European partnership for
health, equity & wellbeing

# EuroHealthNet Country Exchange Visit

## The potential of caring communities for health promotion

**Host: Austrian Health Promotion Fund**

**29-30 March 2023, Vienna**

**On 29-30 March 2023, EuroHealthNet, in partnership with the Austrian Health Promotion Fund FGÖ, the Competence Center for Future Health Promotion and the Department for Long-term Care at Gesundheit Österreich GmbH, organised a Country Exchange Visit (CEV) in Vienna. The purpose was to discuss examples of community level programmes and explore the practical, financial and policy factors needed to strengthen the links between health promotion at the community level, primary care and social services. Participants also discussed what role these initiatives have or can play in broader health and social care system reform strategies. The visit took place within EuroHealthNet's contract agreement with the European Commission's DG Employment, Social Affairs and Inclusion programme of the European Social Fund Plus (ESF+).**

The meeting was moderated by Petra Plunger, Senior Health Expert at the Competence Centre for Future Health Promotion at FGÖ, and Ingrid Stegeman, Programme Manager at EuroHealthNet. Herwig Ostermann, Managing Director of Gesundheit Österreich GmbH, offered welcome remarks. He explained that GÖG activities cover research in health promotion and funding of health promoting initiatives that are evaluated after their implementation as part of a health policy cycle. After the pandemic, the institute was mandated to increase action on health promotion in Austria. As a result, they have established three competence centres to support the scale up of health promotion: 1. Climate and health; 2. Health promotion and health system; 3. Future of health promotion.

Nine EuroHealthNet member organisations took part in the meeting (See Annex 1 for the list of participants). They not only had the opportunity to visit several community-based initiatives taking place in Vienna, but also to share information about relevant activities in their countries. Participants discussed how these initiatives could be supported by EU-level tools and funding programmes and fit in the broader frameworks of the European Commission, such as the European Pillar of Social Rights. This report provides an overview of the programme, the activities and the main outcome messages / conclusions that emerged.

Image 1. Ingrid Stegeman, EuroHealthNet, welcoming the participants

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# 1 Defining the concept of "Caring Communities"

### Introduction to the concept of "Caring Communities" and its relevance for health promotion, *Michaela Moser, Ilse Arlt Institute for Social Inclusion Research, St. Pölten University of Applied Sciences*

Why do we need a care revolution? Dr. Moser began her presentation suggesting that she likes to speak of a "care revolution" to try and introduce some fire into the debate around care. There is no one definition of caring community but all caring communities share certain characteristics, including: social participation, health literacy, networking, supportive neighbourhoods. While every caring community is different, they are all underpinned by committed people who look out for one another and take joint responsibility for social tasks.

The concept of 'Caring Communities' is similar to the WHO concept of "Healthy settings", where the goal is to maximise health promotion and disease prevention via a "whole system" approach.

The key principles of Healthy settings include community participation, partnership, empowerment and equity.

''Community'' is not a term that translates easily into German, nor is it easy to define. Community is a group of people that share something in common: geographical location, identity or interest, shared experiences or space. Community can also be those who share a certain vulnerability.


A "community" is quite naturally something exclusive; somebody is not part of it. It is therefore important to question who is being left out, and what can be done to include them. What, however, is inclusion? Michaela demonstrated the difference between exclusion, segregation, integration and inclusion, and also demonstrated how communities should have flexible borders and be ever changing to accommodate to different interests and common points for association. She also highlighted five common points of inclusive communities, namely: acknowledging intersectionality, understanding power dynamics, adopting inclusive practices, strengthening dialogue and communication and developing collaborative action (see presentation).

Michaela Moser ended by stressing that we are all vulnerable and need care at some point in our lives. Care is central to our life and our communities need to change to reflect that; we need a care-"U"-turn. One way to bring people together in a participatory negotiation process, to restructure care relationships and to strengthen joint responsibility in a creative way is through 'Care Councils'. These can bring together all relevant actors who know about the community, like cashiers at local supermarkets, postmen, garbage collectors, etc. with the aim of creating more inclusive environments.

## Insights from the discussions

- What is the role of public policy? A key task for public policy is to facilitate things like: a good income, available infrastructure, healthy work-life balance/ time management, possibilities for volunteering, etc.
- Can we combine "Caring Communities" with climate action? The 'green' transition in cities also has a lot of potential to transition to more caring neighbourhoods.
- Something like a "neighbourhood challenge" can be organised to encourage the transition to more green and caring communities.

- In Lower Austria, St. Pölten University of Applied Sciences, with the mobility and media department are planning a new initiative, to motivate more women to cycle. The initiative is both 'green' and 'social'. To recruit participants, they work with organisations on the ground caring for migrants, elderly, women with disabilities, etc. Citizen scientists will be involved in the project, which will also include a digital component, as this is how it will be funded. One challenge is that they need access to good bikes, while another lies in designing and financing an effective evaluation of such an initiative.
- During the COVID-19-pandemic, the type of care needed changed. The social distancing contrasted with neighbours shopping for each other, or younger people shopping for the elderly for example. There was no program established (at least not in Austria) to see how to build on and sustain such developments.

# 2 Different interpretations and examples of caring communities from EuroHealthNet member institutes

The EuroHealthNet Country Exchange allowed for a rich round table discussion amongst the representatives of participating organisations, on relevant initiatives that they are involved in. See Annex 1 for the list of participants. This section highlights what participants shared about what works (or doesn't) in practice and why.

## Austrian National Public Health Institute

The development of Caring Communities is one of three main activity and research areas of the Competence Centre for Future Health Promotion which is part of the Austrian National Public Health Institute. They also focus on youth participation and youth mental health promotion, work on the issue of citizen participation and have conducted a Foresight Process to develop the "Future Health Promotion" strategy (presentation).

The current "Healthy Neighbourhoods!" initiative by the Competence Center at the Austrian Health Promotion Fund (2012 – 2024), started with two pilot projects in a rural and an urban area to test approaches that foster health promoting neighbourhoods. The 2nd phase (2014-18) included 11 projects with two different target groups: pregnant women and families with small children, as well as elderly people, to encourage them to benefit from functioning neighbourhood networks. The 3rd phase focused on innovative measures in the field of health literacy and health equity, with a special focus on older people. The last phase (2022-24) focuses on Caring Communities and participation as well as generation-friendly cities and communities. The initiatives are primarily being funded by the Austrian Health Promotion Funds. External evaluation for all four phases of the initiative is being conducted by prospect gmbh (see page 15 for details).

