



Promoting Positive Health in the community:  
*building capacity across stakeholders to seize the opportunities for change in Europe.*

22 June 2021

Organised by EuroHealthNet and the Institute for Positive Health



EuroHealthNet is supported by the European Commission, through the EU Programme for Employment and Social innovation (EaSI 2014 - 2020)

## Overview

On 22 June 2021, [EuroHealthNet](#) and the [Institute for Positive Health](#) organized a capacity building meeting on how to promote positive health in the community through collaboration across stakeholders. Participation in the meeting was open to EuroHealthNet members and selected public health experts. There were 23 participants (see annex). The capacity building took place within EuroHealthNet's contract agreement with the European Commission DG Employment, Social Affairs and Inclusion within the EU Programme for Employment and Social Innovation (EaSI).

Positive health is an emerging concept and promising innovative way to improving health and equity. The aim of the meeting was to **explore similarities and differences in approaches and objectives of organisations working towards more 'holistic' approach to health**, through a focus on Positive Health, community and/or primary health care, and health promotion and prevention. It was also to determine **how we can work together to achieve more investments** to advance such approaches, and to transform health systems, by strengthening the focus on health promotion, prevention and primary care. To introduce these key concepts and to learn about how they are being put in practice, the meeting had speakers from the Institute of Positive Health, EuroHealthNet, All about Health (*Alles is Gezondheid*, NL), TransForm Integrated Care Community Network, and Health Promoting Communities in Iceland.

Prof. Dr. Jan De Maeseneer provided his reflections and constructive criticism in relation to the concept of Positive Health and other approaches mentioned in the presentations. A range of participants from across the EU also provided feedback on the basis of their own experiences.

## Key take-aways

- The **Positive Health** concept takes a broad perspective on health, focusing on people's ability to adapt, self-management & resilience. This approach helps promoting health and prevent diseases, and can contribute to a reorientation of health systems and reduction in care consumption.
- **Integrated Community Care** encompasses a range of strategies to support local organisations, community members, professionals, and policy makers in a continuous process of co-developing health, care and social support infrastructures and services with the aim to enhance the quality of life, social cohesion and resilience of a territorially-defined community.
- In Iceland, 34 **health promoting communities** create environments and conditions that promote healthy behaviour and lifestyle, health and well-being for all.
- It was noted that Positive Health can be interpreted and implemented in a way that place undue responsibility on the individual to achieve this goal. The broader community and society also have a crucial role to play in achieving the broader aspirations. Given the social and environmental crises we are facing, it should be framed in a way that demonstrates how it can contribute to more just, sustainable and resilient health systems and societies.
- It was noted that Positive Health is a **piece of the puzzle** of what is needed to move to more effective, sustainable, fairer and resilient health systems; further exploration and cooperation is required to determine how best the various approaches complement each other.

# 1 Introduction

The capacity building meeting was opened and chaired by Caroline Costongs from EuroHealthNet and Karen Van Ruiten from the Dutch organization All about Health.

## EuroHealthNet

Caroline Costongs introduced [EuroHealthNet](#), a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, disease prevention, promoting health, and reducing inequalities. Its **mission is to improve and sustain health between and within European States** through action on the social determinants of health and to tackle health inequalities.

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

## All about Health

Karen van Ruiten introduced [All about Health](#) (*Alles is Gezondheid*). All about Health was founded in 2014 as part of the Dutch National Prevention Programme, developed by the Ministry of Health, Welfare and Sport. It is a network that focus on **bottom-up initiatives from public, private and community organisations that inspire and activate people to lead healthier lives**, within their own environment. The self-regulating network of over 3,000 partners has the mission to mobilise a social movement of partners working together to make the Netherlands a country in which everyone is happy and healthy.

