

Evaluation of the implementation of tasks in the field of prevention and health promotion by poviats

The presented work was the first attempt to assess the efficiency of the process of programming the activities of local authorities in the field of prevention and health promotion in relation to a specific model of action developed by B. Kleczkowski, in this respect based on praxeological principles of the cycle of organised action. In such an action there are relations of sequential contribution to the achievement of the goal between the individual stages.

The intermediate objectives for the main aim of the work were:

- examining the relationship of the poviat's health strategy to poviat characteristics;
- to examine the relationship of the planned health programmes to the poviat's health strategy;
- to examine the relationship of the health programmes in place with the poviat's health strategy;
- examining the relationship of the planned health programmes to the characteristics of the poviat – health needs, size and type of poviat and the Deprivation Index;
- examining the relationship of the health programmes in place to the characteristics of the poviat – health needs, size and type of poviat and the Deprivation Index.

The dissertation was based on two research assumptions. The first assumption made in the study was that the programming and implementation of poviat authorities' activities in the field of prevention and health promotion is one of the forms of action for health. The second assumption was that the discussed activities of poviats should be rational in nature, which should manifest itself in the application of an efficient sequence of activities leading to the planning and implementation of a fragment of health policy, which is prevention and health promotion at the local level.

The dissertation consists of theoretical and empirical sections and a discussion of the results.

The theoretical part of the paper was devoted to a discussion of the issues related to self-government in Poland. The genesis of territorial self-government has been presented. The solutions which, over the centuries, have been used in Poland in the field of territorial self-government are discussed. Then the current system of territorial division, the legal status of

poviats, types of poviats and the scope of duties of self-governing authorities in Poland are presented. The next section discusses the role of poviats in health promotion and prevention. The second chapter is devoted to the Deprivation Index. The final theoretical chapter deals with the principles of State development policy with particular emphasis on health policy. Concluding the theoretical chapters of the thesis, a model of rational local health policy programming by B. Kleczkowski.

The following data sources were used as a source of data for the dissertation work: a survey covering 84% of the poviats, 289 strategic documents on poviats development, data providing information on the characteristics of the poviats: health needs, population and type of poviat (urban - rural) and Deprivation Index. As a measure of total health needs, the average mortality rate in the poviat was taken from the years 2010, 2014 and 2018. As a measure of needs for cancer, cardiovascular diseases and respiratory diseases, the average mortality rates for these diseases in the county were taken from the same years 2010, 2014 and 2018, respectively. Mortality data for the poviats were obtained from the territorial data available on the CSO website as at 31.12.2021. Population data for counties in 2010, 2014 and 2018 were obtained from the CSO Local Data Bank resources available on its official website. Poviats type data was determined from information available on the CSO website and the TERYT database. The database with Deprivation Index values was obtained from the National Institute of Public Health - National Institute of Hygiene - National Research Institute.

The analyses carried out entitle one to conclude that the relationship of the district health strategy with the characteristics of the poviats: health needs, size and type of poviats and Deprivation Index, is insignificant and does not have a major impact on the design and data contained in the poviat strategies. Taking into account the results obtained, it should be assumed that the districts do not start their health programme implementation activities from a rational programming, i.e. from the conceptual phase. In most of the districts in question, the relationship of the strategy to poviats characteristics such as health needs, size, type of poviat and Deprivation Index does not show much influence, which contradicts the idea of the first phase of rational programming being the conceptual phase.

Analyses of planned health programmes with the poviat strategy have led to the conclusion that there is a tenuous link between the type of planned health programmes and the district health strategy. The objectives enshrined in the district strategies do not have a significant impact on the selection of planned health programmes. The strongest relationship emerging from the analyses made under this research question is with the number of types of planned

health programmes. However, the number of types of planned programmes is related to the presence of health objectives in general.

The analyses carried out with regard to programmes implemented with the poviats strategy, as in the case of planned programmes, allow the conclusion to be drawn that there is little connection between the types of health programmes implemented and the poviats health strategy. The objectives enshrined in the poviats strategies are not a determining factor in the choice of health programmes implemented. However, the presence of health objectives is positively related to the number of types of health programmes implemented in the poviats.

The results concerning the relationship of planned health programmes with poviats characteristics, allow us to conclude that activities from the conceptual phase are most influenced by determinants such as poviats size, county type and Deprivation Index. In contrast, the results obtained when analysing the implemented programmes with the characteristics of the poviats showed that the type of poviats and the Deprivation Index have the greatest influence on the implemented health programmes.

Cognitive conclusions

The results show that the actions of the districts in terms of prevention and health promotion programming do not meet the general principles of rational prevention and health promotion programming, in particular:

- the relationship of the poviats health strategy to poviats characteristics such as health needs, size and type of district and the Deprivation Index is negligible and has little impact on the design and data contained in the poviats strategies;
- the relationship of the types of planned health programmes to the poviats health strategy is insignificant; the poviats strategy does not have a significant impact on the planning and themes of planned health programmes; however, the number of types of planned programmes is related to the presence of overall health objectives for the county population;
- the relationship of the types of health programmes implemented to the poviats health strategy is not significant; the poviats strategy is not a determining factor in the selection of the themes of the health programmes implemented; however, the number of types of programmes planned is related to the presence of overall health objectives for the poviats population;

- the size and type of district and the Deprivation Index have the greatest relationship with the type and range of types of health programmes planned in the poviats, allowing the conclusion to be drawn that these characteristics indirectly determine the choice of subject matter in relation to planned health programmes;
- the most significant relationship with the type and range of types of health programmes implemented in the poviats is (as in the case of programme planning): the size and type of poviats and the Deprivation Index, allowing the conclusion to be drawn that these characteristics indirectly determine the choice of types of programmes implemented;
- particularly notable is the lower involvement of poviats with higher levels of deprivation in the planning and implementation of health programmes, which is an important form of prevention and health promotion.

Practical conclusions

- it is necessary to improve the quality of programming of district activities in the field of prevention and health promotion, which requires the preparation of training materials and face-to-face training for those responsible for this sphere of activity; the main aim of these activities should be to teach the programming of activities on the basis of the identification of local health needs;
- health policy on prevention and health promotion should focus on areas of high deprivation and rural districts to reduce the risk of health inequalities occurring or increasing.