Image 3. Petra Plunger, Austrian Health Promotion Fund welcoming participants

The Ludwig Boltzmann Gesellschaft GmbH's (LBG) "Open Innovation in Science Impact Lab" is funding five transdisciplinary research projects that they, in collaboration with the Competence Center Future Health Promotion at FGÖ, are accompanying, to develop innovative approaches to new cultures of care and care networks:

(c) Care4Caregivers

**Care4Caregivers** in rural areas

(c) Rappel/InterACT

**CareACT in Communities** creative, democratizing approaches to care addressing vulnerable people

(c) Styria Vitalis

**Gesunde Straßen und Plätze** (healthy streets; project previously tested in London- and will be implemented by Styria Vitalis)

(c) Inclusive Caring Communities

**Inklusive Caring Communities** inclusive Caring communities involving people with disabilities will be tested in Vienna and Gratz

(c) Betreuerinnen Cafe Leonstein

**MigraCare** building care networks for better living and working conditions of 24-hours-caregivers

Currently, the Competence Center at the FGÖ is developing an integrated Caring Communities model which responds to socio-demographic challenges and the increasing need for an integrated approach to health promoting, age-friendly neighbourhoods and living spaces in a proactive way. This includes mapping methods and approaches from different Caring Communities and health promotion projects. The next step is to define the outcomes and impacts of Caring Communities.

“Community nursing” encounters similar challenges of definition as Caring Communities. The pilot project (presentation, see also page 26 for more details) does not aim to replace existing services in the field of mobile services or home care, but to introduce a new concept of care. In the context of the pilot project, "community" means the municipal setting but the initiative could also take place in a city, a district or even a region. The target area may have a population of between 3,000 and 5,000 people. However, "community" also implies a focus on a selected target group, namely older people living at home with counselling, care and/or support needs, as well as caring/caregiving relatives and people over the age of 75.

## France, National Public Health Agency (SpF)

### Health mediation

Representatives of SpF raised the role of health mediators in ensuring more inclusive and cohesive communities. **Health mediation** refers to the interface between people who are underserved by the health system and the professionals concerned by their problems (social workers, health professionals, government services, elected representatives, etc.). It aims to facilitate access to prevention and care for people with one or more factors of social vulnerability: geographical, family or social isolation, practices or behaviours that put health at risk, legal or personal situation unfavourable to health, economic or administrative insecurity, lack of knowledge of the French health system, language or technology barriers, low level of health literacy, victims of discrimination.

Health mediation serves to strengthen people’s capacities and supports them in overcoming obstacles by developing their power to act on their care pathway. It can also help to reveal unmet social needs and the failings of a system that is not adapted to everyone, and to bring these to the attention of institutions and stakeholders so that community health programmes can be tailored to suit the specific characteristics of these populations. Finally, it enables the development of access schemes (rights, housing, employment, education) and helps to fight against inequalities in access to community care and prevention, as well as against discrimination and social exclusion. Health mediation is a promising approach in which health mediators play a pivotal role, employing their knowledge of the health system to guarantee the health rights of people in vulnerable situations.

The health mediation project called “Médilac programme” for vulnerable populations in the city of Marseille follows on from the health mediation programmes developed by associations in the context of the COVID-19 epidemic.

### Information system for actors in the field

The French information system resulted from the mobilisation of knowledge (MobCo) set up by the SpF in the fall of 2020. This approach makes it possible to share research findings from

interventions and field experiences of screening and then vaccination against Covid-19 adapted to people in vulnerable situations.

The objective is to provide frontline professionals and volunteers, such as social workers, health mediators, health professionals, etc., with regularly updated information adapted to their needs. They have entered into a relationship of trust with their audiences and have played a fundamental role since the start of this health crisis. An example of a newsletter from the information system can be accessed here.

Pauly, B., MacDonald, M., Hancock, T., O'Briain, W., Martin, W., Allan, D., Riishede, J., Dang, P., Shahram, S., Strosher, H., & Bersenev, S. on behalf of the ELPH Research Team (2016**). Health Equity Tools**. Victoria, BC: University of Victoria. [Available from www.uvic.ca/elph]. Section A focuses on "Health Impact Assessment Tools" and Section H on "Community Engagement and Empowerment"

Santé publique France. A multi-stakeholder knowledge mobilization experience on COVID-19 vaccination strategies for people experiencing homelessness in France (2022). [Available in French].

## Germany, Federal Centre for Health Education (BZgA)

Established in 2003 by the BZgA, the nationwide Collaborative Network for Equity in Health aims to improve health equity and support health promotion for the socially disadvantaged. As a group of currently 76 institutions and organisations in health promotion, the network creates the professional framework and supports exchange on best practice, scientific evidence and the political level.

Since 2011, the "Municipal Partner Process Health for All" is one of the main activities, supporting integrated strategies in municipalities and reflecting the caring communities approach. The coordination centres of the activity are on the „Bundesländer" and support the transfer of information between numerous players in their federal state ( „Bundesland"). The "Municipal Partner Process Health for All" brings together municipalities and is intended to promote the implementation of integrated municipal strategies to improve the health of children and young people. It focuses in particular on supporting the health opportunities of socially disadvantaged people, and is the main strategy being implemented in Germany to tackle health inequalities.

Tools available for the German Network for Equity in Health:

- A database of good practices that counts more than 3.000 projects (available in German)
- A brochure of good practice criteria to facilitate the review and improve the quality of health-promoting activities (available in English).

- The twelve criteria are presented in practical language as fact sheets, each containing a definition, implementation stages, and explanations with examples from practice as well as further literature, available online free of charge.
- The 12 criteria are guiding the implementation of state framework agreements, are used in Good Practice learning workshops for the training of professionals, and are part of teaching curricula at universities. The criteria also form the professional basis for the "Municipal Partner Process Health for All."

- Assessment tool "StadtRaumMonitor" to evaluate if a municipality provides healthy environments for the population.
- Digital planning tool designed to help local public health actors to set up healthy environments promoting physical activity („Impulsgeber"), starting from the needs assessment.
- The following are some key words raised, that address the question of "What works?": application of good practice criteria; cooperative planning approach, based on participation; community readiness to change assessment; training of professionals in health promotion and health literacy (doctors, social workers, teachers, professionals in care).

Caring communities in Germany ("Communities that care", CTC) apply a special method to plan and monitor their work in the field of health promotion and disease prevention. The CTC was developed in the US and was transferred to one federal state in Germany. According to the German 'Communities That Care" alliance more than 50 municipalities in Germany are already working with CTC.

Andreas Mielck, Holger Kilian, Frank Lehmann, Antje Richter-Kornweitz, Lotte Kaba-Schönstein (2016): **German cooperation-network "equity in health" - health promotion in settings**. Health Promotion International. View the abstract to the article **here**.

Image 4. Country Exchange Visit participants at the Austrian Health Promotion Fund

## Hungary, The National Public Health Center (NPHC)

Hungary has a network of Health Promotion offices that were established and initially run using European Structural funds in 2013. At the community level, the task of those offices is to plan health promotion services, organise their implementation, provide professional support, and coordinate with various community actors and organisations. Currently there are 110 offices. With 175 districts in total, the future goal is to establish offices in every district.

In 2022, the Health Promotion Department of the National Public Health Center set the goal of establishing a closer/more interactive working relationship with the Health Promotion offices. With the "workshop Wednesdays", they want to convey new, professionally useful and innovative information that colleagues working on the local level can effectively apply in their everyday work. The goal this year is to discuss topics identified by colleagues working on the local level and to introduce health promotion offices to each other so that they can exchange experiences and knowledge as well.

