Health Inclusivity In Action

How to overcome health disparities:
a collection of inspiring global examples

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Foreword

In pursuit of a healthier, more equitable world, health inclusivity has become a core tenet of this discourse. While the struggle for healthcare provision, as well as health-promoting resources, persists across countries and communities – fuelled by a myriad of socioeconomic, cultural and structural challenges – we have found stories that illustrate the power of creative, cooperative action to overcome even deeply entrenched health disparities.

Our casebook weaves together narratives from around the world, highlighting how various health inclusivity challenges have been addressed with creativity, determination, and unity. Utilising insights from Economist Impact's Health Inclusivity Index – a thorough measure of health system accessibility and responsiveness – these case studies provide a detailed understanding of the complexities in achieving health equity.

Each case study is a beacon, shining a light on tangible solutions and effective strategies that have successfully dismantled barriers to health inclusivity. From innovative community-based healthcare initiatives to transformative policy interventions, these inspiring stories exemplify the diverse approaches and collaborative efforts essential for creating inclusive healthcare systems.

Importantly, our casebook goes beyond mere documentation: it offers actionable policy recommendations based on lessons learned, and outcome and impact reviews. Informed by real-life examples and guided by principles of equity, the recommendations provide a roadmap for policymakers, healthcare professionals and stakeholders alike to effect meaningful change at both local and global levels.

Achieving health inclusivity requires a holistic approach that addresses social determinants of health, promotes inclusivity in healthcare delivery and fosters cross-sector partnerships. By sharing these narratives, their successes and challenges, we aim to help turn the aspiration of health equity into a reality.

Finally, as you read these narratives, please keep an open and inquisitive mind. Health inclusivity is not a zero-sum game; in fact, it is the very opposite. Fostering better self care and health agency for more people, drives health systems' resilience, improves productivity and strengthens the social contract. By better understanding the lived experiences of those we seek to help, we can overcome bias and become agents for health inclusivity. We hope this casebook inspires you to take action and help move health inclusivity from theory into practice.

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"Only by understanding the barriers to good health for all people can we design a truly inclusive health system."

Economist Impact Health Inclusivity Index,
Measuring Progress Towards Good Health for Everyone

Executive summary

Introduction

While estimates vary, it is largely accepted that access to healthcare accounts for around only 10% of a population's health, with the rest influenced by wider socioeconomic factors. Each individual's experience of health is deeply shaped by their unique circumstances so we must first acknowledge and understand existing barriers to health and wellbeing – whether they be physical, socioeconomic, or systemic – before actively working to dismantle them. Well-defined barriers include disability, age, race, ethnicity, gender and sexuality, while less visible factors such as loneliness, time constraints, caregiving or hidden disabilities, also impact health.

This recognition forms the cornerstone of our approach to promoting health inclusivity in a world where health, and access to healthcare, should not be determined by one's identity, privilege or life-situation.

To truly understand and promote health inclusivity, we should navigate this complexity with nuance, recognising it is not a zero-sum game, but rather a collaborative journey where all stand to gain. Everybody can, from a social, economic, or health perspective, become vulnerable, as we learnt during the Coronavirus pandemic. However, taking action towards removing the personal, social, cultural and political barriers that prevent individuals and communities from experiencing good physical and mental health, and a life fully realised, can meaningfully mitigate such vulnerabilities in the long run.

Promoting health inclusivity goes beyond addressing disparities; it's about acknowledging the richness of human diversity and its contribution to our collective wellbeing. Health inclusivity asks what it means to demand equality and to act equitably, but also insists these goals are always mediated by an understanding of who is, and who is not, included in the sharing of resources, in decision-making processes, in the implementation of policies, and so forth. This approach is both just and pragmatic, as we cannot improve community and societal health and wellbeing without including all members where they are, as opposed to where we think they should be.

Thinking inclusively is an ongoing commitment – it's a path marked by incremental progress. Thinking inclusively accepts and considers lived experiences and invites us not only to ask what closes the gap between differences in our biological and socioeconomic realities, but to understand and address how people get excluded, lose health agency and become invisible in the process.

By bringing the concept of health inclusivity to life via our global 'bright spot' examples, we hope to secure relevance, spark interest and mobilise action, and help make health inclusivity a reality for all.

Applied health inclusivity

A tool to inspire policy dialogue and action towards more inclusive health systems globally, Economist Impact's Health Inclusivity Index addresses the absence of data by assembling an international evidence base to help policymakers, regulators, academics and other professionals work towards greater health inclusivity for all.

The Index evaluates 40 countries' equitable healthcare access across three domains:

- Health in society: comprises indicators designed to consider health across all the policies of a country's government.
- Inclusive health systems: includes indicators to measure the strength and scope of a nation's healthcare system, and whether cost is a barrier to accessing services.
- People and community empowerment: measures efforts to ensure that healthcare services are designed to be inclusive, accessible, and tailored to individuals and their preferences, including of those from vulnerable groups.

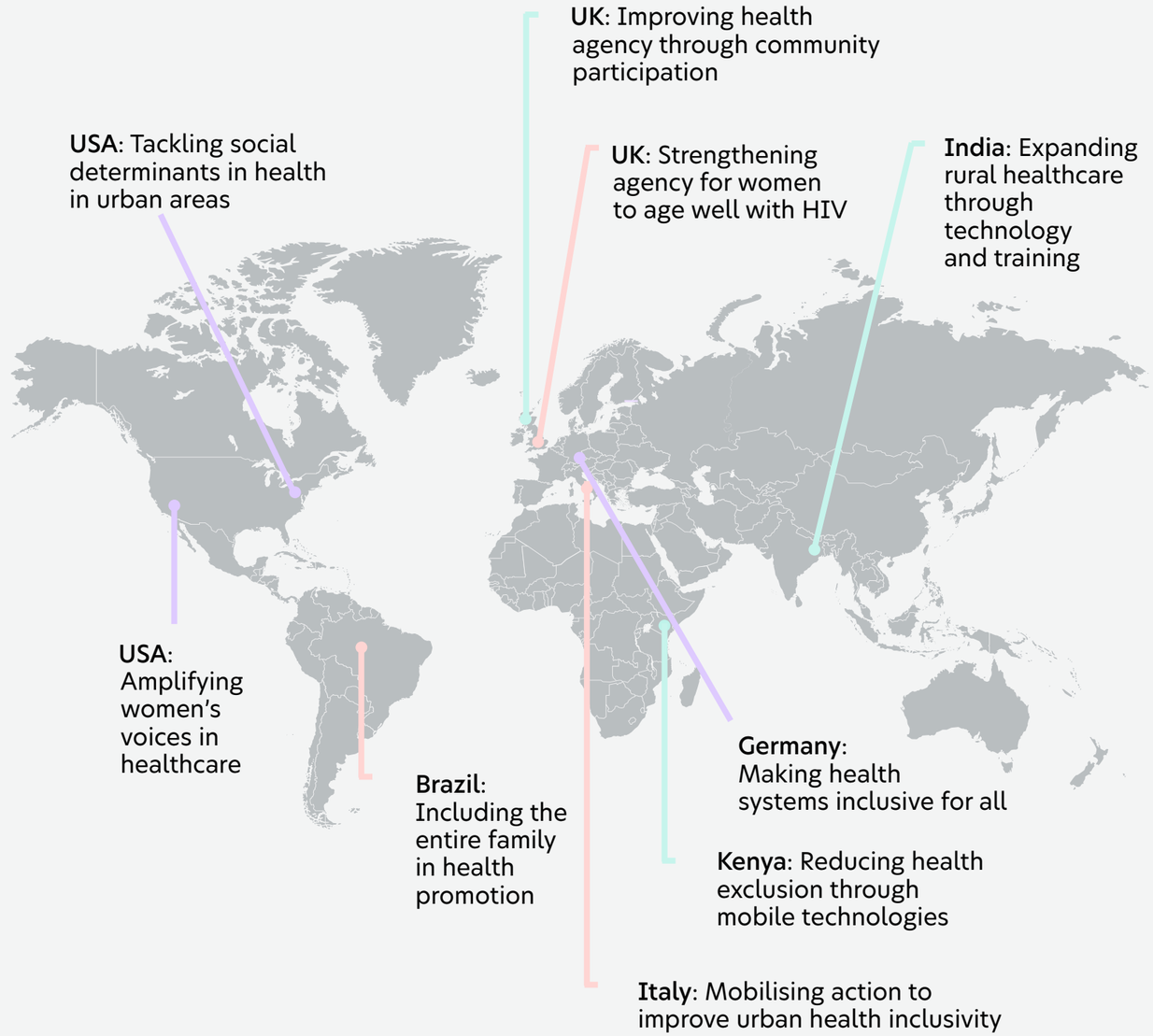
Executive summary (continued)

The Index highlights socioeconomic and cultural barriers, disparities between high-and low-income countries, and the importance of community empowerment. Findings from the most recent phase (2023) reveal widespread health exclusion issues: high-income nations, despite robust health policies, often fail in practical implementation, leading to significant access disparities; low- and middle-income countries perform better in delivering inclusive healthcare through community-based services and health literacy programmes; and empowering communities and individuals to manage their own health is crucial for improving inclusivity.

The casebook

The Index cannot stand alone in engaging policymakers, public health experts, the private sector, and media in prioritising health inclusivity. This casebook complements the Index, offering real-life examples that illustrate health inclusivity, and exclusivity, including why striving for health inclusivity is a vital goal.
The casebook includes a discussion guide to provoke dialogue and inspire action, as well as policy recommendations designed to drive tangible progress and enhance the implementation of inclusive health strategies.

