

Skills for health Up- and re-skilling for a sustainable recovery

— Conference Report

Skills for health

Up- and re-skilling
for a sustainable
recovery

Online
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9:30-13:00



SKILLS FOR HEALTH: UP- AND RE-SKILLING FOR A SUSTAINABLE RECOVERY

The EuroHealthNet Annual Conference for 2020 focused on “Skills for Health: Up- and Re-Skilling for a Sustainable Recovery.”

The COVID-19 crisis hit Europe during a period of significant transitions, including technological and digital, environmental, economic, demographic and social change. ‘Building back better’ from the crisis will require new and more equitable approaches to these other challenges, as well.

A focus on skills will be key to the recovery. As we learned from the 2008 global financial crisis, developing new, better and more widely available skills promotes and protects health. Building on existing EU and (sub-)national initiatives, such as the EU Skills Agenda, we can help people improve their (digital) health literacy, life skills and education and training for the 21st century. After launching a Communication on a Strong Social Europe for Just Transitions, the European Commission has published its updated strategic approach for a new EU Skills Agenda, including an EU Pact for Skills. It aims to pursue a real paradigm shift in skills to take advantage of the green and digital transitions and support a prompt recovery from the COVID-19 crisis by:

- Ensuring social fairness, putting into practice the first principle of the European Pillar of Social Rights: access to education, training and lifelong learning for everybody, everywhere in the EU.
- Strengthening sustainable competitiveness, to achieve the European Green Deal and putting its digital and industrial strategies into practice
- Building up resilience to react to crises, based on the lessons learnt during the COVID-19 pandemic.

The public online conference was organised in anticipation of EuroHealthNet’s sustained work in and beyond 2021 on these themes, to contribute to the ongoing EU and (sub-)national debates, and to facilitate learning and exchange amongst our partnership, key stakeholders and decision-makers. The conference examined three aspects of skills for health, in order to answer the following questions:

1. Changes to the world of work
 - What do these changes mean for health and wellbeing?
2. The skills for good health and wellbeing
 - What skills are needed to live a healthy life?
3. The skills for tomorrow’s health and care systems
 - As the roles of health and care professionals continue to evolve, what skills are needed in the modern health and social care sectors?

1

SETTING THE SCENE

Introduction

Dr Mojca Gabrijelčič Blenkuš, EuroHealthNet President, and Senior Advisor, National Institute of Public Health (NIJZ), Slovenia

Dr Gabrijelčič warmly welcomed all participants to the online conference. She noted that this event was one amongst several activities being conducted by EuroHealthNet to respond to the challenges of our time. Since the pandemic started, the Partnership has been conducting a series of special webinars to address the immediate challenges facing public health and health professionals, as well as foresight activities to prepare for the post-pandemic recovery period. She encouraged participants to actively engage throughout the session and thanked the distinguished speakers who were taking time to share their insights.

Prof Martin Dietrich, Deputy Director, the Federal Centre for Health Education (BZgA), Germany

Prof Dietrich was unfortunately prevented from joining the session live due to technical issues. However, he wished to extend a warm welcome to all participants and to briefly reflect on health promotion. He noted that the current pandemic has made health promotion – and the responsibilities of individuals and settings to promote health – more relevant than ever. People cannot protect themselves and promote their own health if there is insufficient health literacy and empowerment. In Germany, the Health Prevention Act has been contributing to improved health promotion since 2015, yet much more can be done to expand learning and skills, which is the value of today's conference.

Keynote Remarks

Commissioner Nicolas Schmit, European Commissioner for Jobs and Social Rights

Prior to the conference, Commissioner Schmit sat down for a virtual interview with EuroHealthNet Director Caroline Costongs. They discussed the EU Skills Agenda, skills for life, and the role of the European Commission. Commissioner Schmit noted that we are in the midst of a very deep transformation both in our economy and in the wider society. The digital revolution and the need to rebuild greener is having a major impact on jobs and the way we produce. In order to make it through this transition, we have to invest a lot in people skills. Around 40% of people in Europe have low or no digital skills, which is an issue we need to urgently address. The EU Skills Agenda will: 1) make Europe more competitive and 2) make the recovery fair so that everyone can participate and society becomes more resilient.

