

## Education and training for global public health in Europe: An open access curriculum

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A regionalized even fragmented world – as it was – is converging rapidly. Countries embark increasingly on global arrangements and globalizing civil society - supported by mobile technologies - connects across borders. At the same time, unprecedented waves of migration diversify Northern societies in Europe and deplete the qualified workforce in the South. Social disruption, military conflict, and climate change create a 90/10 situation where 90% of the global disease burden affects the South, but only 10% of the world's resources are available there. A well trained public health workforce needs competencies for global health, global experience and leadership qualification.

There are already several international information available e.g. by the Consortium of Universities for Global Health (CUGH), Global Health Delivery and GHD Online, or the International Training and Education Center for Health (ITECH), however, not in terms of full-fledged texts adapted to the needs of the European community of schools and departments of public health.

The ASPHER survey in 2013 has shown that the subject of global health is taught already by 82% of Schools of Public Health in Europe with a median of 40 teaching hours per year. A first standard curriculum for Global Public Health for the European Region and a first version of corresponding competences has been published. The process of permanent adaptation and improvement is ongoing and needs further input.

The curriculum has 25 sections: after 3 introductory modules follow 11 full-text modules on global health challenges and 12 on the governance for public health. The last module introduces to field practice. The core learning objective has been defined as the acquisition of knowledge and skills needed to be part of high-level public health management to implement and evaluate policies and strategies to improve health globally.

## Public health law: tools and concepts for a productive partnership

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Public health practitioners fairly observe that legal systems are often antiquated and don't provide them with the tools they need to address current and emerging national, regional, and global public health challenges. Legal experts respond that they are often not consulted in the design of public health interventions, only when things go wrong!

Well-intentioned legislation stumbles in the face of industry opposition, or governments freeze when confronted by potential legal fees to defend their well-meaning actions in trade and investment tribunals. Courses in 'public health law',

if taught at all, are usually found in faculties of medicine and departments of public health, not faculties of law. Yet the perspectives of both disciplines, and much more, are needed to ensure that laws truly serve to protect and promote the right to health. In 2017 the World Health Organization published the report 'Advancing the Right to Health: The Vital Role of Law'. In 2018 a Summary Guide will also be published. This presentation will introduce these tools and the conceptual frameworks which inspired them – the global right to health and the role of the law in the service of public health – and explore the national and global obstacles and opportunities to strengthen public health law capacity within the unifying concept of the right to health for all.

## How to proceed? Interventions to enhance global public health education from a European perspective

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The Coalition of Partners (CoP), created and supported by WHO Europe, has a great potential to provide highly qualified guidance to lead towards the targets set globally for the Sustainable Development Goals to be achieved until 2030. Out of the four enabler functions as stated by CoP, strengthening human resources for public health requests full attention and already has contributions by the Association of Schools of Public Health in the

European Region (ASPHER), the International Association of National Public Health Institutes (IANPHI), and other organizations.

As an example a European corner stone in strengthening the public health workforce for global efforts is the ASPHER Charter "The Global Dimension of Education and Training for Public Health in the 21st Century in Europe and in the World" endorsed by the community

of the European schools of public health in 2013.

Beyond stating the definition, composition and principles, goals related to human resources for global public health need tailoring (localization/ translation) into national objectives defined by the SMART principles (Specific, Measurable, Achievable, Realistic, and Timely). Gap analyses determining the progress towards a selected set of targets is a useful tool for monitoring (by tracer indicators). Such approach may reveal achievements but also serious delays, pointing to essential information for policy making and adjustments. Corresponding strategies to support tailored interventions for strengthening public health workforce require a global engagement of European partners to contribute to the solution. Therefore, the European Region needs to improve all forms of postgraduate training for global public health and leadership in quantitative and qualitative terms. Based on an advanced public health qualification and competencies for global public health, European professionals should be encouraged to share knowledge and experience by mutual mobility between European countries and outside of Europe.

# 1.K. Skills building seminar: Multimorbidity and integrated care: What do we know? What should we do?

Organised by: EUPHA (CHR)

Chairpersons: Iveta Nagyova, EUPHA (CHR), Mieke Rijken, Netherlands

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## Rationale:

Multimorbidity, which is defined as the co-occurrence of two or more chronic conditions, has moved onto the priority

agenda for many healthcare providers and health policy-makers. An estimated 50 million European citizens suffer from multimorbidity, and this number will increase in the next decades. Patients with multimorbidity are high utilizers of healthcare resources and are some of the most costly and

difficult-to-treat patients in Europe. In response to the growing populations of people with multiple chronic diseases, new models of care are currently being developed in European countries to better meet the needs of persons with chronic disease and their carers. Unfortunately, these efforts are being hampered by a lack of basic knowledge about the aetiology, epidemiology, and risk factors for multimorbidity, and the efficacy and cost-effectiveness of different interventions and care models.

