National Health Plan 2012 – 2016

3.1. Strategic Axis - Citizenship in Health

National Health Plan
2012–2016

3.1. CITIZENSHIP IN HEALTH

> *Promoting Citizenship for a culture of health and well-being, of accomplishment of personal, family and community life projects.*

3.1.1. CONCEPTS

WHAT IS UNDERSTOOD BY CITIZENSHIP?

.1. **Citizenship** designates membership in a political community (local, national, supranational) on which there is a relationship of responsibility, legitimised by each person assuming a set rights and duties (Gaventa J *et al.*, 2002).

- **Active citizenship** assumes that individuals and organisations (families, communities, associations, and companies) take responsibility for developing society, through actions such as public and political participation, associations, volunteering and philanthropy.

- The **organisations shall be responsible** for their overall and equitable impact, their performance, and responsiveness to needs and expectations, while promoting the engagement of the citizen and civil society, its continued development and creation of social value (services, products, quality and safety standards).

> **BOX 3.1.1 - CITIZENSHIP MAY HAVE THREE MEANINGS:**
>
> - **Civil rights** (freedom of movement, association, expression and the right to justice);
>
> - **Political participation** (definition of strategies and political and institutional decisions);
>
> - **Social rights** (access to resources that ensure well-being and safety and define social normality - education, housing and healthcare, among others).

WHAT ARE THE LEVELS OF INVOLVEMENT OF CITIZENS AND CIVIL SOCIETY?

.2. Citizens and/or organisations representing citizens and social interests, such as patient associations, consumer associations, private social solidarity institutions, "misericórdias", non-governmental organisations, etc., can situate their participation according to **a *continuum* model of involvement**:
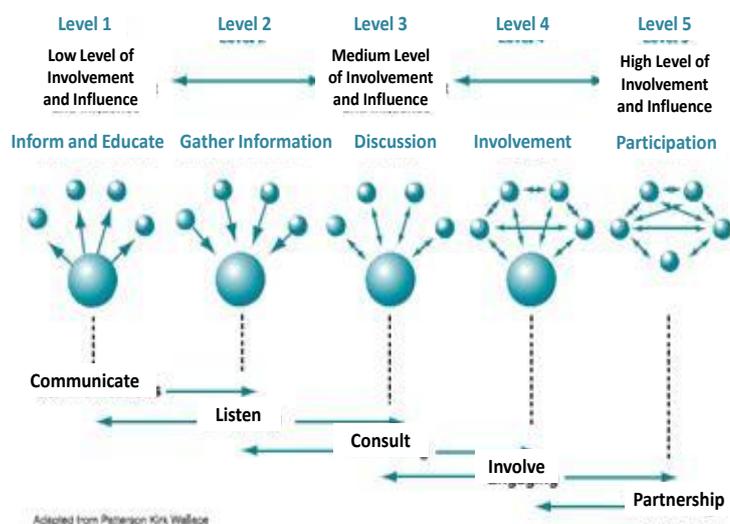
FIGURE 3.1.1. - Adapted: Health Canada's Public Involvement Continuum , Departmental Policy, 2000

.3. **The capabilities and responsibilities of citizens** are magnified in non-profit social organisations such as the IPSS, Associations, Societies and Foundations; and in for-profit entities, such as legal persons/companies with rights and duties compatible with their nature (Portuguese Constitution, Article 63, 2005).

.4. **Corporate social responsibility** implies the volunteer integration of social and environmental concerns and interventions in the pursuit of the companies' activity and interconnection with local communities and others (Law No. 12/2004).

WHAT IS UNDERSTOOD BY CITIZENSHIP IN HEALTH?

.5. **Citizenship in Health** emerges in 1978 from the Declaration of Alma-Ata as the people's "right and duty to participate individually and collectively in the planning and implementation of their health care" (Alma-Ata, 1978).

REFER TO THE GLOSSARY:
Accountability, Capacity-building, Citizenship, Citizenship in health, Citizen, Interpersonal communication, Media, Humanised care, Empowerment, Literacy, Doctor-patient relationship, Social responsibility

WHAT IS THE ROLE OF THE CITIZENS?

.6. Citizens are responsible for their own health and that of the society they are part of**,** having the obligation to defend and promote it, in respect for the common good, for the benefit of their interests and recognised freedom of choice (Basic Law on Health, 1990), through individual actions and/or by associating themselves and forming institutions.

- Education, behaviour and lifestyles, the management of chronic diseases, the appropriate use of healthcare, the promotion of informal care, the therapeutic alliance and therapy compliance are key-determinants for the improvement of the health status and performance of the Health System.

- Citizens are entitled to public health services constituted and operating in accordance with their legitimate needs and interests.

