors that impact negatively on their health. It includes mainstreaming measures in health promotion and prevention, the provision of appropriate information resources and specific projects in key areas.
- The healthcare professionals training action area is aimed at enabling people working in the healthcare

sector to acquire the skills needed to deal with customers from an increasingly diverse range of backgrounds in a transculturally effective fashion. Healthcare professionals will learn these skills as part of their regular training. This action area will integrate the subjects of migration and diversity into healthcare professionals' training, provide supplementary courses and help to ensure that sufficient intercultural translators are available to meet needs.

- The healthcare provision action area focuses on providing appropriate treatment and care for people with a migrant background and on ensuring equal access to healthcare services. It includes mainstreaming measures within the authorities and institutions that provide healthcare, the promotion of healthcare services for specific groups of migrants and measures aimed at facilitating and promoting the use of intercultural translation.
- The research action area is aimed at closing gaps in knowledge by generating scientific knowledge about migration and health and making this knowledge available to all relevant stakeholders.

These four action areas are flanked by the transverse assignment information,

coordination and networking (shortened to migration mainstreaming), which is aimed at ensuring that migration-related issues are firmly established in healthcare structures.

Migration mainstreaming

The migration mainstreaming transverse assignment incorporates information and coordination activities and aims to ensure that stakeholders in politics, administration and society at large take on board the realities specific to the migrant community when making decisions or taking action to plan, implement or evaluate programmes, projects and concrete measures.

Five principles of action

The federal government has adopted five key principles of action with regard to the «Migration and Public Health Strategy». These are: to follow an integrative approach; to endeavour to improve the resources available to the migrant population; to take on board the significance of gender; to adopt a multisectoral procedure; and to stress the importance of participation and networking.

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At first hand

Are equal opportunities even an issue in Switzerland's highly advanced healthcare system? I'm afraid that even today, in 2007, the answer is yes. The OECD study of the Swiss healthcare system conducted in 2006 showed that health is still an area where inequalities exist in Switzerland.

In 2002 equal opportunities became one of the «21 health goals for Switzerland». The European Charter of Fundamental Rights and the Council of Europe Conventions declare that health is a universal human right. The Swiss constitution also includes health as a fundamental right. These are the bases by which we are guided.

The indicators of unequal opportunities in health are inequalities in health status as a function of educational level and higher morbidity and mortality rates among people from lower socio-economic strata. While a person's social status is determined to a large extent by the social structure of the society they live in, it is also dependent on other key social variables.

Social and healthcare researchers have proven that gender has a huge influence on social status in any society – and thus also on available courses of action and access to resources. Men and women attach differing importance to their health, which in turn results in different health behaviours. Although origin does not in itself have any impact on health, other factors specific to people from migrant communities play a central role. In the health sector, equal opportunities mean taking account of the varying life situations of men and women and eliminating all forms of discrimination or access barriers to healthcare services.

I appeal to you to develop suitable ways of promoting equal opportunities in whichever field of public health you work in, because only by acting together can we achieve our goal.



Verena Hanselmann
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and Health Section
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Full awareness and free will – the information campaign on the new transplantation law

The new transplantation law.

Switzerland has for the first time a common legal framework for transplantation medicine. The new Federal Law on the Transplantation of Organs, Tissues and Cells came into force on July 1st, 2007.

The new transplantation law attaches great importance to informing the public. Article 61 obliges the federal government and the cantons to regularly inform the public on issues of transplantation medicine, highlighting especially the process of consenting to donation. The law also stipulates that the consequences of decisions should be pointed out and the practical and legal aspects relating to the removal, allocation and transplantation of organs explained.

www.transplantinfo.ch

Article 61 has provided the impetus for a new service: under www.transplantinfo.ch, the Federal Office of Public

Health (FOPH) is now offering the public an Internet portal that provides full and neutral information on issues relating to transplant medicine. «Neutral» in this context means allowing each individual to choose whether or not they wish to donate organs, tissues or cells. The portal offers information in three «layers», tailored to laypersons, people with a specific interest in the topic and professionals in the field respectively. The integrated learning environment «Understanding transplantation», which is aimed primarily at vocational colleges, high schools and providers of nursing training, offers an interactive and stimulating guide to the portal.