# 2

## Introducing the concept of Positive Health

Machteld Huber - Strategic Advisor and Founder of the Institute for Positive Health and former General Practitioner

### Summary of the concept of Positive Health

- Is a concept that takes a broad perspective on health, focusing on people's **ability to adapt, self-management & resilience**.
- At the centre of the concept is **individuals' own perception** of their health and wellbeing, and what they find that they need to improve their wellbeing and give more fulfilment to their lives.
- Health and wellbeing are rated based on six core principles. These are visualised through a spiderweb, **a practical tool** to implement Positive Health in daily practice.
- It supports a **reorientation of health systems** from curing disease to delivering health-oriented care and empowering patients.
- With its focus on promotion of health and wellbeing, and prevention of disease, it can lead to **reduced care consumption**.



**Machteld Huber** introduced the [Institute for Positive Health](#) and the concept of Positive Health by discussing her own experience with ill health, and her position as both a patient and general practitioner. This unique position inspired her to create the concept of Positive Health, which is rooted in the patient-led experience.

Her research highlighted differences in opinions on what constitutes as good health between patients and policymakers. People might rate their health as good or poor, even if it is not based on medical standards. Additionally, interviews showed that, when asked what constituted good wellbeing for them, health was only part of the picture.

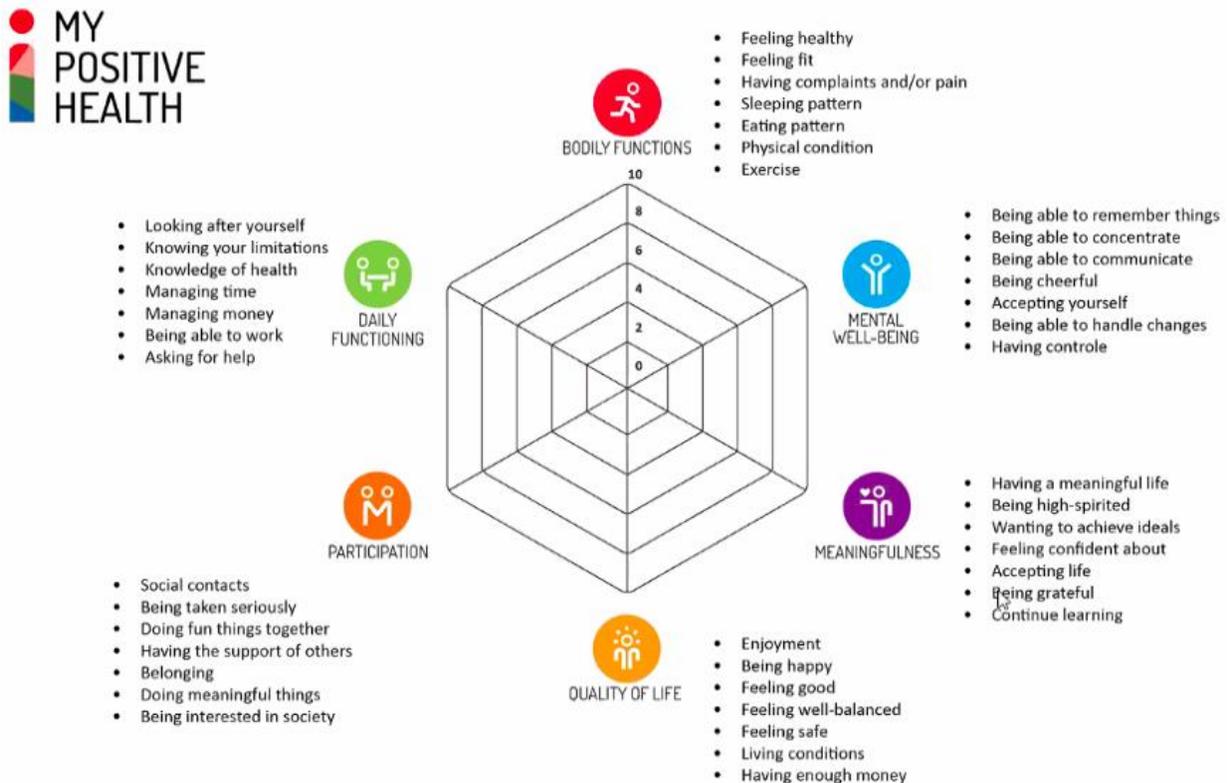
Machteld interviewed 2,000 participants on what constituted wellbeing for them, which identified 556 indicators of health. These were categorised into 6 core dimensions:

