



ORIGINAL PAPER

Trends in Monitoring Health and Human Development: Key Assessment Terms in the European Commission Staff Working Documents (May 2012 - May 2016)

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Abstract:

The present paper provides a systematic review of the European Commission Staff Working Documents (SWD) in the field of the health programmes launched in the period May 2012 - May 2016. The key findings of the research are that: 1) the results reveal a complex research of more than fifty topics in the field of health and human development in the European Union (EU); 2) the examination of the relationship among three thematic areas of the health programmes (core health system indicators; health policies and strategies and human – public-health approach). On the other hand, the research enables a quantitative and quality content analysis of the EU documentation by underlying the differences between the data findings and evaluating the findings in the selected documents: SWD 1 entitled “Report on health inequalities in the European Union”, Brussels, September 2013 SWD(2013) 328 final; SWD 2 entitled “Investing in Health accompanying the document Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee and The Committee of the Regions, Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014-2020”, SWD(2013) 43 final, Brussels, 20.2.2013; SWD 3 “Report from the Commission to the European Parliament, The Council, The European Economic and Social Committee and The Committee of the Regions Ex-post Evaluation of the 2nd Health Programme 2008-2013 Decision No 1350/2007/EC establishing a second programme of Community action in the field of health (2008-13)”, SWD(2016) 243 final, Brussels, 10.5.2016; SWD 4 “Implementation of the Health Programme in 2010”, Brussels, 23.5.2012 SWD(2012) 142 final; SWD 5 “Implementation of the second Programme of Community action in the field of health in 2011”, Brussels, 7.5.2013, SWD(2013) 154 final.

Keywords: *health; health system; EU; Commission Staff Working Document; human development.*

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Introduction

The analysis of the EU vast legislation and documentation responds to the needs of the scientific community enabling the data comparison of the legislative sources. The present research focuses five health programmes launched by the European Commission in the period May 2012 - May 2016. The study not only involves the evaluation of the performance of the selected topics in the Commission Staff Working Documents, but it also investigates the data collected in various thematic areas of the analysis of health and human development. This research appears to enable a vital analysis to estimate the impact of health programmes effects in the EU. The present research presents a complex monitoring of the health and human development relevant terms in the period May 2012-May 2016 by mapping the impact of the policies and strategies within the EU institutional governance.

Problem statement

Interest in mapping health system, human development and related terms as a research tool for the EU policies has increased in the last ten years. The monitoring of the EU official documentation shows that the online tools vary on the type of the documentation, the interest of searching and the type of the health information. The objectives of the research are: *i*) to identify the core areas of the health programmes research taking into account the EU main policies and strategies launched in the period May 2012 – May 2016; *ii*) to provide a research framework for addressing health and human development terms usability in the EU documentation. The major contributions of the research are: *i*) well-grounded themes of analysis and research objectives that are based on the monitoring of the Commission Staff Working Documents; *ii*) the proposal of a methodological framework conducted in collaboration with the themes of analysis and the relevant terms in the field of health system and human development in the selected period.

Literature review

The aim of this section is to review the latest researches in the field including: the monitoring of the public health system; the paths of the health communication, the health promotion policies and strategies; the challenges of the EU documentation. Particular objectives of the literature overview focus the following main objectives: *i*) the health information and the behavior on the web (focus on the determinants of the usage patterns, consumer professionals and the consequences of the internet use for the health communication) (Higgins, Sixsmith, Barry, Domegan, 2011); *ii*) the quality of the health information and the credibility of the websites assessing health topics by focusing on the content of the health data posting or “the national health initiatives” in order to ensure “system trust” (Platt, Jacobson, Kardia, 2018); *iii*) the recent studies enabling the analysis of the EU integration “with consequences for health” and the impact of the EU health care policies and strategies “on health care systems” (Greer, 2014); *iv*) the analysis framework of the European Commission focusing the monitoring of population, human capital and inclusion in the Social Agendas n^o 38 - n^o 47 (October 2014 - April 2017) (Olimid, Olimid, 2018); *v*) the EU regulatory framework of health and health services linking the EU institutions, the EU legislative process and the EU legal provisions in the field of the health programmes (Greer, Herve, Mackenbach, McKee, 2013); *vi*) the health data and information “on consumer-oriented websites” for

“specific patient populations” (Rew, Saenz, Walker, 2018); *vii*) the monitoring of the public health and the systematic review of the major topics including “community interventions” (Elliott, Crombie, Irvine, Cantrell, Taylor, 2004); *viii*) the linkage between the personal health, the health outcomes and the health education “designed to promote patient compliance” (Belcastro, Ramsaroop-Hansen, 2017); *ix*) the focus on the “population perspective” and the “public health” determinants (Berman, 2011).

