



# Addressing Inequalities Interventions in Regions



Newsletter N°1

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Last January, the partners gathered in Granada for the first meeting.

Today, health inequalities are increasing more and more even the governments are spending more money across Europe and the whole world. The need for to access to primary care is becoming an urgency in the European countries where health inequalities are increasing greatly and affecting the disadvantaged population. Currently, the citizens are not equal when it comes to disease and access to primary care. There is a real need to provide solutions and guarantee access to health care for ALL.

And it is in this spirit that the AIR project - Addressing Inequalities Intervention in Region - has been developed.

After the successful negotiations with the Executive Agency for Health and Consumers, the AIR project started on November 3<sup>rd</sup> 2009. It is led by the Regional Council of Aquitaine in close cooperation with the partners of the ENRICH network and other experts from health institutions and research centers. The Air project includes 30 partners and represents 14 European countries gathered together to work against health inequalities, all of which demonstrates solidarity in Europe.

The main objective of the project is to identify the best practices developed by the European regions in order to reduce health inequalities in primary care settings. The project will last 30 months. The Air project's partners are working to provide the necessary expertise for the interventions needed to reduce health inequalities in the European regions, and make recommendations for the policymakers.

The project tasks are divided to six working groups, one for each principal stage of the Air project. *The core of the project* is focused on three work packages: bibliography and exchange, survey, and selecting and analysing. These work packages are inextricably and fundamentally linked, and as such the results of each working group depends on the results of the others. The other three work packages, also called the *project support*, comprises dissemination of the results, evaluation, and coordination of the project during the 30 months allocated for its completion.

Last January, all the partners gathered in Granada (Spain) at the Escuela Andaluza de Salud Pública for the working groups present the methodology, and to develop a road map of the project's tasks.

At the next meeting organized in Paris, Yann Bourgueil from IRDES will present the literature review in order to provide evidence of intervention in primary health care to reduce health inequalities.

During the same session, Sara Barsanti from Scuola Superiore Sant'Anna di Pisa will also presenting the next towards making the survey.

The AIR project will provide examples of interventions aimed at reduction of health inequalities in primary care, taking into account their efficiency, cost and target population.

The results of the project will contribute significantly to reduce health inequalities in primary care in the European regions.



## What is the AIR project?

**Solange Ménéval is the Vice President of Regional Council of Aquitaine in charge of Health and Sanitary and Social Carreer.**

**In the ENRICH network, S.Ménéval leads the focus group for health inequalities linked with other European regions as well as the Regional Steering Committee of Aquitaine which is being established in order to support the AIR project. She explains the AIR project in details.**



**Solange Ménéval, Aquitaine- France.**

**Could you describe what the AIR project is?**

**Solange Ménéval:** AIR Project - Addressing Inequalities Intervention in Regions- (Interventions to reduce health inequalities in the regions) is the ENRICH network answer to the call for proposals from DG SANCO. The network addresses health taking into account the citizen's point of view, the greatest inequality is access to primary care.

**What is the aim of the project ?**

**SM:** The project's aim is to identify the best practices and policies in order to reduce the inequalities to primary care access. Focussing on the various public health organizations in Europe, it is useful for encouraging innovative activities for the specific populations, way of use of primary care, their sanitary and effectiveness impacts.

If we take the example of life expectancy, we realize that in France, despite its steady increase, the most disadvantaged socio-professional categories have a higher early mortality.

**Who is involved in the project?**

**SM:** The analysis of the literature entrusted to the IRDES, to identify the studies and also, the interventions health inequalities in primary care access. The University of Saint Anna in Pisa and the Public Health School of Andalusia must take charge of the survey and their analysis. The ISPED of the University of Bordeaux 2 participates in the coordination all the work. Once the best practices are identified and analyzed, they will be the subject of the recommendations and the proposals to the European Commission, which will forward them to the Member States of the European Union and to the regions. It is they, the national and regional representatives who take up its recommendations to experiment.

## Focus on the origins of the AIR project

**Solange Ménéval tells us more about the origins of AIR**

**How was born the AIR project?**

**Solange Ménéval:** The project was born of shared view of the regions and the European Commission about the increase of health inequalities. To these three main reasons for this, the increased requirements related to the prolonging of life and the explosion of long-term illnesses; the decrease of resources with the decline in medical demography in particular affecting the GPs in rural or disadvantaged areas.

There is evidence that the socioeconomic inequalities are an aggravating factor, and primary care is at the front line to protect from these inequalities.