1. Bodily functions
2. Mental wellbeing
3. Meaningfulness
4. Quality of life
5. Participation
6. daily functioning

This led to the definition of health as **“the ability to adapt and to self-manage, in the face of social, physical and emotional challenges”** and the *means to achieve a meaningful life, not as an aim in itself.*

When evaluating one’s health using the concept of Positive Health, **three steps** are involved:

1. The broad reflection on one’s life with the ‘Positive Health spiderweb’.
2. The ‘alternative conversation’ asking questions such as *What really matters to you to have a meaningful life?* and *Is there anything you want to change to improve your life?*
3. The identification and choice of practical ‘actions’ to make such changes. These are chosen by the individual themselves, who will receive coaching to put the action into practice.



Positive Health Spider Web with 6 core principles

## How is Positive Health being put into practice in the Netherlands?

The Institute for Positive Health and All about Health influenced the uptake of a broad approach to health in the **National Health Policy 2020-2024**, which explicitly mentions the concept of Positive Health.

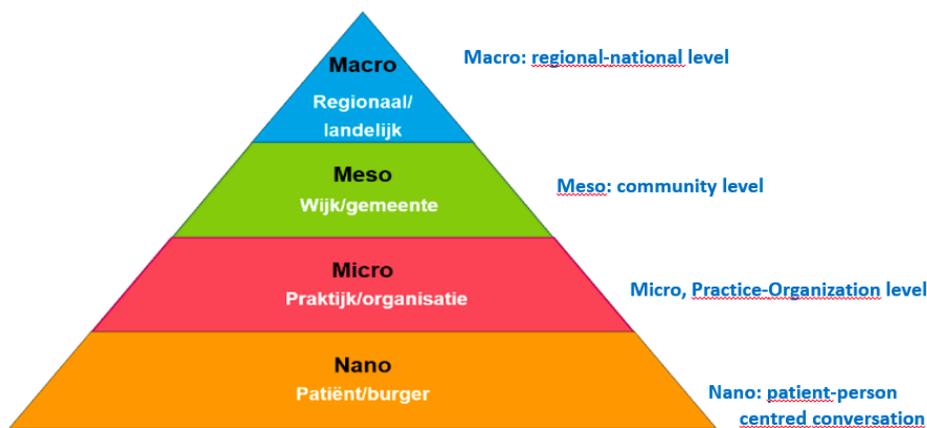
In the Netherlands, the concept of Positive Health is increasingly used in practice such as healthcare, patients organisations, and in local communities & municipalities. Positive Health networks exist across regions and the business area. The application of the conception is facilitated with a handbook on Positive Health on how to work with Positive Health in General Practice. The handbook, published in 2021, is available in Dutch and is being translated into English.

Positive Health also plays a strong role and involvement in continuous research, and is increasingly becoming part of curricula. This involves the education of all kinds of professionals, since a Health in All Policies approach is needed to successfully apply the Positive Health concept.

### Process for implementation

Experience of implementing the concept of Positive Health in health and social systems in the Dutch province of Limburg has shown that there are **three phases**, each of which take 3 years. The phases are; (1) Inspiration & training, (2) implementation, (3) embedding.

IPH took inspiration from Prof. Jan De Maeseneer's pyramid of stages of implementation to establish the process for implementation from Nano level (patient level) to Macro (Regional-National level).