Methodology

The methodology used to map the health and human development is described with regard to fifty-one terms used as keyword searches in five documents: *i*) *SWD 1* entitled “Report on health inequalities in the European Union”, Brussels, September 2013 SWD(2013) 328 final, Brussels, 09.2013; *ii*) *SWD 2* entitled “Investing in Health accompanying the document Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee and The Committee of the Regions, Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014-2020”, SWD(2013) 43 final, Brussels, 20.2.2013; *iii*) *SWD 3* “Report from the Commission to the European Parliament, The Council, The European Economic and Social Committee and The Committee of the Regions Ex-post Evaluation of the 2nd Health Programme 2008-2013 Decision No 1350/2007/EC establishing a second programme of Community action in the field of health (2008-13)”, COM(2016) 243 final, Brussels, 10.5.2016; *iv*) *SWD 4* entitled “Implementation of the Health Programme in 2010”, SWD(2012) 142 final, Brussels, 23.5.2012; *v*) *SWD 5* entitled “Implementation of the second Programme of Community action in the field of health in 2011”, SWD(2013) 154 final, Brussels, 7.5.2013.

Data types and legislative sources

The study enables a content analysis of the European Commission documentation by encompassing a wide range of programmes in the field of health and human development as the health programmes industry have generated a large amount of information and data based on the EU legal provisions. There have been important developments in the EU health legislation in the last ten years with impact on the health systems, healthcare management, particularly the health patient-centered approach. Five European Commission Staff Working Documents issued in the period May 2012-May 2016 are analyzed and discussed in this study.

The *first document* analyzed is entitled: “Report on health inequalities in the European Union”, Brussels, September 2013 SWD(2013) 328 final and it overviews the processes and policies concerning the health inequalities framing the situation since 2000. The report highlights the engagement for “an equitable distribution of health” and future initiatives concerning the “social investment for growth and cohesion” (Report on health inequalities...., 2013). Moreover, the report addresses the “solidarity in health” and structures the factors and mechanisms governing the health progress as follows: the social development; the health data management; the social commitment; the needs for the vulnerable population; the impact of the EU health policies involving the network between the health systems and the social policies.

The *second document* is entitled “Investing in Health...” SWD(2013) 43 final, Brussels, 20.2.2013 and it establishes a four-policy framework by recognizing: 1) the role of the healthcare sector; 2) the value of health for the human capital and for the

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economic development; 3) the improvement of the health systems and the contribution of the human resources; 4) the health promotion and the investments in human capital by linking EU policy coordination, social protection and development cooperation.

The *third document* is entitled “Report ...Ex-post Evaluation of the 2nd Health Programme 2008-2013 Decision No 1350/2007/EC establishing a second programme of Community action in the field of health (2008-13)”, Brussels, 10.5.2016 COM(2016) 243 final and it maps two objectives of the EU health programmes for the period 2008-2016: 1) the promotion of the “human health and safety” and 2) the monitoring and the evaluation of the public health.

The *fourth document* is entitled “Implementation of the Health Programme in 2010”, Brussels, 23.5.2012 SWD(2012) 142 final and it focuses the health security, the health promotion and the health information. Moreover, the same document addresses the public health conditions and policies.

The *fifth document* is entitled “Implementation of the second Programmes of Community action in the field of health in 2011”, Brussels, 7.5.2013 SWD(2013) 154 final and it also enables the joint actions of the health security, the health promotion and the health information and it illustrates the implementation of the health programme objectives.