Health inclusivity initiatives



Case study 1

Mobilising action to improve urban health inclusivity

Organisation:
Health City Institute, Italy

Health in society

Summary

The Health City Institute (HCI) was established in 2016 in Rome, Italy, as a 'think tank' based on the ideas that health is a 'common good' and 'cities belong to everyone'. Since inception, HCI has facilitated discussions among experts and policymakers on health inclusivity and urbanisation's impact on the social determinants of health. HCI fosters collaboration among traditionally independent organisations and stakeholders, enhancing visibility and opportunities for those involved. In return, higher-level entities gain insight into, and a better understanding of, community needs and priorities, demonstrating a mutually beneficial exchange of knowledge and connections.

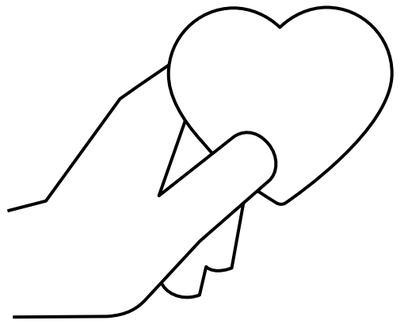
Health in society

"In my view, it's paramount to consider avenues for effective dialogue with policymakers. Crafting policy briefs is a strategy worth exploring, as it provides a concise synthesis of key insights. Unlike lengthy reports that often go unread, policy briefs offer accessible summaries that policymakers are more likely to engage with. They serve as invaluable tools for conveying our message succinctly and driving meaningful action."

Federico Serra, General Secretary, Health City Institute

"As we looked ahead, we recognised the importance of situating health within a broader context – one that encompasses not just disease, but also individual and communal wellbeing, acknowledging the interconnectedness of our health and the vitality of our communities."

Federico Serra, General Secretary, Health City Institute



Health in society

Background

Italy has one of the oldest populations in the European Union, with an average median age surpassing 46 years. At 24%, Italy shares the highest proportion of residents over the age of 65, indicating a population that is more vulnerable[1].

Rome, a bustling metropolitan area, is home to approximately 2.8 million permanent residents and hosts an additional 3.8 million temporary inhabitants for educational or professional purposes. When considering population health, a significant contrast emerges between the city centre and its outskirts; within a mere five metro stops, the average life expectancy at birth plummets by three and a half years.

HCI, founded as an independent nonprofit health research organisation, examines urban health factors and the impacts of urbanisation on health. Initially centred in Rome, its scope has expanded beyond the greater Rome region to encompass 8,000 cities and municipalities across Italy.

Project description

Health in society

HCI unites senior professionals to collaborate, pro bono, on crafting practical and impactful proposals for urban health. The Institute's strength lies in fostering these multidisciplinary dialogues and engaging discussions to shape policymaking, bringing together experts who would otherwise work in 'silos'.

Currently, HCI comprises 44 high-profile institutional partners, such as: the Italian Ministry of Health; the World Health Organization (WHO); the National Association of Italian Municipalities (ANCI); the Italian National Statistical Institute (ISTAT); the Italian National Olympic Committee (CONI); the Italian Centre for Social Investment Studies (CENSIS); and 18 international universities.

In May 2017, HCI presented its 'Manifesto on Urban Health' to the Committee of the Regions of the European Union, which gained unanimous approval as a guiding document[2]. Its principles were subsequently integrated into the Urban Health Rome Declaration, supporting multisectoral strategies and health-promotion policies as crucial assets for enhancing health and wellbeing in urban environments.

The manifesto delineates key points for cities to explore health determinants within their urban landscapes, devising strategies to enhance citizens' lifestyles and health. It advocates for public-private partnerships, based on international experience, to study health determinants' impact in urban settings, emphasising that every citizen should have the right to a healthy and holistic urban life, and that citizens' health should be the central focus of urban policies.

The manifesto advocates promoting health literacy and accessibility, integrating health education in schools, endorsing healthy lifestyles for ageing and vulnerable populations, crafting sustainable transport policies, instituting local primary prevention initiatives to combat common health issues, prioritising health for vulnerable groups, and fostering cross-sector collaboration to monitor urban health determinants.

Currently, HCI is engaged in diverse projects promoting health inclusivity, leveraging Next Generation EU funds to train over 240 individuals as Health City Managers (HCMs). This initiative was developed through a broad synergy with ANCI (Italian Municipalities Association) and has been

Project description (continued)

made possible by the support of the Italian Government, specifically through the Ministry for Youth Policies. An HCM embodies a versatile professional with expertise spanning public health management, urban planning, sociology and data analysis. Positioned ideally within the mayor's office, the HCMs coordinate departments and external relations, enhancing decision making and promoting socio-sanitary integration to ensure equitable healthcare access. These professionals collaborate with policymakers to orchestrate the creation and implementation of health policies.

HCI's upcoming focus encompasses expanding dialogue tools with stakeholders concerning technology and resource accessibility in rural areas and considering digital equity, the digital divide and digital inclusion as key aspects.

Health in society

Impact and reach

- **Promoting open dialogue:** HCI has created a variety of tools for dialogue with governmental and institutional bodies, exemplified by its Manifesto on Urban Health in 2017 and the Rome Urban Health Declaration in 2018, both signed by the Italian Health Minister. These efforts provide inspiration and an example for other countries in Europe and beyond to follow and facilitate constructive dialogue and collaboration in shaping health policies at local and national levels.

240

new young Health City Managers

- **Building capacity:** HCI has also built capacity for community health management by training 240 young (under 35 years of age) individuals to become adept Health City Managers. These initiatives empower the workforce and foster innovation and sustainability in urban health strategies.
- **Active lifestyle promotions:** The Institute promoted urban health with initiatives such as the extensive 350km urban trekking network in Rome, which extends into suburbs, advocating for zero km sport activities, and the annual Sport City Day, an open-air gymnasium that has successfully engaged 175 cities over three years. Both promote and encourage community engagement in active lifestyles and community cohesion.
- **Widespread advocacy:** HCI is a staunch advocate for health inclusivity, actively addressing social determinants of health and championing equitable healthcare access. Its efforts extend internationally, providing a platform for political representation in European institutions, thus amplifying its impact and fostering healthier living environments for all[3].

Key insights

- Tackling the social determinants of health in urban areas requires overcoming 'siloed' thinking and fostering synergies through the integration of expertise and knowledge.
- Practical and often cost effective, and impactful, tools such as manifestos and briefing documents can help organisations of all sizes to effectively engage policymakers on a broad scale.
- Taking a comprehensive, bird's-eye view on health inclusivity can empower smaller, practical initiatives at the local level by placing them within broader policymaking frameworks, effectively endorsing their validity and elevating their significance.

Case study 2

Including the entire family in health promotion

Organisation:
Instituto Dara, Brazil

Health in society

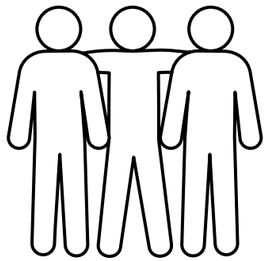
Summary

In Brazil, a country with a population exceeding 210 million, socioeconomic disparities significantly impact health outcomes, especially among vulnerable populations. Instituto Dara (formerly known as Saúde Criança) is a pioneering nonprofit organisation focused on addressing these disparities through a holistic approach. Founded by Dr. Vera Cordeiro, Instituto Dara aims to break the cycle of poverty by addressing health, education, income, housing and citizenship. Its comprehensive Family Action Plan (PAF) leverages technology and community engagement to empower families and improve their quality of life[4].

Health in society

"I believe that since poverty is multidimensional, a multidisciplinary methodology is required that has social inclusion at its core. One day, this work, together with that of other institutions, will evolve into a civil society movement that will transform this country. I do not doubt that."

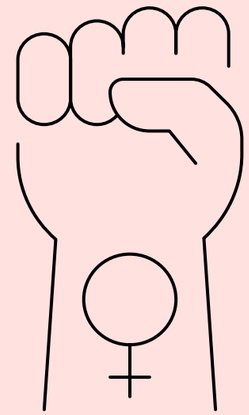
Dr. Cordeiro, Founder and Chairwoman of the Board, Instituto Dara



Background

Brazil faces significant challenges in healthcare accessibility and socioeconomic inequality. Over 25% of the population lives below the poverty line, with many people lacking access to essential services[5]. The healthcare system struggles with both infectious diseases and non-communicable diseases (NCDs), the latter accounting for over 70% of deaths[6]. Vulnerable families often face barriers to healthcare, education and economic opportunities, perpetuating a cycle of poverty and poor health.

Instituto Dara was established to address these issues by providing comprehensive support tailored to each family's needs[7]. The organisation's holistic approach has been recognized globally, with its model being replicated in other countries. Instituto Dara, supported by donations from companies and individuals, is ranked among the most effective NGOs in the world, having been rated the top NGO in Latin America for nine years[8].



Project description

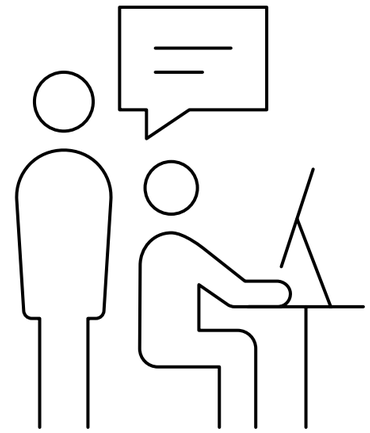
Health in society

Instituto Dara's Family Action Plan (PAF) is a comprehensive, multi-dimensional approach designed to address the root causes of poverty. The plan focuses on five critical areas: health; education; income; housing; and citizenship, ensuring holistic support for each family. In the realm of health, Instituto Dara provides access to medical care, medications and nutritional support, with health education as a cornerstone to promote preventive care and healthy lifestyles. In education, the organisation supports children's learning by providing school supplies, tutoring and scholarships, while also offering adult education programmes to improve job prospects and overall family literacy.