Prof. Jan De Maeseneer | Universiteit van Gent

## Karolien van den Brekel - General Practitioner, and Internal Consultant Prevention and Advisor at the Institute for Positive Health

In Karolien's experience as a General Practitioner, she has found that the Positive Health spiderweb facilitates the empowerment of patients and helps deliver personalised approaches with awareness towards healthier choices. Her experience shows that it leads to a **25% reduction in hospital admissions**.

Greater adoption of Positive Health could fit and provide solutions within the already shifting global movement in health, such as the move away from disease management towards prevention and the move from the medical curative model to a system of interconnected Health Networks.

Positive Health is already expanding internationally, where Japan, Belgium, Iceland and the Netherlands have experience of Positive Health.

The goals of iPH are to create financial space to help implement the Positive Health approach in other countries, launch their '*Handbook Positive Health in Primary Care. The Dutch example*' on November 11<sup>th</sup> 2021 at the International Positive Health conference, create an **international publication** with research experiences so far, and to create an **international learning community** including with new countries who are interested in the concept of Positive Health.

# 3

## EuroHealthNet's approach to health promotion, disease prevention and primary and community care

Ingrid Stegeman – Programme manager of EuroHealthNet

[EuroHealthNet](#) is a European partnership which works to promote health equity and wellbeing, with 64 members, associate members, and observers across 25 European countries, including 22 EU Member States. EuroHealthNet members are national or regional institutes, authorities and government departments that work on improving health, addressing the social determinants of health, and reducing health inequalities. Its commitment to act on the socioeconomic determinants of health is



demonstrated by the fact that EuroHealthNet receives its core funding from the EU Programme for Employment and Social Innovation (EaSI) instead of the European Health Programme.

EuroHealthNet showed its video that sets out its vision **for future health systems that focus on promoting good health and wellbeing and preventing illness**, rather than treating ill health. The short video is available to watch [here](#).

One of the initiatives EuroHealthNet has been active on is the [CHRODIS+](#), an EU Joint Action on the transferability of good practices to address and prevent non-communicable diseases. It also coordinates research projects, such as the [INHERIT](#) project, which was funded by EU Horizon 2020 and focused on addressing the links between the environment, health and equity.

EuroHealthNet aims to provide a **more holistic approach to health** by:

- Encouraging health professionals to advocate for health equity and engage with other sectors;
- Reversing the inverse care law, where those who need health care most are least likely to receive it and its quality may be lower;
- Create stronger links between health, social care & other services ie. healthy living centres and the Slovenian [health promotion centres \(HPC\)](#);
- Facilitate community engagement, participation and co-creation to centre citizens, patients and understand lived experiences, building skills and capacities;
- Encourage the uptake of social prescribing & person-centric, psychosocial (vs medicalised) models of care;
- Encouraging action to help people build the skills and capacities they need to live healthy and fulfilling lives, such as investing in health literacy and skills for employment.

Ingrid spoke about the concept of **economies of wellbeing**, which was first introduced by the Finnish EU Council Presidency in 2019. This is a governance approach that puts people and their wellbeing at the centre of decision-making in all areas of policy making. It pursues economic and sustainable growth through measures that benefit people's wellbeing and the environment, but never at their expense.



Ingrid further explained that **opportunities are arising on the European level to fund projects** that focus on a holistic approach towards health services, including health promotion and disease prevention. The budget put forward by the EU4Health programme is 11 times bigger as that of the previous EU Health Programme. The new Multiannual Financial Framework and NextGenerationEU offer funding opportunities for health, which are set out in EuroHealthNet's recent report: [Seizing the opportunities for a healthy recovery](#).

# 4

## TransForm Integrated Community Care Network

Prof. Sibyl Anthierens- Primary Care Sociologist at the University of Antwerp and member of TransForm Integrated Community Care

TransForm is a Transnational Forum on Integrated Community Care (ICC) – a joint initiative of foundations in and beyond Europe that aims to put the **community at the centre of primary care and integrated care**. It seeks to combine strengths-based and needs-based approaches to enabling communities to develop their own models of caring for their people.