- The freedom of choice in the access to the national health care network is recognised, with the limitations resulting from the existing resources and the organisation of services (Basic Law on Health, 1990).

> *Health is seen as a resource for life and not as a goal of life*

- Citizens should have access to conditions that enable them to develop their potential of biopsychosocial well-being, individually and as members of society.

.7. The **citizen is the centre of the Health System**, which means that the Health System should be organised with the mission to respond to the citizen's needs, satisfaction and legitimate expectations as an individual and as part of a community, and in his/her various roles: active and healthy, ill, service user, consumer, caregiver, family member and community member.

.8. The 21st century user (Coulter A, 2002) is a decision-maker, manager and co-producer of health, appraiser, agent of change, taxpayer and active citizen whose voice should have an influence over the decision-makers in healthcare (Ottawa Charter, 1986).

WHICH ARE THE STRATEGIC PERSPECTIVES FOR THE DEVELOPMENT OF CITIZENSHIP IN HEALTH?

.9. The strengthening of the citizen's power and responsibility for contributing to the improvement of individual and collective health occurs through the promotion of a continuous development dynamic that integrates the production and sharing of information and knowledge (**health literacy**), within a culture of pro-activeness, commitment and self-control of the citizen (**capacity-building/active participation**), for maximum responsibility, and individual and collective autonomy (**empowerment**).

WHICH ARE THE RESOURCES AND TOOLS FOR STRENGTHENING CITIZENSHIP IN HEALTH?

.10. The resources and tools for strengthening Citizenship in Health are as follows:

- **Representation and participation of the citizen and community** in governance structures.

- **Organisations representing interests in healthcare**, such as patients or users' associations.

- **Processes which define the expectations and satisfaction of citizens**, such as satisfaction surveys, reviewing of complaints, institutional offices (e.g. users bureau), or assessments by civil society (e.g. observatories).

- **Awareness-raising and health education initiatives** such as events, celebrations, specific days, at institutional, local, municipal and national levels.

- Organisation by local associations, parish councils, town councils, religious organisations, etc., of support groups, home care or care to specific groups, involving **goals of literacy, training and *empowerment***.

- **Counselling and guidance**, through portals, telephone lines, institutional websites, or others.

- **Health Information** in the field of promotion, prevention, intervention, treatment or rehabilitation, addressed to the general public.

- Formal training, as follows:

- o *Contents, programmes and health education initiatives included in the regular curriculum.*
- o *Training programmes on health for professionals in other fields, such as teachers or journalists.*
- o ***Aimed at specific health situations***, *such as support groups and patient education, childbirth preparation classes, training of informal caregivers.*
- o ***For health professionals aiming at the education, training and empowerment of citizens***, *such as training on health education, the health professional-patient relationship, conflict resolution, etc.*

- **Healthcare actions**, whether medical appointments, nursing actions, consultations with other health professionals, who, opportunistically or in a programmed way, convey or construct knowledge, involvement and responsibility for individual health and that of others.

- The **Media**, whether general or specialised in healthcare, as disseminators of knowledge, best practices and assessors of the Health System.

- **Public information of a political, institutional or professional nature**, enabling an understanding of the nature and goals of policies, institutions and services, the development of their quality and performance standards, their activities and assessment practices.

- **Social networks, forums and informal groups** associated with health problems or contexts.

- **Patient and consumer associations** aiming at increasing literacy, capacity-building and empowerment of their members, social awareness and influence over the institutions in the Health System.

- **Initiatives in companies and foundations**, or supported by them, on social responsibility associated with health.

- **Studies aimed** at the characterising and understanding the determinants of literacy, participation, capacity-building and *empowerment* of citizens, including vulnerable subgroups.

BOX 3.1.2. OPPORTUNITIES ARISING FROM THE PROMOTION OF CITIZENSHIP IN HEALTH:

FOR CITIZENS:

i) Greater awareness of their ability and power to achieve their health potential;

ii) Increased participation in clinical decision, in disease management and in the governance of health institutions;

iii) Greater and more appropriate demands on the Health System, its institutions and professionals;

iv) Increased attention and interest, on the part of the citizen, for the issues of health and individual and social well-being;

v) Strengthening healthy contexts, the promotion of healthy choices, and support in illness;

FOR HEALTHCARE PROFESSIONALS:

vi) Promotion of compliance, therapeutic alliance and effectiveness of their practice;

vii) Greater recognition of the quality and value of their activity;

FOR HEALTHCARE INSTITUTIONS:

viii) Greater support to their mission through volunteering, informal caregivers, participation in development and philanthropy;

ix) Better use of their services and communication with users;

x) Greater social recognition of their value;

FOR POLICY-MAKERS:

xi) Affirmation of health as a cross-sectional social value and as a defining element of the common good.

xii) Increased dialogue, social cohesion and response to the challenges of the Health System.

xiii) Focus of the Health System on the needs and expectations of citizens as a primary goal for promoting the integration and articulation of its stakeholders' efforts.