To help families achieve financial independence, the plan includes job training, microcredit and entrepreneurship support. In housing, access to safe and adequate living conditions is facilitated by supporting home renovations and assistance in acquiring legal ownership. The citizenship aspect involves legal documentation assistance, social rights education and access to government benefits to ensure full participation in society.

"The biggest challenge is for women to recognise themselves as strong and capable."

Andrea Rangel, Project Manager, Corporate Social Responsibility



Project description (continued)

A significant focus of the programme is the empowerment of women. This is achieved through: job training; educational opportunities; programmes to enhance economic independence and family wellbeing; safe spaces for women to share their challenges and solutions; health literacy programmes; income-generation training; and family education support – all of which improve women's self-esteem and societal roles. Outreach efforts target favelas and specific disadvantaged groups, such as black women and single mothers. Addressing hunger and ensuring families have the documentation to access public health services are critical components of the work.

Education is seen as a key solution to broader social issues, with a universal education system being essential for addressing the root causes of poverty and improving overall health outcomes and social wellbeing[9]. Technology plays a vital role, with digital platforms used to track family progress, manage health records and facilitate remote consultations, ensuring continuous support and timely interventions.

Digital literacy and access to online health services are, however, significant challenges, and the programme addresses this by providing computer labs for families struggling with technology. The organisation collaborates with various partners, including hospitals, schools and social assistance centres, and trains public professionals in their methodology to enhance programme reach and effectiveness. The organisation also faces challenges in developing more inclusive and diverse policies, particularly regarding hiring practices, and is creating an online journey for training and advocacy to broaden its impact.

Community involvement is crucial to the success of these initiatives, with the organisation collaborating closely with local partners, volunteers, and other stakeholders to ensure sustainability and effectiveness. Financial stability is also key for Instituto Dara – it seeks to avoid reliance on a few large sponsors by engaging multiple sponsors and individual donors.

There are 150 indicators to measure success across the plan's five areas, a tailored approach that enables effective interventions to benefit individual patients, families and communities. Measuring subjective indicators such as hunger presents challenges, but tools such as the National Scale of Hunger (EBIA) help address these issues. Specific KPIs include ensuring children aged up to 18 have updated vaccination records, as per the National Immunisation Plan, and that women aged 25–64 undergo preventative cervical cancer screenings. Tracking wellbeing through self-reporting questionnaires is another method used.

Impact and reach

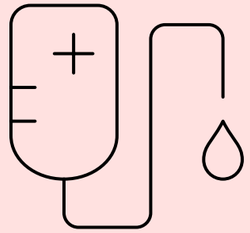
To date, Instituto Dara has reached over 75,000 individuals, significantly improving the quality of life for thousands of families[10]. Its model has been recognised and replicated in other parts of Brazil and internationally, demonstrating its effectiveness and scalability.

Key achievements

- **Reduction in hospital readmissions:** An 86% reduction in hospital readmissions among children aged three to five years after participating in the Family Action Plan. This significant decrease highlights the effectiveness of the comprehensive approach in addressing the root causes of health issues.

86%

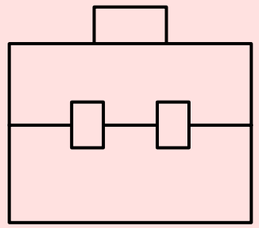
reduction in hospital readmissions



- **Increase in family income:** A 92% increase in income three to five years after completing the Family Action Plan. This economic uplift is testament to the programme's success in providing job training and entrepreneurship support.
- **Improved housing conditions:** A 92% increase in families owning their homes three to five years after completing the Family Action Plan. Improving living conditions is a crucial component of this holistic support model.
- **Enhanced educational outcomes:** School enrolment rates for younger children increased from 10% to 92% after families completed the Family Action Plan. This improvement is crucial for breaking the cycle of poverty by ensuring children receive the education they need to succeed in life.
- **Employment rates:** The percentage of adults in employment rose from 54% to 70% up to five years after participating in the Family Action Plan.

70%

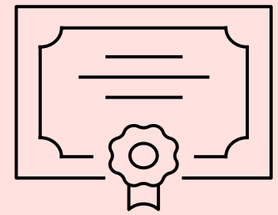
employment rising from 54%



- **Volunteer and community engagement:** 1,600 volunteers have mobilised since the programme started and over 210 lectures in 16 countries have shared the methodology. This widespread engagement underscores the global influence and scalability of the model.

210

lectures in 16 countries



- **Global influence:** The social methodology developed by Instituto Dara has inspired organisations across four continents, benefiting over a million people worldwide. This international recognition highlights the effectiveness and adaptability of the approach to addressing poverty and improving health outcomes.

Case study 3

Strengthening agency for women to age well with HIV

Project:
GROWS (Growing Older, Wiser and Stronger), UK

Health in society

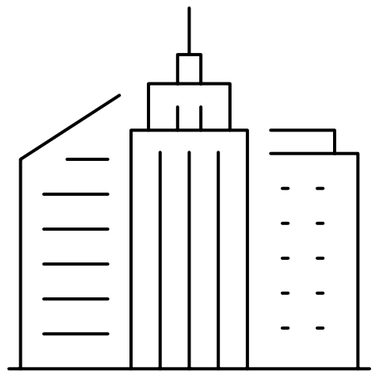
Summary

In the UK, women living with HIV face unique challenges as they age, having to navigate the complexities of the disease and also the social, psychological, and physiological changes associated with ageing. The GROWS initiative, led by a coalition of national HIV organisations and clinical researchers, aims to address these challenges by providing tailored support, fostering peer mentorship, and advocating for comprehensive, community-based care along with accurate health information. This model emphasises empowering women with HIV through community involvement, peer support, and access to accurate health information, thus enhancing their ability to age well with their health challenges.

Health in society

"I believe people have the best authority on their own lives. They just need the support around them to be able to work that out and make choices for themselves, you know. And I'm a great believer in that. I think GROWS is about that. [It allows us to] explore what the possibilities are for support for treatment, for help around menopause, for community, for all of these things that can strengthen who we are."

Candace, Peer Mentor



"GROWS helps in knowing what questions to ask because sometimes other people have experienced the same problem. [The peer mentors] often send links and data. It's giving me access even if I don't know where to find the information. I can ask somebody who knows the answer, or where to get the information from, so GROWS has been a huge benefit in that respect."

Elizabeth, Peer Mentor

Health in society

Background

Around one-third of the UK's 105,200 people living with HIV are women[11]. Despite effective antiretroviral therapy (ART) improving life expectancy, these women often face compounded health issues such as comorbidities, stigma and socioeconomic disadvantages[12].

Women diagnosed before 1996, the year effective ART became available, are particularly susceptible to additional health conditions[13]. Furthermore, gender-specific challenges such as menopause and increased risks of bone and heart diseases are inadequately addressed in traditional healthcare systems, highlighting a gap in support for women ageing with HIV[14].

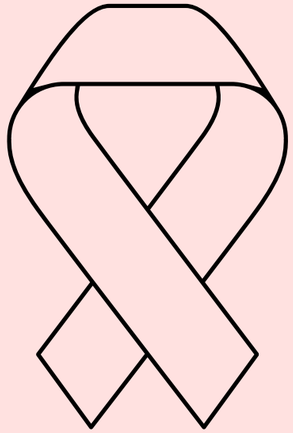
Project description

Health in society

Recognising the challenges, GROWS embarked on a comprehensive project to support women ageing with HIV through various components. Central to GROWS is the training and deployment of peer mentors who serve a crucial role similar to community health workers, providing personalised support and bridging gaps between patients and healthcare providers. They help women navigate their health concerns and foster a sense of community and shared experience, essential for mental and emotional wellbeing[15]. By equipping mentors with necessary training and resources, GROWS ensures effective and empathetic care delivery at grassroots level, empowering women to take active roles in managing their health[16].

Women ageing with HIV are involved in the research process to ensure their voices are heard and that research outcomes are relevant and actionable[17]. Through workshops and information sessions, GROWS educates women about managing HIV alongside ageing-related health issues, including how to manage menopause, understanding the interaction between HIV medications and treatments for other conditions, and advocating for oneself in healthcare settings.

The GROWS project is a collaborative response between the Sophia Forum, Positively UK, National AIDS map (NAM) and University College London's Institute for Global Health. It was led by two black women living with HIV, by and for women ageing with HIV.



Impact and reach

Focused on being effective: By providing tailored support and accurate health information, and addressing specific needs often overlooked in conventional healthcare settings, GROWS makes healthcare more accessible and effective for women ageing with HIV[18].

Proactive peer approach: GROWS empowers women by involving them in peer support roles and research activities, enhancing their self-efficacy and community engagement. This is crucial for improving health outcomes and quality of life. Educational initiatives have also improved health literacy among women, helping them understand and manage their health better. This proactive approach fosters healthier lifestyles and early detection of age-related health issues[19].

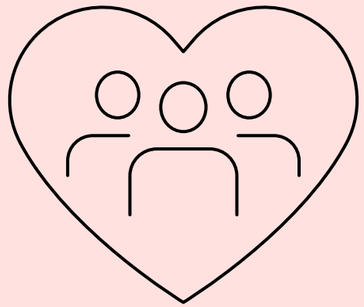
Ensuring scalable models: By focusing on the unique health needs of women ageing with HIV, GROWS contributes to better management of HIV and related conditions, reducing the overall disease burden in this population. The collaborative and community-driven approach of GROWS ensures sustainability of its initiatives.

