The role of health professionals in addressing health equity

Report of the annual EuroHealthNet seminar, held in Madrid on Tuesday 4 June 2019
Welcome and Introductions

Mojca Gabrijelčič Blenkuš opened the meeting and welcomed participants as President of EuroHealthNet. She set out the aims and objectives of the event, to explore new solutions to tackle health inequalities, including community-based approaches, adaptations of health professional training, good practice initiatives and the collection and interpretation of relevant data.

Rodrigo Gutiérrez Fernández, Directorate General of Professional Organisation, and Pilar Aparicio Azcárraga, General Director of Public Health, Quality and Innovation, welcomed participants on behalf of the Ministry of Health, Consumer Affairs and Social Welfare for Spain. They explained national approaches in Spain to prioritise the values-based actions on key determinants and policies in all settings and practices.

Learning from the morning seminar “Equity in the education and training of professionals”

Jenny Popay, Professor of Sociology and Public Health at Lancaster University, and Ricardo Baptista Leite, head of Public Health at the Catholic University of Portugal and member of the Portuguese Parliament, presented their views of the key issues which has been addressed during the morning seminar, hosted by the Ministry of Health, Consumer Affairs and Social Welfare for an invited audience of health professionals, national policy makers and EuroHealthNet presenters.

The morning session had been addressed by Maria Luisa Carcedo Roces, Minister of Health, Consumer Affairs and Social Welfare for Spain; and by Caroline Costongs, Director of EuroHealthNet, who set out priorities and challenges for the health workforce.
How well-equipped are health professionals to address health equity? EuroHealthNet’s new video on tackling child health inequities was launched. The seminar was chaired by Faustino Blanco González, General Secretary of Health and Consumer Affairs for Spain.

Ricardo Baptista Leite presented his views on the “industrialisation” of health and care and put forward potential new models of pay for performance and health outcomes, enhanced use of new communications and other technologies, change and values-based agendas, community-based outcome measurements and the role of active citizens and civil society. He highlighted the use of geo-reference health data to redesign policies at micro level.

In a panel session moderated by Angeles López Orive, Director of Professional Organisation at the Ministry of Health, Consumer Affairs and Social Welfare for Spain, Isabel González Anglada, Head of Studies at the Alcorcon Foundation University Hospital and Secretary of the National Society of Specialised Training, discussed progress in medical education since the previous national review in 2013. She explained new initiatives in process, including to train more trainers, focus on community needs, bring attitudes and values into training programmes and address specific competences and transversal skills.

She was followed by Rafael Cofiño Fernandez, Head of Health and Programmes Evaluation service at Asturias Health Department, who provided a highly visual presentation on work there to establish primary care assistants, address real situations, apply new methodologies including community assets development, empowerment and training for individuals, groups and communities.
A lively discussion session was held with active audience participation and contributions of practical knowledge and views, including on the need for undergraduate training on social determinants of health; on real life constraints for continuing professional development; on disconnects between primary, acute and community sectors; on social care perspectives of prevention measures; on existing work overloads and insights into realities for mentors, resources and schools-based education.

In summary, Angeles Lopez Orive mentioned the current review process; efforts to mainstream social determinants training in relevant specialities; intermediate and advanced learning plans; links between primary and social care and rotating internships; new resources; and continuity of care methods to overcome professional hesitancy.

In a further panel session moderated by Alison Maassen, Senior Coordinator for EuroHealthNet, Lorna Renwick of NHS Health Scotland presented work there around “realistic medicine” and consider holistic needs of people; maximising roles through using an equity lens, embed equity in line management of hospitals, horizontal advocacy by health professionals, new forms of partnership and procurement, new rights and terminologies; all being implemented through accessible online modules available publicly.

Frank Ulrich Montgomery, President of CPME the Standing Committee of European Doctors, spoke informally about his role and approaches in health insurance systems, which offer very different models across Europe. He spoke of examples in Germany regarding migrant health and persistent gaps in equity despite long standing social medicine models. Health care professionals have a role to play in cooperation with other policy sectors. He quoted Virchow “politics is medicine at a large scale”.

Barbara Mangiacavalli, Director of the National Nursing College in Italy, talked about ‘the pharmacy of services’ and on the role of nurses to empower patients to look after themselves. She presented on the code of ethics which applies, surveys of patients, cross sectoral roles and responsibilities, and problems of building capacities.

Ainhoa Ruiz from EASP, the Andalusian School of Public Health, brought that perspective to the discussion, focussing on roles for practitioners, the core attention to social determinants in postgraduate training; training packages organised with support of the EU agencies; relevant research to determine impact and wider factors.
Concluding the morning with her own findings and recommendations, Professor Jenny Popay set out perspectives on social justice in relation to equity and equality, citing models and tools available. She felt that human flourishing is the aim; too often social prescribing is lifestyle and behaviours based and not sufficiently about factors such as work or poverty. Audit tools exist for upstream developments, towards which there should be systemic shifts based on resilience, power and an end to stigmatising “vulnerable people”.