Phases of the research methodology

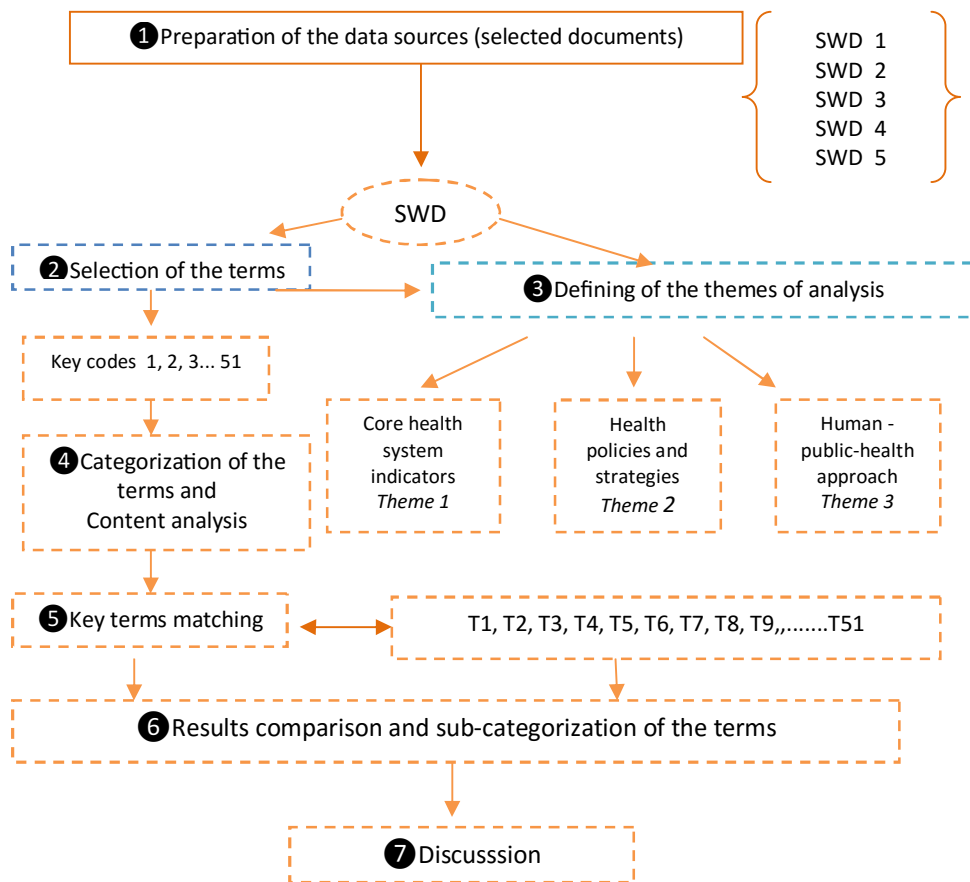
The methodology of the research examines the frequency of the fifty-one selected terms in the above mentioned documents. The results reveal high attention to the selected terms within the European Union (EU) institutional governance enabling a seven-stage methodology roadmap here including:

- *Stage 1.* Preparation of the data sources (selected documents);
- *Stage 2.* Selection of the terms (fifty-one key terms networking health and human development as follows: health (T1); health systems (T2); diseases (T3); healthcare (T4); inequalities (T5); population(s) (T6); patient(s) (T7); citizens (T8); life expectancy (T9); policy (T10); action(s) (T11); national (T12); public health (T13); knowledge (T14); health inequalities (T15); health services (T16); health promotion (T17); EU health (T18); need(s) (T19); health policy (T20); ageing (T21); health strategy (T22); protection (T23); health risks (T24); human (T25); growth (T26); cohesion (T27); activity (T28); crisis (T29); health status (T30); life (T31); security (T32); exclusion (T33); behaviour(s) (T34); economic(s) (T35); EU (T36); Member States (T37); health programme (T38); young(er) (T39); health outcomes (T40); social (T41); poor (T42); prevention (T43); social protection (T44); education(al) (T45); training (T46); income (T47); information (T48); work(force, ing, er(s)) (T49); people (T50); vulnerable (T51);
- *Stage 3.* Defining of the themes of analysis (Theme of analysis 1. Core health indicators; Theme of analysis 2. Health policies and strategies; Theme of analysis 3. Human - public-health approach);
- *Stage 4.* Categorization of the key terms codes (Theme of analysis 1 including the terms: T1 - T17; Theme of analysis 2 including the terms T18-T34 and Theme of analysis 3 including the terms T35-T51) and the assessment of the five documents (content analysis);
- *Stage 5.* Presentation of results (key terms matching);

- Stage 6. Results comparison and sub-categorization of the terms (analysis of the results displayed in Table 1-3 and Charts 1-3 following the sub-categorisation of the terms: 1. High-frequency terms (more than 100 results); 2. Relative-high-frequency terms (between 50-99 results); 3. Medium-frequency terms (between 10-49 results); 4. Low-frequency terms (between 1-9 results); 5. No data (*) (0 results);
- Stage 7. Conclusions. (Diagram 1).

