‘VulnerABLE’

Pilot Project for the development of evidence-based strategies to improve the health of isolated and vulnerable persons

Final Dissemination Conference:
7th November 2017, Brussels
Setting the scene

- Welcome - **Caroline Costongs, Director, EuroHealthNet** – Chair
- Opening words - **Arila Pochet, Policy Officer, Unit C4 Health determinants and inequality, DG Heath and Food Safety**
- Project introduction – **Christina Dziewanska-Stringer, ICF**

#equalhealth4all
Opening words - Arila Pochet, Policy Officer, Unit C4 Health determinants and inequality, DG Heath and Food Safety
Project introduction - Christina Dziewanska-Stringer, Project Manager, ICF
What are we?

**Timing:** 2 year pilot project

**Focus:** Health of vulnerable and isolated populations: how, why and what is the answer?

- Children and families from disadvantaged backgrounds;
- Those living in rural/isolated areas;
- Those with physical, mental and learning disabilities or poor mental health;
- The long-term unemployed;
  - The inactive;
  - The 'in-work poor';
- Victims of domestic violence and intimate partner violence;
- People with unstable housing situations (the homeless);
  - Prisoners.
What are we?

We wanted to understand:

- What barriers do vulnerable and isolated persons face when accessing healthcare?

- What are the most effective ways of ensuring access to health and care?

- What can Europe do?
Who are we?

Led by ICF

In partnership with Eurohealthnet, GfK, UCL’s Institute of Health Equity

Supporting partners: the Social Platform, and the European Public Health Alliance (EPHA)
What did we want to achieve?

• **Increase understanding** of how best to improve the health of people living in vulnerable and isolated situations;

• **Identify and recommend evidence-based** policy strategies (regional and national);

• **Spread awareness** of the findings and support capacity-building amongst regional/national authorities

• **Develop a policy guidance framework** - which can be implemented in practice!
How have we done it?

• Research methods:
  
  ❖ Literature and policy reviews
  ❖ Pan-European survey of the target groups
  ❖ Detailed good practice inventory
  ❖ Focus groups and interviews with medical practitioners, public health officials, members of the target groups and other relevant stakeholders
  ❖ Capacity building workshops across Europe
  ❖ Dissemination conference (today)
Why is today so important?

- Present and discuss our main findings (evidence base for action)
- Learn and exchange from practices on the ground (from theory to practice)
- Update and refine our policy guidance framework (to make it relevant for policy makers across Europe)
- See how to collaborate together on this topic in the future
Access to healthcare for vulnerable and isolated groups: Thematic context

- **Thematic commentary:** Prof. Peter Goldblatt, UCL Institute of Health Equity, Department of Epidemiology & Public Health

  Q&A session

- **Presentation of four thematic sessions** – Christina Dziewanska-Stringer, ICF
Thematic commentary: Prof. Peter Goldblatt, UCL Institute of Health Equity, Department of Epidemiology & Public Health
Objectives (recap)

• Increase understanding of how best to improve the health of people living in vulnerable and isolated situations

• Identify and recommend evidence-based policy strategies (regional and national)

• Spread awareness of the findings and support capacity-building amongst regional/national authorities
Vulnerability

- Vulnerability is dynamic. Individuals are in a vulnerable situation when they are exposed to multiple exclusionary processes.

- The risk of being in a vulnerable situation depends on the interaction of personal (inborn or acquired) and societal and environmental factors.