BOX 3.1.3. THREATS TO THE PROMOTION OF CITIZENSHIP IN HEALTH:

AT THE LEVEL OF CITIZENS:

i) Asymmetry of knowledge between citizen and professional resulting in a barrier to partnership;

ii) Inadequate expectations regarding the capacity of professionals and institutions;

iii) The perspective of health as a commodity, supported by the mere provision of services;

AT THE LEVEL OF HEALTH PROFESSIONALS:

iv) Litigation and defensive medicine, as well as the dissatisfaction of patients and professionals;

v) Breakdown of social structures such as family, community and informal support groups;

AT THE LEVEL OF HEALTH INSTITUTIONS:

vi) Imbalance of power between social groups excluded or less empowered, such as the elderly, youngsters, poor, immigrants, prisoners, people with disabilities, among others;

vii) Lack of integration of the activities of civil society with health services;

AT THE LEVEL OF POLICY-MAKERS:

viii) Decision-making processes lacking participation and transparency in criteria, rationale and expected gains;

ix) Absence of strategy, transparency and accountability in the access to and distribution of social resources;

x) Social information which is partial, biased, lacking evidence, circumstantial or which does not promote literacy;

3.1.2. FRAMEWORK

LEGAL, LEGISLATIVE, REGULATORY AND STRATEGIC FRAMEWORK

.1. The rights and duties of citizens in healthcare are legally defined (Box 3.1.2.).

.2. Portugal ratified the Universal Declaration of Human Rights in 1978.

.3. The **National Health Plan 2004-2010** has strategic guidelines and indication of concrete lines of action for citizen participation and for issues related to choices, the humanisation of services, and spiritual and religious care.

> **BOX 3.1. 2. REFERENCES ON THE RIGHTS AND DUTIES OF THE CITIZEN IN HEALTHCARE**:
>
> • Basic Law on Health, 1990 (Law No. 48/90)
>
> • Charter on Hospitalised Children, 1998 (IAC, 1998)
>
> • Charter of Patients' Rights and Duties, 1999 (2nd edition)
>
> • Charter on the Rights of Hospitalised Patients, 2005 (Health Portal)
>
> • Charter on the Rights of Access to Healthcare by Users of the National Health Service, 2007
>
> • Charter of Users' Rights and Duties, 2008 (Health Portal)
>
> • National Health Service User Guide, 2009 (Health Portal)
>
> • Regime for Family Follow-up in Hospital Admission, 2009 (Act 106/2009).

INSTRUMENTS TO PROMOTE CITIZENSHIP IN HEALTH:

.4. The fundamental instruments to promote Citizenship in Health are the following: information; awareness-raising, education and training; consultation and hearing; participation in the decision-making process. As examples, we may refer the following, some of which with inter-sectorial scope:

LITERACY, INFORMATION AND GUIDANCE

• **Health Portal**, a Ministry of Health website, has about 250,000 visitors per month, includes information on organisation and policies, health issues and access to services.

• *Website* **of the Directorate-General of Health**, which disseminates continuously updated information relevant to citizens in easily understandable terms.

• *Website* **of the National Health Institute Dr. Ricardo Jorge**, whose main responsibility is research in health and which operates as a State laboratory in the area of health, as national reference laboratory and national observatory on health, disseminating relevant and continually updated information to citizens, professionals and decision-makers in easily understandable terms.

• *Harvard Medical School - Portugal Programme in translational research and information***,** focused on the public availability of medical contents and biomedical research, of validated quality, for medical students, health professionals and the general population, with free access on the *Internet*, and on *translation medical research*. Its main goal is to stimulate internationalisation and cooperation between medical schools, and between those and key laboratories and national research centres in biomedical sciences (www.hmsportugal.org/).

• *Website* **of Statistics Portugal,** which produces and disseminates official statistical information on quality, promoting the coordination, development and dissemination of

statistical activity nationwide.