Another aspect of the methodology requires the identification of the units of the analysis for the research of the working documents. Furthermore, the key codes (T1, T2, T3... T51 in Diagram 1, Table1 1-3, Chart 1-3) are used to pinpoint each selected term and for the results to be easily verified. Other important element of the research tasks the identification of the legal documentation (SWD1 - 5) and of the terms having the highest priority for the health and human development research grouped in three thematic areas: Themes of analysis 1-3. In this direction, the terms are focused and discussed in greater detail by identifying the objectives and standards of the selected documents.

Diagram 1. Research methodology (phases)



Source: Authors' own compilation

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Diagram 1 also establishes a sharing health policy by displaying the themes of analysis and the corresponding health terms model. Moreover, Diagram 1 highlights a structural and functional health documentation monitoring and measurement. On the other hand, linking terms to the themes of analysis in the monitoring of the five selected Commission Staff Working Documents is a strategy that has enabled complex results and commentaries.

Research questions

The aim of the present research is to identify the health and human development terms related to the Commission Staff Working Documents, especially relating the three themes of analysis above mentioned. Formulating research questions can add value and clarity for the problem statement and the selecting themes of analysis. A quick overview of the research questions provides an interdisciplinary approach of the study relating the terms frequency, the health information, the human capital, the policy coordination, the health systems needs and the social protection. This research approach leads to an understanding of the health programmes components. There are six main questions mapped by the research: *Q1*. What are the most used terms in the EU documentation? *Q2*. What themes, policies and strategies are being assessed in this documentation? *Q3*. What changes are required to the legislative process or to the institutional governance to improve health and human development management within the EU framework? *Q4*. How can the existing legal provisions be coordinated in a determined period to reduce the programmes implementation gaps? *Q5*. What types of initiatives can be established at the EU level to enable effective and adequate health and human development programmes management? *Q6*. What changes are needed to planning and coordinating of the health programmes?

Research findings and discussion

The research findings of the health and human development terms increasingly emphasize the role of the legislative sources. To process data and information, the research target requires including three themes of analysis. By enabling these themes, the research focuses the role of the EU services and functionalities. Most of the research on the health system indicators, the health policies and strategies and the human - public-health approaches has focused on underlying system design for health data and information sharing and implementation. Each theme of analysis points the status and frequency of seventeen selected terms and it is structured as an inter-linked model obtained by merging the four levels of the terms frequency: high; relative-high level; medium and low frequency.

Theme of analysis 1: Core health system indicators

The theme of analysis 1: Core health system indicators shows the following results: 1. High-frequency terms (more than 100 results): T1 (health in SWD 1-5) and T5 (inequalities in SWD 1); T15 (health inequalities in SWD 1); 2. Relative-high-frequency terms (between 50-99 results): T4 healthcare (85 results in SWD 2); T11 (action(s)) in SWD 1 and SWD 5); 3. Medium-frequency terms (between 10-49 results): T2 (health systems in SWD 1, SWD 2); T3 (diseases in SWD 2); T4 (healthcare in SWD 1); T6 (population(s) in SWD 1 and SWD 2); T7 (patient(s) in SWD 4 and SWD 5); T12 (national in SWD 2, SWD 3, SWD 4, SWD 5); T13 (public health in SWD 2, SWD 4

and SWD 5); 4. Low-frequency terms (between 1-9 results): T2 (health in SWD 4 and SWD 5); T4 (healthcare in SWD 3, SWD 4 and SWD 5); T6 (population(s) in SWD 3, SWD 4 and SWD 5); T7 (patient(s) in SWD 3); T8 (citizen in SWD 2, SWD 3, SWD 4); T9 (life expectancy in SWD 2 and SWD 4) ; T13 (public health in SWD 3); T14 (knowledge in SWD 2, SWD 3, SWD 5); T16 (health services in SWD 2, SWD 3, SWD 4 and SWD 5); 5. No data (*) (0 results): T9 (life expectancy in SWD 3 and SWD 5).