**What is AIR's reason to exist?**

**SM:** The project's philosophy is to share all the experiences that exist in order to identify the best, measure their sanitary and economic benefits, and make recommendations in respect of our cultural and institutional differences. We must always look at health access with the citizen's point of view. We must also remove barriers and reduce the disparities in to primary care access.

## WP1 Coordination

# Ensuring the administrative management and the scientific coordination

**Ewelina Piznal is the coordinator of the project and is responsible for the work of the project partners. She tells us more about work package 1 .**

### What are the responsibilities of the WP1?

**Ewelina Piznal:** The main mission of this working group is the coordination of the project taking into account the different milestones and the work done by each thematic working group. WP1 ensures administrative management as well as and scientific coordination.



**Ewelina Piznal, Aquitaine France is the coordinator of the project.**

This working group is in charge of the preparation and coordination of most of the meetings and activities within the General Assembly and the Board. The Regional Council of Aquitaine, leader partner of the project also ensures direct contact with the representative officers from the Executive Agency of Health and Consumers (EAHC) and follows the progress of the project closely. Its role is also to

maintain the highest level of communication among all the partners. The scientific coordination mission is to monitor the scientific content of the project, also to validate the best identified, collected and selected interventions in order to reduce the health inequalities in primary care. This working group's mission is to produce the technical and financial, interim and final reports.

### Who is involved with WP1?

**EP:** This working group works with all the partners of the project: the associated and collaborative partners. The leader partner, the CRA manages the project with the ISPED and the DPHEM partners. WP1 leader partner of WP1 is also supported by the Regional Steering Committee of Aquitaine to provide knowledge and expertise in the field of health and health inequalities. This committee is established outside of the AIR project to support the coordination group and to contribute to the project results.

## WP2 Dissemination of results

# Ensuring a good dissemination of the results

**Véronique Janzyk leader of WP2, head of Communication department at the Health Observatory of Hainaut (HS-Hainaut Santé- Mons-Belgium) speaks about the "Dissemination of results"**

### What is the aim of WP2?

**Véronique Janzyk:** The objective of this WP is to ensure a good dissemination of the results of the project but also to facilitate communication between the partners of the project. This WP is in charge of creating and sending the newsletters, writing the leaflets of presentation of the project.

WP 2 also has to construct a Directory of good practices which will be published online on the website of the project. A seminar gathering partners



**Véronique Janzyk, Hainaut, Belgium. Leader of WP2.**

and experts in health communication will be organised in to produce guidelines for a good use of the recommendations, to discuss the best methods to disseminate the recommendations and to make decision makers "partners of the recommendations"

Our team will also take part in the development of the website.

### Who is involved in the WP?

**VJ:** Four persons from the Health Observatory of Hainaut are working on the project: Luc Berghmans the director of the OSH who will participate in different works packages; Dominique Latour which is administrative assistant and Julie Harlet who will be a communication officer for AIR.

For WP 2, also works with our **Associated partners** and **Collaborative partners**. ( See on page 7 and 8)

## WP3 Evaluation of the project

### Evaluating each step of the AIR project

**Dr. Zsuzsanna Szabó from, Dekut Debreceni Kutatasfejlesztési (DEKUT) In Hungary is the leader of WP 3. This work package is in charge of the evaluation.**

#### What is the aim of WP3?

**Zsuzsanna Szabó** : The evaluation of the project will provide specific knowledge of the project's performance, to facilitate improvements regarding project management tasks and to verify whether the project has attained its goals and objectives. The objective is also to explore the strengths and weaknesses of the project performance. We will follow each step according to the evaluation methodology detailed in the evaluation plan. Evaluation data will be collected through questionnaires, individual interviews, direct observation of the meetings and analysis of the documentary and deliverables. At each step qualitative and quantitative indicators will be defined to measure the level of realization of the given task. At the end of the AIR project a final evaluation report will be delivered.