**Aim:**

This skills building seminar aims to raise awareness of multimorbidity and introduce several types of integrated care models that were developed within three EU-funded projects and that are specifically targeted to people with multimorbidity - the ICARE4EU project, the CHRODIS+ Joint Action, and the SCIROCCO project. The workshop will also dispute what topics, actions and activities should be prioritised in addressing the challenges of integrated multimorbidity care at the European, but also national and regional levels.

**Workshop structure:**

The workshop will consist of three presentations, providing necessary theoretical background into novel care approaches for people with multiple chronic conditions. In the second half of the meeting the conference participants will have the opportunity to work interactively with the SCIROCCO Maturity Model (MM) tool, which has been designed to measure the maturity of integrated care and has been tested in real-life settings as a tool to: (a) assess maturity requirements of good practices; (b) assess readiness of healthcare systems for integrated care; (c) facilitate the twining and coaching in integrated care. Further to the reflexion on the current knowledge base (answering the question “What do we know?”) and a guided group exercises (testing the MM self-assessment tool), an audience discussion will follow giving the attendees the opportunity to recommend their care and policy priorities to ease the plight of multimorbid patients. The final part of this skills building seminar will seek answers to a question “What should we do?” The ultimate objective is to stimulate discussions on the potential of various models and tools to facilitate collaborations and knowledge transfer in integrated care.

**Key messages:**

- Preventing and improving the way multimorbidity is managed is now a priority for many countries, and work is at last underway to develop more sustainable models of care.
- Raising awareness of multimorbidity, encouraging innovation, optimizing the use of existing resources, and coordinating the efforts of different stakeholders is a key to better chronic disease care.

**Identifying target groups for person-centred integrated care among multi-morbid populations**

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**Background:**

The growing populations of people with multi-morbidity pose a new challenge to health systems. As multi-morbidity is not a clearly demarcated condition, chronic disease management programs may be unable to meet the needs of persons with multi-morbidity. This requires health systems to shift to more person-centred care models. Developing person-centred care for people with multi-morbidity asks for knowledge about their needs.

**Methods:**

We conducted four studies (within the EU funded JA-CHRODIS and ICARE4EU project, and in a recent project funded by the Netherlands MoH) to gain insight in the needs of primary care patients with multi-morbidity. We

distinguished subgroups based on their use of health services and quality of life by cluster analyses, and described their medical characteristics and resources (e.g., social support, health literacy, self-management abilities). Next, we predicted adverse outcomes, i.e., a poor quality of life and suboptimal use of services, from patients' illness perceptions and resources by logistic regression analysis.

**Results:**

In all studies, we found half of the study sample to report a relatively good quality of life and/or a low use of health services. The other half consists of various subgroups: with a poor QoL (physical and mental or social), a high or suboptimal use of health services or a combination of these outcomes. Adverse outcomes relate to medical characteristics, but also to persons' perceptions of their conditions and resources.

**Conclusions:**

Among multi-morbid populations, subgroups of high-need patients can be distinguished based on their medical complexity, illness perceptions and resources (e.g., health literacy, mastery). These subgroups differ in their needs for care and support, and thus require different integrated care arrangements, for instance, horizontal integration of primary care and social care, and/or vertical integration of primary and secondary care services.

**Fostering quality in management of chronic diseases: the Integrated Multimorbidity Care Model CHRODIS+**

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**Issue/problem:**

Chronic diseases cost EU economies 115 billion € annually, where patients with multimorbidity consume up to 74% of total healthcare resources, with worst outcomes, quality of life, and life expectancy, partly associated with a highly fragmented form of care that sometimes leads to incomplete, inefficient, ineffective, and possibly harmful clinical interventions.

**Description of the problem:**

The objective of the EU-funded CHRODIS+ Joint Action is to promote the implementation of innovative policies or practices for patient empowerment, health promotion and disease prevention, and fostering high quality care in EU countries. CHRODIS+ also seeks to improve the adaptation of the employment sector to chronic patients, in pilot actions that can be validated before scaling them up.

**Results:**

CHRODIS+ Work Package 6 “Multimorbidity Care Model” aims to promote fostering quality in management of chronic diseases and multimorbidity. It focuses on field-testing of the new Integrated Multimorbidity Care Model for people with multi-morbidities in primary care and tertiary care hospitals in Lithuania, Italy and Spain (5 pilot sites). As a result, country specific CHRODIS+ Integrated Care Model versions will be elaborated. This will improve the care for patients with multimorbidity in Europe and the more efficient healthcare resources use.

**Lessons:**

It is crucial to find common interests among partners, ensuring successful adaptation, piloting and implementation across the different healthcare setting within Europe. It is expected that the CHRODIS+ outcomes will facilitate a political debate on a national level to support the implementation and encourage the scaling up of the practices, aimed at reducing the burden of chronic diseases, while assuring health systems sustainability and responsiveness.