- Vulnerability affects a wide range of people across Member States at any one time.
Nine target groups

- Older people
- Children and families from disadvantaged backgrounds
- Those living in rural/isolated areas
- Those with physical, mental and learning disabilities or poor mental health
- The long-term unemployed
- The economically inactive
- The 'in-work poor'
- Victims of domestic violence and intimate partner violence
- People with unstable housing situations (the homeless)
- Prisoners
Socioeconomic and political context

Governance

Policy
  - Macroeconomic
  - Social
  - Health

Cultural and societal norms and values

Social position

Education

Occupation

Income

Gender

Ethnicity / Race

Material circumstances
  - Social cohesion
  - Psychosocial factors
  - Behaviors
  - Biological factors

Health care system

Social determinants of health and health inequities

Distribution of health and well-being

Commission on Social Determinants of Health Conceptual Framework

Source: CSDH Final Report, WHO 2008
Accumulation of positive and negative effects on health and wellbeing

Perpetuation of inequities
Child poverty rates before and after transfers, ranked by after-transfer rate, EU-SILC 2009

- Norway
- Slovenia
- Sweden
- Austria
- United Kingdom
- Poland
- Latvia

Source: WHO 2013

Poverty rate

- Before social transfers
- After social transfers
Life expectancy at birth by education and sex, 2013

* Figures for Malta 2011

Source: Eurostat
Estimated odds of reporting poor or very poor general health by socioeconomic characteristics, 25 EU Member States*, 2010

Source: Health inequalities in the EU
Self reported health by education and social expenditure: 18 EU countries

Source: Dahl & van der Wel 2012, data from EU SILC 2005
Main findings from the scientific report

- Vulnerability is associated with poor health: the prevalence of illness of health problems is significantly higher among vulnerable populations compared to the general population.

- These groups also tend to experience greater challenges in accessing the necessary support and protection they need from healthcare and other services.
Improving health and access to healthcare for vulnerable groups

- The importance of universal coverage
- Removing barriers to healthcare and other services
- Multi-sectoral approaches to engage others outside the health sector in actions to improve health and the wider health determinants for vulnerable people.
- Innovative initiatives to address the health needs of target groups (e.g. mobile services, user co-production).
- Supporting inclusive societies to address the impact of the social determinants of health
Health is a human right
Do something
Do more
Do better
Access to healthcare for vulnerable and isolated groups: Thematic context

- Q&A session
Access to healthcare for vulnerable and isolated groups: Thematic context

- Presentation of four thematic sessions – *Christina Dziewanska-Stringer, ICF*
Thematic Session 1: Universal approaches to healthcare - Agenda

Setting the scene: main themes and project results – David Pattison, Lead Trainer- vulnerABLE Project team

Presentation of two good practices:
- Family Centres in Sweden- National Institute of Public Health, Vibeke Bing,
- ‘Open.med Munich’- Anna Miller, Medecins du Monde UK

Comments from Daniel Lopez-Acuna, Expert Group on Social Determinants and Health Inequalities

Q&A session
Key questions for discussion

- How can healthcare systems guarantee universal access in practice?
- What mechanisms can make healthcare systems more responsive to the diverse needs of those in vulnerable situations?
- How should healthcare systems be re-organised to ensure effective universal access?
- How can Member States ensure that a cross cabinet approach is used to improve universal access to health, social, educational and anti-poverty policies and services for the benefit of all citizens but especially for the most vulnerable
Thematic Session 2 - Multi Sectoral Approaches to Tackling Health Inequalities: Agenda

Setting the scene: main themes and project results – Jo Robins, Trainer- vulnerABLE Project team

Presentation of two good practices:
- *Interagency guidance tool for Cork City* - Denise Cahill, Healthy Cities Co-ordinator, Cork
- *Casa Aurora* - Nicoletta Capra, Italy

Comments from Meri Larivaara, Expert Group on Social Determinants and Health Inequalities

Q&A session
Key questions for discussion

• How can multi-sectoral approaches be utilised to tackle health inequalities in your area of work?

• What are the key challenges/barriers you might anticipate when implementing multi-sectoral models?