**Zsuzsanna Szabó , Hungary, leader of WP3.**

#### Who is involved in this WP?

**ZS:** The evaluation process requires strong collaboration with the core WPs. Parties involved in the evaluation WP are: Institut de recherche et de documentation en économie de la santé (Paris, France), Conseil Régional d'Aquitaine (Bordeaux, France), Scuola Superiore Sant'Anna di Pisa (Pisa, Italy), Escuela Andaluza de Salud Pública (Granada, Spain), Hainaut Santé (Havre, Belgium), Université Victor Segalen Bordeaux 2 (Bordeaux, France), University of Cyprus (Nicosia, Cyprus), Dubrovnik Neretva County Regional Development Agency (Dubrovnik, Croatia), Ministry of Health and Social Affairs Saxony-Anhalt (Magdebourg, Germany), University of Applied Sciences Magdebourg-Stendal (Magdebourg, Germany), Research Center in Behaviour and Social Issues (Nicosia, Cyprus). Besides the strong cooperation with the core WPs (WP4, 5, 6) regarding the interpretation of their results and difficulties we expect from our involved partners their constructive comments or suggestions on the performance measuring actions and the pre-selected indicators.

## WP4 Bibliography and exchanges: The first step

**WP 4 Bibliography and exchanges is led by the "Institut de recherche et de documentation en économie de la santé" (IRDES) from Paris, France. Dr Yann Bourgueil, director of IRDES is the leader of WP 4. He explains what will be accomplished.**

#### What are the rational and aim of your WP?

**Yann Bourgueil** : Work package 4 is the first step of the AIR project. As such, it is responsible for the foundation block of the project by collecting the available literature on the subject of reducing health inequalities in the primary setting and by providing an intervention's framework. In other words, the objective of work package 4 is to do a systematic review of available academic literature in each partner's language on evaluated intervention in primary care aimed at reducing socio-economic health inequalities. The literature is selected in national and international bibliographic database with a list of keywords approved the AIR project's board. The review has two aims, to identify evidence-based effective interventions in primary care, and to build a descriptive framework of interventions to assist work package 5 in the survey creation.

#### Who is involved WP 4?



**Yann Bourgueil France, Leader of WP4.**

**YB:** The package leader is IRDES (Institute of Research and Documentation in Health Economy), a non for profit association which primary mission is to provide high quality research and information for those who are interested in the future of health care systems. Participating members of IRDES in the AIR project are Yann Bourgueil, director, Florence Jusot, associate researcher and Henri Leleu, public health resident.

WP4 is also associated with a number of partners including the Conseil Régional d'Aquitaine (Bordeaux, France), Sara Barsanti from the Scuola Superiore Sant'Anna di Pisa (Pisa, Italy), Julia Bolivar from the Escuela Andaluza de Salud Pública (Granada, Spain), Julie Harlet from Hainaut Santé (Havre, Belgium), Zsuzsanna Slabo from Dekut Debreceni Kutatasfejlesztési Kht (Debrecen, Hungary), Rachid Salmi for Université Victor Segalen Bordeaux 2 (Bordeaux, France), Paris Cleanthous from University of Cyprus (Nicosia, Cyprus), Stephane Heijmans from ResearchLink sprl (Thuin, Belgium), Janos Sandor from Pecs Tudományegyetem: Iniversitu of Pecs (Pecs, Hungary), Zahara Ismail from Poverty Equity and Health Research Group (Terni, Italy) and Arnd Hojmeister from University of Applied Sciences Magdebourg-Stendal (Magdebourg, Germany).

## WP5 Survey

### Collecting information about actions and policies

Prof. Sabina Nuti and Sara Barsanti from the "Laboratorio Management e Sanità of Scuola Superiore Sant'Anna di Pisa" are coordinating WP 5. Sara Barsanti explains the survey part of the project.



Sara Barsanti, Pisa, leader of WP 5.

Can you tell us more about the survey that will be lead by WP 5?

**Sara Barsanti:** This work package will focus on the preparation of a survey to collect the required information in a questionnaire. This important phase of the project will be developed taking into account the results of WP4's research. The identification of the best practices in literature will be useful to establish a relevant questionnaire.

Thus, a questionnaire will be developed to gather information about actions and policies which contribute to reduce health inequalities through the primary care settings in the regions of the E.U.

The questionnaire will also identify actions aimed at specific populations.

It will be translated into each European language and also Croatian, Macedonian,

Albanian (these are the official languages of Macedonia) and Turkish as these countries are candidates for membership of the European Union.

The short questionnaire will be divided in two sections.

On one side, the collection of information will examine various strategies to reduce health inequalities. More

specifically, the data collected will cover the following : population group, level of implementation and responsibility of the actions, workforce involved, special local actions contributing to the results, expected results; additionally it will provide information on the impact of health inequalities and on the non-health sector, monitoring and evaluation of the system, eventual integration of approach with other programs and policies (as education, environmental...), costs and efficiency, type of financial and political commitment, type of health inequalities measurement.