Table 1. Core health system indicators findings

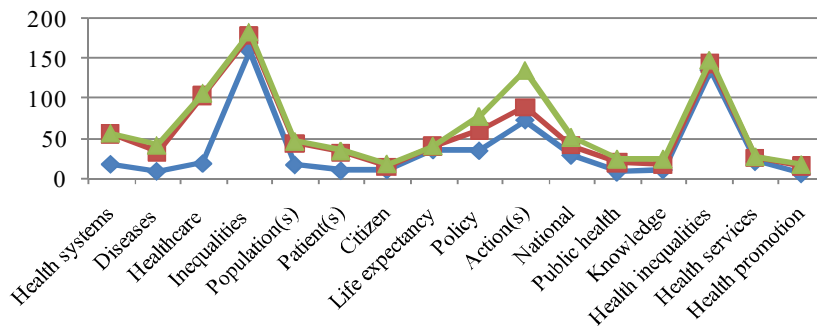
Codes of the terms	Term	SWD(2013) 328 final Brussels, 09.2013	SWD(2013) 43 final Brussels, 20.2.2013	SWD(2016) 243 final Brussels, 10.5.2016	SWD(2012) 142 final Brussels, 23.5.2012	SWD(2013) 154 final Brussels, 7.5.2013
		SWD 1	SWD 2	SWD 3	SWD 4	SWD 5
T1	Health	421	305	101	225	210
T2	Health systems	17	39	*	6	5
T3	Diseases	8	25	8	74	17
T4	Healthcare	18	85	3	5	2
T5	Inequalities	160	18	4	13	8
T6	Population (s)	16	28	2	1	7
T7	Patient(s)	9	23	2	15	13
T8	Citizen(s)	10	5	3	4	11
T9	Life expectancy	35	5	*	2	*
T10	Policy	34	26	17	9	19
T11	Action(s)	72	17	45	44	65
T12	National	28	13	10	33	36
T13	Public health	7	13	4	38	28
T14	Knowledge	10	7	7	9	4
T15	Health inequalities	135	9	3	13	8
T16	Health services	20	6	1	1	3
T17	Health promotion	5	11	1	20	19

Source: Authors' own compilation based on the content analysis using multi-source data of the: SWD 1 entitled "Report on health inequalities in the European Union", Brussels, September 2013 SWD(2013) 328 final, Brussels, 09.2013; SWD 2 entitled "Investing in Health accompanying the document Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee and The Committee of the Regions, Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014-2020", SWD(2013) 43 final, Brussels, 20.2.2013; SWD 3 "Report from the Commission to the European Parliament, The Council, The European Economic and Social Committee and The Committee of the Regions Ex-post Evaluation of the 2nd Health Programme 2008-2013 Decision No 1350/2007/EC establishing a second programme of Community action in the field of health (2008-13)", COM(2016) 243 final, Brussels, 10.5.2016; SWD 4 "Implementation of the Health Programme in 2010", SWD(2012) 142 final, Brussels, 23.5.2012; SWD 5 "Implementation of the second Programme of Community action in the field of health in 2011", SWD(2013) 154 final, Brussels, 7.5.2013.

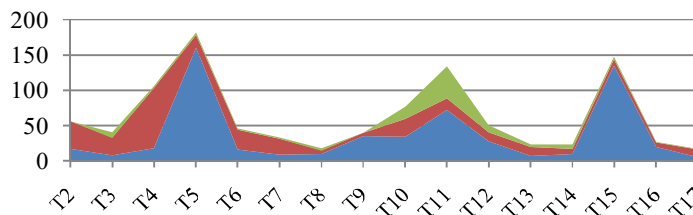
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Chart 1 also shows the health-agenda setting effects in that it designates the status of the high-frequency and relative-high-frequency terms such as: health, inequalities, healthcare, action(s). Moreover, Table 1 and Chart 1 intend to focus the medium-frequency terms by establishing the profile of the core health systems indicators: health systems in SWD 1 and SWD 2; diseases in SWD 2 and SWD 4); healthcare in SWD 1; population(s) in SWD 1 and SWD 2; patient(s) in SWD 4 and SWD 5; public health in SWD 2, SWD 4 and SWD 5.

Chart 1. Core health system indicators findings (variation of terms and code of the terms)



Source: Authors' own compilation based on the content analysis using multi-source data: SWD(2013) 328 final, Brussels 09.2013; SWD(2013) 43 final Brussels, 20.2.2013; SWD(2016) 243 final; Brussels, 10.5.2016; SWD(2012) Brussels, 142 final, 23.5.2012; SWD(2013) 154 final, Brussels, 7.5.2013



Source: Authors' own compilation based on the content analysis using multi-source data: SWD(2013) 328 final, Brussels 09.2013; SWD(2013) 43 final Brussels, 20.2.2013; SWD(2016) 243 final; Brussels, 10.5.2016; SWD(2012) Brussels, 142 final, 23.5.2012; SWD(2013) 154 final, Brussels, 7.5.2013