• What are the potential benefits of this approach in supporting the goals of your organisation?
Thematic Session 3: Addressing the health needs of target groups: Agenda

Setting the scene: main themes and project results – Jo Robins, Trainer - vulnerABLE Project team

Presentation of two good practices:
- Co-production: Maria Gallagher, Public Health Wales
- Prison health: Samuel D’Almeida, France

Comments from Daniel Lopez-Acuna, Expert Group on Social Determinants and Health Inequalities

Q&A session
Key questions for discussion

Questions for the conference:
• How can information on vulnerable groups be used to raise their profile and address the challenges facing them?
• What are the key challenges/barriers to implementation of initiatives targeting vulnerable groups?
• How can we implement these new models of working into all our services, programmes and workforces, not just in health?
• What other approaches exist that address the health needs of persons belonging to vulnerable groups?
Thematic Session 4: Addressing the social determinants of health: Agenda

**Setting the scene:** main themes and project results – David Pattison, Lead Trainer - vulnerABLE Project team

Presentation of two good practices:
- **DIATOFRI Programme:** Yiannnis Koutelidas, PROLEPSIS, Greece
- **Housing First:** Dalma Fabian, FEANTSA

Comments from Guiseppe Costa, lead of the forthcoming Joint Action on Health Inequalities

Q&A session
Key questions for discussion

1. What are the best strategies public authorities should put in place to:
   • Improve the socioeconomic position of individuals that are vulnerable?
   • Address the impact of social determinants of health and improve access to healthcare?

2. What are the most adapted levels of action and how should different decision makers interact with each other?

3. How should health and social services be modified to ensure that the needs of vulnerable groups in society are better met?

4. How can the EU support the Member States, public authorities and other relevant actors in this process?
Food for thought over coffee:

**Thematic session 1:** Here (Palace Room)

**Thematic session 2:** Creativity & Exploration (1st floor)

**LUNCH BREAK – Ground floor**

**Thematic session 3:** Here (Palace Room)

**Thematic session 4:** Creativity & Exploration (1st floor)
Thematic Session 1: Universal approaches to healthcare - Agenda

Setting the scene: main themes and project results – David Pattison, Lead Trainer- vulnerABLE Project team

Presentation of two good practices:
- Family Centres in Sweden- National Institute of Public Health, Vibeke Bing,
- ‘Open.med Munich’- Anna Milleer, Medecins du Monde UK

Comments from Daniel Lopez-Acuna, Expert Group on Social Determinants and Health Inequalities

Q&A session
Universal health coverage: How can universal access to healthcare be guaranteed for everyone irrespective of their age, gender, socio-economic and health status?

- Universalism – Fairness in society
- Specific universalism - Free and universal provision of public services
- Selectivism - Targeting or customising of services and policies for particular groups
- BUT what about the diversity of modern society?
- Does the ‘one-size-all fits all’ have the potential to disadvantage our most vulnerable citizens/groups?
The VulnerABLE project Working approach – ‘proportionate universalism’

• Universal and targeted approaches are necessary to tackle the issue of health inequalities-the project endorses the notion of ‘proportionate universalism’ as a way of reconciling key challenges in the application of these approaches

• Instead of serving as a panacea, the concept of ‘proportionate universalism’ offers important “principles for action”

• The VulnerABLE project has explored the ways in which universal approaches to healthcare can better serve the needs of groups experiencing vulnerability, offering guidance on how to develop ‘proportionate’ responses in practice
Issues and concerns

- Costs to Members States current funding systems?
- Universal approaches in healthcare can still leave behind people in vulnerable situations behind unless further outreach work is taken?
- Separatist approaches can result in two-tier systems if they are not part of the public health agenda?
- Capacity-building amongst professionals and shared standards are vital for making services more responsive to the needs of individuals in vulnerable situations
- Empowering target groups to act as the co-producers of services
Key questions for discussion

• How can healthcare systems guarantee universal access in practice?
• What mechanisms can make healthcare systems more responsive to the diverse needs of those in vulnerable situations?
• How should healthcare systems be re-organised to ensure effective universal access?
• How can Member States ensure that a cross cabinet approach is used to improve universal access to health, social, educational and anti-poverty policies and services for the benefit of all citizens but especially for the most vulnerable
Family centres in Sweden targeting children 0-5, their caregivers and parents expecting a baby

Promoting determinants of health and preventing disease (not treatment)

