Why ALE is so important for the Healthy World?

Henrique Lopes
Public Health – Institut of Health Sciences

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The current healthcare paradigm

WHY???
The bucket symbolizes the Health
The holes are:

• **Lifestyles**
  • It is possible to avoid around 90% Type 2 Diabetes;
  • Likewise most of the circulatory system diseases till 60 years old;
  • Around 50% of digestive cancers;
  • Significant part of mental diseases;
  • …hundreds more similar sources.

• **Risk behaviours**
  • Almost all addictive behaviours;
  • Almost all deaths and injuries caused by traffic accidents;
  • Similar situations in labour and domestic accidents;
  • …….
The solutions are a political choice

- Continuing the paradigm (put more “water” on the bucket)
  - You could put all the money you want, the improvement will be very slow;
  - The diseases work as a kind of “economical rent” for healthcare industry.

- Disrupt the paradigm (close the holes)
  - Put big effort into Educating people for changing lifestyles, reducing risk behaviours, extracting all benefits that knowledge can provide;
  - Avoid diseases and trauma for as many years as possible as well improving the well-being.
What did we learn from the history?

• In the last 150 years most of the health improvements did not come from high tech medicine, but from soap, clean water and general nutrition.

• Almost all healthcare systems focus on the disease and not on prevention. (98:2).

• Now, the equivalent of “soap and water” for maintaining health improvements is knowledge management.
The necessary bridge: Health-Education

• “An Educated citizen has big probability to be a healthy person”:  
  • Adopt healthier lifestyles;  
  • Has a potentially better mental health;  
  • Has better sense of risk.

• “A Health Educated patient is a better patient” :  
  • Improve own protection and of those under responsibility;  
  • Signs and symptoms of disease are identified earlier;  
  • The healthcare teams are assisted by patients and caregivers;  
  • Lower number of acute cases (the most expensive intervention);  
  • The patient understands better the treatments and what to do and what to avoid;  
  • Faster healing and general recovery;  
  • Economic cost, suffering cost, family cost are lower.
ALE as a strategic health tool

- Adult Learning Education is the most strategic educational tool for disruption of the current healthcare paradigm.
  - The health information at each moment is variable and depends on person’s life cycle.
  - Non formal and Informal education are very well adapted to health learning specifics.
  - It is an essential tool for healthcare professionals, patients, caregivers and any other person related to health.
<table>
<thead>
<tr>
<th>SDG3 Goals</th>
<th>Source of reduction</th>
<th>Impact by ALE</th>
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<tr>
<td>Reduce the global maternal mortality</td>
<td>LS; BE</td>
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<td>End preventable deaths of new-borns and children under 5 years of age</td>
<td>LS; BE</td>
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<td>End the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases</td>
<td>LS; BE ; RR</td>
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<td>Reduce by one third premature mortality from non-communicable diseases through prevention and treatment; promote mental health and well-being</td>
<td>LS; BE; RR</td>
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<td>Strengthen the prevention and treatment of substance abuse</td>
<td>LS; RR</td>
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<td>Halve the number of global deaths and injuries from road traffic accidents</td>
<td>LS; RR</td>
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<td>Ensure universal access to sexual and reproductive health-care services</td>
<td>LS; RR</td>
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<td>Universal health coverage</td>
<td>BE</td>
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<td>Substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination</td>
<td>RR</td>
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<td>Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control</td>
<td>LS; RR</td>
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<td>Support the research and development of vaccines and medicine</td>
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<td>Substantially increase health financing and the recruitment</td>
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<tr>
<td>Reduction and management of national and global health risks</td>
<td>RR</td>
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Lifestyle=LS  
Basic Education= BS  
Risk Reduction =RR
Example 1 - Promoting Oral Health at Guiné-Bissau

- **Objective:** Promote the oral hygiene habits and wash hands.
  - Local actors: MaS
  - Results: 20,000 adolescents covered by oral health literacy, many inspected.
    - Very bad situation in adolescent oral health in the country.
    - School professors have been involved as those of social importance.
    - Students at schools were also the vectors of action for their families.
    - Toothaches are the main cause for school absence.

**Conclusions:**

- Motivating the dominant social roles to the health problems, could generate results in relatively short term.
- Big reduction of absences at schools.
- Bijagós tribe will be the first generation with a healthy mouths in all country (research in progress). Big improvements in the washing hands behaviors.
Example 2 – Knowledge management
Patients advocacy against bloodborne virus - HEP C

• Objective: Promote an integrated public health policy for elimination of Hep C till 2030 in Europe alongside with the related community.

• We are producing a Public Policy Digital Tool (LEHC) for KOL and all interested communities, for monitoring the evolution of public policies related with Hep C in Europe.
  • Anyone with a smartphone can evaluate Hep C policies via an APP.
  • Same populations of HIV and Hep B.
  • 70 millions of patients around world. Half a million deaths per year.
  • Work together with Patient Associations and 6 Universities around Europe.

Conclusions:
• Patient Associations, Patients, Social active groups around a disease could be the strongest force conducting local political action.
• Thousands of difficult patients could be reached through these communities.
• Strong impact of the Patient Associations in the European Liver Congress.
• Great reception of the APP, great support from the “Hep C community”.

DASHBOARD PROTOTYPE
Example 3 – Self evaluation after ALE experience

ALE is essential for good mental health

INO show’s that people that pass by ALE improve strongly the extraversion levels, self safety and are the recognition of strong gains in public and social interactions.

Lowest the departure point bigger the effect

Women are more affected than men.

n=7500
INO - Portugal
Lopes, H. 2011
Links between our experience and approach to Health-ALE and GRALE III

• **Similar effects of GRALE III declarations**
  • Can help reduce health costs per patient and in global level (pp68).
  • Promote improvements in health and well-being (pp 69)
  • When applicable to our field work we confirm all the points declared as benefits for health and well-being deriving from investment in ALE.
  • The education level from patients, caregivers is determinant to participate(pp71).
  • ALE contributes hugely for the mental health and mental well-being.

• **Contrary sense to GRALE III:**
  • People more exposed to risks are not necessarily the less educated, some are much more educated than average population (pp71) e.g. MSM
  • Parents education is really important, most of our research proves it(pp75), but we can invert the social roles and obtain good results. e.g. the GB oral hygiene experience.
Conclusions

ALE is the most important tool of education for health:

- More adapted to the health diversity problems;
- More personalised;
- Less expensive and more flexible;
- Could easily integrate local culture for better results;
- Could allow poor economic countries to make a leap in advances (e.g. use of smartphones as medical devices in substitution of very expensive structures);
- Help a lot in changing lifestyles and risk perception behaviours;
Conclusions (cont.)

- Health Policies and Health Literacy are too important to be made only by health and education professionals. Health knowledge should be a mutual social construction. ALE allows non experts to take part of paradigm disruption. (e.g. patients advocacy).

- Patients, Caregivers, and Patients Associations are the most important partners with action capacity for health and well-being improvements.

- Health learning should be focused in three branches:
  - General health education (active ageing, non sedentary life, etc.) involving municipalities, sport organization, food organizations, etc.
  - The situations relative to life cycle.
  - The situations that are relevant to the person due a own disease or other peoples’ diseases, if caregiver).
Let's build a truly strong bridge
ALE-Health

For changing ideas, receiving critics, etc.

• Henrique.lopes@ucp.pt
  OR
• Henrique.lopes@sharen.pt