

**Consiliul Național de Atestare a Titlurilor, Diplomelor și  
Certificatelor Universitare**

Habilitation Thesis  
Health Policy and Public Health  
***ABSTRACT***

**Prof. dr. Cătălin Ovidiu BABA**

Faculty of Political, Administrative and Communication Sciences,  
”Babeș-Bolyai” University, Cluj-Napoca

Cluj – România

2014

Public health and health policy are new fields in Romania's social science area if compared with European or US experience. In a general perspective even public policy (and policy analysis) in Romania counts less than a couple of dozens of years. On the other hand taking in consideration that every ministry and some governmental agencies have so called "public policy departments" and that all governmental decisions and laws must have a "policy evaluation" shows the growing importance of the field.

In the **Introduction** to this thesis I briefly present the distinction between various types of scientific research in social science in order to establish the place occupied by health policy. Also the reader can observe a historical evolution from "classical political science" to "public policy" and to modern approaches to the field of public policy including stages and models currently used.

The **first part** of the thesis is presenting, in four chapters, the **scientific, professional and academic accomplishments**.

In the **first chapter**, entitled **Health promotion**, I will present my contributions to the domain of health promotion. In the beginning I will review the scientific findings of the health promotion domain and present my contribution to this field. The chapter is structured in three sections: (1) the need for health promotion, (2) health promotion status in rural settings of Transylvania, Romania, and (3) a model for health promotion in rural settings. In the beginning of each section I will present a preview of the entire section, followed by a literature review for that domain and by my contribution to the field of research and practice.

In order to have a friendlier lecture for the readers I have presented the used bibliography at the end of each section.

The first section is focused on health promotion in rural settings, more specific on (1) evaluating the need for health promotion in Romanian rural areas, (2) evaluating develop a conceptual model for further health promotion initiatives. Consequently, during 2009 and 2011, I was the project investigator of a project aiming to integrate the five priorities of The Jakarta Declaration on Leading Health Promotion into the 21st Century. The three year project "Evaluating the access of rural population to health information" (ACCES), aimed to develop

and test an intervention to facilitate access of rural population to health information by involving the community stakeholders.

The second section is presenting the information and the results of my article *Rural health information in Romania* (Baba et al., 2009). In this article I evaluated the existence of medical information in rural libraries in Transylvania. Moreover, I assessed the specific barriers that rural inhabitants have to deal with in order to access medical information. Lastly, I investigated the alternative sources of information for rural inhabitants: access to internet, subscription for medical reviews, family doctor or nurse.

In the third section I am proposing a model for health promotion in rural settings based on my article *Promoting Health in Rural Transylvania, Romania. A Descriptive Analysis of Health Promotion Activities* (Baba et al., 2010) in which, with the research team, I have developed and implemented an instrument to evaluate the health promotion activities implemented in rural settings. The need of a comprehensive intervention with a public policy component addressing access to health information in rural areas can be found in another article *Access to health information in rural areas: the implementation of the libraries law 334/2002 in Transylvania* (Baba et al., 2010).

In the article *Supporting an integrated approach for health promotion and primary care in rural settings through adequate legal framework*. (Chereches et al., 2011), I am presenting an integrated approach for health promotion conceptual model and primary care in rural settings through adequate legal framework. Based on the results, I consider that future actions needed to increase health promotion in rural areas is to (1) develop a comprehensive intervention with a public policy component; (2) increase the importance of health information on the local policymakers; (3) develop better training of librarians formal as well as continuing education programs; (4) explore in depth the determinants of low access; (5) develop scientific councils; and (5) use innovative media to facilitate access to books/articles review.

The **second chapter** is presenting my contributions to the **injury prevention** domain specifically on unintentional injuries, intentional injuries and injury surveillance.

In what concerns unintentional injuries, between 2007 and 2008, I participated as team member in the project “Traffic Injury Prevention in Cluj-Napoca, Romania”. This project was aimed to identify the hot spots of traffic crashes in Cluj-Napoca, Romania and design an

interrogation and display software, which will enable Geographical Information System (GIS) representations on a digital interactive map. The project used police reports and emergency department data to draw a map with GIS technology.

Currently, I am participating as a member in the Advisory Board in the project “Child Passenger Safety Survey in Cluj-Napoca, Romania”. The main objectives of the project are to investigate the usability of child restraining systems in Romania when travelling as car passengers and assess the knowledge and attitudes towards car safety of parents.

Occupational injuries at work, as it has been suggested by numerous studies conducted in the field, represent a considerable burden at global level and are classified as unintentional injuries. My contribution can be found in the research work and dissemination activities – conference participation like for example the conference proceedings: *How significant is the impact of injury severity on depression? Evidence from a cross-sectional survey* (Rus, Litan, Cherecheş, Rus, & Baba, 2011) based on a survey applied in the rural region of the Cluj County on a number of 406 rural inhabitants.