## Italy, The National Institute of Health (ISS)

In Italy, the central government establishes the basic principles and objectives of the health system. The regions are responsible for the organisation and delivery of primary, secondary and tertiary health services, as well as prevention and health promotion services. Community care in Italy was introduced in 2000, as a way to help people with mental ill health and physical disabilities; later it was extended to the people with chronic diseases and suffering from addictions.

The Italian National Recovery and Resilience Plan aims to further develop and strengthen community care. It is expected that 1350 community care units will be operational by mid-2026. They will be divided in two types: Community Care Hub and Community Care Spoke. The hub-and-spoke model, as applied in healthcare settings, is a method of organisation involving the establishment of a main campus or hub, which receives the heaviest resource investments and supplies the most intensive medical services, complemented by satellite campuses or spokes, which offer more limited service.[1] The Community Care Hub and Community Care Spoke will have multiprofessional teams (general practitioners, paediatricians, healthcare and social professionals).

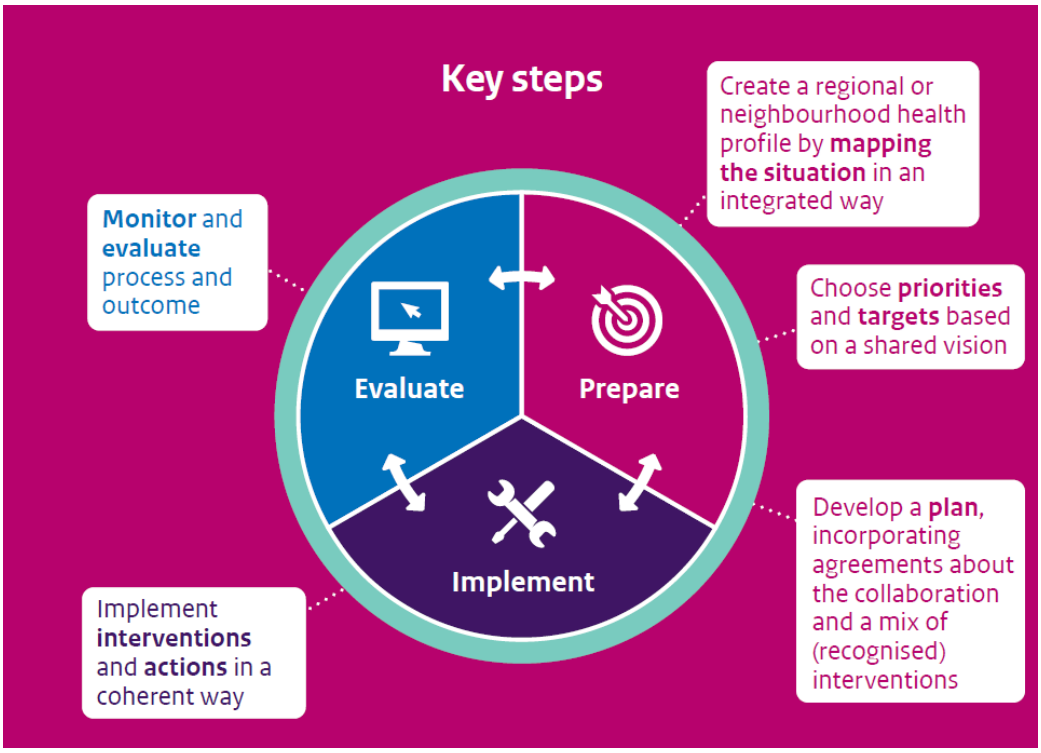
[1] Elrod, J. K., & Fortenberry, J. L., Jr (2017). The hub-and-spoke organization design revisited: a lifeline for rural hospitals. BMC health services research, 17(Suppl 4), 795. https://doi.org/10.1186/s12913-017-2755-5

## The Netherlands, National Institute for Public Health and the Environment (RIVM)

RIVM promotes a healthy lifestyle in a healthy environment by collecting knowledge and supporting health professionals and policy makers in different domains through knowledge dissemination and by fostering collaboration. The COVID-19 pandemic has put prevention in the spotlight in the Netherlands.

Process: how do you promote a healthy lifestyle? In collaboration with the national partners, RIVM provides tools and information to help support local implementation in different settings, e.g.,: municipality, school, day care and healthcare. The support ranges from webinars to tailored advice. RIVM hosts a database of recognised interventions divided in themes and target groups. Some key steps of the process is indicated in the image 5.

Image 5. Key steps for implementers who aim to promote a healthy lifestyle




Climate change presents a challenge and healthy living environments offer opportunities for integrated approaches. There is, however, a need for more effective intersectoral collaboration on multiple levels. Changes in the system call for a new environmental Act that requires local actors to consider health in all spatial changes.

The Ministry of Health, health insurance companies, municipalities and municipal health services have agreed to focus on prevention, but no program nor budget have been concretised yet.

## North Macedonia, Institute of Public Health

Many initiatives are taking place across North Macedonia that contribute to improving health for all in communities. For example, the capital city Skopje is part of WHO European Healthy Cities Network since 2016. A lot of attention has gone into addressing the consequences of air pollution and climate change, that would at the same time green community areas and improve citizens health and wellbeing. Some of these include:

- Establishing an Intersectoral Commission on Climate Change and Health in the Skopje Region, consisting of representatives of all 17 municipalities that will monitor the climate change impacts in the region, how the municipalities address climate change consequences, shall give proposals for their mitigation, and will share the experiences of the City of Skopje and of all applied innovative activities with others
- City of Skopje Innovation Centre – SkopjeLab is working to re-designed 12 green public areas according to the needs of citizens.
- Installing of green towers to purify air in several of the main city boulevards (they also increase awareness of citizens about air pollution)
- The garden "Bostanie“ - was made according to the project of the citizens' association "Green Ark", in cooperation with the Municipality of Aerodrom, PE "Parks and Greenery", the Faculty of Forestry, the Construction Institute and several socially responsible companies. This project represents another contribution to the realization of the concept of a resilient city.
- Addressing energy efficiency through renovation of buildings (schools, kindergartens, and housing).

## Portugal, National Institute of Health Dr Ricardo Jorge (INSA)

The contribution of INSA on the concept of ‘Caring Communities’ was taken from the perspective of social prescribing. The social prescribing movement in Portugal started as an initiative of the Family Health Unit in Central Lisbon (USF da Baixa) in 2018 with the launch of the “Prescrição Social Portugal” project. Since then, various indicators of political interest into social prescribing in Portugal have emerged. Importantly, in 2021 the Mental Health Commission of Portugal's Health Parliament advocated for nationwide investment and expansion of social prescribing. The Health Parliament advised the government to foster the development of social prescribing in primary care and emphasized the necessity of recruiting additional social workers for this purpose. Nevertheless, currently there’s no established national social prescribing programme that is actively supported by the government.