The skills promoted in the EU Skills Agenda go beyond skills for employment and include “skills for life.” The Commissioner defined such skills as those which help people to live better lives and to understand what is happening in the society around them. We must promote a culture of lifelong learning which helps people to understand new technologies and to practice responsible behaviours in terms of health and environment. While we must start teaching these skills from an early age, we cannot neglect to support people across all ages (e.g., ‘active and healthy ageing’).

While the Commissioner noted that much of the power for addressing these challenges lies with the Member States, he argued the EU can play a very active role in the debate around health and skills. Referencing President von der Leyen’s call for a European Health Union, he closed by stressing the importance of investing more in health and efficient health systems which provide quality care and support to all.

- [The European Skills Agenda](#)
- [EuroHealthNet’s full interview with Commissioner Schmit](#)

Minister Teresa Ribera Rodriguez, Vice-President and Minister for the Ecological Transition and Demographic Challenge, Spain

Minister Ribera provided insights on the critical links between climate change and the new skills agenda. The pandemic has vividly demonstrated the extent to which our health, our environment, our economy, and our society are closely tied together. Yet, despite understanding these links, the Lancet Countdown (just released this week) demonstrates we are performing far below what we need to do to address the climate crisis and reduce its impacts on health, the economy and our society.

When we think about what kind of Europe we want to build, using tools such as the EU Next Generation proposal, we must act strategically and synergistically to address many elements at once. Employment is a key element and one which can be tied to rebuilding and transforming our economy. Putting the Farm to Fork strategy into practice, for instance, or retrofitting our built infrastructure can have powerful impacts on employment, the environment and health. Public policy discussions and fundraising at European and national level have provided good strategies and funding. Now is the time for us to organise and invest in these strategies at the local community level. Keeping the right balance in mind will be key as we move forward, and we can do this by stressing the tight connections between our primary concerns at a European level and those of individual families and homes.

- [2020 Report of The Lancet Countdown: Tracking Progress on Health and Climate Change](#)
- [The NextGenerationEU Initiative](#)

Dr Nino Berdzuli, Director of the Division of Country Health Programmes, World Health Organisation Regional Office for Europe

Dr Berdzuli opened with a powerful reminder of how the COVID-19 pandemic has exacerbated existing health inequalities in society. It has also had inequitable impacts on our economy and our jobs. Building back better will require coordinated effort by policy makers and actors across the health and social sectors.

New ways of thinking about health systems must focus on how they can positively impact health and wellbeing outside of traditional care services. As a major employer in Europe, the health and social work sectors can lead by example, providing up- and re-skilling to health professionals to help them adapt to new needs. Building a workforce with strong public health competencies will result in a more responsive and resilient health system with the knowledge, skills and attitudes to promote health, prevent disease and protect health. It will help promote a shift towards long-term thinking and sustainability, create new relationships with other stakeholders in society, and help drive inclusive growth.

Building individual and collective health literacy will also be key to complement other life skills – and to allow individuals to co-create their health. Organisational health literacy and responsiveness are also very important – the way in which services and systems make information available and accessible is critical to fostering health literacy, particularly among vulnerable and often-excluded populations. Digital health, including digital health literacy, is a flagship of WHO Europe’s current Programme of Work.

Dr Berdzuli closed by emphasising that business as usual is not enough anymore. If we want to empower citizens who are resilient to shocks, we must move towards an economy of wellbeing.