The concept of Integrated Community Care encompasses a range of strategies to support local organisations, community members, professionals, and policy makers in a continuous process of co-developing health, care and social support infrastructures and services with the aim to enhance the quality of life, social cohesion and resilience of a territorially defined community.

## Typical exemplars of ICC



ICC explicitly recognises the potential for communities & laypeople as essential partners and contributors in entrepreneurship, relationships, contextual knowledge, locally supportive & responsive ecosystems.

It looks to make a paradigm shift away from delivery to the co-development of healthcare between those traditionally seen as service “providers” and service “recipients”. Instead, ICC creates integration of primary care, public health and neighbourhood development within a given territory & emphatically addresses the broader determinants of health through evidence-informed policies and actions across all sectors.

## Seven Effectiveness Principles

The ICC learning coalition developed [7 effectiveness principles](#) for projects that apply ICC:

1. Value and foster the capacities of all actors, including citizens, in the community to become **change agents and to coproduce health and wellbeing**.
2. Foster the creation of **local alliances** among all actors which are involved in the production of health and wellbeing in the community.
3. **Strengthen community-oriented primary care** that stimulates people’s capabilities to maintain health and/or to live in the community with complex chronic conditions.
4. Improve the health of the population and reduce health disparities by **addressing the social, economic and environmental determinants of health** in the community and investing in prevention and health promotion.
5. Support healthy and inclusive communities by **providing opportunities to bring people together** and by **investing in both social care and social infrastructure**.
6. Develop the **legal and financial conditions** to enable the co-creation of care and support at community level.
7. Evaluate continuously the **quality of care and support** and the status of health and wellbeing in the community.

The **main challenges** when moving to an ICC system are to meet halfway between community-led trajectories and the traditional top-down service provider-led system of care; to get actors to commit to co-creation; to train health & care providers; to find champions amongst policymakers to advocate for ICC; to find investment in customized monitoring & evaluation stance; and the required shift in how we understand communities.



# 5

## Health Promoting Communities in Iceland

Gígja Gunnarsdóttir - Manager of the Health Promoting Community (HPC),  
Directorate from the Directorate of Health in Iceland

In Iceland 34 municipalities, covering 93.5% of the Icelandic population, now participate in the Health Promoting Communities Program, which is led by the Icelandic Directorate of Health. The main aim of health promoting communities in Iceland is to **support communities to create environments and conditions** that promote healthy behaviour and lifestyle, health and well-being for all.

Each of those municipalities has a HPC coordinator in a full or part-time capacity. They bring together a steering group of stakeholders such as representatives from schools, older people's organisations, and sports clubs. Together they **discuss health trends** in the community, with a strong focus on the key determinants of health. Steering group members can **rate their performance** in relation to criteria included in the checklists, on a scale from 1-5. The outcomes simultaneously reflect what issues in the municipality need most attention, and what can be done to improve them.

The guiding principles of the approach are:

- the active participation of all stakeholders across sectors and levels;
- evidence-based work and actions;
- the principle of “do no harm”;
- striving for equity in health;
- taking universal measures and additional efforts to meet the needs of vulnerable groups;
- and sustainability – meaning taking a long-term approach.

The HPC work has a **strong foundation in previous policy from Iceland and beyond**, such as the

- Directorate of Health, act and policy: Good health and wellbeing with health promotion and prevention work and accessible and safe health care services based on best available knowledge and experience.
- Public Health Policy 2030 I (2016): All municipalities should become Health promoting communities, including preschools, compulsory schools, upper secondary schools and workplaces.

- Public Health Policy 2030 II (2021): Founded on the NHP and addition to the PHP I
- The National Health Policy 2030 (2019)
- National curriculum guides (2011): Health and welfare one of six pillars of education.
- The Association of Local Authorities strategy 2018-2022:
- The UN Sustainable Development Goals 2030
- Other policies and plans at national and local level.