- Early, early – because the inequality gap is widening over years
- Reach every single child (99%) and every pregnant mother
- Universal cross sectoral – adding more services to the universal antenatal and child health care
- Transforming the health care services to a supporting arena including social counselling and “open nursery school”(where parents and children spend time together whenever they want to)
- High accessibility - free of charge, under the same roof, being accessible as nearby meeting place
- Social support near at hand

Vibeke Bing vibeke@vibekebing.se
Family Centres in Sweden

- Staff: midwives, district nurses, preschool teachers, pediatricians, social workers
- Flexible professional roles in an everyday context
- Reinforcing the social network around children and parents
- Creating work processes in which children and parents can actively participate
- Being a centre for knowledge and information
- Compared to the old structure of antenatal and child health care:
  - More parents getting early social support, more parents taking part in group activities, open nursery school of greatest importance. An most important place of integration.
Open.med Munich and MdM clinics - Doctors of the World, UK

Medecins du Monde

- Low threshold and outreach services
- Adapted to context
- Facilitate access to health system
- Safety net
- Policy & Advocacy
Thematic Session 1: Universal approaches to healthcare

- Comments from Daniel Lopez-Acuna, Expert Group on Social Determinants and Health Inequalities

- Q&A session
Thematic Session 2 - Multi Sectoral Approaches to Tackling Health Inequalities: Agenda

Setting the scene: main themes and project results – Jo Robins, Trainer- vulnerABLE Project team

Presentation of two good practices:

- Interagency guidance tool for Cork City - Denise Cahill, Healthy Cities Co-ordinator, Cork
- Casa Aurora- Nicoletta Capra, Italy

Comments from Meri Larivaara, Expert Group on Social Determinants and Health Inequalities

Q&A session
Contextual Information – Main Themes

Think about health beyond traditional health policy
Population health is affected by many determinants – inter-linked
Policy ‘clashes’
Multi-sectoral approaches?
Collaboration between organisations working in different policy areas and different sectors with communities
Examples of Multi Sectoral Approaches

- *Sharing of information and data between agencies*
- *Delivery of new pathways of care*
- *Provision of holistic support*
Key Principles

- Promotion of cultural values that foster collaboration
- Clear communication systems between partners
- Clarity and delegation of roles and responsibilities for those implementing
- Resources to facilitate delivery of activities
- Monitoring and assessment of outputs, impact and outcomes
Challenges

• Short term political cycles, target driven organisations, desire to see quick wins, multiplicity of organisations involved, different systems of accountability.

• Separate Ministry of Health but what can health offer other departments?

• Multiple inter-dependencies – ability to act as a broker across systems
Questions for the conference

1. How can multi-sectoral approaches be utilised to tackle health inequalities in your area of work?
2. What are the key drivers/enablers for multi-sectoral work?
3. What are the key challenges/barriers you might anticipate when implementing a multi-sectoral model in your field of work?
4. What are the potential benefits of this approach in supporting the goals of your organisation?
Denise Cahill, Healthy Cities Co-ordinator, Cork
• Reflective Practice for Social Justice – Inter-agency participants to learn from experiences of the past - with a Design team to support the development of the tool as it emerges
• Through reflection we plan to co-create an inter-agency competency tool and perhaps a Charter for Inter-Agency working
• Provision of space for Inter-Agency structures to reflect on competencies and capacity to deliver vision

To develop an Inter-Agency Guidance tool and support system based on Theory U by Otto Scharmer

Denise Cahill, Healthy Cities Co-ordinator, Cork
COMUNITÀ DI VENEZIA S.C.S.