Theme of analysis 2: Health policies and strategies

The theme of analysis 2: Health policies and strategies shows the following results: 1. High-frequency terms (more than 100 results): no results; 2. Relative-high-frequency terms (between 50-99 results): no results; 3. Medium-frequency terms (between 10-49 results): T18 (EU health in SWD 5); T19 (need(s) in SWD 1 and SWD 2); T21 (ageing in SWD 1 and SWD 2); T23 (protection in SWD 1); T25 (human in SWD 2); T26 (growth in SWD 1 and SWD 2); T30 (health status in SWD 1 and SWD 2); T31 (life in SWD 22); 4. Low-frequency terms (between 1-9 results): T18 (EU health in SWD 3, SWD 4 and SWD 5); T20 (health policy in SWD 1, SWD 2, SWD 3, SWD 4 and SWD 5); 5. No data (*) (0 results): T23 (protection in SWD 4 and SWD 5);

T26 (growth in SWD 4 and SWD 5); T27 (cohesion in SWD 5); T29 (crisis in SWD 3 and SWD 4; T33 (exclusion in SWD 3, SWD 4 and SWD 5); T34 (behaviour(s)) in SWD 3, SWD 4 and SWD 5).

Table 2. Health policies and strategies findings

Code of the terms	Term	SWD(2013) 328 final	SWD(2013) 43 final	SWD(2016) 243 final	SWD(2012) 142 final	SWD(2013) 154 final
		Brussels, 09.2013	Brussels, 20.2.2013	Brussels, 10.5.2016	Brussels, 23.5.2012	Brussels, 7.5.2013
		SWD 1	SWD 2	SWD 3	SWD 4	SWD 5
T18	EU health	9	7	5	1	15
T19	Need(s)	40	19	7	8	1
T20	Health policy	2	3	7	2	1
T21	Ageing	15	19	2	1	4
T22	Health strategy	2	1	1	1	*
T23	Protection	17	2	1	*	*
T24	Health risks	2	2	*	2	*
T25	Human	5	12	1	8	5
T26	Growth	14	22	4	*	*
T27	Cohesion	16	16	1	1	*
T28	Activity	11	11	2	6	6
T29	Crisis	3	7	*	*	1
T30	Health status	11	12	1	*	*
T31	Life	6	37	2	13	4
T32	Security	5	1	1	8	15
T33	Exclusion	7	3	*	*	*
T34	Behaviour(s)	13	3	*	*	*

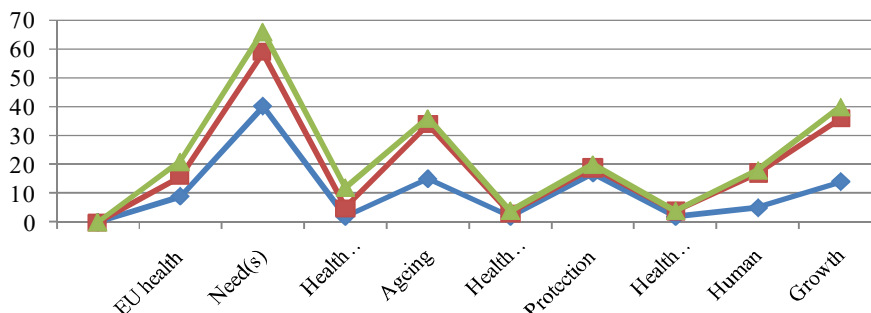
Source: Authors' own compilation based on the content analysis using multi-source data: SWD 1 entitled "Report on health inequalities in the European Union", Brussels, September 2013 SWD(2013) 328 final, Brussels, 09.2013; SWD 2 entitled "Investing in Health accompanying the document Communication from the Commission to the European Parliament, The Council, The European Economic and Social Committee and The Committee of the Regions, Towards Social Investment for Growth and Cohesion – including implementing the European Social Fund 2014-2020", SWD(2013) 43 final, Brussels, 20.2.2013; SWD 3 "Report from the Commission to the European Parliament, The Council, The European Economic and Social Committee and The Committee of the Regions Ex-post Evaluation of the 2nd Health Programme 2008-2013 Decision No 1350/2007/EC establishing a second programme of Community action in the field of health (2008-13)", COM(2016) 243 final, Brussels, 10.5.2016; SWD 4 "Implementation of the Health Programme in 2010", SWD(2012) 142 final, Brussels, 23.5.2012; SWD 5 "Implementation of the second Programme of Community action in the field of health in 2011", SWD(2013) 154 final, Brussels, 7.5.2013.

