

INTERREG EUROPE – 3rd CALL

CONCEPT NOTE – V. MAR 2024

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Interreg Europe priority:

A More Social Europe

v - Equal access to health care, health systems resilience, family-based and community-based care

1. PARTNERSHIP

1. Municipality of Reggio Emilia – Lead Partner (Italy – Geographical area: South)

Looking for regional/local authorities and other policy relevant organisations from the remaining geographical areas (North - West - East - Candidate Countries Area) as defined by Interreg Europe Programme.

2. WORKING TITLE

INTEGRATING POLICIES TOWARDS A PERSON CENTRED PRIMARY CARE FOR VULNERABLE AGEING PEOPLE

3. BACKGROUND

Ensuring the long-term sustainability and accessibility of welfare and healthcare is an ongoing challenge, especially in the context of demographic changes: the current trend of **population ageing implies an epidemiological transition** where the main health issues are related to chronic and non communicable diseases. Against this background, **effective primary care and health promotion services** become crucial to reduce disease incidence and mortality as well as to help maintain well-being and quality of life.

The combination of the demographic shift and the current socio-economic challenges such as migration and the low rates of economic growth is bringing out a particular segment of the population with complex and multiple needs to be addressed, which may be defined as “**vulnerable ageing people**”, meaning the range of population entering the senior age that also has a risk profile of social exclusion according to several indicators (low income, household composition, disability conditions etc). It is becoming more and more urgent to accompany these people as they begin the ageing process, because they are at greater risk of developing health and mental problems as well as to experience forms of social deprivation. People's profiles include lonely adults/seniors with no family connection, ageing people with non-certified psychical problems, former oncological patients who face difficulties of social and working inclusion, disabled adults who are not included in "protected categories" for which dedicated services are provided. This segment

does not fall into a specific welfare category but in many ones, and people belonging to it are often incapable or reluctant to address the traditional healthcare and social services.

The literature has provided a great deal of evidence on the effects produced by social determinants in terms of inequalities, demonstrating a close relationship between socio-economic variables, well-being conditions and the degree of utilisation of health services. In this context, it is necessary **to further reduce entry barriers toward social and healthcare services**, which may be economic, physical (remoteness and/or difficult access to service delivery locations) but also cultural ones (social stigma, poor language or digital skills).

Furthermore, the experience of the pandemics stressed out that health and wellbeing, social inclusion and relational settings are deeply intertwined. Scientific evidences¹ suggest that **social isolation and poor relational settings have a clear influence on health** and well-being, but the reverse also applies: vulnerable citizens are more at risk of social isolation and exclusion, triggering a vicious circle that may lead to worsening health conditions.

European regions, while diverse in their social and institutional contexts, are confronted with common challenges as they strive to rethink their healthcare systems to better meet the complex needs of this segment of ageing people. Bold social innovation actions, cross-sectoral policies and new models of governance must be experimented: learning from successful initiatives in different regions can inspire the development of comprehensive strategies that suit local needs.

4. PROJECT PROPOSAL

The project aims to improve and innovate **regional policies related to primary care² for vulnerable ageing people**.

The project will focus the policy learning and good practices exchanges on the following leverages:

- Proximity and community engagement
- Holistic approach
- Multi-sectoral cooperation

Proximity and community engagement

To enhance the accessibility of the primary healthcare services for the vulnerable ageing people it is crucial to emphasise the **active involvement of local communities in shaping and delivering these services**, embedding this approach in the policy design and evaluation. In this context, proximity is a service approach that stems from emerging needs and it is characterised by "going towards" and therefore being in the places where people live, using a community work methodology, being transversal to different institutions, subjects, services. Because the new needs arise in complex social conditions, the answers cannot be selected within predefined packages to be drawn on, but rather must be built together with the people and carried out systematically - and not only in emergency situations - by bringing out resources in everyday social contexts (gardens, streets, clubs, bars, nightclubs, parishes, mosques, social centres, schools, apartment blocks, vegetable gardens, libraries, etc.). This approach not only strengthens social bonds but also ensures that health services are tailored to the specific needs of the community. Furthermore, it promotes a sense of belonging and shared responsibility, fostering a supportive environment for individuals to thrive.