VulnerABLE Pilot project

Nicoletta Capra

7th November 2017
Target:

→ **Women** with poly-addiction or psychiatric problems, coming from multi-problematic and vulnerable contexts:

a) multi-level health needs (medical, clinical)
b) social needs (unemployment, marginalization, sense of failure)

→ **Children**:

a) Health needs (Neonatal withdrawal syndrome, long-term difficulties due to exposure of the fetus to the drugs)
b) relational affectional needs and irresoluble rights (right to stay with mum and receive adequate and continuous care from her, right to normal socialization and to a socio-environmental context appropriate to healthy development)

**Integrate** the Mother's needs with the children’s needs is the **real challenge** of the Therapeutic Community.

But why the specialist care work is **effective** is NECESSARY A NETWORK SYSTEM AND A HIGH INTEGRATION BETWEEN DIFFERENT SERVICES

Community History → Casa Aurora was born in the '90s thanks to the sensitivity and specific interest of psychologists and operators towards the specific needs of drug addicts women. These women, who cared in mixed males and females adults rehabs, left their children to grandparents and had a perception of the Services as well as distant, detached and punitive institutions.

**Inter-Service network** → In 2000, Casa Aurora started and managed a regional project to increase collaboration between several local Services around the Diadem-b. Casa Aurora and the Scientific board write the Guidelines for Integrated Care for Women with Children.

**Today** → **Multi-sectorial** system is strategic and crucial because Health is influenced by a variety of factors. The determinants of health are many and involve social, environmental, economic, employment and education aspects that go beyond just health care.

The multidisciplinary team takes care of the multiple needs of the mother-child dyad and directs towards different territorial services the specific needs that only a complex, multi-sectorial and rooted network can satisfy.
Thematic Session 2 - Multi Sectoral Approaches to Tackling Health Inequalities

• Comments from Meri Larivaara, Expert Group on Social Determinants and Health Inequalities

• Q&A session
LUNCH BREAK 12.30- 13.30

JOIN US FOR LUNCH, INTERESTING DISCUSSIONS AND DESSERT

#EQUALHEALTH4ALL
Thematic Session 3: Addressing the health needs of target groups: Agenda

Setting the scene: main themes and project results – Jo Robins, Trainer- vulnerABLE Project team

Presentation of two good practices:
- Co-production: Maria Gallagher, Public Health Wales
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Comments from Daniel Lopez-Acuna, Expert Group on Social Determinants and Health Inequalities

Q&A session
Health inequalities – differences in health status between individuals or groups, measured by life expectancy, mortality or disease arising from avoidable differences in social, economic or environmental variables.

Vulnerability may be experienced by those with the worst health status, exacerbated by multiple processes of exclusion leading to or resulting from health problems.
Nine Key Target Groups

Families in vulnerable situations
People with a physical, mental or learning disability, poor mental health
The in-work poor
Older people in vulnerable situations
People in unstable housing – homeless
Prisoners or ex-prisons
People living in rural/isolated areas
Long term unemployed
Survivors of domestic and intimate partners violence
Challenges to Consider

Complex mix of physical health needs and social issues
Fear of stigmatisation from healthcare staff
Access to basic healthcare services – affordability
Financial costs
Specialised training
Reaching the Vulnerable - Targeted Initiatives – Think About

Working differently and adopting a more flexible approach to reach vulnerable groups is essential. Some of the new models being developed are around capacity building of staff and user co-production.

Developing targeted services takes time, effort and resources.

How will we know we have been effective?
Discussion Questions

How can this information on vulnerable groups be used to raise their profile and address some of the challenges facing them?

What are the key challenges/barriers to implementation of specialised initiatives to address the health needs of persons belonging to potentially vulnerable groups?

How can we implement these new models of working into all our services, programmes and workforces, not just in health?

Are there any other approaches that you are aware of/delivering that may be useful to address the health needs of persons belonging to vulnerable groups?
Embedding Co-production

In

Health and Social Care

Presenter: Maria Gallagher
NO MORE THROW AWAY PEOPLE

Focuses on what works, rather than trying to fix what doesn't.

Creates more of what's already working.

Acknowledges the contribution of individuals as part of a community.

Co-production: what?
Co-production: how?