For the purpose of monitoring the terms relevant for the health policies and strategies, Table 2 and Chart 2 present the terms codes from T18 to T34 and suggest that the terms and the area of research differ from health status to health risks and from health policy to the areas of protection and cohesion. Moreover, Table 2 and Chart 2 suggest the fundamental challenges of the health policies and programmes in the selected period: exclusion, health risks, ageing and crisis. The same results point the

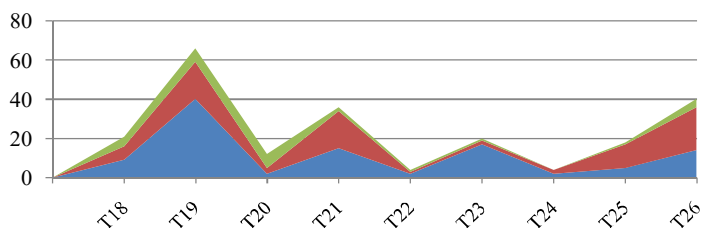
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important role of the following terms: security (SWD 1-5), life (SWD 1-5) and need(s) (SWD 1-5).

Chart 2. Health policies and strategies findings (variation of terms and code of the terms)



Source: Authors' own compilation based on the content analysis using multi-source data: SWD(2013) 328 final, Brussels 09.2013; SWD(2013) 43 final Brussels, 20.2.2013; SWD(2016) 243 final; Brussels, 10.5.2016; SWD(2012) Brussels, 142 final, 23.5.2012; SWD(2013) 154 final, Brussels, 7.5.2013



Source: Authors' own compilation based on the content analysis using multi-source data: SWD(2013) 328 final, Brussels 09.2013; SWD(2013) 43 final Brussels, 20.2.2013; SWD(2016) 243 final; Brussels, 10.5.2016; SWD(2012) Brussels, 142 final, 23.5.2012; SWD(2013) 154 final, Brussels, 7.5.2013

Theme of analysis 3: Human - public-health approach

The theme of analysis 3: Human - public-health approach shows the following results: 1. High-frequency terms (more than 100 results): T36 (EU in SWD 1, SWD 2, SWD 4 and SWD 5); T41 (social in SWD 1); 2. Relative-high-frequency terms (between 50-99 results): T35 (economic(s) in SWD 2); T36 (EU in SWD 3); 3. Medium-frequency terms (between 10-49 results): T37 (Member States in SWD 2, SWD 3, SWD 4 and SWD 5); T38 (health programme in SWD 2, SWD 3, SWD 4 and SWD 5); T40 (health outcomes in SWD 2); T41 (social in SWD 2); T42 (poor in SWD 1 and SWD 5); T43 (prevention in SWD 2 and SWD 4); 4. Low-frequency terms (between 1-9 results): T40 (health outcomes in SWD 1); T41 (social in SWD 3 and SWD 4); T45 (education(al) in SWD 3, SWD 4, SWD 5); T46 (training in SWD 2, SWD 3, SWD 4 and SWD 5) 5. No data (*) (0 results): T44 (social protection in SWD 3, SWD 4 and SWD 5); T47 (income in SWD 3, SWD 4, SWD 5); T50 (people SWD 3 and SWD 5); T51 (vulnerable in SWD 3 and SWD 5).

Table 3. Human - Public-health approach findings

Code of the terms	Term	SWD(2013) 328 final Brussels, 09.2013	SWD(2013) 43 final Brussels, 20.2.2013	SWD(2016) 243 final Brussels, 10.5.2016	SWD(2012) 142 final Brussels, 23.5.2012	SWD(2013) 154 final Brussels, 7.5.2013
		SWD 1	SWD 2	SWD 3	SWD 4	SWD 5
T35	Economic(s)	71	59	1	3	10
T36	EU	383	197	83	250	267
T37	Member States	106	30	34	16	11
T38	Health programme	9	12	19	20	19
T39	Young(er)	4	2	*	5	*
T40	Health outcomes	4	15	*	*	*
T41	Social	104	46	3	2	11
T42	Poor	15	7	*	*	17
T43	Prevention	7	20	1	27	*
T44	Social protection	14	1	*	*	*
T45	Education (al)	143	7	1	1	3
T46	Training	13	2	3	8	8
T47	Income	34	16	*	*	*
T47	Information	21	10	6	54	6
T49	Work (force, ing, er(s))	29	16	17	64	17
T50	People	42	33	*	14	*
T51	Vulnerable	23	7	*	1	*