Another work related to this field was conducted on *Assessing the Burden of Workplace Injuries in Romania: Changing Trends in Occupational Settings between 2005-2010*. The findings were disseminated during an international conference (Duşu ID, Rus D, Suciş A, Baba CO, Cherecheş RM. *Assessing the Burden of Workplace Injuries in Romania: Changing Trends in Occupational Settings between 2005-2010*. International Conference on Trauma and Injury Prevention, Zenica, Bosnia & Herzegovina, 2012 – oral presentation).

Intentional injuries and injury surveillance represent the final part of the second chapter. The information and the results discussed are presented in some articles and conference presentations. One article that might be worthy to highlight is *Epidemiology of assault and self-harm injuries treated in a large Romanian Emergency Department* (Gal & al., 2012) which is presenting the violent injuries treated in the largest Emergency Department (ED) in Targu Mures County, Romania were examined and epidemiology of assault and self-harm injuries described.

With the presentation *Injury Surveillance Framework in Romania* (Bărăgan AE, Rus D, Şirlincan EO, **Baba CO**. *Injury Surveillance Framework in Romania*. 12th International Congress for Medical Students and Young Health Professionals, Cluj-Napoca, Romania , 2011) and together with other articles and research I was investigating injury and violence data

collection and contributed to development of a framework for data collection in order to facilitate injury monitoring and prevention.

As a conclusion the implementation and continuation of IDB may represent an important step to move forward the injury and violence prevention efforts in Romania in order to identify injury trends and high-risk populations, enable prioritization of prevention strategies, and serve as a method to evaluate prevention efforts as well.

In the **third chapter** I am presenting the main concepts used and developed as part of my scientific contribution to the domain of **Health Systems and Public Policy**.

As part of my research focus and scientific interests I've been involved in projects which highlighted the specifics of a health system in general, but having a focus more on the Romanian system. As an important dimension of a system, either we are talking about health or any other area, the policy implication along with the participation patterns were in my field of interest for a long time. One of the main articles published in the Transylvanian Review of Administrative Sciences was "Public Participation in Public Policy Process – Case Study in Seven Counties from North-Western Region of Romania" (Baba CO, Chereches RM, Mora C, Țiclău T. *Public Participation in Public Policy Process – Case Study in Seven Counties from North-Western Region of Romania*. Transylvanian Review of Administrative Sciences 2009, 26(E), pp. 5-13) which settled the scene for a better understanding of the engagement level of different actors within the public policy process.

As part of the study design, we used a convenience sample of 250 individuals. The rational for choosing this topic of interest lies in the light of lower levels of citizen turnout at elections, and on the fact that contemporary democracy face a growing and complex problem of legitimacy. In this respect, in the past decade governments turned to a greater degree across Europe and USA to new strategies, planning to influence the community they represent and support active participation in solving community problems.

Within the context of the current financial crisis the under-financing of the health system is worsened by the unlawful competition of private hospitals that access funds from the system of public health insurance. Fair norms of financing must be set out and implemented in order to prevent throwing the system out of balance because while private hospitals can turn down medical assistance to patients with high risk of complications (because the pre-set limit of

expenditure can be exceeded), this is not allowed for the public health care units, which have to respond to all demands while brushing aside financing aspects (Report of the Government of Romania, 2011).

In the final chapter of the first part I present my **professional and academic accomplishments**, enlisting what I consider to be the most important academic and managerial achievements. A special attention is given to a selection of conferences and scientific workshops I have organized, also to research teams I have coordinated and/ or I was project investigator.

The main research accomplishments and publications were presented throughout the thesis.

The **second part** of the thesis is concerned with the **planned scientific development. Future research, teaching and practice.**

In the future I intend to improve my research in the areas I already approached in my previous work, namely health promotion, public policies and health systems and in the injury and violence prevention. Secondly, I plan to expand my research in other areas of the public health domain.

First in the area of **health promotion** I plan to expand my research to other target groups with a particular interest on youths using the four strategies stated by WHO: conduct research to improve school health programs, build capacity to advocate for improved school health programs, strengthen national capacities and create networks and alliances to increase health-promotion activities in schools. Two connected areas that I have presented for my future plans are concerning chronic non-communicable diseases prevention and control and social marketing as a tool for health promotion.

I also plan to expand my **research work on traffic injuries**, an area that is growing not only in Romania but also worldwide and is presumed to become the third leading cause of death by 2020. Statistical data is necessary for injury prevention; it represents a starting point in all

types of health research so is ***injury surveillance and the need to implement data collection systems at a national level*** is going to be another important part of my further development.

A public health domain that I plan to explore is mental health, although it has improved in Romania we are still facing numerous challenges and barriers.

Research for increasing the **quality of workplace settings** and to integrate a surveillance system for this area in Romania is another priority.

All those directions can be achieved with the integration of **project management** in health systems and **participatory research**, both powerful tools to develop a full fledged health policy aproact to the field of public health.