I'm listened to and supported
People value my opinion
I feel confident & respected
I'm empowered to make my own decisions
I have opportunities & choices
I have good relationships and a good social life
I can learn & develop my full potential
I can make a difference & contribute
Prison Health in France

Samuel D’Almeida

@samuel_dalmeida

@ebph_eu - http://ebph.eu
Prison health systems in transition French (and supranational) examples

**Step 1: French legal framework**
- Louis 14’s ordonnance 1670, etc
- Prison health Act 1994 (WHO Moscow 2003)
- Penitentiary Act 2009 (CoE EPR 2006 / UN Mandela Rules 1953)

**Step 2: French strategizing**
- National audit 2001, 2011, 2015 (Howard 1777)
- Action plan 2010, Strategy 2017

**Step 3: French crafty tailoring**
- People centeredness (MdM community based approach)
- **Guidelines (vulnerABLE) and sound budgets (European semester)**

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Governance transition during EU-27 (source: WHO Europe)

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Samuel d’Almeida. vulnerABLE dissemination meeting. Brussels 7.11.17
@samuel_dalmeida @ebph_eu - http://ebph.eu
Allocative risk for health in prisons
national French survey oSSD

Hospital outflow of prison in-house GPs, France 2014

Density among all in-house healthcare facilities, one bit a prison

Full-time equivalents of general practitioners

Allocation from regional health agencies to hospitals
Expenditure from hospitals

Wage cost index 2008: €128.419 per year, per GP FTE
Thematic Session 3- Addressing the health needs of target groups

• Comments from Daniel Lopez-Acuna, Expert Group on Social Determinants and Health Inequalities

• Q&A session
Thematic Session 4: Addressing the social determinants of health: Agenda

*Setting the scene:* main themes and project results – David Pattison, Lead Trainer- vulnerABLE Project team

Presentation of two good practices:
- DIATOFRI Programme: Yiannnis Koutelidas, PROLEPSIS, Greece
- Housing First: Dalma Fabian, FEANTSA

*Comments from Guiseppe Costa, lead of the forthcoming Joint Action on Health Inequalities*

Q&A session
Addressing the social determinants of health: How can we remove socio-economic barriers to healthcare and make EU societies more inclusive?

The issues relating to the Social Determinants of Health are not new.

For example:

WHO GCSDH 2008

- Health inequalities can be defined as ‘differences in health status between individuals or groups, as measured by for example life expectancy, mortality or disease’ that arise from ‘avoidable differences in social, economic and environmental variables’ (European Commission, 2009a).

- UN Millennium Development Goals

-Now the UN Sustainable Development Goals
Addressing the social determinants of health: How can we remove socio-economic barriers to healthcare and make EU societies more inclusive?

Key findings from the project:

Impact of Social Determinants on health of all target groups:
- Finance
- Access to services

Specific
- Older people
- Long term unemployed and inactive
- In-work poor
- Disadvantaged families
- People living in rural areas
- Homeless
Key questions for discussion

Which are the best strategies public authorities should put in place to:

A) Improve the socioeconomic position of individuals that are vulnerable?
B) Address the impact of social determinants of health and improve access to healthcare?

Which are the most adapted levels of action and how should different decision makers interact with each other?

How should health and social services be modified to ensure that the needs of vulnerable groups in society are better met?

How can the EU support the Member States, public authorities and other relevant actors in this process?
DIATROFI Program on Food Aid and Promotion of Healthy Nutrition

Dual purpose:

- Food aid to students in public schools in socioeconomically vulnerable areas throughout Greece
- Promotion of Healthy Nutrition
Implementation

• *Schools are selected based on socio-economic criteria*
• *Participation of all students*
• *Meals: Healthy choices & strict standards*
• *Distribution on a daily basis*
• *Educational Activities*
• *Challenges and Solutions*
The Need – DIATROFI data

- 61.1% of families experienced food insecurity
- 24.7% of families experienced hunger
- In 51.4% of the families at least one parent had no source of income
- In 20.3% of the families both parents had no source of income
- 13.2% of students had no health insurance
- 9% of the households underwent a power cut that lasted over a week
- 31.6% of students were overweight/obese and 13.4% underweight