Impact and reach (continued)

By engaging a wide range of stakeholders and fostering community involvement, a precedent is set for scalable and replicable healthcare models.

Key insights

- **Cultural sensitivity and accessibility:** Adapting healthcare delivery to fit unique cultural and social needs of women ageing with HIV significantly enhances healthcare access and engagement[20].
- **Empowerment through peer support:** Training women as peer mentors improves healthcare delivery and elevates their societal roles, fostering gender equality and community respect.
- **Technology as a facilitator:** Leveraging technology to provide accessible health information and support can overcome geographical barriers, ensuring broader access to care[21].
- **Engaging stakeholders:** The success of GROWS underscores the importance of multi-stakeholder engagement. Collaborative efforts are crucial for scaling impact, ensuring sustainability and effectively addressing systemic healthcare challenges.
- **The role of public-private development partnerships:** Public-private partnerships have been critical in the success of GROWS, demonstrating how collaborative efforts can amplify the impact of healthcare initiatives. These partnerships facilitate resource sharing, align with national health objectives and enhance the project's scalability and sustainability[22].



Challenges

- Educating women about the importance of preventive care and regular health screenings has been challenging due to wider structural and systemic barriers, but is essential for fostering a proactive healthcare culture[23].
- Providing accurate and accessible information about managing HIV alongside ageing is critical. GROWS addresses this through peer support and educational workshops, helping women become active participants in their healthcare[24].

Case study 4

Tackling social determinants in health in urban areas

Organisation:
UPMC Health Plan Center for Social Impact, USA

Inclusive health systems

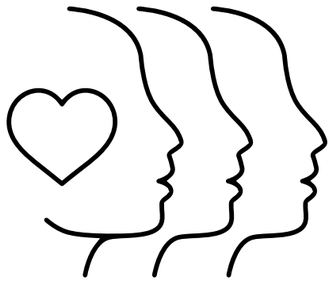
Summary

Housing insecurity, compounded by poverty and unemployment, is a known catalyst for a spectrum of negative health outcomes, including restricted access to preventive healthcare, a rise in emergency medical treatments, and the intensification of both the severity and persistence of health conditions. The UPMC Center for Social Impact is at the forefront of addressing these issues by enhancing housing stability and nurturing community support, aligning programming with giving strategies to go upstream and removing barriers to care created by health-related social needs, thereby aiming to improve both clinical outcomes and healthcare expenditures in Pennsylvania, USA.

Inclusive health systems

"The first thing that popped into my mind was 'relationships'. You have to get to know the people around you. And you have to come up with common goals with the community. It's not rocket science. Pittsburgh is sort of legendary big, small town where everybody kind of knows each other and that helps, but – it's building relationships, and honoring them."

Ray Prushnok, Executive Director, UPMC Center for Social Impact



Background

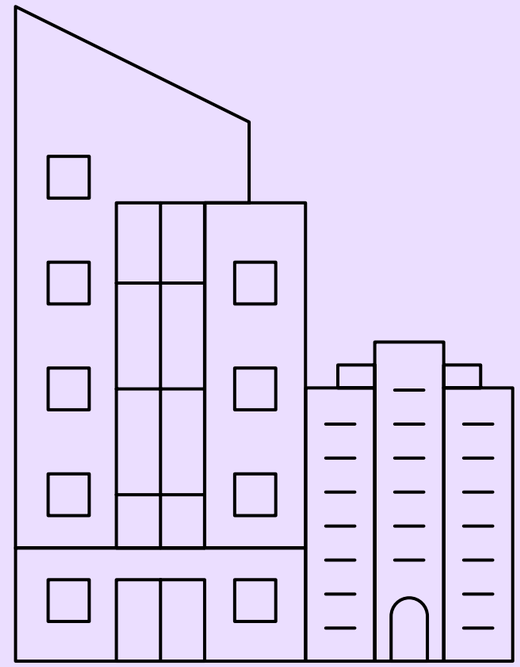
The association between housing insecurity and reduced access to healthcare, diminished mental and physical health, and increased morbidity and mortality is well known[25].

This dynamic, coupled with systemic issues such as racial disparities, social inequalities and economic disenfranchisement, continues to perpetuate a healthcare system that often fails to serve those most in need. In the USA, several federal and state policies, grant programmes, and governmental as well as private sector initiatives, have sought to rebalance expenditure between healthcare and social services, with the goal of improving equitable long-term health outcomes.

In line with this, the U.S. Department of Health and Human Services, in its 'Healthy People 2020' report, set forth one of its primary objectives: to "Create social and physical environments that promote good health for all"[26]. This underscores the essential nature of stable housing as a key social determinant of health. Without a reliable place to live, individuals are vastly more susceptible to healthcare access issues and face considerable obstacles in managing chronic health conditions. Moreover, inadequate housing conditions can directly impede an individual's health status[27].

Mounting research supports the notion that supportive housing can significantly improve health outcomes for those experiencing, or at risk of, homelessness while simultaneously fostering the integration of individuals with disabilities and the elderly population who require long-term services and support (LTSS) into their communities[28]. This has led to a notable increase in housing-related investments within various localised healthcare systems across the USA. Healthcare systems affiliated with medical facilities and universities, and especially those that operate as an integrated delivery and finance system (IDFS), have been shown to serve as an anchor for economic stimulus, promoting community investments that yield health benefits and contribute to the narrowing of health disparities in local communities[29].

The intersection of low income, compromised health, and lack of stable housing presents a compelling case for strategically combining housing support with Medicaid to improve outcomes for those dependent on both[30]. While federal regulations prevent Medicaid funds from being used directly for room and board – except for services e.g., nursing home care – Medicaid is still able to fund a broad array of housing-related services for its beneficiaries. The expansion of Medicaid under the Affordable Care Act (ACA) to include millions of previously uninsured adults has broadened the scope, marking a significant step toward more comprehensive and cooperative strategies in healthcare[31].



Inclusive health systems

Project description

The University of Pittsburgh Medical Center (UPMC) Insurance Services Division, functioning as an IDFS, is a nonprofit insurance company and offers services to nearly four million members across Pennsylvania and neighboring states via UPMC Health Plan. Within the framework of the company lies the Center for Social Impact, an organisational structure that facilitates community engagement and supports work specifically aimed at addressing the social determinants of health.

Founded in 2019, the Center brings together under one roof more than 38 programmes with community partners, 26 benefit programmes, and seven clinical programmes to address the social needs of UPMC members, interlacing with existing services across local, state, and federal levels to help people enrol in public benefits, for example:

- Cultivating Health for Success (CHFS), a permanent supportive housing programme in partnership with Community Human Services and the Allegheny County Department of Human Services Continuum of Care, identifies members experiencing homelessness through community-based outreach and partner referrals, focusing on those with impactable health conditions or frequent emergency department use. CHFS helps members who are experiencing complex medical and behavioural health needs. Internal analysis showed the CHFS programme had a gross total cost of care avoidance of over $1 million for 86 members during their time post-housing, and that over 20% of these members have successfully transitioned to fully independent living.
- Pathways to Work connects individuals on Medicaid who are out of work, underemployed, or who have barriers to work, with opportunities.
- Footbridge for Families directs community donations to Medicaid members and families facing short-term financial crises with a one-time payment of up to $2,500.
- Freedom House 2.0 is a community-based training programme based on a 1960s' model developed in Pittsburgh to recruit, train and employ first responders from economically disadvantaged communities.

In addition to housing, the Center's initiatives extend to broader community health efforts, such as a neighborhood center partnering with over 40 community organisations to provide virtual healthcare services, a food pantry, workforce development programmes, social services, and referrals to supportive resources for UPMC Health Plan members and all individuals and families in the community.

Inclusive health systems

Impact and reach

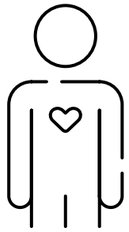
Since inception, the Center has been expanding on pre-existing and new partnerships with continuous investment in a vast and growing network of local, regional, and state-wide community-based organisations (CBOs). The Center funds comprehensive outreach with CBOs and internal clinicians, but the public system normally supplies rental subsidy, typically with Housing Choice Vouchers. The Center does not pay for rent except for first and last month and security deposits up to $2,500. Through UPMC, about $35 million has been committed to affordable housing initiatives at the Center.

Key insights

- The impact of actively seeking to address reducing health disparity can be demonstrated. UPMC measured the cost of healthcare for people rehoused in the past decade through their programmes, showing a health cost reduction of $1,000 per member, per month, on average.

$1,000

health cost reduction PMPM



- Partnering with community-based organisations that leverage the trust of the neighbourhood demonstrably helps reduce barriers to access to services, improves health and reduces costs.
- UPMC participates in the Neighborhood Assistance Program, paying tax liability at a reduced rate to a non-profit approved by the state for an economic development project. Additional required charitable contributions are made as a match. The Center doesn't directly benefit from this; it often builds member-specific programs with these organisations to deepen impact.
- Collaboration between Allegheny County Department of Human Services (DHS) Data Warehouse and the Center for Social Impact is used strictly for care coordination purposes. The Center does not ingest data indiscriminately; it focuses on identifying individuals connected to existing programs and care managers, leveraging these existing relationships to avoid adding unnecessary personnel to a person's support system.
- Ongoing and deep engagement with the local community has benefited UPMC's brand image and recognition of its impact, enhancing community trust in the institution.