- [World Health Organization Regional Office for Europe Programme of Work](#)
- [Pan-European Commission on Health and Sustainable Development: Rethinking Policy Priorities in Light of Pandemics](#)

2

SESSION 1: CHANGES IN THE WORLD OF WORK

The COVID-19 pandemic has dramatically impacted on whether people are able to work; how they view work; and how work is carried out. Millions of people across Europe have lost employment or experienced significant income loss, affecting their health and wellbeing, exacerbating health inequalities, requiring substantial social and economic changes. Many may need to acquire new skills to keep in work or find new jobs. Types of work are changing rapidly, through digitisation and automation, as well as due to the transition toward a ‘green economy’ which is closing polluting

The whole nature and understanding of “workplaces” is in transition, with major implications for planning of public and private services, organisation of work-life balances, and gender and generational divides. This session looked into these implications and what can be put in place to address priorities.

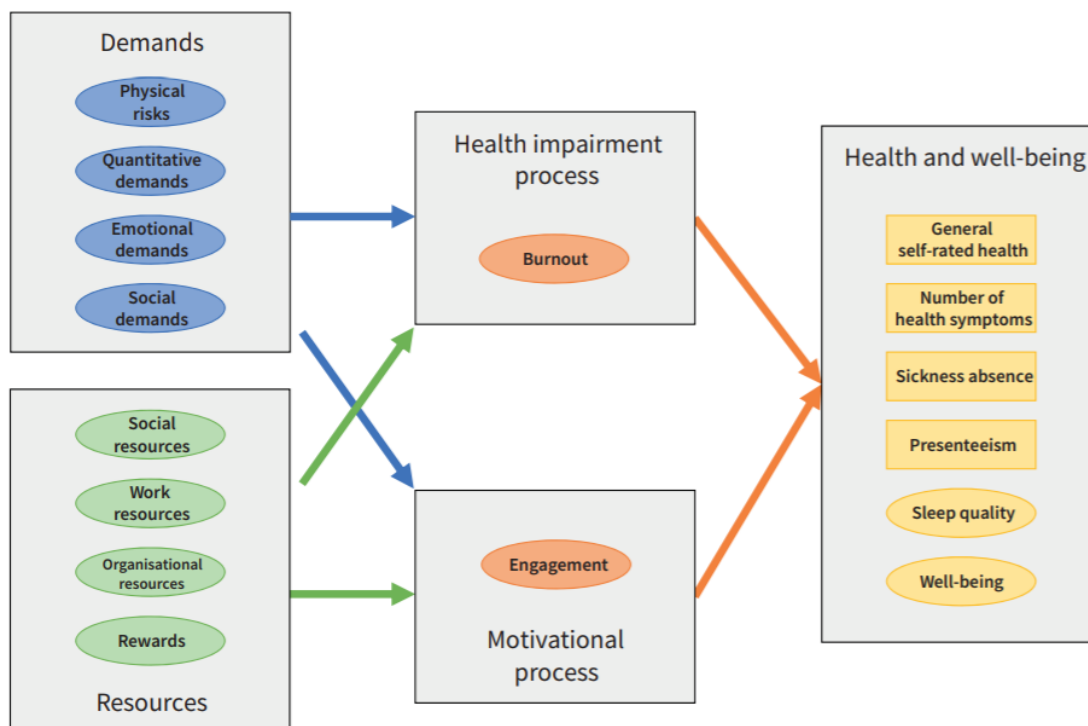
Moderator: Mr Clive Needle, EuroHealthNet Senior Policy Advisor

Changes in the World of Work and Health outcomes

Dr Maria Jepsen, Deputy Director, Eurofound

Dr Jepsen summarised many of the major changes we are facing in the world of work, including emerging jobs, what skills we might need, and projections for what these changes mean in terms of our health. Drivers of labour market shifts include technological changes, globalisation, environmental concerns (e.g., green jobs) and demography (e.g., growth of health and long-term care sectors). These changes are reducing the number of jobs requiring manual labour and increasing jobs requiring ICT and business skills.

This changing labour landscape has varied impacts on the health of workers, depending on the type of job which they hold. The figure below describes the complex relationship between the demands of work, available resources, and how these combine to either support or impair health and productivity. Interventions for occupational health exist at many different levels, from European (e.g., European Pillar of Social Rights) to national (e.g., OSH regulation), to company/workplace regulations and incentives.



