

Integrated Community Care for All

Valeria Cappellato

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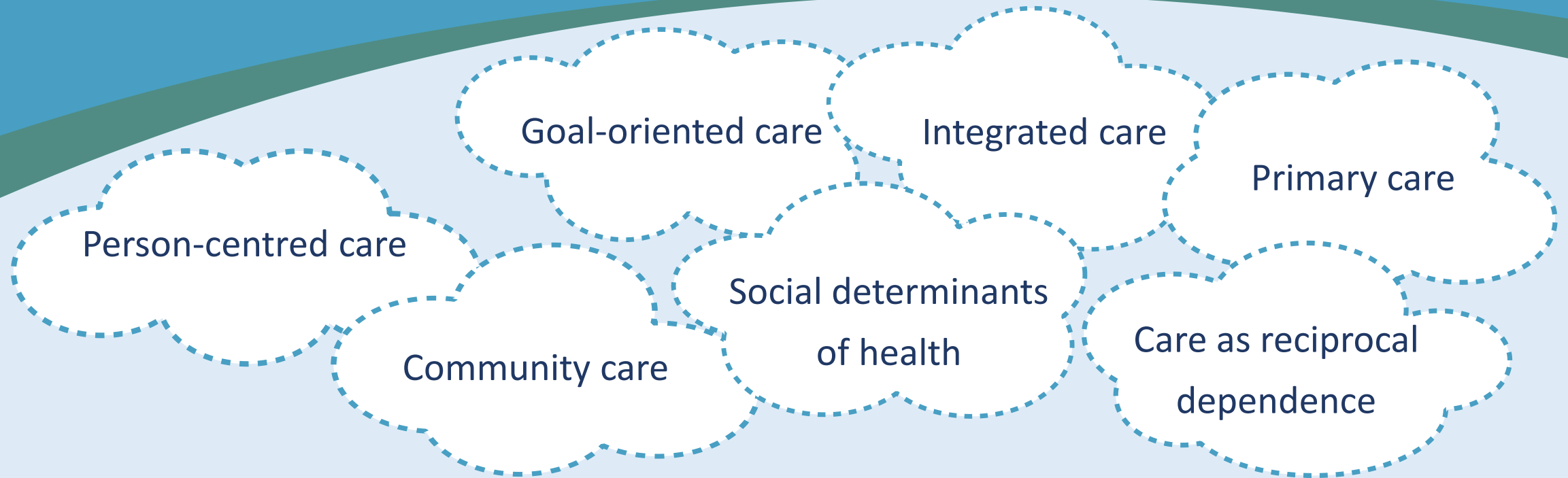


Challenges...



With the issue of equity (the problem of raising inequalities) as a crosscutting issue

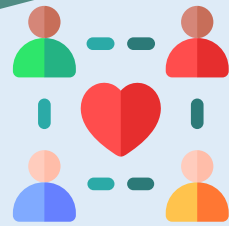
“Care”



Primary Health Care according to WHO:

“Primary health care (PHC) addresses the majority of a person’s health needs throughout their lifetime. This includes physical, mental and social well-being and it is people-centred rather than disease-centred. PHC is a whole-of-society approach that includes health promotion, disease prevention, treatment, rehabilitation and palliative care.”

TransForm and Integrated Community Care (ICC)



The Transnational Forum on Integrated Community Care (TransForm) is a joint initiative of Foundations in and beyond Europe that aims to put the community at the centre of integrated primary care.

THE learning JOURNEY

2018

Research activities

International conferences with go & see programs

Workshops among experts

Activities within a Changemaker Forum

Activities within a Changemaker Forum

TransForm has developed a learning journey (co-production of knowledge with stakeholders – academics, policymakers, decisionmakers, practitioners, people with lived experience, citizens) that has identified key values – ingredients – challenges- for ICC

What is Integrated Community Care (ICC)

- ICC acknowledges that **communities** are essential **partners**
- ICC envisions a paradigm shift in the way health and care systems are organised From delivery' to genuine '**co development**'
- ICC emphatically addresses **the broader determinants of health**
- ICC pivots on greater **integration** between primary care, public health functions, social work and neighbourhood development within a given territory.
- Focus on both quality of care and **quality of life** and Broad definition of care.
- **Place-based governance** is a crucial competence to continuously form new alliances
- ICC comes down to a continuous process of '**whole system innovation**'
- **Distributed power** and collective learning