Inclusive health systems

Testimonial

Marquisha applied for the UPMC's Pathways to Work and began working as a pharmacy services representative in 2020. Just over two years later, she's a senior pharmacy services representative. She's also become a homeowner - the first person in her family to do so. She's also thankful for the opportunities her children now have.

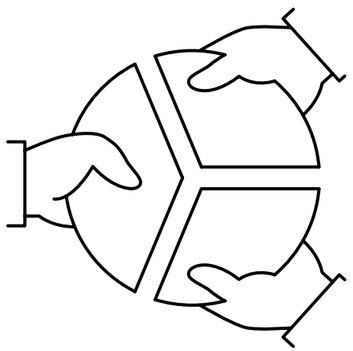
In her current role, Marquisha calls UPMC Health Plan members who are behind on their medication refills. She explains the importance of staying up to date on their medications and if they have barriers to getting refills, such as transportation issues, she identifies solutions, using her own life experience to help.

"People have a ton of just normal problems. Sometimes they're choosing between paying bills or getting their medication. That's what really touched me because I've been that person. Just to be able to be on the other end to help someone, it really means so much."

Marquisha, UPMC testimonial

Challenges

- It's difficult to understand how all the initiatives and programmes are linked and work together towards specific stated goals.
- A risk exists that programme participants are selected 'for success': either to demonstrate significant cost savings or because they are more likely to stick with the programme.



Inclusive health systems

Case study 5

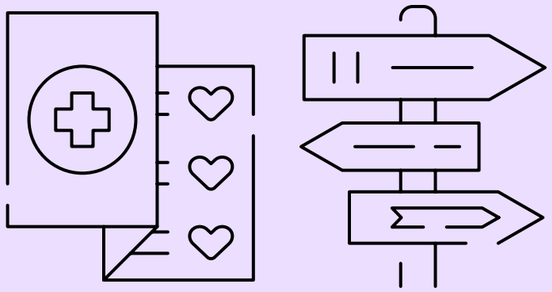
Making health systems inclusive for all

Organisation:
MiMi, Germany

Inclusive health systems

Summary

Many people with a history of migration living in Germany face language, as well as social and cultural, barriers to accessing the healthcare system. Undocumented migrants, EU citizens without (formal) employment, and asylum seekers are particularly vulnerable to being excluded from preventive and essential medical services they have a right to access. The MiMi project aims at making the health system more accessible for immigrants, increasing their health literacy and empowering them through participative processes. The project is the largest of its kind in Europe and has reached and supported tens of thousands of individuals in Germany over the past two decades.



Inclusive health systems

Background

In 2022, Germany was home to 20.2 million people with a history of immigration, constituting nearly a quarter of the country's total population[32]. Research indicates that individuals with a migration background use available healthcare services in Germany at lower rates than those without a migration background[33].

Such disparities vary in terms of the healthcare sector and specific populations. However, according to available healthcare data, first-generation migrants, dual-migrant background individuals, children, adolescents and women are less likely to utilise healthcare services compared to native Germans[34]. This underuse spans various healthcare sectors and is particularly notable in preventive care, regardless of socio-demographic factors.

Project description

Inclusive health systems

The MiMi[35] (Mit Migranten für Migranten/With migrants for migrants) project aims to enhance healthcare access for immigrants, increasing their health literacy and empowering them through participatory processes. Recognising migrants as experts in their own care, with valuable coping strategies and resources, MiMi trains interested and motivated migrants as intercultural mediators. This training aims to reduce both practical and socio-cultural obstacles shown to restrict migrants from using the German health system and support them in attending regular preventive and routine medical check-ups. The project also fosters collaboration between migrants and municipal health services, aiming for a more inclusive healthcare system.

The MiMi programme enrols two distinct groups of participants:

- 'Socially integrated' migrants between the ages of 20–60, who have been living in Germany for a while, to become intercultural mediators.
- More recent migrants and individuals, who are struggling to navigate the system, to participate in community group sessions led by the intercultural mediators.

For recent migrants to Germany, understanding the structure of the German healthcare system and the services available can be challenging, particularly the area of prevention, which is unknown to many. By educating and informing well-integrated migrants who have some experience navigating the healthcare system, knowledge is passed on to those who need guidance and support, such as recently arrived migrants, socially disadvantaged people with a migrant background, or refugees. By delivering crucial information in a culturally sensitive manner and in native languages, barriers are bridged, and people are reached in their lived environments.

Local partner institutions provide management staff and infrastructure for project realisation and, depending on possibilities, their own funds – for instance the Ethno-Medical Centre e.V. uses funds to cover project coordination and the training and deployment of intercultural health mediators (including translated training and information material).

Project description (continued)

Local professionals are involved in the training and further education of new mediators, which benefits both sides equally: the mediators by networking with local professionals and getting to know local contact points for health promotion/care and nursing, and the professionals by learning how to break down barriers to access to migrants. The project partners and site coordinators are advised and supported by their local MiMi Centres for Integration. At regular network meetings, state-wide exchange and cooperation occurs to identify and utilise successful strategies.

The MiMi programme offers knowledge and information about many health topics, which are selected based on several criteria: according to their relevance to the target group (which is determined via a needs' assessment in the community by the mediators and by using multilingual questionnaires at the information events); alignment with current priority topics of public health promotion; and regional/specific needs.

Complete training courses last around 50 hours, with the mediators covering topics such as services and benefits of the German healthcare system, nutrition and exercise, immunisation, diabetes and children's health. In addition to the content training, they also receive methodological training on the successful planning, organisation, implementation and evaluation of an intercultural information event.

Once trained, the mediators conduct the information events alone or with health and social services professionals. Local site coordinators organise the work on site and ensure the support and networking of MiMi mediators, specialists and health services. They also organise regular training courses for health mediators on other health topics.

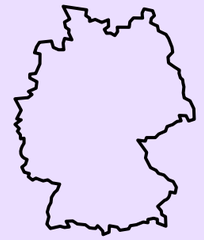
Inclusive health systems

Impact and reach

Widespread implementation: The project has been implemented at over 75 locations across Germany.

75

locations across Germany



Active participation: Around 700 MiMi health mediators have been trained in Bavaria since 2008. They have organised over 3,900 multilingual information events on topics relating to health and prevention. Around 45,000 participants in Bavaria have been reached directly through the information events.

45,000

participants in Bavaria

A highly valued approach: In Bavaria, an accompanying evaluation was carried out in 2019–2020 by the Institute of Epidemiology and Preventive Medicine at the University of Regensburg. Results showed it had been possible to recruit a large number of educated, well-integrated mediators to carry out information events. The training programme was rated positively by the mediators who said they felt confident to conduct events independently. The programme was also successful in reaching the target group of socially disadvantaged migrants who are not yet well integrated. The evaluation of the approach to the target group showed by far the most frequently named (and preferred) access channel was the personal approach, which emphasises the importance of the peer-to-peer approach for this target group.

Internationally recognised: The project was recognised by the WHO as a sustainable concept of health promotion for migrants with an international case study and awarded the European Health Award (EHA) in 2015.

Key insights

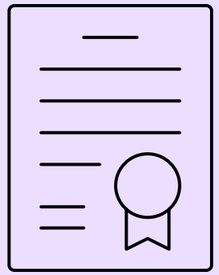
Inclusive by design: Acknowledging the skills, capabilities and competencies of individuals who have migrated to Germany or who have a migration history is a small but crucial first step in promoting an inclusive society.

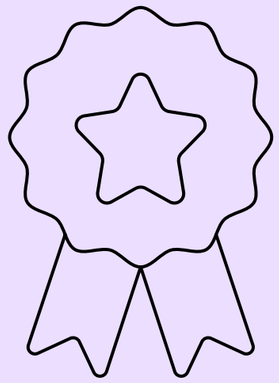
Encouraging self care: By encouraging and empowering individuals to become active participants in their own care, a sense of belonging and wellbeing is fostered – alongside a demonstrable improvement in health outcomes.

Wide circle of influence: The German healthcare system tends to be difficult to navigate for all citizens, regardless of migration background, and thus the programme serves a crucial practical purpose in promoting the health and wellbeing of a large segment of the population.

Investing in community: People with a history of migration were, and remain, frequently marginalised. MiMi supports existing skills and weaves into the community and helps individuals feel more integrated and invested in their wellbeing.

A source of inspiration: The programme has been successfully implemented all over Germany and remains the largest project of its kind in Europe – an encouragement for other countries to start similar projects.





Inclusive health systems

Challenges

- The focus on targeting ‘well-integrated’ individuals, though understandable from a pragmatic point of view, risks excluding many who might well benefit from, and be of benefit to, the programme.
- The means provided for the programme depend on the number of cities or regions in which the project is conducted, since it is funded by statutory health insurance – the government does not fund the programme directly. Such a funding framework might make it less attractive for areas that are already historically underserved.

Case study 6

Amplifying women’s voices in healthcare

Organisation:
The Society of Women Innovators in Pain Management (WIPM), USA

Inclusive health systems

Summary

WIPM is a US-based initiative dedicated to advancing pain management practices through the empowerment of women in the field. Recognising the unique challenges faced by women in experiencing and treating pain, WIPM fosters innovation, supports professional development and promotes gender equality within the realm of pain management. This is achieved through mentorship programmes, advocacy for inclusive research, and the provision of resources that support women practitioners and researchers. By building a robust community and fostering collaboration, WIPM enhances the capabilities of women in pain management, improving patient care and advancing the field.

Inclusive health systems

Background

Chronic pain is a significant public health issue. Women are more likely than men to experience chronic pain, with conditions such as fibromyalgia, migraine and chronic pelvic pain being more prevalent among female individuals[36]. Research shows that women frequently receive less effective pain management and treatment than men[37] and gender bias in medical research and treatment practices can result in women's pain being under-recognised and inadequately addressed[38].