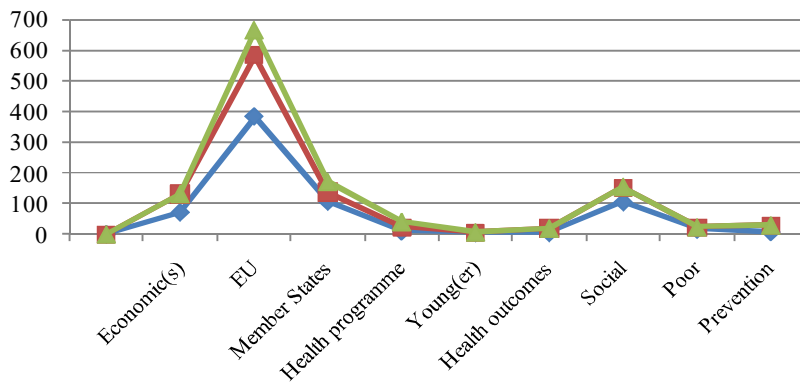
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Table 3 and Chart 3 outline the human - public-health approach by suggesting future health programme priorities, developing indicators and social protection processes. Other important topics (EU and social aspects) specify the inner coordination of the health and human development outcomes providing an interdisciplinary approach

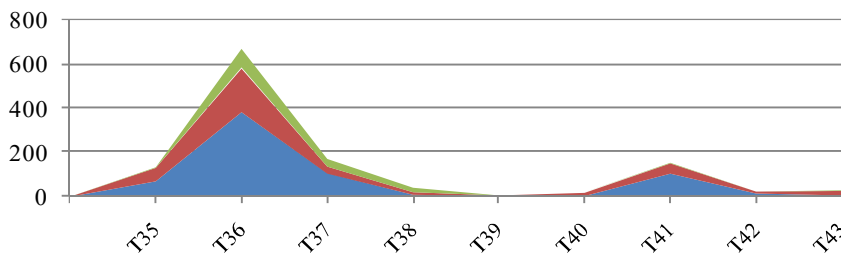
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of the research. In short, Table 3 and Chart 3 results are a step toward the health system-building and human capital involvement by addressing interrelated information in the field of: economy (T35 and T47); EU membership (T36 and T37); social networks (T41, T42, T44, T49, T50 and T51); youth and training (T39 and T46).

Chart 3: Human - public-health approach (variation of terms and code of the terms)



Source: Authors' own compilation based on the content analysis using multi-source data: SWD(2013) 328 final, Brussels 09.2013; SWD(2013) 43 final Brussels, 20.2.2013; SWD(2016) 243 final; Brussels, 10.5.2016; SWD(2012) Brussels, 142 final, 23.5.2012; SWD(2013) 154 final, Brussels, 7.5.2013



Source: Authors' own compilation based on the content analysis using multi-source data: SWD(2013) 328 final, Brussels 09.2013; SWD(2013) 43 final Brussels, 20.2.2013; SWD(2016) 243 final; Brussels, 10.5.2016; SWD(2012) Brussels, 142 final, 23.5.2012; SWD(2013) 154 final, Brussels, 7.5.2013

Conclusions

The present study researches the EU existing working documentation and identifies how the legal information and related topics are integrated into the health programmes in the period. The results of the research sample the high, relative-high, medium and low-frequency of the topics and make specific recommendations on the extent of the topics usage, the specific characteristics of the monitored documentation, the feasibility of the health and human capital programmes to enable social protection within the EU framework. Theme of analysis 1 introduced the core health systems terms

and justified the research of the health and human development terms by pointing a range of key topics: health, health systems, healthcare, population, health inequalities. Theme of analysis 2 detailed the health policies and strategies and explored the conceptual challenges of the field: ageing, health risks, cohesion, crisis, security, exclusion. Theme of analysis 3 addressed both public health and human approaches to indicate a link between the usage of the terms: social, poor, prevention, young, people, vulnerable. Furthermore, the topics and the data monitoring from the five researched sources construct a health and human development map that relates all fifty-one terms and develops: 1) new understandings and approaches of the management policies in the field; 2) new assessments of the public health management and the EU programmes strategies; 3) new findings identifying health trends and priorities.

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