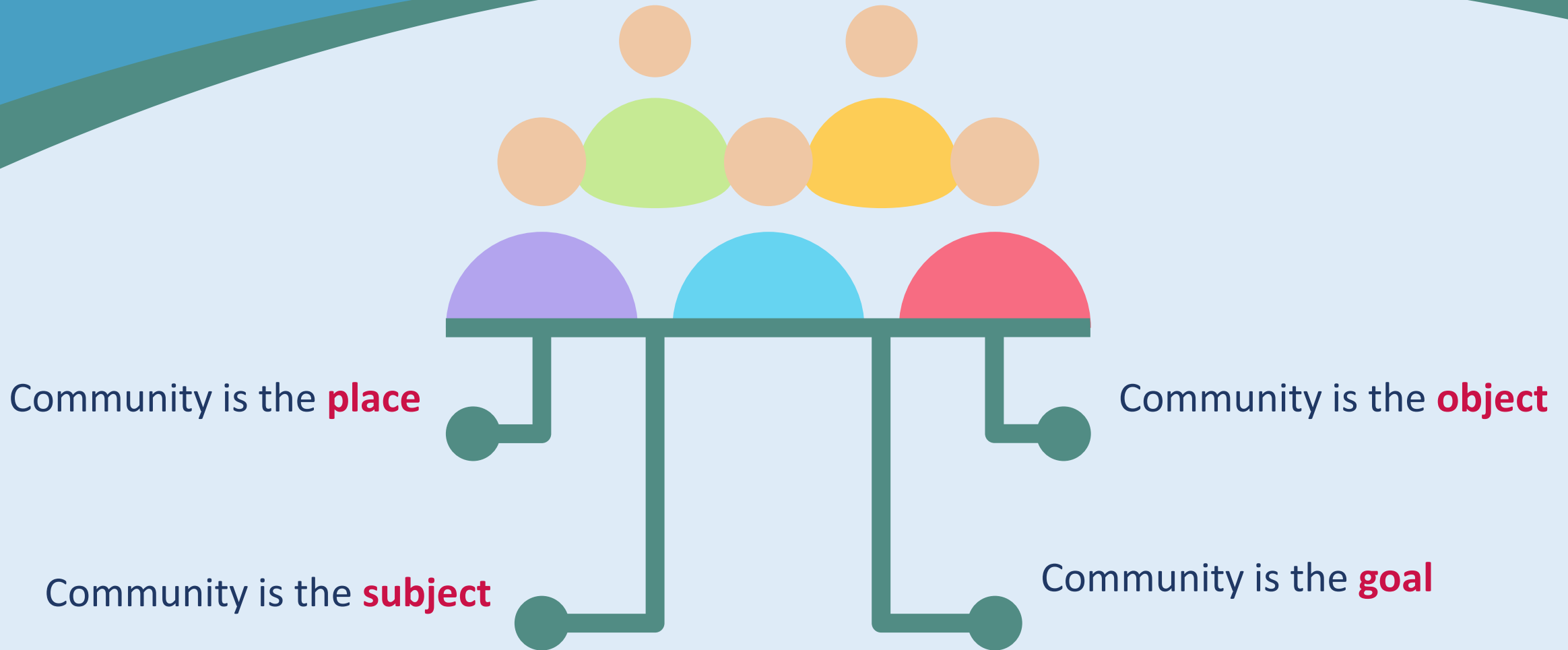
What, how and why of Integrated Community Care (ICC)



Root definition

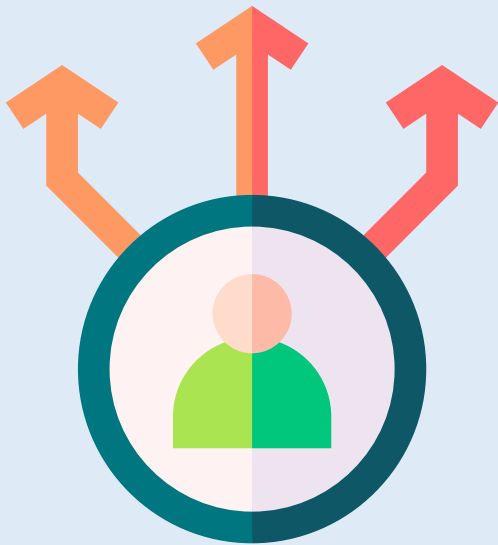
ICC encompasses a range of strategies to support local organizations, community members, professionals, and policy makers in a continuous process of co-developing health, care and social support infrastructures and services with the aim to enhance the quality of life, social cohesion and resilience of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

Where is “Community” in ICC?



The ICC Effectiveness Principles

ICC comprises a guiding **set of effectiveness principles** that wholly or partially manifest themselves in a relatively wide range of models and practices.