Women are often underrepresented in both pain management research and decision-making roles[39]. This gender disparity is compounded by the lack of tailored support for women professionals in the field[40]. WIPM was founded to address this by creating a platform via which women in pain management can share knowledge, collaborate and support each other's professional growth[41]. The organisation focuses on advocating for research that considers gender differences in pain perception and treatment, and on providing educational and mentorship opportunities to women in the field.

Project description

Inclusive health systems

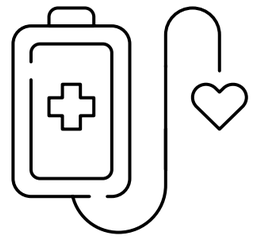
WIPM's comprehensive initiative includes several key components designed to support women in pain management.

Central to WIPM's mission is the establishment of mentorship networks that connect early-career professionals with experienced mentors. These relationships provide guidance and support, and opportunities for career advancement. Mentors help their mentees navigate professional challenges, offering insights into effective pain management practices and career development strategies.

WIPM advocates for inclusive research practices that consider gender differences in pain perception and treatment.
By collaborating with research institutions and funding bodies, WIPM promotes studies that address the specific needs of women experiencing pain. This advocacy ensures research outcomes are relevant and actionable, improving pain management for women patients.

WIPM offers a variety of educational resources, including workshops, webinars and online courses, tailored to the needs of women in pain management.
These programmes cover topics such as the latest pain management techniques, leadership skills and work-life balance strategies.
By providing access to cutting-edge knowledge and practical skills, WIPM empowers women to excel in their professional roles.

WIPM fosters a sense of community among women in pain management through regular events, both online and in-person.
These gatherings provide opportunities for networking, knowledge exchange and collaborative problem solving.
The supportive community environment encourages members to share experiences and best practices, enhancing their professional and personal growth.



Impact and reach

- **Empowerment and professional development:** By providing tailored mentorship and educational resources, WIPM empowers women in pain management to advance their careers and contribute effectively to the field. This support enhances members' professional capabilities and confidence, leading to better patient outcomes.
- **Promoting gender-inclusive research:** WIPM's advocacy for gender-inclusive research ensures the unique pain experiences of women are recognised and addressed. This leads to more effective and equitable pain management practices.
- **Building a supportive community:** The strong sense of community fostered by WIPM provides members with ongoing support and collaboration opportunities. This network helps women professionals to overcome challenges and to innovate in pain management.

Inclusive health systems

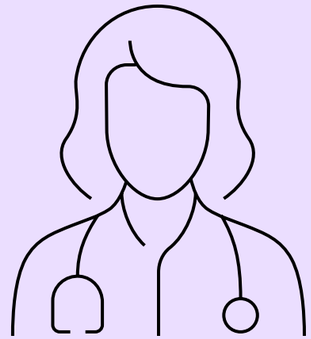
Key insights

- **Gender-specific research needs:** Addressing the gender-specific aspects of pain through inclusive research is crucial for developing effective treatment protocols[42].
- **Mentorship's role in career advancement:** Structured mentorship programmes significantly enhance the career prospects and professional satisfaction of women in pain management.
- **Community and collaboration:** Building a supportive community encourages the collaboration and knowledge sharing which are essential for innovation in pain management.

Challenges

Inclusive health systems

- Female physicians often face unique challenges in the workplace, including gender bias, pay disparities and work-life balance issues[43]. Studies show women in medicine are more likely to experience discrimination and harassment than men, which can impact their career progression and job satisfaction. Additionally, female doctors often earn less than their male counterparts despite having similar qualifications and experience, and frequently struggle with the demands of balancing their professional responsibilities with family obligations. WIPM seeks to address this through resources and support aimed at achieving work-life balance, and via advocacy and networking opportunities.
- Gender bias in the medical professions manifests in various ways, including disparities in pay and promotion opportunities, and fewer leadership roles for women than for men. Research indicates women doctors often face implicit biases that affect their evaluations, leading to unequal career advancement and recognition despite having similar qualifications and performance levels. Female physicians are more likely to encounter discrimination and harassment in the workplace, further hindering their professional growth and contributing to higher rates of burnout. WIPM's advocacy and mentorship programmes help combat these biases and promote a more inclusive environment.



Case study 7

Reducing health exclusion through mobile technologies

Organisation:
M-Tiba, Kenya

People and community empowerment

Summary

In Kenya, access to healthcare remains a significant challenge for many, particularly those in low-income communities. M-Tiba, a mobile phone 'health wallet' – developed through the partnership of CarePay, PharmAccess and Safaricom – addresses this issue by providing a platform for saving, donating and spending funds specifically for healthcare needs. By using mobile technology, M-Tiba empowers people to manage their healthcare expenses more effectively, ensuring funds are available when medical needs arise[44].

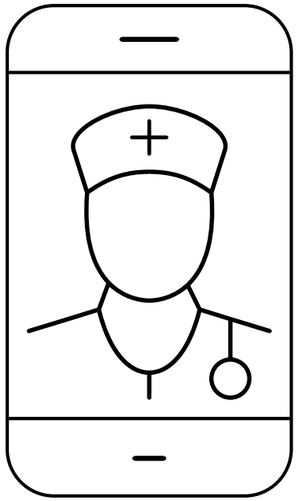
People and community empowerment

"M-Tiba has changed how I think about healthcare. I no longer worry about where the money will come from when someone in my family falls sick. I save a little each week, and I know that money is safe for when we need it."

Mary, M-Tiba user

"Since we started accepting M-Tiba, we have seen more patients coming in for regular check-ups and treatments. It has made a big difference in how people in our community approach their health."

James, healthcare provider



People and community empowerment

Background

Kenya faces considerable challenges in healthcare provision, with a significant portion of the population experiencing financial barriers to accessing medical services. According to the World Bank, out-of-pocket healthcare payments push approximately 1.5 million Kenyan households into poverty annually[45]. The traditional healthcare financing systems often fail to cater to the needs of the poorest, exacerbating health inequalities and limiting access to necessary treatments and medication.

In response to these challenges, M-Tiba was launched as a digital platform that integrates mobile technology with healthcare financing to provide a secure, transparent and accessible method for individuals to save for and manage healthcare expenses, thus easing the financial burden associated with medical care[46].

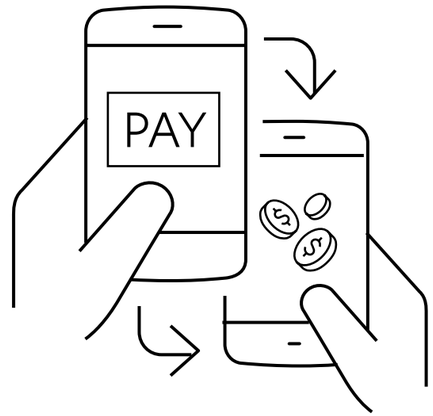
Project description

People and community empowerment

M-Tiba's core functionality revolves around a digital health wallet, in which users can save money specifically for healthcare. Money saved in M-Tiba can be used at partner hospitals and clinics, ensuring it is spent solely on medical needs. M-Tiba promotes financial discipline, ensuring healthcare funds are not diverted to cover other expenses[47].

The platform operates through several key components:

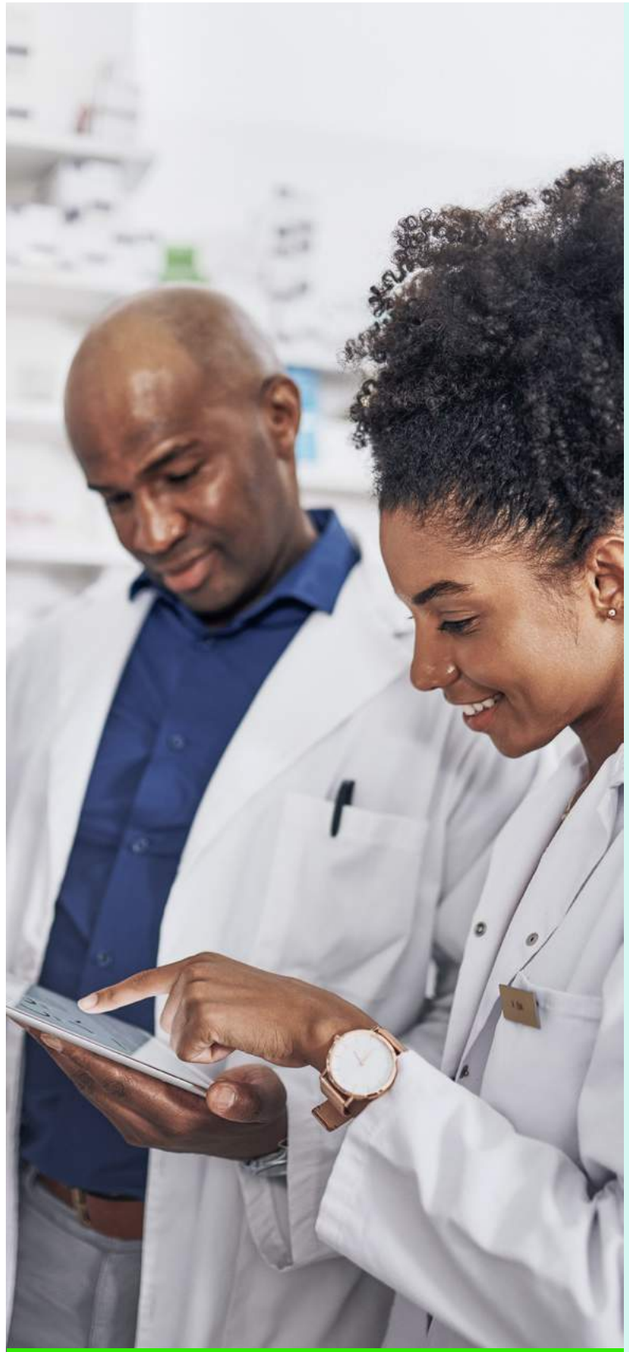
- **Savings and payments:** Users can deposit money into their M-Tiba wallet via mobile phone money services such as M-Pesa. Deposits can be managed and tracked easily through the M-Tiba app, which provides a transparent and user-friendly experience.
- **Insurance integration:** M-Tiba collaborates with insurance providers to offer micro-insurance products. These affordable insurance plans help cover various medical expenses, providing a safety net for users in case of significant health issues.
- **Healthcare provider network:** M-Tiba has partnered with numerous healthcare providers across Kenya. This network ensures users have access to a wide range of medical services, from primary care to specialised treatments, all paid for via the M-Tiba wallet.
- **Donor contributions:** The platform allows users to receive money digitally from relatives, employers, or individuals willing to donate directly for a user's healthcare costs. This feature is particularly beneficial for vulnerable populations, such as orphaned children and the elderly, ensuring they have the necessary funds for healthcare.