- [Eurofound Research Report: Working Conditions and Workers’ Health](#)
- [Living, Working and COVID-19](#)

Health Impact on Families and Children

Ms Elisabeth Gosme, Director, COFACE – Families Europe

Ms Gosme gave an overview of the impacts of the COVID-19 pandemic and related mitigation measures on families and children across Europe. The combination of teleworking and school closures has led to severe pressures on families. While families are adapting as best they can, the damage to their mental and physical health is being felt, as reported by different family support services in the COFACE network. Large families and one-parent families are particularly vulnerable during this period, as they are more likely to face overcrowding and experience reduced access to necessary goods.

There is a direct link between the unequal division of care in households and gender inequalities in the workplace. As the pandemic has necessitated more informal caregiving, it has had a particularly negative impact on women's workforce inclusion. COFACE encourages the European Commission to consider these consequences in the forthcoming action plan for the European Pillar of Social Rights. Ms Gosme noted that there is political will, but we need to ensure that the measures reach families in vulnerable situations as soon as possible through earmarking of budgets, mechanisms to make their access to support more automatic, and further partnerships with civil society organisations, amongst other approaches.

- [COFACE Resources for COVID-19](#)
- [The European Pillar of Social Rights](#)

How to shape the changes in the world of work

Dr Philippe Pochet, General Director, European Trade Union Institute (ETUI)

Dr Pochet challenged participants to think not only about adapting to change, but actively shaping the change in the world of work. In line with the remarks from Minister Ribera, he noted that we will have to radically change our way of working if we plan to reduce carbon emissions by 55% in only 10 years (until now, it has taken us 30 years to reduce carbon emissions only 25%).

He offered four scenarios for the future, each with different implications for the health sector and for the wider society:

1. Return to austerity: for the moment we are investing in different domains and spending a lot – yet no one is speaking about debt. Yet this debt will have important consequences in the near future, particularly for the health sector (a primary recipient of public resources).
2. Protective authoritarian scenario: given the responses we have seen in reaction to the current pandemic, we cannot exclude that national governments may take more dramatic action to control our behaviours in order to protect the population's health.
3. Grow at any price: this is the closest to our "status quo." We put a significant amount of money in the system and hope for a return to "normality". Yet this scenario has not resulted in sufficient discussion of green impacts or stalled growth in spite of stimulus. This may lead us back to austerity.

4. Socio-ecological transition: this could be a radical transition with various consequences. We need to ask ourselves what we want to produce within the EU's territory. What is our 'open strategic autonomy?' There are also clear connections between working time and our carbon emissions. If we have to reduce our emissions so dramatically, we cannot avoid the question of working time.

Dr Pochet indicated that any of these scenarios would have a huge impact on health and wellbeing. We need to ask ourselves what the social contract would look like under each scenario. In order to meet our targets to mitigate the impacts of climate change, we have to be prepared to ask ourselves hard questions and to take radical action.

- [ETUI COVID Social Impact](#)

Question and answer session

Mr Needle moderated the question and answer session. Questions were asked about investing in skills for people with disabilities or health problems, and, more generally, what (effective) skills are likely to be invested in as a part of the recovery programme. Dr Jepsen noted that we should focus on bundles of skills, as investing in any single skill will not be effective alone. Ms Gosme agreed and noted that, in order to master online skills, you must first have good human skills. In addition, regulation as well as AI could make online environments favourable for all learners. The European Pillar of Social Rights, with its various principles, is a useful tool for reconciling these different skill sets. Dr Pochet noted that, underpinning this all, is the critical question of inequality. This crisis presents an opportunity to address systemic inequalities which are fundamental to a healthy and sustainable recovery from the crisis.