Today social prescribing services are expanding to other areas in Lisbon and additional municipalities in the country with their own social prescribing pilot programmes in collaboration with the NOVA School of Public Health. Further implementation initiatives for cultural prescribing are also taking place in Alentejo (South Portugal).

In general, these initiatives adopt a primary-care centred approach to social prescribing, where family doctors refer patients to social workers stationed in Shared Care Resource Units. These units subsequently connect patients to community services. Presently, most of the social prescribing users are migrants and elderly people.

Several examples of community support services available on prescription in Lisbon:

- National Natural History Museum and Botanical Garden of Lisbon (Museu Nacional de História Natural / Jardim Botânico de Lisboa). The Museum is offering university students, elderly and patients referred via social prescribing opportunities to work in the botanical garden. The museum has a link worker that connects with the social worker and the patient to establish a flexible but fulfilling engagement.
- National Immigration Support Centre (Centro Nacional de Apoio à Integração de Migrantes). This public centre hosts different integration services under one roof, including advice on schooling for children and the intermediation between migrants and social services.
- Social centre promoting arts and mental health for the elderly (Oficina do Eu / Centro Social Polivalente São Cristóvão e São Lourenço). At this day centre people can socialise, play games, do their laundry, get food, etc for a symbolic fee.

INSA also strives to promote health literacy. There needs to be a shift in understanding of what is good for our health. Most people are not yet receptive to doctors telling them to visit a museum to improve or sustain their health.

The sustainability of social prescribing in Portugal is uncertain, because it is not yet embedded in the health care system. Most of the services on the ground in the communities are provided by the third sector, including volunteers.

Read the Country Exchange Visit report on Social Prescribing and other strategies to promote health in the community hosted by INSA in Portugal (May 2022) here.


Image 7. EuroHealthnet magazine article by Luciana Costa, INSA

## Slovenia, National Institute of Public Health (NIJZ)

In 2016, the National Institute of Public Health started a Health in the Municipality program, which provides an overview of key health indicators in municipalities, compared to the Slovene and regional average. Around that time they upgraded the services within health promotion centres in all local health centres to increase even more their activities in local communities. Some local communities were already a part of WHO European Healthy Cities Network.

In order to connect all partners within a community, NIJZ started establishing local health promotion groups. Members came from medical centres, municipalities, NIJZ, the Health Insurance Institute of Slovenia, kindergartens, schools, Centre for Social Work, Employment Services, other public institutions, business companies and non-governmental organizations. Working meetings with partners in health promotion groups include analysis of health indicators, setting of priorities, preparing a working plan and creating a Health Promotion Activities Catalogue. The Catalogue contains all events and activities that already take place in a certain local community.

Based on health data, NIJZ prepares a long-term strategy to strengthen health and reduce health inequalities in the local community, around main public health issues - nutrition, physical activity, mental health, addiction, etc. for detailed activities, they make a short-term action plan, which contains specific measurable goals.

Evaluation and monitoring of set goals is based on monitoring of changes in health data gathered in the Municipality program, where data is updated yearly.

## Relevant examples from Belgium[2]

In 2019, the National Institute for Health and Disability Insurance (NIHDI) and the National Inter-Mutual College (NIC) were commissioned to shape the Community Health Workers (CHWs) project in Belgium with the aim to improve access to primary and COVID-19 related care for people living in socially vulnerable conditions. 46 health workers were recruited to work in cities across Belgium; no special educational background is required, other than a basic knowledge of Dutch and French. Training is provided and a coach is present in each of the working locations. The goal was to be neighbourhood oriented, but it quickly becomes vulnerable group targeted, mainly due to the health worker's background (e.g., based on country of origin). In 2022, around 5000 individuals from the populations that health workers were serving received a personal follow up. Due to positive evaluation completed yearly by the University of Antwerp, the programme is extended until the end of 2025.

[2] Belgium didn't take part in the visit, but we nevertheless exchanged with them on these relevant initiatives and included them in this report

Furthermore, the Government of Flanders finances 132 Caring Neighbourhood projects with Flemish Resilience funds. A caring neighbourhood ('Zorgzame Buurt') is one where young and old live together, where people feel secure, where quality of life takes centre stage.They are communities where residents know and help each other, and people with big or more limited support needs, receive the care and help that they need through easily accessible services and facilities. The key goals of the programme are: participation and inclusion, connecting formal and informal care, and intersectoral collaboration. The approach is initiated by municipalities and health and well-being organisations, who work with other local partners and residents to assess the needs of their communities, and identify practical, priority actions to address these. Each of the neighbourhoods involved work to put in place eight common building blocks: (1)strengthening social networks, (2) identifying strengths and talents, (3) raising awareness and providing info, (4) detecting care needs, (5) referring to care, (6) intersectoral collaboration, (7) analysis, evaluation and impact, and (8) policy advice. They are supported by a consortium coordinated by the King Baudoin Foundation as well as three universities in Belgium that provide flanking research to develop practical support tools for the communities.

# 3 Monitoring and evaluation of impact

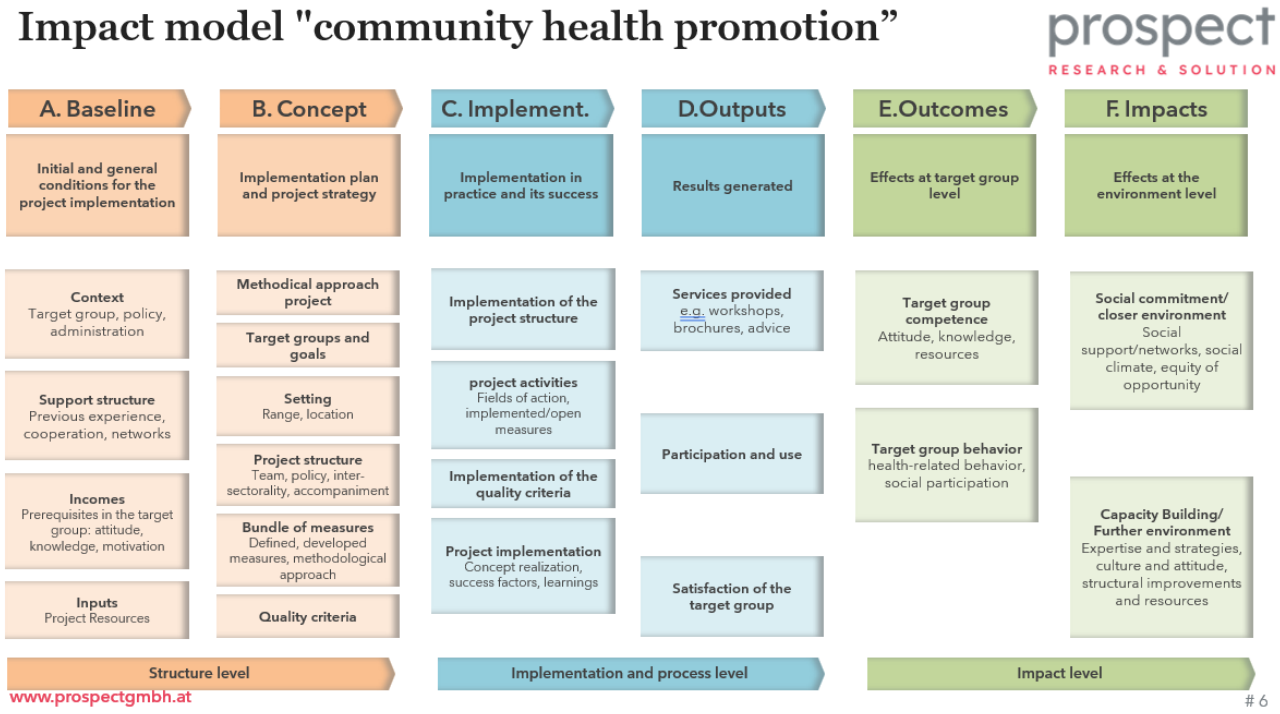
## Monitoring and evaluation of impact: The example of caring communities projects in Austria and the "Healthy Neighbourhoods" initiative („Auf Gesunde Nachbarschaft"), *Friederike Weber*, prospect gmbh