Impact and reach

- **Improved access to healthcare:** A dedicated health wallet ensures funds are available for medical needs, reducing the financial barriers to accessing healthcare. M-Tiba has led to increased healthcare utilisation among users, particularly in low-income communities[48].
- **Enhanced financial management:** M-Tiba promotes financial saving behaviours and financial planning for healthcare expenses. Users are thus more likely to seek timely medical care, avoiding the need for more costly emergency treatments[44].
- **Community empowerment:** The platform empowers individuals by giving them control over their healthcare finances. This autonomy leads to better health outcomes as users can prioritise their health with less financial constraints[46].
- **Scalability and sustainability:** M-Tiba's integration with mobile phone technology and existing digital money infrastructure allows for easy scalability. The model can be replicated in other regions with similar healthcare and financial challenges.

People and community empowerment



Key insights

- **Leveraging technology:** The use of mobile phone technology is crucial in bridging the gap between healthcare access and financial management, providing a scalable and sustainable solution.
- **Targeted savings for healthcare:** Dedicated health wallets ensure funds are used for their intended purpose, improving financial discipline and healthcare access.
- **Collaborative approach:** Partnerships with telecom companies, healthcare providers and insurers enhance the effectiveness and reach of the initiative.
- **Donor involvement:** Allowing donors to contribute directly to individual health wallets provides additional support for vulnerable populations.
- **User education:** Continuous user education on the importance of saving for healthcare and the features of the M-Tiba platform is essential for sustained engagement.

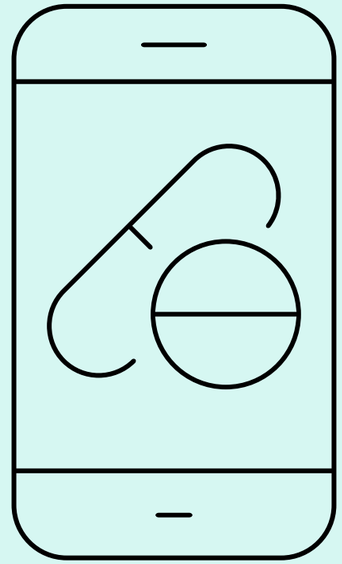
Challenges

- Building trust in digital financial services and ensuring widespread adoption among target populations remains a challenge. Continuous community engagement and education are necessary to address these issues.
- In areas with limited mobile phone network coverage or healthcare facilities, the effectiveness of M-Tiba can be constrained. Expanding infrastructure and ensuring connectivity is vital for broader impact.

People and community empowerment

"M-Tiba provides a transparent way for me to support families in need. I can be sure that my contributions are going directly towards their healthcare, which is very important to me."

Anna, donor



Case study 8

Improving health agency through community participation

Organisation:
Norfolk County Council and
C3 Collaborating for Health, UK

People and community empowerment

Summary

The numbers of overweight and obese people in the UK are rising, especially in socioeconomically deprived areas, with maternal obesity increasing the risk of long-term adverse health outcomes in mother and child. Healthy eating and exercise directives often over-emphasise individual responsibility, failing to consider local environments and individual and community challenges. So, C3 Collaborating for Health and Norfolk County Council collaborated with local community members to investigate their environment to foster inclusivity and improve health in local neighbourhoods. Together, they developed an action plan for local change and strengthened new and existing collaborations.

People and community empowerment

"Be aware that if you're wanting to do work to improve health inclusivity, to do it properly takes time, but time invested now is time saved in the future. So, it's not necessarily that everything will take longer, but it's around those early stages of the work getting things right - take the time."

Professor Andy Jones, Honorary Professorial Fellow, Norwich Medical School

"In a way, CHESS® is designed to make people angry – because a lot of things are not all right where they live, and they bear the consequences. It doesn't matter if you built a lovely community centre if people can't get to it safely because the sidewalks are broken."

Christine Hancock, Founder and Director, C3 Collaborating for Health

People and community empowerment

Background

The UK has the highest overweight and obesity rates in Europe, with 63% of adults above a healthy weight and half of those are living with obesity[49]. It is a major public health issue. Obesity in pregnancy poses health risks for mothers and children including difficult deliveries, delayed post-partum recovery, heart disease and hypertension for mothers, and future obesity and heart disease for children. Both obese mothers and their children are at increased future risk for diabetes and other metabolic disorders[50].

Obesity is often mistakenly described as resulting from personal choices, overlooking significant genetic, environmental and socioeconomic factors. This misperception leads to stigmatisation and neglect of broader causes[51]. Individuals with obesity are significantly more likely to live in disadvantaged communities, with children in the most deprived areas experiencing obesity prevalence at least double that of those living in the least deprived areas[52].

Despite numerous obesity strategies from the UK government over the past 25 years, obesity rates have not decreased. Indeed, despite 93% of the strategies explicitly recognising the need to reduce health inequality, less than 20% of the policies proposed were likely to be effective in doing so[53]. Many policies (43%) relied heavily on individuals' resources to engage effectively with an intervention aimed at reducing obesity and thus were unlikely to be effective and equitable[54].

Community involvement is essential for aligning policies with people's lived experience, acting as a catalyst for comprehensive service and policy improvement. Studies show that communities want to contribute to health policymaking to improve their quality of life and living environment, prioritising local services and amenities such as suitable housing, transport, and inclusive health and care services. However, local councils and government organisations often struggle to adopt a citizen-centric approach to integrate the public's varied interests and priorities and to empower citizen participation[55].

Project description

People and community empowerment

In recent years, innovative tools like Community Health Engagement Survey Solutions (CHESS®) have emerged to enhance inclusive community engagement and citizen involvement in decision making, particularly in public health. The tool was developed for C3 Collaborating for Health, a global nonprofit organisation, by its Global Health Associate, Dr Denise Stevens. CHESS® involves mobilising community members as 'citizen scientists' to collect qualitative and quantitative data on local environments, focusing on four key risk factors – food, physical activity, tobacco and alcohol. Data collection is facilitated through neighbourhood walks using a mobile survey tool, allowing participants to identify barriers to health in their daily lives. These walks are complemented by sessions led by experienced non-communicable disease (NCD) health educators and allow participants to discuss their experiences and define opportunities for change.

In 2022, Norfolk County Council Public Health team commissioned C3 to implement CHESS® in North Lynn and South Lynn – areas within King's Lynn known for pronounced socioeconomic challenges and high levels of adult obesity. In the urban areas of Great Yarmouth and King's Lynn, 28%–31% of the population are obese[56]. King's Lynn is also home to several communities where some or all residents live in the 20% of most deprived areas in England[57,58].

In King's Lynn, young mothers were recruited through stakeholders such as Norfolk Children's Services, the Norfolk Healthy Child Programme and local midwives. Mothers participated in various activities including surveys, writing about their community experiences, and data collection walks using the CHESS® app. These activities culminated in community meetings to develop action plans and a final project event attended by multiple stakeholder organisations.

The data provided insights into characteristics and use of local assets like supermarkets, restaurants and physical activity areas. Overall, participants highlighted the value of community and the need for better connection opportunities for parents, as well as more activities for young children and babies. But they also brought to light concerns about safety in public spaces, inadequate infrastructure for families with prams and pushchairs, and insufficient public amenities

Project description (continued)

such as benches and lavatories. These factors were found to discourage outdoor activities and community-based physical engagement.

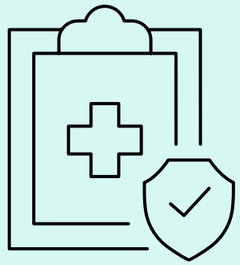
This information was pivotal in community meetings for developing implementation plans. Solutions focused on improving community health, such as by creating community gardens, offering healthier food choices in local stores, enhancing parks, and providing culturally relevant exercise programmes and cooking classes.

Upon review, participants and stakeholders found the strategy effectively addressed health concerns while also promoting community engagement and empowerment in public health initiatives.

People and community empowerment

Impact and reach

Modest in scale, significant in reach: Sixteen members of the community collaborated over the course of several months with three individuals from C3 and several representatives from Norfolk County Council, including the Norfolk County Council Public Health Adult Commissioning team, to create a snapshot of the lived environment in King's Lynn. Together, they co-created a set of practical, community-informed recommendations aimed at enhancing health and reducing obesity locally (now under review by Norfolk County Council for potential adoption).