¹ Baarck, J. and Kovacic, M., The relationship between loneliness and health, EUR 31155 EN, Publications Office of the European Union, Luxembourg, 2022, ISBN 978-92-76-55055-6, doi:10.2760/90915, JRC129972

² "a whole-of-society approach to health that aims to maximise the level and distribution of health and well-being through three components: (a) primary care and essential public health functions as the core of integrated health services; (b) multisectoral policy and action; and (c) empowered people and communities" WHO 2020, Operational framework for primary health care: transforming vision into action

Proximity could be intended also geographically: places easily accessible by the citizens to take care of the diversity and specificity of their social and health needs. This is the example of the **community health centres**, places that in several regions are undergoing a relevant transformation, shifting from the mere provisions of health care services to the design and delivery of health and social-health integration interventions with the involvement of the community and focusing on health promotion and prevention.

Holistic approach

A holistic approach to health and well-being must be developed, complementing the biomedical model by emphasising the promotion of health and prevention of diseases and fostering collaborations among healthcare, welfare services and socio-cultural entities. In this framework, health promotion and prevention services can play a central role to shape cross-sectoral responses to new and composite needs: besides promoting healthy lifestyles, physical exercise and balanced nutrition, it becomes fundamental to promote a new dimension focused on relational and socio-cultural aspects, capable to experiment new forms of relational and community life. Interventions and services of social and psychological support aimed at promoting habits and lifestyles fighting isolation, marginalisation and social exclusion, relational and affective deprivation, prevent or delay the onset of diseases in the elderly and can bring great benefits in terms of quality of life for citizens, with a view to preventing situations of non-self-sufficiency. An innovative example of this approach is **cultural welfare**, as a new integrated model for promoting the well-being and health of individuals and communities through practices based on arts and cultural heritage.

Public-private partnerships and multi-stakeholder governance

By integrating this systemic approach with policies aimed at tackling prevailing health inequalities, the outcome is likely to enhance individual health, subjective and community well-being. Collaboration across sectors enables the development of integrated service delivery models. Instead of fragmented approaches, individuals can access seamless and coordinated services. By breaking down silos and fostering interdisciplinary cooperation, policies can be designed to address the multifaceted needs of individuals. This integrated approach is particularly beneficial for individuals facing complex challenges, such as the care target of vulnerable ageing people. **Innovative approaches to integrate different governance levels** (local, provincial/county, regional) **and relevant stakeholders can boost social innovation leveraging public-private partnerships** (e.g. health services, social actors, cultural actors, economic actors..), fostering system resilience as well as enhancing its flexibility and adaptability. Cross-sectoral cooperation at governance level ensures that health and welfare policies are coherent, reinforcing each other rather than conflicting, and policy coherence is essential for achieving sustainable and impactful outcomes in terms of public health and social well-being.

5. FORESEEN ACTIONS (first ideas to be developed according to the final partnership)

- Creation of a Municipal Committee including several departments engaged on the project's topic (social and welfare services, participation policies, cultural policies, intercultural policies..);
- Mapping, analysis and data collection
- Creation of Local Stakeholder groups in each partner city/region, to engage local authorities and local actors, map needs, challenges and good practices and support the improvement of local and regional policies;
- Exchange of experiences with the other partner cities and regions, through the organisation of dedicated study visits (one per partner) and exchange workshops on the topics of the project.

6. INNOVATIVE CHARACTER

The proposed topic has not yet been addressed by Interreg Europe projects from this specific perspective. Among the projects addressing specifically elderly people, the project CARES focuses on telecare and telemedicine, while the project NOTRE is focused on the improvement of the Policy instruments targeting healthy ageing related innovation in SMES. Other relevant projects are NEAR (NEw sociAl seRvices: innovative tools and skills for person-centered and community-based social models) and CITICESS (Citizen Centered Social Services), but they are both more focused on social welfare and marginalised groups in general, while this project will be focused on primary healthcare and welfare toward vulnerable ageing people.