The "Healthy Neighbourhoods" (see page 6), being coordinated by Fonds Gesundes Österreich (FGÖ) has been focusing on the effect of health-promoting activities in the neighbourhood setting since 2012. Prospect gmbh conducted external evaluation of all four phases of the initiative (presentation). Friederike Weber presented an impact model (Image 8, below) that was used as a reflection, comparison and analysis tool in phase III (2018-2022). It is an orienting model for funding agencies and the project implementers.

Initiatives were monitored by asking project leads to report on activities and target groups reached, while feedback forms were used to assess target group satisfaction. In surveys among the older persons who participated in project activities, the three questions of the Oslo social support Scale were used. It was only possible however, to conduct both an initial and a final survey with a small group (n=10).

This reflects a common problem with initiatives that fall under the ''Caring Communities'' programme, where different people attend at different points. This makes it very difficult to gather quantitative and qualitative (survey) data, and to assess outcomes and impacts.

Image 8. Impact model "community health promotion". Sources: Health Promotion Switzerland Quint-Essence outcome model; Univation program tree, ÖPGK (Austrian Platform for Health Literacy)




One-off interviews were carried out and surveys circulated amongst project teams, regional stakeholders, multipliers, the target group, etc. The results of a survey of about 100 regional stakeholders showed that the project they were implementing helped:

- Raise awareness of issues such as social health, loneliness in old age (at policy level, stakeholder level, among the population, among those affected themselves)
- Increase social participation and health literacy among older people
- Establish of health-promoting services and structures
- Networking
- Develop of expertise and formation of community specialists
- Follow-up activities

Friederike Weber concluded that there are no clear sets of outcomes and impacts, but factors influencing the aforementioned dimensions can be identified.

## Insights from the discussions

- Many participants could relate to the difficulties in Austria evaluating health promoting initiatives, especially in terms individual capacity to collect data and acknowledging small positive achievements taking place on the ground. It was suggested that partners who have similar initiatives could come together to discuss the best ways to undertake such assessments.
- In France, for example, they focus the evaluation on those implementing the initiatives (e.g. social workers) instead of the more fluid target groups. Follow up is easier with social workers.
- The evaluation of the Community nursing initiative in Austria –includes collecting data on a number of qualified nurses involved but the European Commission, that co-funds the initiative, does not require much more than that. However, Austria has a quality control agency at the national level - Unternehmensorganigramm | Gesundheit Österreich GmbH (goeg.at).

Image 9. Friederike Weber presenting to the CEV participants

# 4 Health in the community: trends and support tools to achieve system change

## Conversation with Prof. em. Jan De Maeseneer, *Head of WHO Collaborating Centre for Family Medicine and Primary Health Care-Ghent University; Chair of the Expert Panel on Effective Ways of Investing in Health.*

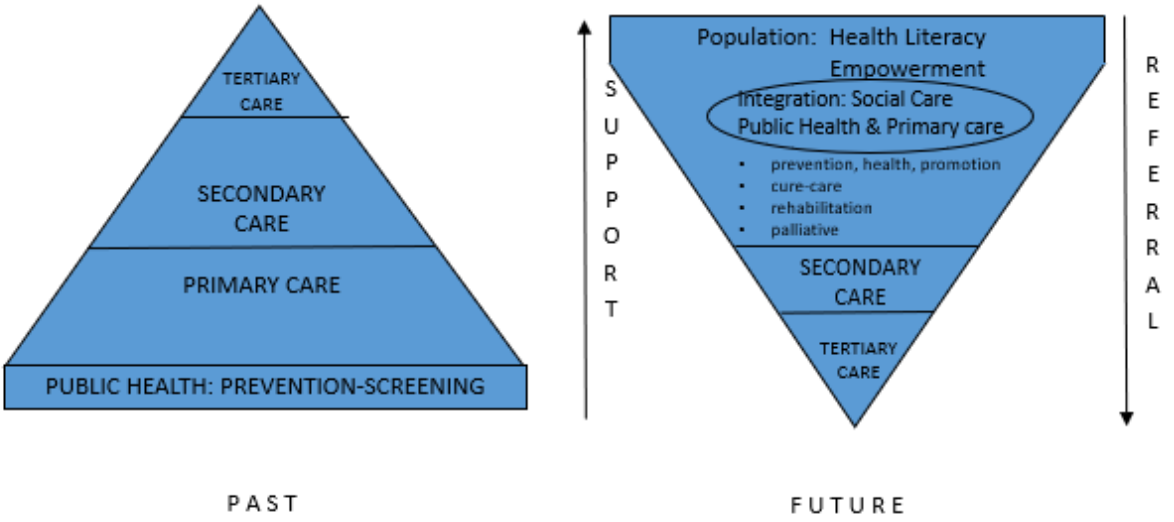
Prof. em. Jan De Maeseneer started his intervention (presentation) with a report of the Expert Panel on effective ways of investing in Health (EXPH) on "Options to foster health promoting health systems" released in 2019. He argued that reorienting health systems can make a major contribution to improving health and wellbeing, as well as achieving wider public goals. However, making this change means the relevant workers, including health care professionals, health promotion experts, and other social actors must have the ability and skills to act. Professor De Maeseneer mentioned that he doesn't see that clear lessons have been learned from the pandemic, in terms of. improvements in the dynamics between different health and social actors.

In his words, reorientation of health systems requires new organisational and financing models, for example:

- increased investment in primary health care from 14 % to 30 % of the total health expenditure.
- integration of Primary Care and Public Health services in 'Primary Care Districts'
- (GDPR-proof) integration of Electronic Health Record in Primary Care and Public Health enabling goal-oriented care at the individual level and establishing a 'Community Diagnosis' at population level
- Interprofessional teams providing care, cure, prevention, health promotion and population management at local level in an integrated way with task shifting and competency sharing
- Integrated population-oriented financing systems to stimulate interprofessional cooperation; integrated financing for hospital networks;

- New health system design - reversing the pyramid (image below):

**Primary Care and hospitals : turning the pyramid upside down (after H. Vuori).**




In Belgium, he noted, the high level of "Investment in Health" at country level that was achieved during the pandemic is no longer a priority. However, he shared some examples of important steps that Belgium is taking to improve and sustain health of the population:

- Development of integrated interprofessional health records
- Development of integrated interprofessional payment systems (payment comes from federal, regional and local level)
- Facilitating a population-oriented approach at **micro-level**. Moving from isolated mono-disciplinary practices to interprofessional Primary Care Networks and integrated Community Health Centres serving around 10,000 people.