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SESSION 2: THE SKILLS FOR GOOD HEALTH AND WELLBEING

Over 60 million Europeans lack adequate reading, writing and digital skills. 40% of European employers report that they cannot find people with the right skills to grow and innovate. Evidence demonstrates how education and health influence each other, both at the individual and population level. The COVID-19 pandemic has underscored the importance of health and digital literacy as key assets, not only for staying healthy and progressing professionally. They have become essential to work, to study, to meet needs for goods and services and can be advantageous to meet social needs and apply the Economy of Wellbeing approaches. This session will identify the range of skills that people need to cope in Europe after 2020 (including health literacy skills) to support progress towards an Economy of Wellbeing. We will look at how digitisation can help build these skills –along with its limits and potential unintended consequences. What do people need to practice identified skills and what can be put in place to set and address priorities?

Moderator: Dr Frank Lehman, Senior Advisor at the Federal Centre for Health Promotion and Health Education (BZgA), Germany, EuroHealthNet Executive Board Member

Health Literacy: Skills for Health

Dr Kristine Sørensen, Founder, Global Health Literacy Academy

Dr Sørensen spoke about the importance of (digital) health literacy. There are many critical challenges facing policy makers, which include an overburden of information (the 'infodemic'), rising burdens of non-communicable diseases (NCDs) and mental health issues, incorporating new technologies and ways of tracking and sharing data, and addressing planetary health issues. Yet policy makers can face none of these challenges without the active and informed engagement of the population. Up to 30% of Europeans indicate that they struggle with health literacy issues which affect their health decision making. Health literacy increases health status, reduces health costs and waiting times, and saves lives. To bridge the health literacy gap, we must invest in people's life skills, make systems more accessible and participatory by design, and improve the communication capacity of our health workforce. We can learn from frontrunners, such as Australia, Scotland, Austria and Portugal, who have all developed health literacy policies and strategies. Ultimately, we must remember that health literacy is a political choice which requires advocacy, courage and leadership.

- [Global Health Literacy Academy](#)
- [EuroHealthNet Policy Précis on Digital Health Literacy](#)

How can schools promote health literacy for the 21st century in a holistic way? Reflections and future directions

Prof Kevin Dadaczynski, Public Health Centre, Hochschule Fulda University of Applied Science

In response to the pandemic, more people than ever are searching for health information online. Yet this online information is often overwhelming and contradictory, which increases the spread of mis/disinformation. It is critical to link concepts of health literacy with the core mission of schools (education). There is a relationship between health literacy and school outcomes, as health-related attitudes, behaviours and health conditions can directly affect school attendance and participation.

To achieve broader uptake in schools, health literacy should be embedded in a framework such as the media literacy framework currently used in German schools. To do this in a holistic way, health literacy must be integrated into the curriculum and into teacher training materials, and school staff themselves need support to improve their own health literacy. The school environment can also become more health promoting with the support of community stakeholders and through principles of participation, empowerment, equity and inclusion.

- [Media literacy framework in Germany](#)
- [COVID-19 Health Literacy Survey](#)
- [The Role of School Leaders' Health Literacy for the Implementation of Health Promoting Schools](#)
- [EuroHealthNet Policy Précis on Health, Education and Inequality](#)

How can eHealth be made more accessible to people with low health literacy?

Dr Bart Looman, Programme Manager, PHAROS Dutch Centre of Expertise on Health Disparities

Dr Looman provided some background on the context of PHAROS' work in the Netherlands, where 36% of the population has been found to have limited health literacy. eHealth holds great potential to provide a more responsive, person-centred, and cost-effective approach to delivering health services. However, it also risks widening the gap in health inequalities between those with high digital health literacy and those with more limited skills.