- Telephone hotlines for information and guidance:

  o *Linha Saúde 24 is a permanent telephone helpline and incorporates strategies to promote empowerment in counselling and guidance to citizens. In 2009, the average number of calls per day was 2,500 (Access Annual Report, Ministry of Health, 2010).*

  o *Linha do Cidadão Idoso (hotline for senior citizens), from the Office of the Ombudsman, provides information on the rights and benefits in health.*

  o *Linha Telefónica de Informação às Vítimas de Violência Doméstica (information hotline for victims of domestic violence), provides services to victims of physical, sexual or psychological violence, psychological support and information about victims' rights, and guidance on existing support resources.*

  o *Linha SOS Imigrante (help hotline for immigrants), which provides general information on immigration issues. It is also prepared to advise and provide information within a context of serious situations (e.g. attacks on physical integrity, situations of labour exploitation, domestic violence or discrimination, among others).*

  o *SOS Grávida, hotline for information, support and assistance to pregnant women.*

  o *SOS Criança, associated with the Institute for Child Support (IAC), provides an anonymous and confidential service for children, youngsters, families, professionals and the community. Its goal is to support children in Portugal, especially children at risk, abused and/or sexually abused, missing, ill-adjusted at school, with conflicts with parents, who may feel rejected or have suicidal ideas and seek to find solutions to these problematic situations. It operates both nationally and internationally.*

  o *APAV, a non-profit and volunteer organisation which supports, in an individual, qualified and humanised manner, crime victims, by providing free and confidential services.*

  o *Linha Rara, a support and information platform which proposes to listen, inform and advise patients with rare diseases and their relatives, health professionals/social workers, students, teachers and the general public with regard to rare diseases and the rights their bearers.*

AWARENESS-RAISING, TRAINING AND EDUCATION

- Promoted **by institutions of the Ministry of Health**: Platform Against Obesity, with the promotion of healthy lifestyles; public awareness-raising campaigns (dangers of smoking; promotion of condom use; Acute Myocardial Infarction and Stroke within the context of the Vias Verdes (Fast Tracks) Programme; promotion of generic drugs); Mais Saúde (More Health) Channel, among others.

- **Inter-sectorial initiatives**: partnership with the Ministry of Education, integrated in the schools' educational project (DL No. 259/2000), a privileged space for the promotion of health literacy. Other inter-ministerial and sectorial initiatives, of national coverage: "Ler + Dá Saúde" ("Reading + Gives Health"), included in the National Reading Plan (Ministry of Education, 2006); Portuguese Healthy Cities Network; Nascer Cidadão (Be born a Citizen); a Escola Segura (Safe School); CUIDA-TE (Take Care of Yourself); Road safety campaigns; Senior-Friendly Cities.

- **Public campaigns of patient associations**, particularly in commemorative days, with social mobilisation actions (conferences, marathons, festivals, fairs, among others).

PARTICIPATION IN THE DECISION-MAKING PROCESS

- **Community Councils** (ACES), chaired by local authorities, with the goal of promoting the involvement and articulation of primary healthcare with schools, municipal services and local social networks.

- **Advisory Councils in hospitals** (participation, consultation and technical support to citizens).

- **Citizen's Bureaus** (ACES) - encourage and value the participation of citizens in improving the operations of health services through comments and complaints related to structural problems and available resources (Users' Complaints, IGAS, 2009).

- **Support Centres for Children and Youngsters at Risk (primary care centres and hospitals)** - base their intervention on the involvement and participation of caregivers and children or youngsters themselves.

- **Other: leagues of friends; patient associations; patient commissions; voluntary groups.**

STUDIES ON SATISFACTION AND PERCEPTION OF QUALITY

.5. **Assessment of satisfaction of the National Health Service's users** (Villaverde Cabral M and Silva PA, 2009)

- The level of satisfaction of the patients with the NHS was similar in 2001 and 2008.

  o *Satisfaction was evaluated regarding the family doctor (general practitioner) and Primary Care Centres, as well as the hospital admissions and outpatient appointments, emergency services, long-term care and Linha Saúde 24. There were, however, variations at regional level. The relationship with the family doctor and the Primary Care Centre is the most important determinant of satisfaction. The negative opinion on the performance of the NHS deepened, with no differences by gender, age and educational level, being more favourable in higher socioeconomic strata.*

  o *The preference for the public sector over the private sector increased, both in general and family medicine and in hospital specialties. The main reasons are economic and related with facilities, human resources, proximity, confidence and safety in treatment and humanised service. Preference factors for the private sector are: fast service, attention paid, humanisation of services, greater efficiency and better organisation.*

    - Health is the sector in which the government should invest more - is the opinion of 49.4% of respondents in 2001, against 55.1% in 2008, mainly women, elderly and those less educated, i.e. those who resort the most to NHS, which shows the social value assigned to health.

.6. **Eurobarometer (2008)**

- In 2008, 54% of the Portuguese believed that the provision of public healthcare had a positive performance but required major changes to improve and only 13% thought it should be completely redone, which is a significantly lower percentage than the 32% recorded in 1996 (Eurobarometer, 2008).