  Progress of payment systems:

  - fee-for-service (1944)
  - integrated needs-adjusted capitation (1982)
  - New Deal: mixed payment (2024?)

- Accountability at **meso-level** for a geographically defined population. Primary care Zones in Flanders-Belgium serve around 100,000 people. Primary Care Zone integrates Primary Health Care, Social Care, Patients and informal care givers and local authorities.
- Defining overarching Health Goals that can help to achieve Quintuple Aims (Image 10) and promoting this as a strategic **macro-level** objective

Image 10. The Quintuple Aim, and the description of five pillars - https://www.vivel.be/nl/nieuws/tag/quintuple-aim/


Take home messages:

- Involvement of multiple stakeholders in Community-Oriented Primary Care requires structures, time and commitment and more emphasis on health promotion;
- Involving multiple stakeholders can result in a much bigger and sustainable outcomes than action in the health sector only, by realising the full potential of primary care;
- Involving non-health actors is key for a community oriented approach;
- Primary Health Care providers and students should be trained to take responsibility in the community (e.g. by taking a seat in the community platform).

## Insights from the discussions

- In the beginning of the transition from hospital care to community care, governments have to fund the provision of similar services twice. Professor De Maeseneer therefore questioned whether EU-level financing mechanisms could be used to support countries that are committed to making this transition, through e.g., the EU Recovery and Resilience funds (RRF) and EU4Health budgets (5.3 billion Euro). These funds would contribute to the goal of "strengthening health systems so that they can face epidemics as well as long-term challenges by stimulating disease prevention and health promotion in an ageing population". Professor De Maeseneer pointed out that Austria as a good example, having allocated € 100 million of EU RRF to enhance primary health care.
- For political projects we need social cohesion. Research shows that people who are less well taken care of  tend to vote for extreme political representation.
- In Germany, most health promoting services in the community are financed by health- or social departments in addition to health insurance. On the community level there are, thus, different areas that finance health promoting services in the community, such as:
    - State areas: include funds from community budgets, the local health authority (Gesundheitsamt) and school administration
    - Bodies governed by public law (öffentlich-rechtliche Körperschaften): include funds from the statutory health-, pension-, and accident insurance
    - Independent agencies (freie Träger): include funds from health centres, local health initiatives, local trusts, and sports clubs
    - Private agencies: include funds from small- and medium-sized businesses, donations and initiatives of private persons, and monetary fines
- Community health promoting services in Slovenia are provided by community health care centres (municipality owned), including health promotion centres, child and adolescent services, community nursing services, which are financed through compulsory health insurance scheme (Kmpalseri Helt Inšurenc Sheme):
    - health education and oral health education activities in kindergartens and schools for children and adolescents,
    - lifestyle interventions in adults preventing NCDs,
    - other health promotion activities in local communities and in all types of organisations, including NGOs.

  Municipalities also provide community health promoting services through youth centres, employment offices, centres for social care, other social care organisations and NGOs. These services are financed through national and local budgets.

## Tools and initiatives from EU Institutions that can be used to support (sub)-national organisations taking forward innovative models like caring communities

*Lina Papartyte, Project Coordinator, EuroHealthNet*

Ms. Lina Papartyte indicated in her presentation that there is no single specific tool or source of funding at EU level that is 'earmarked' to help organisations initiate or further strengthen health in the community. There are however many mechanisms and opportunities available to help support this.

The European Pillar of Social Rights (EPSR) – The Action Plan sets out concrete initiatives to help Member States make progress in delivering on key principles of Social Protection and Inclusion, Equal Opportunities and Access to the Labour Market, and Fair Working Conditions, and encouraging to invest in those areas where they fall short. EuroHealthNet developed the EPSR Flashcards to facilitate the country-level implementation of EPSR principles, by providing policy guiding and sharing resources on how this can be done from a health and wellbeing perspective. EuroHealthNet will develop 20 flashcards covering all the key EPSR principles by the end of 2025.

**Currently available EPSR flashcards include:**

- **Long-term care (P18)**
- **Childcare and child services (P11)**
- **Work-life balance (P9)**

**Upcoming in 2023:**

- **minimum income (P14)**
- **healthy workplaces and digital inclusion (P10)**

A European Care Strategy for caregivers and care receivers aims to ensure quality, affordable and accessible care services across the European Union and improve the situation for both care receivers and the people caring for them, professionally or informally. The Strategy is accompanied by two Recommendations for Member States on the revision of the Barcelona targets on early childhood education and care, and on access to affordable high-quality long-term care.

EuroHealthNet has developed a Policy Précis which rethinks care to meet growing demands, protect providers' wellbeing, and foster an Economy of Wellbeing. The Policy Précis offers a selection of good practices and a set of recommendations to make our care systems more health-promoting.

### Cohesion Policy 2021 – 2027

1. European social fund Plus (ESF+) - supports employment-related projects throughout Europe and invests in Europe's human capital – its workers, its young people and all those seeking a job.
2. European regional development fund (ERDF) – promotes balanced development of all EU regions and cities. It includes Interreg programme.

3. Cohesion fund (CF) – funds transport and environment projects in countries where the gross national income (GNI) per inhabitant is less than 90% of the EU average. For the 2021-2027 period, the Fund concerns Bulgaria, Czechia, Estonia, Greece, Croatia, Cyprus, Latvia, Lithuania, Hungary, Malta, Poland, Portugal, Romania, Slovakia and Slovenia.
4. The Just Transition Fund (JTF) to support the regions most affected by the transition towards climate neutrality.

Cohesion Policy funded programmes and projects will concentrate on (social) challenges identified under the yearly European Semester cycle, the main mechanism for economic and social policy coordination in the EU.

Technical Support Instrument (TSI) - an EU programme (€864 million for 2021 – 2027) that provides tailor-made technical expertise to authorities in Member States to design and implement policies and reforms on a range of topics. The support offered take the form of strategic and legal advice, studies, training and expert visits on the ground. It can cover any phase in the reform process and does not require co-financing from Member States. An EU Member State wishing to receive technical support submits a request to the Commission, via a national Coordinating Authority. This request must be submitted by 31 October of each year. Examples of projects and how to find your national contact point, here.

EU4Health programme and Horizon Europe Research Programme are most suitable for funding pilot projects.