## Key elements of HPC

- The **voluntary participation of communities**. The application to become a HPC is signed by the municipality mayor.
- The appointment of **local HPC coordinator**, who is the contact for the Directorate of Health.
- Establishing a **structure for systematic PHC work**. This means establish a steering group to ensure the involvement of key stakeholders across sectors, including the local primary health care centres.
- A contract signed by the municipality mayor, the Director of health, and in some cases the head of the regional Health Directorate or the local Primary Health Care Centre.

## Multisectoral collaboration – National level

On the national level, there is a **HPC high level steering group**, made up of representatives of the Prime Minister's office; the Ministries of Health, Social affairs, and Education and culture; the association of local authorities; the development centre of primary health care; and the Directorate of Health.

There is also an **HPC and Sustainable Development Goals (SDGs) Consultation platform** involving a wide range of stakeholders such as ministries and directorates, the National Commissioner of the Icelandic Police, and organisations working in the fields of disability rights, child health, occupational safety, sports, ageing, etc.

A 2020 edition of EuroHealthNet Magazine featured an article about Iceland's health promoting communities. [Click here to read the article.](#)

# 6

## Reflections by Prof. Dr. Jan de Maeseneer

### Ghent University & Chair EC Expert Panel on effective ways of investing in health

Prof. De Maeseneer offered his reflections, constructive criticism and questions on the presentations made before. His points included:

- Positive Health is an **aspirational concept** that can never be fully realised. However, it is useful to define health as *the ability to adapt & the means to a meaningful life*. It is a shift from “What is the matter with you” to “What matters to you” which is a welcome approach. The words “positive health” however, can lead to thinking about ‘negative health’, the definition of which is not clear.
- The 7 principles, while useful, may be a rewording of the already existing [principles of Functioning, Disability and Health](#), developed by the WHO. He also noted that Positive Health is not a new concept, but **builds upon previous concepts**, like integrated community care (first developed in the 1940s in South Africa), the Ottawa Charter, etc. The development phases (inspiration, embedding, implementation) should therefore be historically embedded as an evolution from these previous concepts.
- The framing of ‘Positive Health’ may make people who cannot achieve this feel at fault. It might further contribute to **the notion that poor health and wellbeing is a personal responsibility/choice** that does not merit policy action and interventions. It may also be difficult for practitioners who are working with patients facing very difficult circumstances, or with depression, to apply this approach.
- The concept of Positive Health needs more of a social justice & human rights focus. In the face of global vaccine inequality, and rising health inequalities for example, other issues might take precedence. It **needs embedding in a broader framework of social justice, solidarity, migration, climate change**.
- He noted the mentioning of social prescribing, and that it runs the risk of medicalising social issues, that doctors cannot address. For the Positive Health concept to be practically used and to be able to introduce it on the international stage, there first is a need to further develop **this and the other concepts and explore implementation**.

# 7

## Group Comments

Francisco Ruiz & Pablo Cubilana from the **Andalusian Regional Ministry of Health (Spain)** spoke about the success of their national shift towards psycho-social approaches and to mental health. They find that Positive Health and the care for mental health problems are compatible, since individuals have access to coaching and services to take action to improve their situation. They also noted that they are applying an approach similar to 'social prescribing'.

David Somekh from **European Health Futures Forum** said he felt encouraged by the focus on health in the community that the concepts discussed during this meeting revolve around. He noted that, on the EU level, the discussion around integrated community care still tends to be very medically-oriented, and that the Dutch have led on the implementation and development of ICC. Further, he believes that the wellbeing economy is very relevant to this discussion, especially as the costs of curative health care continue to rise and COVID-19 has shown the consequences of not investing in health promotion and the prevention of illness and inequalities.