## The maturity of integrated care systems: lessons learned in using the SCIROCCO tool across Europe

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### Issue/problem:

Ageing population demands a rethinking of delivery systems towards integrated people centred approaches. Tools and methodologies that help to understand these complex transformational processes and orchestrate discussions of all stakeholders involved are core to this process.

### Description of the problem:

A collaboration of over 30 European regions has resulted in the development of a self-assessment tool enabled by the European project - SCIROCCO. The tool is designed to assess the progress and maturity in provision of integrated care and encourage knowledge transfer and scaling-up of good practices. The SCIROCCO tool is derived from an observational study, based on interviews with regions participating in the EIPonAHA. The outcomes provided baseline for the development of conceptual

Maturity Model (MM). The model consists of 12 dimensions for integrated care. An organisation can consider each dimension by allocating a measure of maturity within that domain. As a result, a radar diagram is developed which reveals strengths and gaps in the provision of integrated care.

### Results:

The MM has been validated to measure the maturity of integrated care. The experience of three European regions in using the SCIROCCO tool is summarized. The tool enables regions to understand the local context in which successful integrated care practice emerges and stimulates the leaning on the creation of enabling environment for integrated care. It addresses the need of regions to understand the local conditions for integrated care that can help to accelerate the knowledge transfer and dissemination of successful integrated care practices.

### Lessons:

The experience of regions demonstrates the clear benefits and added value of SCIROCCO tool. The tool stimulates multi-stakeholder discussions, encourages regions to share their experience and reach out to regions who are interested to learn what work when implementing integrated care.

# 1.L. Workshop: Growing up being LGBT in Europe: the impact of bullying and parenting behavior on mental health

Organised by: EUPHA (SGMH) (CAPH)

Chairpersons: Arjan Van Der Star, EUPHA (SGMH), Danielle Jansen, EUPHA (CAPH)

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During child and adolescence years, youth face many challenges, both at school and within home settings. Experiences of bullying at schools are highly prevalent with reported rates varying widely from 10 to 60% at schools across the US and Europe. Vulnerable groups, such as sexual and gender minority youth, are disproportionality targeted. Studies have suggested that on average, sexual minority adolescents are at a 1.7 times higher risk to be threatened or physically assaulted at school than their heterosexual peers. Moreover, home is also not always a safe and protective place for them too. Sexual and gender minority youth may encounter family rejection and lower levels of much-needed parental support. Research has shown that these factors negatively impact mental health, such as higher levels of anxiety, depression, and suicide. However, the situation for sexual and gender minorities varies greatly within Europe. Stigma towards these groups is often deeply rooted in culture and history. Variation in discriminatory legislation and attitudes towards sexual and gender minorities create very different settings for youth growing up across countries in Europe. Many of these differences between European countries remain unexplored.

This workshop will provide a European perspective on bullying at schools, family rejection, and parenting behavior by presenting prevalence rates and risk factors, followed by strategies and interventions to reduce bullying and its negative impact. In the first presentation, Arjan van der Star, will present a cross-European comparison on the frequency of bullying at school, its risk factors, and the consequences of structural stigma on life satisfaction among lesbian, gay, bisexual and transgender (LGBT) individuals from 28 different European countries. Next, Gabriël Beusekom will present a longitudinal study from Belgium on depression and anxiety and the role of parenting behavior among same-sex attracted youth. In the third presentation, Amets Sues Schwend, a social anthropologist and activist working with trans-related issues in Spain, will highlight experiences of family

rejection, bullying and transphobic violence reported by gender diverse youth within school and home environments, as well as strategies to overcome these experiences. Fourthly, Minne Fekkes and Marloes van Verseveld will present results from an anti-bullying school intervention.

This workshop will aim to facilitate an increased understanding of the challenges that young individuals face in school and home settings and how it disproportionality targets sexual and gender minority youth, all across Europe. As a second goal, this workshop will explore differences between countries in culturally diverse Europe. Thirdly, the workshop aims to provide insights and tools for bullying interventions, resilience strategies at schools and protective parental behaviors by highlighting results, challenges, and opportunities.

### Key messages:

- All over Europe, sexual and gender minorities face many mental health challenges, such as bullying and rejection, both at school and at home.
- More knowledge on underlying mechanisms is needed in order to design empowering bullying interventions and resilience strategies for safer school and home environments for LGBT youth across Europe.

## LGBT bullying at school across 28 European countries: the impact of bullying and structural stigma on later life satisfaction

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### Background:

The situation for sexual and gender minorities varies greatly across Europa. Significant differences exist in population attitudes and discriminatory legislation. Sexual and gender minorities are at an increased risk of being exposed to bullying at school compared to their heterosexual and cisgender peers,