.7. **Indicators of users and professionals' satisfaction, monitored under Primary Health Care** (CEISUC, 2009)

- Under the Reform of Primary Healthcare, the indicators related to user and professional satisfaction are now monitored, by contracting individual improvement targets for each USF (CEISUC, 2009).

- The assessment of satisfaction concludes on the need for greater involvement of

the user in the organisation of care. Aspects such as the relationship and communication, humanisation, involvement, information and support were assessed in a very positive manner.

.8. **Assessment of quality and satisfaction in corporate public hospitals (EPE and SPA hospitals)**

- The assessment of quality and satisfaction in corporate public hospitals (EPE and SPA hospitals) (ISEGI-UNL, 2009), following previous reviews (ISEGI-UNL, 2003), showed: i) as a positive aspect, the perceived quality of the professional staff; ii) as a negative aspect, waiting times and lack of adequate response to complaints. The image of the institutions is the area with the greatest impact on satisfaction. The assessment of the conditions of comfort in corporatised hospitals ("Hospitais SA") generated priority recommendations (2003) (Comfort Programme, 2004).

- In 2010, 88% of hospitals were present on the *Internet*, 97% institutional information, 82% on the services provided, 61% on prevention and healthcare, 31% instructions on how to proceed in case of a medical emergency and only 8% the possibility to schedule medical appointments online (Hospital ICTs Survey, INE, 2010). About 27% of hospitals allowed the use of computers connected to *the* Internet by patients, 12% *had* wireless Internet and 4.7% featured video-conferencing systems for the curricular activities of hospitalised children.

.9. **Assessment of user and professional satisfaction, monitored under Long-term Integrated Care.**

- Most users found that the healthcare provided at the units is good and consider their health to be better since joining the unit (GIESTA- ISCTE, BestSalus, 2008).

STUDIES ON LITERACY AND BEHAVIOUR OF CITIZENS

.10. **The *Internet* is a resource for information and health education** (LINI, 2010). In 2010, 49% of households had access and 44% of the population were Internet users (relatively significant increase when compared to 29% in 2003). Of these, two thirds are between 15 and 24 years of age; the elderly (1.6%), retired people and pensioners (5%), housewives (11%) and manual workers (22%) are the ones who use it the least. A third searches for health information, 16% of whom do it on a weekly basis.

.11. The Portuguese claimed, in 2008, to adopt by their own initiative, healthier behaviours than they did seven years before, especially senior citizens and higher social levels (Villaverde Cabral M and Silva PA, 2009). There was an increase in those who claim to do regular exercise (from 33% to 48%) and adopt healthy diets in their day-to-day life (from 8% to 43%).

BEST PRACTICES OF CIVIL SOCIETY

.12. The following are examples of best practices of *empowerment* and participation of civil society:

- The Federation of Institutions Supporting Chronic Patients (FIADC) and the Health in Dialogue Platform are groups of patient associations that promote training and information for healthcare professionals and patients on issues such as individual responsibility in health, volunteering, vulnerable groups, and health literacy.

- Patient associations, represented in the Monitoring Committees of national or

vertical programmes, namely: the National Programme for Control of Diabetes, the National Programme for Asthma Control, the National Programme for Prevention and Control of Chronic Obstructive Pulmonary Disease and the Platform Against Obesity. Patient associations also participate in the discussion and implementation of an integrated management of the disease, for some pathologies (Department of Quality in Health - DGS), such as Chronic Kidney Disease (CKD).

- The activities developed in favour of therapeutic education in diabetes, recognised internationally; the project João Dentão, in the field of Oral Health; campaigns against drowning in pools and promotion of containment mechanisms in vehicles, the civic movement Pais-em-Rede (Parents-in-Network).

- Other private initiatives are intended to inform citizens of changes in health statistics, such as the PORDATA project.

BEST POLITICAL PRACTICES

- **The monitoring of the NHP 2004-2010,** supported by two ACS websites ("Indicators and Targets of the NHP" microsite and "WebSIG - Interactive Maps" platform) where indicators are updated, their progress is calculated in relation to the targets defined for 2010 and values are compared with those of European Union countries (ACS-targets and indicators of the NHP).

- The public discussion on the strategy for the redistribution of hospitals of the Metropolitan Area of Porto, by ARS North, based on four studies (ARS North, 2009).

INFORMATION AND COMMUNICATION TECHNOLOGIES

- The Digital Agenda (European Commission, 2010) provides that information and communication technologies integrate the citizens' right to have their individual health information safely stored in a system accessible online; it emphasises the need to remove all legal and organisational obstacles, particularly with regard to interoperability, standardisation and access. It also recommends strengthening a joint programme for assistance to autonomous home care, through telemedicine (e.g. online medical appointments), emergency care and portable devices to monitor the health status of chronic or disabled patients and which may allow greater autonomy of these patients.