Based on 3,806 validated questionnaires completed by the parents of participating students during September 2016 – June 2017.
The Results – DIATROFI data

- **18.5%** less families reported to be facing food insecurity
- **35.5%** less families reported to be facing both food insecurity and hunger
- **29.4%** of students without normal weight, had normal weight at the end of the school year
- **93.7%** of the parents want the Program to continue, as they believe that it offers financial support to families
- The Program increased the knowledge about healthy nutrition for about **91%** of the students
- **66%** of parents declared that the Program had educational benefits on their child (increase of child’s interest attending school, as well as child’s interest during lessons).
Home, health and well-being for all: bridging sectors to solve homelessness

- Housing First
1. Housing is a human right
2. Choice and control for service users
3. Separation of housing and treatment
5. Recovery orientation
6. Harm reduction
7. Active engagement without coercion
8. Person-centred planning
9. Flexible support for as long as is required
Housing First Results

- Largely positive
- Housing retention 80-95 percent
- Improvement in physical and mental health
- ‘Ontological security’
- Cost-effective service model e.g. important savings in hospitalisation
- Scaling up: from scattered experiments to policy (DK, FI)
Thematic Session 4 - Addressing the social determinants of health

• **Comments from Guiseppe Costa, lead of the forthcoming Joint Action on Health Inequalities**

• **Q&A session**
Final Panel Discussion

Presentation of main results from each thematic session discussion - David Pattison, Lead Trainer- vulnerABLE Project team
Universal approaches: key themes discussed

Ensuring services are uniformly of the highest standard, to be adaptable to most vulnerable (e.g. mental health);

Responsiveness to changing needs, esp of people with disabilities (both young and old);

Targeted/mainstreamed/combined;

There is never an intervention solely focusing on health;

Ability to “make invisible visible” → advocacy of practitioners and patients;

Need for better collaboration at senior level (by EU and in MS);

Challenges of digital consulting and risks posed to individualised consultation (as well as data-sharing and privacy concerns)

“How will the big guns make a difference to our patients?”
Multi-sectoral approaches: key themes discussed

Authenticity of engaging in wider community groups – recognising target groups in service design;

Thinking about how short-term isolated projects can be cemented within governing structures;

Finding a common agenda to work on between partners;

Using equity in all policies to address health inequalities;

Not limiting ourselves to thinking about just health and social care;

What can we learn from community groups/Third sector organisations about multi-sectoral working
Addressing the health needs of target groups: key themes discussed

Co-production is key in service and policy design and delivery

- Individuals are the experts in what they need
- Increasing importance of patient centred care
- Their priority needs to be your priority otherwise it won't work

Need to identify the ‘roots of the causes’ of all vulnerable people, to find commonalities across all groups

Health is a public good

Need to recognise the role and value of carers across all vulnerable groups
Addressing the social determinants of health: key themes discussed

- Importance of recognising successful practices addressing non-health aspects that improve health in the end
- Recognising the contributions of other platforms to improve health
- Need to understand that investing in one area can reduce costs in other areas
- Importance of adapting the language/advocacy strategy towards policy-makers
Final Panel Discussion

Caroline Costongs, Director, EuroHealthNet – Chair

Ana Carla Pereira, Head of Unit, Unit C2 - Modernisation of Social Protection Systems, DG Employment, Social Affairs and Inclusion

Rudy Van Dam, Chair of the Indicator’s Sub-Group, European Social Protection Committee

Jorge Pinto Antunes, Deputy Head of Unit B1 – Performance of national health systems, DG Health and Food Safety

Freek Spinnewijn, Vice President, EPHA

Reflection with the audience
MORE INFORMATION AND OUR RESEARCH OUTPUTS

We will share slides, and all our research outputs with you via email

All available on DG SANTE’s website:
https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment0

Contact us: vulnerABLE@icf.com

#equalhealth4all
Thank you for your presence!

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