On the other side, the questionnaire will gather general information related to programmes and policies, which are employed to address health inequalities at both regional and national level.

The unit of analysis will be the regional level. This level has different roles in promoting public health. If the results of the questionnaire are relevant, the option of developing more focused interviews in the regions and its local authorities will be examined. They will be asked to share their practises. In order to help regions to fill out the questionnaire, a glossary with the main definitions will be developed on the basis of the literature review.

The survey will be used to select and to share the best practises intervention to reduce health inequalities.

### Next meeting : April 8th and 9th in Paris



Next meeting will be held in Paris on April 8th and 9th.

Workshops of WP4 and WP5 are planned as well as a discussion on WP6.

The IRDES-Institut de recherche et de documentation en économie de la santé- will host the meeting.

## WP6 Selecting and analyzing Innovative Interventions Identifying Interventions

**Antonio Daponte Codina**, director of the “Área de Salud Pública y Protección de la Salud”, is teaching at the “Escuela Andaluza de Salud Pública”, in Granada- Spain. He is also the leader of work package 6 “Selecting and Analysing Innovative Interventions” in the AIR project.



**Antonio Daponte, Granada, leader of WP 6**

### What are the aims of WP6?

**Antonio Daponte Codina** : WP6 consists in “Selecting and Analysing Innovative Interventions” to reduce health inequalities, implemented in primary care settings. The general objective of this WP is to identify actions to reduce health inequalities, to assess the effectiveness of these actions, and to develop a catalogue of good practices.

The specific objectives of this WP are the identification of actions and establishment of criteria for selection, the evaluation of selected interventions and the identification of key issues for successful interventions.

We will have to implement three key steps.

The first one will be to identify criteria to select interventions.

We are assuming that a significant number of interventions to reduce health inequalities implemented at European regions will be identified through the literature review (WP4) and the survey (WP5). These interventions might be addressed at different social determinants (gender, social class, etc); different health problems (chronic diseases, etc); different lifestyles (smoking, diet, alcohol drinking, etc); different contexts (neighborhoods, municipalities, counties, provinces, regions, etc), and other. We define these types of criteria as “classification criteria”. Secondly, interventions in order to be effective in reducing health inequalities

should meet some requirements. For instance, to be useful to reduce inequalities, to evaluate results, to be cost/effective, to be planned, to respond to a public policy, etc. We define these as “evaluation criteria”. The first step will be to identify “classification criteria” and evaluation criteria”, based overall in the literature review (WP4).

The second one will be the Selection of interventions:

A second step will be to select interventions based on the criteria outlined above.

And the third phase will be to identify the Key factors for success:

Finally, those intervention that meet evaluation criteria with high standards, will be scrutinized in order to identify “key factors” for success.

In order to accomplish our objectives,

we will apply different methodologies, such as nominal groups, delphi techniques, and focus groups. Also, the information needed to select and evaluate interventions will have to be gathered through the survey (WP5). WP6 has assigned two deliverables: a report on “selected interventions” and a report with “recommendations and guidelines (best practices)”.

### Who is involved in WP6?

**ADC:** The “Escuela Andaluza de Salud Pública” is in charge for this WP. But we also work with Gabriele Theren from the Ministry of Health and Social Affairs Saxony-Anhalt (MS-LSA) , Arnd Hofmeister from the University of Applied Sciences Magdebourg-Stendal (UOMS), Soledad Marquez from the Consejería de Salud – Junta de Andalucía (CSJA) , Sara Barsanti from MeS- Italy, Paris Cleanthous from UCY-Cyprus, Luc Berghmans and Julie Harlet from Hainaut Santé-Belgium, Rachid Salmi from ISPED-UVSB2-Fance, Nick Salfield from DPMEM-United Kingdom and Zsuzsanna Szabo from DEKUT-Hungary.

## The collaborative partners and their participation in the WP

During the investigation phase and the dissemination of results, the group of collaborative partners, which comprises 15 members, should facilitate the processing of information requests with European Regions.