- In Portugal, information technologies in health and e-Health have been developed and implemented, such as the e-Agenda (https://servicos.min-saude.pt/acesso/), the e-SIGIC (https://servicos.min-saude.pt/acesso/), e-prescription in chronic diseases (http://gid.min-saude.pt/) and the start up of the Health Data Platform, where citizens shall have the possibility to make their personal health record (https://servicos.min-saude.pt/acesso/).

There are telemedicine applications, with telemonitoring and telecare, and isolated teleconsultation initiatives (Monteiro, MH *et al.*, 2007). Examples of this include:

o *Telemonitoring: The AIRMED Project - Remote monitoring of cardiac patients at Santa Marta Hospital;*

o *Telecare: Saúde 24, the Call Centre of the National Health Service;*

o *Teleconsultation: The Chronic Pain Teleconsultation of the Espírito Santo Hospital (Évora);*

- *Telemedicine: Project "Telemedicine in Castile-Leon in North-eastern Trás-os-Montes - CALENO" of ARS North; INTERREG Telemedicine Project - Algarve - Andalusia.*

- The Ministry of Health is implementing online services, such as the National Patient Record, created to gather unique and consolidated information on the user of the National Health Service.

- The European Year of Voluntary Activities Promoting Active Citizenship (2011) (Council of Ministers Resolution No. 62/2010) provided an opportunity to develop awareness-raising activities and to promote volunteering and a more active citizenship.

INCENTIVES TO SOCIAL SECTOR INITIATIVES IN HEALTHCARE

- The NHP 2004-2010 provided for the funding of IPSS projects (Decree-Law No. 119/83 of 25th February). ACS, DGS, IDT, IPS, CNSIDA and ARS supported and financed projects of Private Social Solidarity Institutions (IPSS) operating in Healthcare, focusing on actions that targeted literacy and empowerment of citizens (Decree-Law No. 186/2006).

ASSESSMENT OF CITIZENSHIP

- Portugal is ranked 24th in the European Index of *Empowerment* 2010 (Health Consumer Powerhouse, 2010) among 37 countries.

- The WHO evaluation (of the NHP 2004-2010 and the Health System) recommends paying more attention to Patients' Rights legislation (Ninth Futures Forum, WHO, 2006). At the same Forum, Portugal was quoted as a good example by encouraging citizen engagement in the decision-making processes in health care, namely through public consultations.

3.1.3. GUIDELINES AND EVIDENCE

AT THE POLITICAL LEVEL, ONE SHOULD

• Promote a culture of citizenship, based on the development of initiatives targeted at the community or population groups, aimed at improving literacy, capacity-building, empowerment and participation, based on axes such as the dissemination of information (current, understandable and credible), the development of skills, and the engagement and participation in individual, institutional and political decisions, while creating conditions for citizens to become more autonomous and responsible regarding their health and the health of those who depend on them, as well as promoting a positive view on health.

  o *Access to information, inclusion and participation, accountability and capacity of local organisation are the basic elements of a successful strategy of citizenship in health (Ramos V, 2010).*

  o *Citizenship in health requires the involvement and coordination of all sectors, in a concerted and articulated manner. And the empowerment of citizens is a process that is developed throughout life, within the context of family, school, university, workplace, community and health services.*

  o *Children's participation should be made recognising their developing capabilities and respecting their skills, maturity and personal autonomy (Lansdown, 2005 in Ramos V, 2010) (Coyne, 2006 in Ramos V, 2010).*

  o *WHO's European Strategy for Child and Adolescent Health and Development (2005) suggests that all member states adopt the participation of children as one of the principles of national health plans.*

  o *Education for citizenship results in clear health gains when introduced in childhood and adolescence, and continued in young adulthood, integrated into the school and university curriculum, together with a family context that promotes empowerment. This potential is evident in recycling campaigns whose focus is on children as the family learning engine.*

  o *Community mobilisation is one of the most effective forms of empowerment as a means for participatory democracy, with focus on public health by promoting health and reducing inequalities (Milewa T, 2000).*

  o *The current vertical family structure is a context that facilitates intergenerational solidarity and promotes citizenship and empowerment.*

  o *The intervention mechanisms should be developed with concerted strategies that combine classic and new technologies.*

  o *The media play an important role as an influence to attitudes, beliefs and behaviours. Public campaigns on television, radio and billboards have proven efficacy. However, they are costly and require regular recycling. For example, the promotion of physical activity leads to increases, in the short-term, in the levels of physical activity, but the effects are lost in the long-term (Wakefield MA, 2010).*

  o *Information and communication technologies are innovative (Portuguese Observatory on Health Systems, 2009), inexpensive and easy to repeat.*

• **Ratify and disseminate the charter of citizens' rights and duties in the field of Health,** including public and private services, which may define social responsibilities and the

responsibilities of health services towards the individual, and become a basic reference for charters of institutional rights and duties adaptable to the place and context of service provision.