Matej Vinko from the **National Institute of Public Health in Slovenia** mentioned that, when the COVID-19 pandemic started, resources and manpower from Community Health Promotion Centres in Slovenia were relocated to services that prevent and treat communicable disease. That says a lot about how the medical profession understands health.

Diederik Aarendonk from the **European Forum for Primary Care** noted that Positive Health is a great idea in theory, but that we live in a negative health system & society where we do not acknowledge the value of good health but instead focus on the cost of curative care and the burden of disease on our societies. The EU Commission & Member States focus on encouraging commercialisation & competition within healthcare industries, which undermines the mission to reduce health inequalities. Redistributing the profits made through health and pharmaceutical care to preventative services and community-based care could be a means to combat health inequalities.

Kristine Sorensen of the **Global Health Literacy Academy** added that the WHO in Geneva focuses on wellbeing and wellbeing economies as a lever to push the focus towards a more positive view on health as an asset and an investment for healthier populations. She noted that wellbeing will be the theme of the next WHO World Conference on Health Promotion later this year (date to be confirmed). She aligns with EuroHealthNet on the need to embrace the scope of health to be more than the absence of disease.

# 8

## Next Steps

At the end of the meeting, participants were asked whether and how they wanted to take further the group's interest in Positive Health, in initiatives shifting health systems to prevention and health promotion as well as community-based care concepts. Options for cooperation could be:

1. **Writing a joint paper** together making the case to move towards an approach built on integrated community care, Positive Health, wellbeing economies and combatting health inequity, which can be published in a (scientific) journal.
2. **Accessing funding** to work further on the implementation of these concepts, such as from EU4Health or HorizonEurope programmes, perhaps even of the Erasmus+ programme (funds for training). Interested stakeholders could form a consortium to work together on a project to implement the Positive Health and community-based care concepts.
3. Apply to the Technical Support Instrument from DG Reform (EU Commission) for assistance aimed at reforming health systems to have a focus on prevention. A Member State or group of Member States would have to be the one to submit such a proposal.
4. Organizing an international **conference in 2022** to further explore the concepts discussed.

No decision on how to continue was made during this meeting. Participants were invited to contact EuroHealthNet to share their ideas and wishes. In the meantime, all options will be kept open for future collaboration.

## Annex: List of Participants

### Speakers

- Caroline Costongs, *EuroHealthNet*
- Karen van Ruiten, *All about Health (Alles is Gezondheid)*
- Machteld Huber MD PhD, *Institute for Positive Health & former GP*
- Karolien van den Brekel, *GP, and All about Health (Alles is Gezondheid)*
- Ingrid Stegeman, *EuroHealthNet*
- Prof. Sibyl Anthierens, *University of Antwerp & TransForm*
- Gígja Gunnarsdóttir, *Health Promoting Communities (HPC), Iceland*
- Prof. Dr. Jan de Maeseneer, *Ghent University, Chair EC Expert Panel*

### Attendees

- Diederik Aarendonk, *European Forum for Primary Care*
- Jan Berndsén, *Institute for Positive Health*
- Raffaella Bucciardini, *National Institute of Health, Italy*
- Suzanne Costello, *CEO of Public Health, Ireland*
- Pablo Cubillana, *Andalusian Regional Ministry of Health, Spain*
- Mojca Gabrijelčič, *EuroHealthNet and National Institute of Public Health (NIJZ), Slovenia*
- Róisín Hackett, *EuroHealthNet*
- David Hargitt, *EuroHealthNet*
- Diāna Koerna, *Riga City Council Welfare Department, Latvia*
- Barbara Piper, *Institute for Positive Health*
- Francisco Ruiz, *Andalusian Regional Ministry of Health, Spain*
- Liuska Sanna, *Mental Health Europe*
- David Somekh, *European Health Futures Forum*
- Kristine Sorensen, *Global Health Literacy Academy*
- Chantal Verdonschot, *EuroHealthNet*
- Matej Vinko, *National Institute of Public Health, Slovenia*



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