Opinion-forming information

A public-opinion poll in 2005 showed clearly that the Swiss have a fundamentally positive attitude towards transplant medicine. This was part of the monitoring of the law (baseline measurement). However, only a few have actually filled in a donor card (11%) and over 40% do not know the wishes of their next of kin in organ donation. In line with the mandate of article 61, this prompted the FOPH to initiate a broad-based campaign aimed at raising public awareness of the new law and to develop web-based information.



Donor cards and information leaflets have been sent to every household.



The Federal Office of Public Health uses posters, ads, TV spots and Internet banners to inform the public on the new transplantation law.

In June/July and October 2007, TV spots on all three national channels, billboards and internet ads specifically promote the web address www.transplantinfo.ch as a source of information. The message to the public is clear: «Inform yourself, decide whether or not you want to donate organs, tissues and cells and make your wish known – especially to your family».

To all households

As well as launching the web information, in early July 2007 the FOPH also distributed an information brochure on transplant medicine to all Swiss households. It contains a legally compliant donor card where one can express the wish to be a donor or not, and, if yes, which organs, tissues or cells one explicitly wants to exclude from donation. The donor card was created in collaboration with the Foundation Swisstransplant, which is running the National Allocation Centre on behalf of the federal government.

Next steps

The impact of the campaign will be evaluated in three representative telephone surveys in June (before the campaign), August (after the first batch of information) and November 2007 (after the second batch of information). These surveys will focus particularly on whether or not the public is better informed as a result of the campaign and whether the number of people expressing their wishes has grown. The results of the evaluation will be closely analysed and – depending on findings – provisions will be defined for the next few years. The internet information will be continuously updated.

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Comprehensive substance-abuse policy – quo vadis?

Four questions to Markus Jann.

The Federal Office of Public Health (FOPH) is developing a substance-abuse policy that departs from the current traditional focus on legal and illegal substances and adopting a more comprehensive view of addiction and dependence. We asked Markus Jann, Head of the FOPH's Drugs Section, about the current status of the development.

spectra: Mr Jann, the report by Markus Spinatsch (2004) and the Swiss Federal Commission for Drug Issues' high-profile study «psychoaktiv.ch» (2004) are challenging experts' policy-makers to focus less on individual substances such as tobacco, drugs and alcohol and to adopt a more comprehensive approach to the substance abuse issue. What is the FOPH currently doing in this area?

Federal Commission for Drug Issues for a «coherent» substance-abuse policy and incorporated it into its new strategy. In doing so, we plan to improve coordination between the so-called «sectoral» policies on alcohol, tobacco and illegal drugs, which until now have been developed separately. The next step will see us formulating a mission statement for this goal which will provide the framework for long-term development. The coherence we are striving for should not, however, be mistaken for homogeneity. It is much more a question of identifying differences and commonalities and, where possible, exploiting synergies. In other words, the policy we are aiming for is not intended to replace the current sectoral policies on alcohol, tobacco and illegal drugs, but rather to complement them.

Does the FOPH's strategy also include scope for incorporating non-substance addictions such as gambling addictions into a new substance-abuse policy?

The new aspect of this «coherent» sub-

stance-abuse policy is indeed the fact that it is not so much focused on problem substances as it is on problem behaviour. Nonetheless, substance-specific sectoral policies will continue to have a place in future, although under the umbrella of a single coherent policy. However, whether or not addiction to behaviours such as gambling, Internet use, work or shopping should also be targeted by a specific programme of measures depends not only on the burden represented by these problems, but also on the additional funding required to address them.

The Federal Council has decided – also as part of its streamlining of the various expert bodies – to merge the alcohol, tobacco and drugs commissions into a new Addiction Commission. How far advanced is this process?

The amalgamation of the three commissions into a single expert body for addiction issues is scheduled to take place during the next legislative period but one, i.e. 2012. However, a successful

merger will require time, as, for example, the current policy on alcohol, originally strongly initiated and supported by the abstinence movement, has completely different cultural and social roots to the drug policy, which grew out of the left-wing scene in the 1970s.

The structures have also grown up over time within the FOPH, with separate sections for drugs, alcohol and tobacco. Will the new strategic direction lead to a reorganisation here too?

On 1 August 2007, the Alcohol and Tobacco sections merged to form a single section. There are currently no plans for any further structural changes. In future we will be attaching particular importance to improving inter-thematic permeability and, in particular, to promoting transverse (cross-topic/cross-structural) approaches and projects. For example, the Drugs Section will no longer be responsible solely for issues relating to illegal drugs, but will also handle the horizontal issues of substance-abuse policy and young people's health.