PHAROS "eHealth4All" initiative is conducted with end-users (people with limited skills), using an inclusive digital interface and blending eHealth services with face-to-face contact. Dr Looman outlined four steps to eHealth for all:

1. Clear and comprehensible: testing with end-users and getting feedback
2. Easy to find, use and navigate: take effectivity and reliability into account; simple layout
3. Blended care: eHealth should be part of the core curriculum and training of health professionals
4. Link between eHealth and local networks: take implementation directly into local networks, especially in vulnerable groups and disadvantaged neighborhoods



- [PHAROS work on low literacy and limited health skills](#)
- [Recognize low literacy – checklist \(other resources and publications available in the knowledge bank\)](#)

Question and answer session

Dr Lehman moderated the question and answer session. Questions were asked about assessing health literacy, building occupational health competencies, and the impacts of the COVID-19 crisis on health and wellbeing skills. Dr Looman explained that health literacy is often assessed using questionnaires, but asking for years of formal education is a good proxy. For building health literacy 'on the job', Dr Sørensen noted that there's insufficient research on this topic, as it tends to happen in practice. Companies and organisations use health literacy as either outward-facing approach (e.g., corporate social responsibility for their clients and consumers) or as a part of their internal organisational strategies as an investment in long-term health. All panellists agreed that the COVID-19 crisis has raised awareness of the issue of health literacy and made policy makers more receptive to Health in All Policies approaches. It is now clear that it is not only a personal responsibility to take care of one's own health, but also an organisational and structural issue. COVID also clearly demonstrated different impacts on different groups in society, which raised further awareness of health disparities, particularly amongst low-skilled workers and those in "frontline" jobs, as well as among ethnic minorities.

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SESSION 3: REORIENTATION FOR HEALTH AND CARE SYSTEMS: ARE NEW SKILLS NEEDED?

Health system resilience is key to coping with catastrophic events, such as the COVID-19 pandemic. One of the key concepts behind improved resilience would be the ability and skills of health and public health professionals to prepare for, manage (absorb, adapt and transform) and learn from such crises. Health and social care systems have long been overstretched by rising chronic illnesses and costs. Health promoting systems offer the opportunity to prevent illness and reduce costs, leaving more capacity to respond to crises.

Recognising that many determinants of health are outside of the health sector, intersectoral collaboration and a 'health in all policies' approach are more crucial than ever, particularly between the health sector, the long-term care sector, education and other social actors. Tasks are shifting and championing new approaches and skills for resilient public systems is vital. Reorientation of health systems can make a major contribution to improving health and wellbeing, as well as achieving wider public goals such as the Sustainable Development Goals. Yet we must ensure that the relevant workers, including health care professionals, health promotion experts, and other social actors have the necessary skills to support this change. What is being done – and what more can be done – to support reorientation for resilient health systems?

Moderator: Ms Lorna Renwick, Organisational Lead - NHS Leadership, Health Equity, Public Health Scotland, EuroHealthNet Executive Board Member

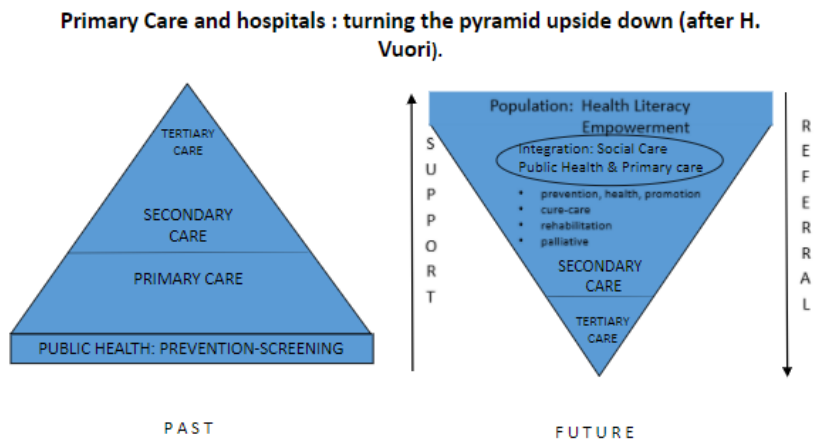
Reorientation for health and care systems

Prof Jan de Maeseneer, Chair of the Expert Panel on Effective Ways of Investing in Health (EXPH), Professor, Department of Public Health and Primary Care, Ghent University