- **County Council Gävleborg:** Sweden, Hultgren Eva. County Council Gävleborg is involved in WP1.
- **EUPHA:** European Public Health Association, Netherlands, Barnhoorn Floris. EUPHA is involved WP 1 and WP2.
- **L'Agence Régionale de Santé d'Aquitaine:** France, Klein Nicole. L'Agence Régionale de Santé is involved in WP 1
- **Lincolnshire Primary Care Trust:** England, Mc Shane Martin. Lincolnshire Primary Care Trust is involved in WP 1
- **SAS : Servicio Andaluz de Salud,** Spain , Fernandez Santiago Eloisa. SAS is involved in WP 1.
- **URMLA : Union Régionale des Médecins Libéraux d'Aquitaine,** France, Guerin Dany URMLA is involved in WP 1
- **Leicestershire County and Rutland PCT:** England, Mc Hugh Mike. Leicestershire County and Rutland PCT is involved in WP 1
- **Leicester County Council:** England, Mchugh Mike. Leicester County Council is involved in WP 1.
- **Debrecen University:** Hungary, Sandor Janos. Debrecen University is involved in (WP 4, WP 5 and WP 6.
- **MS-LSA :** Ministry of Health and Social Affairs Saxony-Anhalt, Germany, Theren Gabriele. MS-LSA is involved WP1, WP 2, WP 3, WP 4, WP 5 and WP 6.
- **UOMS : University of Applied Sciences Magdebourg-Stendal,** Germany , Hofmeister Arnd. UOMS is involved in WP 1, WP 2, WP 3, WP 4, WP 5 and WP 6.
- **CSJA: Consejería de Salud – Junta de Andalucía,** Spain, Carriazo Ana. CSJA is involved in WP 1, WP 2, WP 5 and WP 6.
- **RUBSI : Research center in behaviour and social issues,** Cyprus, Loizou Christina. RUBSI is involved in WP1, WP 2, WP 3, WP 5 and WP 6.
- **JPII: John Paul II Hospital in Krakow,** Poland, Krawczyk Edyta. JP II Hospital in Krakow is involved in WP1, WP 2, WP 3 and WP 6.
- **MSP: Ministry for Social Policy - Health, Elderly, Community Care,** Malte, Calleja Neville. MSP is involved in WP1, WP 2, WP 4, WP 5 and WP 6

## The associated partners and their collaboration in each work package

- **CRA:** Council Regional of Aquitaine; France ; Ménival Solange , Piznal Ewelina , Lacarce Vincent, Aline Destribats . CRA is involved in all the WP.
- **IRDES** : Institut de recherche et de documentation en économie de la santé. France ; Bourgueil Yann, Jusot Florence, Leleu Henri. IRDES is involved in all the WP.
- **MeS** : Scuola Superiore Sant'Anna di Pisa ; Italy ; Sabina Nuti, Barsanti Sara. MeS is involved in all the WP.
- **EASP:** Escuela Andaluza de Salud Pública, Spain, Antonio Daponte. EASP is involved in all the WP.
- **HS** : Hainaut Santé ; Belgium ; Berghmans Luc, Janzyk Veronique, Harlet Julie, Latour Dominique. HS is involved in all the WP.
- **DEKUT:** Dekut Debreceni Kutatasfejlesztési Debrecen Hungary ; Kovacs Zoltan, Szabó Zsuzsanna. DEKUT is involved in all the WP.
- **UVSB2:** Université Victor Segalen Bordeaux 2 France; Salmi Rachid, Mouillet Evelyne. UVSB2 is involved in WP 1,2,3,4 and 6.
- **DPHEM:** Department of Health Nottingham, United Kingdom, Salfield Nick. DPHEM is involved in WP 1, 2, 3 and 6.
- **UCY:** University of Cyprus, Cyprus, Cleanthous Paris. UCY is involved in all the WP.
- **ResearchLink:** ResearchLink sprl, Belgium, Heijmans Stephane. Research Link is involved in WP 1, 2, 4 and 5.
- **DUNEA:** Dubrovnik Neretva County Regional Development Agency, Croatia, Novakovic Andrea. DUNEA is involved in all the WP.
- **PEHRG:** Poverty, Equity and Health Research GroupTerni, Italy, Ismail Zahara. PEHRG is involved in WP 1,2,4,5 and 6.
- **URIT:** Umbria Region Perugia, Italy, Di Loreto Paulo. URIT is involved in WP 1, 2, 4 and 5.
- **RT:** Tuscany Region Florence, Italy, Pucci Tomasso. RT is involved in WP 1, 2, 5 and 6.
- **GEORAMA:** Georama NGO, Greece, Kostas Poulas, Kordas Gregory. Georama is involved in WP 1 and 2.

## Addressing Health Inequalities in Regions of Europe– AIR

### NEWSLETTER- Number 1

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