Definition: An effectiveness principle is a **clear and actionable statement** that provides **guidance** for thinking and behaving toward some desired result.

“They inform choices at forks in the road grounded in ICC values”

7 Effectiveness Principles



CO-DEVELOP HEALTH
AND WELLBEING,
ENABLE
PARTICIPATION

- 1** **Value and foster** the capacities of all actors, including citizens, in the community to **become change agents** and to coproduce health and wellbeing. This requires the **active involvement of all actors**, with an extra sensitivity to the most vulnerable ones.
- 2** **Foster** the creation of **local alliances** among all actors which are involved in the production of health and wellbeing in the community. Develop a shared vision and common goals. Actively strive for **balanced power relations and mutual trust** within these alliances.
- 3** **Strengthen community-oriented primary care** that stimulates people's capabilities to maintain health and/or to live in the community with complex chronic conditions. Take **people's life goals** as the starting point to define the desired outcomes of care and support.

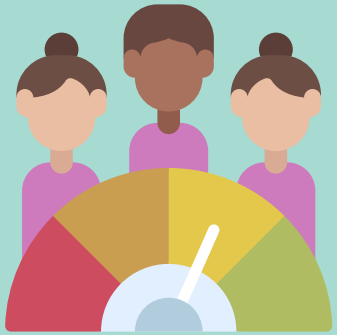
7 Effectiveness Principles



BUILD RESILIENT
COMMUNITIES

- 4** **Improve** the health of the population and reduce **health disparities** by addressing the social, economic and environmental **determinants of health** in the community and investing in **prevention** and health **promotion**.
- 5** **Support** healthy and inclusive communities by providing opportunities to bring people together and by investing in both **social care and social infrastructure**.
- 6** **Develop the legal and financial conditions** to enable the co-creation of care and support at community level.

7 Effectiveness Principles



MONITOR, EVALUATE
AND ADAPT

7

Evaluate continuously the quality of care and support and the status of health and wellbeing in the community by using methods and indicators which are grounded within the foregoing principles and documented **by participatory community diagnosis** involving all stakeholders. Provide opportunities for **joint learning**. Adapt policies, services and activities in accordance with the evaluation outcomes.

7 Effectiveness Principles

1

Value and foster the **capacities of all actors**, including citizens, in the community to become change agents and **to coproduce health** and wellbeing. This requires the active involvement of all actors , with an extra sensitivity to the **most vulnerable ones**

EXAMPLES:

- Collect data and context information
- Participatory community diagnosis
- Map your community's resources
- Increase people's knowledge and skills (including collective citizenship skills)
- Development of the capacity to use their voice
- Actively intercept those who are difficult to reach
- Low-threshold interventions
- “community points” in local contexts that are widely accessible
- ...

3 Examples of ICC



1 Community Health Centres



2 Compassionate Communities



3 Habitat Microaree (Trieste)

1. Community Health Centre (community-oriented primary care)



Community health centers (CHC) aim to meet a territorially defined group of citizens' needs by offering **high quality, accessible and integrated primary care** from a broad, psychological and social perspective.

The patient is considered as someone with a **personal history** within the context of a family, a community and a professional and socio-economic environment.

2. Compassionate Communities (end-of-life care)



Compassionate communities consist of naturally occurring **supportive networks** combined with the wealth of **community resource** to be found in neighbourhoods, workplaces, educational institutions or any place where people gather.

End-of-life care is reframed as **a social experience**

People learn again to take care of each other when confronted with death, dying, serious illness and bereavement - in **partnership with the professional palliative care services.**

3. Habitat Microaree : a caring city (Healthy place making)



Habitat Microaree is a program (combining social care, health care and housing) carried out in the city of Trieste (North East Italy) since 2006, having its roots in the revolution initiated by Franco Basaglia in the mental health care.

- Proximity: small defined areas of intervention
- Focus on places
- Continuity and presence of professionals in the every day life of the neighborhood.

The activities implemented in the Microaree can be defined as:

LOCAL - PLURAL - GLOBAL

Key Challenges for ICC



- 1 Challenge of 'meeting halfway': balance between bottom-up and top-down trajectories
- 2 Commit to genuine co-creation, co-production and co-evaluation:
 - Actors involved and the role of public authorities - **"RESPONSIBILITY"**
 - Agency and Advocacy - **"POWER"**
- 3 Need to train a new type of health and care provider
- 4 Importance of maintaining focus and overview
- 5 Invest in a customized monitoring and evaluation stance: professional benchmarks are secondary to the benchmarks of the local community



<https://transform-integratedcommunitycare.com>