Prof de Maeseneer described some of the lessons learned from an opinion recently published by the Expert Panel, 'The organisation of resilient health and social care following the COVID-19 pandemic.' The EXPH has developed a system to test resilience, consisting of five phases. They used this system to test resilience in three scenarios, including an outbreak of infectious disease and a shortage of workers. The resulting scorecard showed the importance of the workforce. Overall, they found that health and social system needs include: anticipating and coping with uncertainties and unplanned events, well-managed interdependence and cooperation of relevant actors, and investment in retaining staff and increasing their capacity. Strong interconnections are needed between primary and social care and between primary and hospital care.

Prof de Maeseneer shared other views and recommendations, as well. These included:

- A need to increase investment in primary care from 14% to 30% of health care expenditure.
- Improved links between primary care and public health
- Electronic health records being integrated with public health systems to enable a “community diagnosis”.
- Task shifting and competency sharing are essential, so more professions should start from a framework of general competencies
- We must invert the pyramid which has primary care at the bottom and tertiary care at the top. Population health should be the top (including integrated health, primary and social care, health literacy and prevention).



- [The organisation of resilient health and social care following the COVID-19 pandemic: Opinion of the Expert Panel on effective ways of Investing in Health \(EXPH\)](#)
- [Options to Foster Health Promoting Health Systems: a Report of the Expert Panel on effective ways of Investing in Health \(EXPH\)](#)
- [Task Shifting and Health System Design: a Report of the Expert Panel on effective ways of Investing in Health \(EXPH\)](#)

The new skills needed for public health/health promotion professionals to support reorienting health systems

Prof Katarzyna (Kasia) Czabanowska, Department of International Health, CAPHRI, FHML, Maastricht University, Past President APSHER

Prof Czabanowska opened by noting that working differently will require us to learn and lead differently. COVID-19 has shown that we need both hard and soft skills: scientific and analytical skills, coupled with social skills, knowledge and respect for diversity. This will require transversal working and learning, and revisiting our values of equity, equality and trust.

She offered a description of the WHO-APSHER Competency Framework for the Public Health Workforce, which is based on a systematic review of worldwide frameworks and identifying common skills. As the figure

below illustrates, the framework is broken down into three main categories, with sub-categories under each. Each of the competencies can also be translated into three professional levels: 1) competent (e.g., a graduating Masters in Public Health Student); 2) proficient; and 3) expert. A public health professional who exhibits the skills presented in the framework will have a strong knowledge base for public health interventions, will understand systemic relations, interactions and responses, and can deliver high-quality achievements in public health.

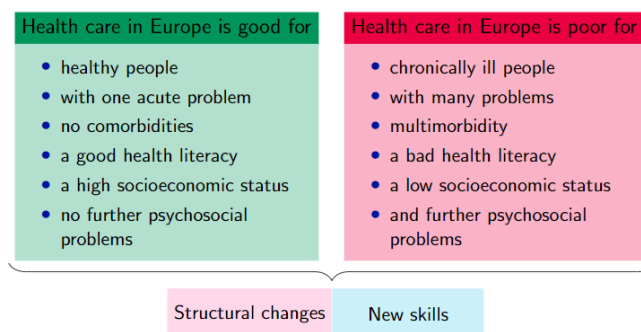


- [WHO-ASPHER Competency Framework for the Public Health Workforce in the European Region \(2020\)](#)

The skills for tomorrow's health and care: community-oriented care and social prescribing

Prof Wolfram Herrmann, Institute of General Medicine, Charité – University of Medicine, Berlin

Prof Herrmann began with an illuminating description of the status quo in European health care, offering this clear figure:



To make health care in Europe good for all, this situation will require structural changes and new skills. To address these structural changes, one approach is community-oriented primary care, which consists of

local community health centres which are interprofessional (e.g., social workers, nurses) and which have a minimum critical size. However, these are not yet well-spread across Europe and are mostly “lighthouse” projects. In some countries, including Germany, there are legal restrictions on certain professionals working together. Thus, the community-oriented primary care model is promising, but it still faces challenges and requires a long preparation time.