**Panel 1: How can we make use of data, foresee health trends and adapt services?**

In a session moderated by Vertti Kuikas, General Secretary of SOSTE, Finland, two presentations were made concerning national examples.

Marieke Verschuuren, Executive Office Advisor at the National Institute for Public Health and Environment of the Netherlands presented on the Public Health Foresight Study. This has been conducted on a legal basis every four years since 1993 and includes a 2040 strategic foresight study carried out in 2018. It is qualitative and quantitative, includes life expectancy and quality of life data and indicators, and is publicly published. Some headlines regarding health indicators were presented briefly. The importance of an integrated, systematic, cross sectoral and person-centred approach was stressed in application of the findings, including greater use of technologies, addressing complex needs of increasingly older people including dementia and loneliness, and taking equity into account.

Philippa Myrback, Senior Advisor for SALAR, the Swedish Association of Local and Regional Authorities, presented on the joint report with the Public Health Agency of Sweden using 39 indicators over a ten-year period in a study of municipalities to assist public health decision making. The report identified relative increases in inequalities which need to be addressed including gender, social and work factors. It demonstrates the upcoming investment gap in financing welfare system in Sweden in the next years. This will require new paradigms and investment models in shifts from acute services towards primary and community care and prevention.
In an audience participation session moderated by Vertti Kuikas, comments were made regarding: multiple uses of evidence; dissemination of evidence to medical professionals; shifts from lifestyle behaviours in planning systems; screening programmes; social benchmarking; retrospective analysis and explanations of complex data; timings of studies; the need for action-oriented data in delivery cycles with suitable resources and pathways to objectives.

**Panel 2: applying health equity in practice – what can health professionals do?**

In a session moderated by Clive Needle, Senior Policy Advisor for EuroHealthNet, speakers introduced their perspectives on the question posed. Dr Andrej Martin Vujkovac, President of the International Youth Organisation, spoke of his own experiences and realities for young professionals, including in Slovenia. He urged colleagues to develop advocacy skills and engagements in building systemic changes, citing disparities and gaps between education and other formal systems.

Tim Elwell-Sutton, Assistant Director for Healthy Lives at the UK Health Foundation, spoke about healthy life years shortfalls and lost opportunities. He argued that professionals need to view people holistically, support complex conditions and needs and offer leadership in complex environments. He explained that new Integrated Care Systems in England might offer new opportunities for work in more holistic centres and primary care or community settings, but that professionals will need multi-sectoral skill mixes, and called for a new cadre of health workers able to help with transitions to new specialities, targets and responsibilities.

Carme Borrell I Thio, Manager of the Public Health Agency of Barcelona, presented an impressive description of progress made there to tackle inequalities, including use of partnership tools with WHO and the role of the area Observatory. This comprised monitoring, new municipal and neighbourhood plans, evaluation and impact studies of wider policies, a gender justice plan, increased technical capacities and a crucial role for the public health agency. Political change is causing some uncertainty as it is a major factor, but the EU Joint Action JAHEE now offers a useful development at that level.
In an audience participation session moderated by Clive Needle, comments were made regarding: diversities and differences between curricula of medical schools; communications schools integration with health training and a potential role for the EC DG for Education; the WHO agenda and the meaning of modern professionalism; learning lessons from extensive work in past decades. The panel members responded to these points in their concluding remarks.

Conclusions

Caroline Costongs, Director of EuroHealthNet, thanked all participants. She drew attention to several key points made during the day, including the need for systemic change in health systems, in order to support the individual health professional in addressing health equity, the importance of new disruptive technologies and the need for approaches to be person centred and value based. Health equity is a whole system responsibility and health professionals have an important role of bridging sectors and translating knowledge. She explained how EuroHealthNet will take forward seminar outcomes via working and task groups, and also welcomed bilateral partnerships which were offered. She thanked the Ministry of Health, Consumer Affairs and Social Welfare for Spain for their partnership working.

In response, Pilar Campos Esteban, Deputy Director of Health Promotion and Public Health Surveillance, also thanked participants and indicated how the Ministry will take forward national learning from the seminar, thanking EuroHealthNet for valuable work in partnership and looking forward to further work together.

Finally, Javier Segura del Pozo, Deputy Director of Prevention and Health Promotion for Madrid City Council, added his thanks to participants for a successful seminar.
and useful seminar, welcomed visitors to the city and explained briefly how it fulfils responsibilities for duty of care of citizens and for public spaces, for solidarity between generations, inclusive employment and social protection, and for care and wellbeing.

*All presentations from the Seminar will be available from EuroHealthNet.*

*Madrid, 4 June 2019*