# 5 Site visits

## "ACHTSAMER 8." - "Caring Communities initiative" in Austria

People who live and/or work in Vienna's 8th district, have been developing a caring community from the bottom up, since 2019, coordinated by Daniela Martos and Gert Dressel. Based on the ideas and concerns continuously collected through various meeting formats, initiatives and projects for more togetherness, ACHTSAMER 8 ("Mindful 8th District") strengthened the solidarity and help between neighbours, improved mobility for elderly people and people with

dementia. Young and old got to know each other in common activities, professional and private support were connected and the exchange between established institutions in the district was promoted.

Participants met with the head of the district, Martin Fabisch, who was recently elected to the office and is committed to support the continuation of the project that was started under the previous management. Martin, as well as other colleagues from the local government of the district, actively participated in neighbourhood gatherings to learn about the needs of people, but also to understand how important the idea of caring community is for the neighbourhood.

Image 11. Participants vising ACHTSAMER 8 ("Mindful 8th District")

As part of getting to know the ACHTSAMER 8, participants visited Austrian Museum of Folk Life and Folk Art, that is a partner of the project. Katharina Richter-Kovarik, responsible for cultural education activities at the museum, told about how museum would like to be "**use**um" by the people living in the neighbourhood. To that end, museum collaborates with Caring Communities initiative to provide public space for themed people gathering, and organise and host special events, including for the integration of Ukrainian refugees, the elderly, socially isolated people, people with young children, etc. The main goal of the museum's activities in this regard are to help promote social inclusion.

Another community partner was a food truck on the corner of the Pfeilgasse street, offering traditional and healthy food options at accessible price. There is a small area for children to play, possibility to organise small competitions for ball games, or hold neighbourhood gatherings around the food truck. The business owner, who owns several other successful restaurants in Vienna, sees the value of investing in the community.

*ACHTSAMER 8. is funded by* the Austrian federal "Agenda Health Promotion" and *Fonds Gesundes Österreich (FGÖ).*

## Community Nursing initiative in Austria

Country Exchange Visit participants visited one of the 113 community nursing initiatives in Austria (presentation) around the Rabenhof in Grätzl Erdberg (3rd district of Vienna). The aim of the "Community Nursing initiative – Grätzlpflege Landstraße" is to address health needs and to advise and support people aged 75+ in order to ensure that they can remain in their familiar home environment as long as possible. The initiative also targets people with restricted mobility of all ages as well as employees who are supported via workplace health promotion offers.

The Rabenhof was opened in 1927 with a total of 78 staircases counting with 1.100 flats. In 1992, the municipal building was completely renovated to provide social housing and support living in the communities. To be on the list for social housing, one must be a citizen of Vienna for the past 10 years; person's income is a key criteria.

**BIRD VIEW OF THE RABENHOF**

The Rabenhof is one of the biggest social community buildings in the third district of Vienna.

Community Nursing initiative around the Rabenhof was launched in November 2022; it took one year from the submission of the application for funding until the start of the project. In the area, the community nurse is an important contact person for issues related to health and care, who coordinates and provides details of appropriate services in the community.

The three main tasks of the community nurses:

1. Identification of persons with unrecognized care needs, health risks and hidden health problems
2. Care counselling, health counselling and promotion as well as knowledge transfer and preventive home visits
3. Cooperation with health and social service providers as well as regional networks for workshops, courses, seminars, training sessions, information events, conferences and public relations

Image 12. Participants vising Community nursing initiative at Rabenhof, Vienna.

The project is rather new and it takes time to get to know the residents and inform them of the community nursing project. To get noticed they introduce themselves at community events, flyers

in the mailbox, in front of the supermarkets or in parks. Building trust takes time. This has also been noted by other participants from the experiences in their country.

Furthermore, networking activities with other stakeholders in the area have started too. For example, Community Nursing Initiatives cooperates closely with the already established expert network of the "Health Park Herz-Jesu Wien" - a networking platform initiated by the local hospital involving numerous experts from a wide variety of professions and disciplines. The issues that community nursing staff detects are starting to be communicated with mayors of the area.

**In comparison to social prescribing, where general practitioners refer patients to a link worker who together with a patient identify relevant community services and define a non-clinical pathway for them, community nurses meet people in the neighbourhood, identify any unmet needs and then direct people to other services, including medical doctors, where they could get support they need**.

Vienna Social Fund (Fonds Soziales Wien) is a primary sponsor of the project, which also receives EU funding via "NextGenerationEU". The "Health Park" is a cooperation partner of the Vienna Social Fund.

# 6 Final discussion, insights and lessons learnt

There is a significant body of evidence that links social connection, and social cohesion to better health, health equity and well-being outcomes. Yet 'care' in our societies remains taken for granted, undervalued, underfunded, while available services are often fragmented and difficult to access. At the same time, the need for care in our societies will only continue to grow, in the face of Europe's aging populations. The concept of 'Caring Communities' has evolved in response to these challenges. It involves strengthening connections between community members and between support services, as well as social participation, to build more supportive neighbourhoods, and health literacy.

As reflected throughout the Country Exchange Visit discussions, the benefits of investing in more caring, cohesive communities can be considerable, in terms of health and wellbeing, including a

reduction in crime rates and extreme voting. It can however be a challenge to demonstrate the benefits of investing in the concept of Caring Communities, certainly in the short run.

## Different approaches to 'caring communities'

Discussions amongst participants at the Country Exchange Visit reflected that there is no single model or approach to 'caring communities'. In some countries, like Austria and Belgium there are programmes and models in place to achieve some of the key principles of the concept, that follow a common approach that can be adapted to the specific needs of different localities and/or target groups. Other countries don't recognise the concept but apply many of the underlying principles, under the banner of, e.g., taking a 'settings approach' to contribute to healthier living environments and lifestyles, and strengthening outreach services and networks to provide support to the more or most vulnerable community members.

In the Netherlands and Slovenia, public funds are available for municipalities, schools, community centres and primary health care centres to invest in local initiatives to encourage residents to engage in healthy living. Funds are also available in Germany and France to strengthen outreach services for vulnerable community members. These initiatives involve identifying and disseminating best practice, to enable professionals and other stakeholders to learn from one another, create a climate of social connectedness and to develop and provide tools and guidance to strengthen and scale promising approaches. Given the relationship between health and the environment, participants like the representative of North Macedonia highlighted initiatives to create more parks and green space, as a way to strengthen health, wellbeing and social cohesion in communities.

## What the public health sector can do to strengthen community care models and other promising approaches?

Following the site visits, participants gathered for a final discussion on what they had seen and learned from one another, and to reflect on what the public health/health promotion and prevention sectors can do to strengthen community care models and other promising approaches. The discussions focussed on the inter-related challenges of governance, securing multistakeholder engagement as well as structural funding, evaluation and sustainability.