• **Develop the planning, interventions, monitoring and evaluation in the area of Citizenship in Health**, including information and monitoring systems, preparation of evidence and recommendations, assessment and identification of best practices, and promotion of an agenda for research and innovation.

> o *e-Health includes telemedicine, electronic health records and online computer solutions. Organisational changes and the development of new skills allow for the provision of better care at lower costs.*

> o *m-Health is a recent concept of mobile phone usage on health-related matters, through text messages, with evidence of benefits (Atun et al., 2008), relevant to particular groups, such as adolescents or vulnerable populations, and populations living in remote areas (Ramos V, 2010).*

• **Promote the active participation of organisations representing the interests of the citizen**, such as Patient Associations, Consumer Associations, IPSS, "Misericórdias", non-governmental organisations, religious congregations.

• **Ensure the development of citizenship-promoting skills by health professionals**, both at pre- and post-graduate level, skills of personal and social communication, humanisation of care, relationship with the patient and health education, and monitor and assess these practices.

> o *Health professionals and institutions are the most accessible and appropriate source of information - opportune and proximity medicine.*

• **Promote, at institutional level, continuous improvement processes of citizenship**, such as regular assessments on the needs of citizens, interventions promoting literacy and skills, and promotion of citizens' participation processes and their representative structures.

> o *Note that there is scant evidence on the practices of hospitals and other health services regarding the processes involved in decision-making, namely the informed consent of children and/or adolescents (Moore and Kirk, 2009).*

AT AN ORGANISATIONAL LEVEL, INSTITUTIONS SHOULD

• Improve the citizens' knowledge on rights and duties, and promote the conditions for their exercise thereof.

> o *The following are some examples: adapt and disseminate the Charter of Citizens' Rights and Duties, adapting it to local specificities; assess the citizens' knowledge on rights and duties and continuously improve the conditions for the exercise thereof.*

> > • Implement strategies and training plans to strengthen relational and communicational skills of health professionals, taking into account the needs and expectations of citizens, with particular focus on vulnerable groups.

> o *More competent health professionals show better communication skills with the patient, more appropriate prescriptions and greater satisfaction. The patient has less anxiety and greater therapy compliance (Ramos V, 2010).*

• **Improve public confidence in the institutions and the conditions for its enhancement**, through regular consultation of the users' needs, expectations, satisfaction and experiences; disseminate institutional information in a transparent way, by publishing performance progress indicators and results of the health services and professionals, in simple and accessible format, presentation and language; ensure an efficient and

responsible response before society and the media.

o *The engagement of the citizen and community in developing and monitoring the performance of health services involves the creation of tools for an active, systematic and mandatory collection of opinions from patients, relatives and caregivers, and their incorporation in the process of service development and improvement (Hospital Governance, Ministry of Health, 2010).*

• **Develop programmes in the area of health education and self-management of disease**, for instance, by supporting the production and provision of manuals and support guides that include a record of outcomes, treatments and symptoms, the organisation of support groups, volunteering, among others.

o *Volunteering activities, including peer support, have a positive impact not only on the health and well-being of those who are assisted, but also of the volunteers themselves.*

o *Empowering caregivers facilitates the management of the disease, regulates the use of health services, and improves quality of life.*

• Promote citizenship in the decision-making process, in strategic development and in institutional assessment, in context of transparency, by implementing mechanisms to verify satisfaction, fostering dialogue and debate, and creating consequent cultural and structural conditions. Monitor and assess such engagement and participation.

• Promote voluntary service for a more active citizenship.

IN THEIR PRACTICE, HEALTHCARE PROFESSIONALS SHOULD

• Increase the provision of individualised and personalised care, with the participation of the patient in the therapy decision-making process.

• **Consider and assess the socioeconomic and cultural context,** and tailor healthcare to the reality of the citizens, their family and community, incorporating the principles of humanised and holistic medicine, and working on features of therapy alliance and compliance.