Social prescribing offers a faster or intermediary solution which can be implemented in existing GP practices. The medical professional does not need all the knowledge or solutions but can instead give a “social prescription” to a link worker who connects the patients with the various providers in the community who can help address different issues. The link worker then reports back to the GP with results. This model is currently being studied by the German Federal Ministry of Education and Research, and the results are expected in the spring.

Prof Herrmann closed by describing key new skills for GPs which could be integrated in their undergraduate studies and postgraduate training. These are:

- Communication training
- Interprofessional training
- Getting to know your neighbourhood
- Structured approaches for complex patients
- [Bridges to Health Model](#)
- [The Social Prescribing Network \(UK\)](#)

Question and answer session

Ms Renwick moderated the question and answer session. Questions related to artificial intelligence (AI) and its expected impact on the work of public health practitioners, putting the inverted pyramid (from Prof de Maeseneer’s presentation) into practice, and reaching the most vulnerable. Panellists noted that the impending changes in work due to AI and other technologies are inevitable and that it is key to build the digital literacy and leadership skills of public health workers to prepare for this change. They explained that applying new models (such as the inverted pyramid) will require emphasizing generalist competencies and values rather than only specialist knowledge, skills and attitudes in the health workforce. Finally, they noted that social prescribing could in fact be a useful tool for reaching the most vulnerable, as many vulnerable people are more likely to visit a GP rather than a specialist, where they could receive such a prescription. The success of this approach, however, will require a very proactive and well-resourced link worker.

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CONCLUDING REMARKS

Ms Katarina Ivanković-Knežević, Director for Social Affairs, Directorate General for Employment, Social Affairs and Inclusion (DG EMPL), European Commission

Ms Ivanković-Knežević offered some conclusions from the conference, as well as an update on activities happening at the European level. She noted that the COVID-19 pandemic has been a powerful reminder of the importance of social protection and a skilled and adequate workforce – which is what makes provision of quality health services possible. The rights to adequate social protection, health and long-term care are enshrined in the European Pillar of Social Rights, along with other initiatives (e.g. the Work-Life Balance Directive and the Minimum Wages Directive). The Pillar’s action plan will be released in early 2021.

Other critical tools include the EU Child Guarantee, where the EU plans to address the needs of vulnerable children through such services as regular medical check-ups and support for nutrition and healthy habits. The Commission’s digital education plan will also support digital (health) literacy, both for health care professionals and the general public. Finally, she underscored the importance of the long-term care sector and the important work that the Commission will release next year in relation to this workforce.

Ms Caroline Costongs, Director, EuroHealthNet

Ms Costongs provided an overview of the presentations and highlighted the following action areas that were mentioned by the speakers:

- Developing skills for all, including those living with disabilities or other health conditions.
- Addressing the psychosocial risks that come with the transition of work and their differential impacts on health (including by gender, social status, and occupation).
- Working towards a health literate society including health literate employers, health literate schools, and lifelong learning approaches.
- Improving the resilience of the health sector by increasing the competencies for health promotion and disease prevention and making the links with primary, social, and long-term care. We can start with promising approaches, such as building more generalist skills among health professionals, providing ‘community diagnoses’ and social prescribing.
- Linking all of these points to the critical issues of climate change and the Sustainable Development Goals, and to the current momentum for a European Health Union and an Economy of Wellbeing.

Ms Costongs indicated EuroHealthNet’s interest in continuing to explore these matters through a community of practice and thanked all speakers, moderators and participants for their very insightful presentations and questions.

Our mission is to help build healthier communities and tackle health inequalities within and between European States.

EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, promoting health, preventing disease, and reducing inequalities.

EuroHealthNet supports members' work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

EuroHealthNet's work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership's activities.

The partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.



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