There was a strong focus on the question who should lead and fund, and on how to sustain efforts to build Caring Communities. Given the potential benefits to health and health equity outcomes, it is natural that such initiatives are led and funded through the public health sector. Prof. em. Jan De Maeseneer's presentation reflected how the approach can be integrated into, as an important part of, efforts to strengthen primary care at the local level, and to raise investments for this from the current level of 14% to 30% of health expenditures. There was concern however, that the concept of 'caring communities' would then become too primary care centred, leading to less engagement from other sectors that also benefit. The aim should therefore be to demonstrate benefits across sectors and to strive for more integrated funding mechanisms, and to break down 'financing silos'' (as set out in the following WHO report: Evidence on financing

and budgeting mechanisms to support intersectoral actions between health, education, social welfare and labour sectors (who.int)

Strong involvement from a wide range of stakeholders, across different sectors is a central principle of caring communities. As Dr. Michaela Moser set out in her presentation at the start of the exchange visit, the 'whole of society' should be engaged in the process of achieving these, from local mayors and retailers to supermarket cashiers and garbage collectors, who often have a good understanding of what is happening in a community. There was some discussion around how to achieve such engagement. In the ACHTSAMER 8 ("Mindful 8th District") in Vienna, that participants visited, this was achieved in part through neighbourhood meetings in a district council building, that brought together residents and representatives of local businesses and organisations, to discuss their concerns and priorities, and to ''co-create'' solutions. In other communities, this is being achieved through ''Care Councils'' where representatives of different community organisations and other professionals come together to identify needs and priorities and how to address them.

The site visits demonstrated too, how establishing and sustaining caring communities can involve the creation of new kinds of roles and professions or trainings. These new roles involve coordinating actions and activities, to help establish links between and amongst individuals and different organisations and services. The community nursing initiative for example, has expanded the professional opportunities available to nurses, making the profession more flexible and therefore attractive. The new position of Community Health Workers in Belgium, and the role that the coordinators in the Caring Communities initiative Mindful 8th District played also reflect how Caring Communities can lead to new professions and job opportunities. Questions around what kinds of new roles should be established, and what new trainings are needed, and for whom, will depend on existing organisational and professional structures that exist in different countries.

The example of the Mindful 8th District demonstrated, however, the challenge of ensuring the sustainability of these initiatives, if they continue to depend primarily on project funding. The financing of the roles and activities was soon coming to an end, and it was uncertain how their positions, and the results of their work, could be sustained. As a result, the valuable resources that had been developed, could be discontinued and lost. Effective models are needed to ensure initiatives can be sustained, financially, and to embed them in existing governance and economic structures.

The question of evaluation was closely related to that of sustainability, since many participants stressed the need to produce numbers that demonstrate outcomes and impact over a fairly short time, to gain further financial support. This is however hard to do, given the difficulty of tracking engagement and satisfaction of such population-based initiatives, where it is difficult to attribute cause and effect. It was noted that it may be easier to monitor impacts amongst professionals involved, rather than amongst participants. It was also mentioned that often, a moving and effective story, to convince policy makers or other funders of the benefits of investing in specific initiatives, can be as effective as demonstrating impact through evaluation outcomes.

Finally, there was an interest amongst participants in exploring the links between caring communities and the 'green agenda' and how to integrate these, to simultaneously improve health, health equity and the environment in communities. There is good potential to apply the funds that will be needed to mitigate and adapt to climate change and environmental degradation, in ways that simultaneously contribute to more caring communities. A number of participants expressed a desire to exchange in more depth on how to achieve this, to transition to more socially and environmentally sustainable societies.

## Next steps

The following were identified as possible next steps, for EuroHealthNet members who would like to continue to work together on the theme of Caring Communities:

- Engage with Professor Jan de Maeseneer's invitation to work together to promote the Quintuple Aims of health systems, as a way to strengthen investments in this area.
- Meet/organise joint workshops and activities on the topic at upcoming conferences and events, like EPHC and the upcoming symposium on the Flemish Caring Neighbourhoods initiative, intended to share findings with an international public, that will take place in Leuven on 3 May, 2024.
- Continue to discuss the theme in the context of EuroHealthNet's Thematic Working Group on Healthy Living Environments.
- Apply for technical support from the EC to establish "Caring Communities" via the Technical Support Instrument, or look for appropriate calls under the Horizon Europe Research and Innovation Programme or the EU4Health Programme, to evaluate and exchange experience and good practice in this area.

## Annex 1. List of participants

| | Country | Organisation | Name | Position |
|---|---|---|---|---|
| 1. | France | National Public Health Agency (SpF) | Stéphanie Vandentorren | Health Equity Programme Lead |
| 2. | | | Jalpa Shah | Research, Support and Coordination Officer |
| 3. | Germany | Federal Centre for Health Education (BZgA) | Christina Rogler | Advisor for Equal Opportunities in Health |
| 4. | Hungary | National Public Health Center | Zsofia Kimmel | Health Promotion Specialist |
| 5. | Italy | National Institute of Health (ISS) | Raffaella Bucciardini | Director of the Health Equity Unit |
| 6. | Netherlands | National Institute for Public Health and the Environment (RIVM) | Hanneke Lakenvelt-Verbree | Advisor Healthy Municipality |
| 7. | North Macedonia | Institute of Public Health | Elena Kjosevska | Head of Department for Health Promotion and Monitoring of Diseases |
| 8. | Portugal | National Institute of Health (INSA) | Luciana Costa | Researcher |
| 9. | Slovenia | National Institute of Public Health (NIJZ) | Neda Hudopisk | NCDs regional activities Lead |
| 10. | | GÖG - Austrian National Public Health Institute / Austrian Health Promotion Fund / Competence Center future Health Promotion | Gerlinde Rohrauer-Näf | Head, Competence Center |
| 11. | | | Petra Plunger | Senior Health Expert |
| 12. | | | Ina Lange | Junior Health Expert |
| 13. | | | Irina Vana | Health expert |

| | | | | |
|---|---|---|---|---|
| 14. | Austria | GÖG - Austrian National Public Health Institute | Andrea Schmidt | Head, Competence Center Climate and Health |
| 15. | | | Elisabeth Rappold | Head, Dep. of Long-term Care |
| 16. | | | Paulina Wosko | Health expert, Dep. of health professions |
| 17. | | Austrian Ministry of Social Protection, Health, Nursing, Consumer Protection | Judith delle Grazie | Head, Dep. of Health Promotion |
| 18. | | | Agnes Berger-Stelzl | Dep. of Health Promotion |
| 19. | | Styria vitalis | Ines Jungwirth | Health promotion expert |
| 20. | | St. Pölten University of Applied Sciences | Michaela Moser | Researcher, Dep. of Social Work |
| 21. | | ACHTSAMER 8.<br>(site-visit) | Daniela Martos | Caring communities expert |
| 22. | | | Gert Dressel | Caring communities expert |
| 23. | | „Community Nursing - Grätzlpflege Landstraße“<br>(site-visit) | Sandra Schießbühl | Community nursing expert |
| 24. | | | Brigitte Lagler | Community nursing expert |
| 25. | | Prospect research & solution | Friederike Weber | Evaluation expert |
| 26. | | EuroHealthNet | Lina Papartyte | Project Coordinator |
| 27. | | | Ingrid Stegeman | Senior programme manager |
| 28. | | | Anne Wagenführ-Leroyer | Programme manager |

# EuroHealthNet

European partnership for health, equity & wellbeing

**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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