AT INDIVIDUAL LEVEL, CITIZENS SHOULD

• Proactively improve their knowledge and ability to exercise their responsibilities and rights, and fulfil their duties in health.

o *The promotion of citizenship generates well-being and health in all ages, locations and occasions.*

o *The empowered citizens expect more personalised healthcare and demand better services and responses to their needs and preferences (Ninth Futures Forum, WHO, 2006).*

o *Health services are promoters of citizenship in health, through information and fulfilment of the rights and duties of citizens, the qualification of professionals and the organisation of institutions.*

• **Assume responsibility for the promotion of health and healthy lifestyles** and actively participate in decisions regarding personal, family and community health.

o *The lifestyles and the adoption of adequate and healthy behaviours are determinants of health and disease.*

o *The onset of chronic diseases, such as cardiovascular and pulmonary diseases, diabetes and obesity, is related to less adequate habits and lifestyles.*

- o *The increased prevalence of chronic diseases and multiple concomitant illnesses requires patient-centred health systems (The European Health Report, WHO, 2009), but the options offered by healthcare systems are still far from the citizens' expectations (Health Consumer Powerhouse, 2009).*

- o *The participation in the decision-making process increases with age and schooling level, decreases with the severity of the condition, and enhances the levels of knowledge, general perception on health, and satisfaction (Ramos V, 2010).*

- o *The empowered citizen is healthier for a longer period (Ninth Futures Forum, WHO, 2006).*

- o *In the management of chronic disease, the use of custom software applications facilitates the involvement of the patient and clinical interventions, and has positive effects on the outcomes (Ramos V, 2010).*

• Establish therapeutic alliances with healthcare professionals, forming partnerships in disease management.

• Promote the rational and appropriate use of health services.

3.1.4. VISION FOR 2016

*There are **strategies for the empowerment of citizens and increase in health literacy,** at national, regional, local and institutional level, which are inter-sectorial and involve both the private and social sector. They identify goals, instruments and assess their impact. These may involve public figures, sports institutions, educational programmes, and the media, among others. There is a **social agreement on the messages, which is everyone's responsibility, as regards health gains**, the adequate use of services and values underlying the Health System. The citizens perceive **health priorities** at national, regional and local level. **Institutions and citizens share common views and expectations** about development.*

> *Communication strategies assessed for achieving social agreements on priorities and expectations*

*The **Health Portal has evolved into a privileged instrument of health information and access to services**. It gives access to **performance indicators of public, private or social institutions providing care**. There is a private citizen, as*

> *Online health information and support to the Health System*

*access area, with **personalised information on the status of the** for benefits, registration in Primary Healthcare and specialty consultations, subsystems, insurance, waiting lists, different clinical records, among others. It offers information, through messages or other means, on the access to and operation of health services. It is articulated with other services such as the "Linha Saúde 24" hotline, for **counselling and personalised guidance in real time**.*

> *Access to the electronic health record*

***Citizens should have electronic access to their health records**, which gather information from various care providers, complementary tests, schedule for health monitoring and disease prevention, chronic disease management, as well as their own notes. This file is fed by clinical records, through formatted information (e.g. summary of the consultation or hospital discharge letter, lab results) and/or personalised information (e.g. notes written by the health professional). It is a **privileged platform for issuing recommendations, personalised information, and support for the self-management of chronic disease**, which must be based on partnerships with scientific, professional and academic societies, and patient organisations.*

*Regional health authorities, local authorities, primary, hospital and long-term care institutions, and health professionals **have standardised and specific satisfaction indicators related to care and level of literacy** which enable them to monitor performance, identify best practices and implement continuous improvement processes and accreditation. The indicators are stratified by sociodemographic characteristics and allow monitoring* | **Monitoring, assessment and enhancement of the promotion of citizenship at local and institutional level.** | *vulnerable groups. The **planning** and institutional plans; activity information and interventions aimed and experience. The **evolution of the** areas is part of the contract and management of complaints and*

*instruments (national, regional, local plans) include the review of this at improving citizens' satisfaction **institutions' performance** in these assessment goals, in addition to the qualitative aspects related to the consultation and user's experience. The **institutions favour the participation of citizens and their representatives** in the discussion of strategies and policies through public discussions, studies, consultancy, assessment and decision-making, among others. The institutions and professionals are valued for this engagement.*

Health institutions and public and private organisations of the civil society have developed brand and identity images, mission statements and charters of rights and duties that reflect their social responsibility, including responsibility for the health status of the community of which they are part, of the professionals and users, and processes of public participation and involvement (e.g. volunteer work). The Community Councils reinforce the existence of networks and partnerships, | **Development of the local health system, through networks and partnerships**

projects and development of health strategies at local level, informing the public and media on the resources and local social capital (e.g. support groups, community services), projects and ongoing activities and results, monitoring indicators of health status and satisfaction, adding social value to their work.

Competent professionals in communication, relationship and education | *The curriculum of health professionals includes the **assessment of personal and social communication, the humanisation of care, the relationship with the patient, as well as education and promotion of health**. Professional associations and bodies promote the skills and the social role of professionals in these areas, valuing them.*