Citizen-focused approach: This project has demonstrated the importance and feasibility of working in direct collaboration with citizens in a structured and methodical manner. Its success has sparked interest amongst other councils eager to implement CHESS® and/or learn from the insights generated. This cross-council communication and the project's inclusion as a case study on the UK's Local Government Association website demonstrates CHESS®'s wider influence and the burgeoning recognition of citizen-participatory approaches in public health policy development.

Fortifying bonds: The action plan was comprehensive and involved local government officials and regional stakeholders, strengthening pathways to meaningful change. Running CHESS® in King's Lynn also fortified collaborative bonds among various organisations, including Norfolk County Council, NHS Norfolk and Waveney Clinical Commissioning Group, local councillors, locality teams, academics and community groups.

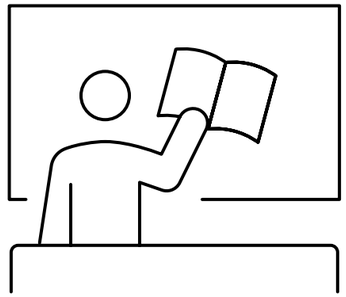
Funding opportunities: The programme's national impact is notable, being one of 12 case studies published by the UK's Local Government Association on engaging women in community action and supporting the new Women's Strategy. The strength of evidence collected by UK communities through CHESS® and C3 has already led to over £2 million being awarded to communities from external funders for implementing proposed solutions, highlighting the project's wider influence and growing recognition of citizen engagement in creating sustainable public health initiatives.

£2m+

awarded to UK communities

Key insights

- Taking a locality-based approach is crucial for reaching vulnerable populations and to begin including them in a dialogue around their health and wellbeing – where they are, instead of where we expect them to be.
- Addressing small things in a community significantly bolsters trust, because often small things are the most visible and tangible, and people want to see tangible change.
- Collaboration and partnership should not be empty concepts – projects such as this require reaching out to members of the community and building relationships with them, and doing the same within the county council and with other stakeholders. That process alone, though lengthy, is worthwhile.
- Inclusion in government practices and processes creates a sense of being valued and of having agency, especially in populations that are considered marginalised or stigmatised.
- Training community members in data collection and 'upskilling' has a beneficial effect on their sense of self-worth and fosters a stronger bond with the local community.



People and community empowerment

Challenges

- A significant challenge with CHESS® is taking the action plan the community creates and delivering on it – that is where the hard work really starts. Raising expectations that cannot be met is detrimental to trust-building efforts.
- Although a small-scale project, moving from idea to implementation took a long time, and it depended on the desire and enthusiasm of individuals to move it forward. It's helpful to build internal structures to ensure implementation continuity regardless of the individuals involved.

Case study 9

Expanding rural healthcare through technology and training

Organisation:
CMED HEALTH, Bangladesh

People and community empowerment

Summary

In Bangladesh, where healthcare access is limited in rural areas due to challenges in the healthcare landscape, CMED Health[59] has pioneered an innovative approach. Their comprehensive model aims to address healthcare disparities by creating an digital health account for every individual, recording all health transactions and utilising artificial intelligence (AI) to empower healthcare professionals and improve health outcomes for patients. This cost-effective initiative integrates best practices across the globe. Known as the $1 and $3 model, ($1 per month for a family in rural areas and $3 for urban areas due to higher costs) it supports public health efforts and helps policymakers allocate resources effectively, ensuring equity, quality, coverage, and access. By implementing a subscription model, leveraging cloud technology, female empowerment alongside the vital role of Community Health Workers (CHWs), CMED Health is transforming the landscape of rural healthcare.

People and community empowerment

"There is a significant cultural difference in health-seeking behaviors between rural and urban areas. In rural areas, doorstep healthcare delivery is more acceptable because the community is more closely knit and people are familiar with one another. This allows us to onboard local community members, especially females, as health workers who are trusted and welcomed at the doorsteps. In contrast, urban residents prefer visiting healthcare facilities due to privacy concerns and the congested nature of urban living."

Prof. Khondaker A. Mamun,
Founder CMED Health Ltd

"In the developing world, they have nice policies written by foreign experts, but there is a huge gap in implementation. In Bangladesh, if you read the health system policy, you would say, 'wow, this is the best health system in the world.' But in practice, you find it's nothing like that. It's like having a document full of green trees, but when you go to the desert, there are no trees there."

Moinul Chowdhury,
Co-Founder CMED

People and community empowerment

Background

Bangladesh's healthcare system grapples with infectious diseases and a rising tide of non-communicable diseases (NCDs), which now account for 67% of all deaths[60]. Rural areas, home to over 70% of the population, are particularly affected by limited healthcare access, with only 0.5 physicians per 10,000 people compared to urban areas[61].

Women face additional hurdles due to cultural and logistical barriers to seeking care, compounded by their lower participation in the formal workforce[62], limiting their access to healthcare services typically centred around urban areas and formal employment structures. Additionally, cultural norms in rural Bangladesh often prevent women from traveling alone or seeking care from male providers, making the need for female health workers and accessible health care even more critical.

Project description

People and community empowerment

CMED Health's ambitious project to bridge the healthcare gap in rural Bangladesh is characterised by several components:

CMED Health's strategy centres around a pioneering subscription model. For just $1 a month in rural areas, families gain unlimited access to a range of healthcare services, including preventative screenings, health education, telemedicine, and physical doctor consultations. This approach ensures affordability and encourages regular health consultations, screenings, and educational engagements, fostering a proactive healthcare culture.

A critical element of this initiative is the recruitment and training of local women as health workers. Armed with AI and IoT-based medical devices, these women provide essential healthcare services directly to households, overcoming traditional barriers and empowering both providers and recipients.

At the core of this project lies the seamless integration of technology to optimise healthcare delivery. This includes the development of a comprehensive digital health platform where individuals' health data is stored and managed over time, enabling personalised and timely healthcare interventions. The platform facilitates telemedicine services, allowing remote consultations for patients in remote areas, which is especially critical for women facing mobility restrictions or preferring consultations with female doctors. It also ensures Community Health Workers (CHWs) have instant access to patient data, facilitating efficient categorisation of health status and prompt specialist consultations when needed.

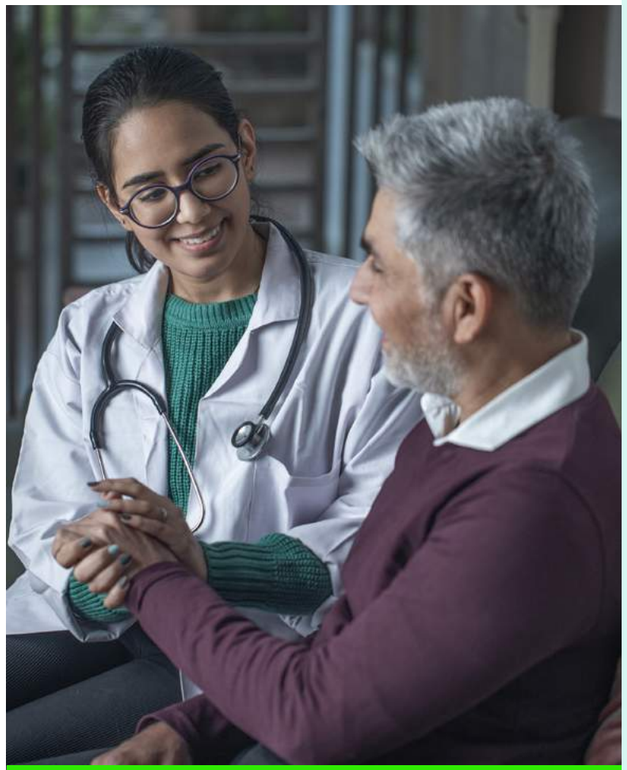
The project aims to provide a comprehensive healthcare model that includes preventive, primary, and secondary care. By prioritising early detection and management of chronic conditions like diabetes, hypertension, and nutritional deficiencies, CMED Health strives to reduce the overall disease burden in rural communities. Special emphasis is placed on women's health, including reproductive and maternal health services, addressing their specific healthcare needs.

Project description (continued)

This project emphasises community engagement through health education campaigns and awareness programs. These initiatives promote preventive healthcare, encouraging healthier lifestyles and early disease detection. Tailored education programs address common misconceptions and cultural barriers that may prevent individuals from seeking care.

Community health workers form the heart of the model, bridging the gap between rural patients and the broader healthcare ecosystem. Providing CHWs with adequate tools and training ensures effective healthcare delivery at the grassroots' level, underscoring the importance of local engagement and empowerment in enhancing healthcare outcomes.

This project flourished through collaboration between various stakeholders, including government agencies, NGOs and the private sector. By partnering with local and national entities, CMED Health aligns its initiatives with broader healthcare goals and strategies, facilitating scalability and sustainability. This model has facilitated increased healthcare access and fostered trust within the community, leading to greater acceptance and adherence to healthcare advice and interventions.



People and community empowerment

Impact and reach

- **Enhanced healthcare accessibility:** CMED Health operates in 65 unions, providing services to approximately 2 million people each month. The $1 monthly fee has democratised access to preventive screenings, health education, telemedicine, and physical doctor consultations, overcoming financial barriers to healthcare access and impacting thousands of households.

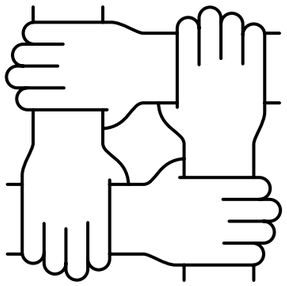
2m

people supported each month

- **Empowerment of women:** The deployment of female health workers has not only provided essential healthcare services to rural households but also empowered local women by providing them with employment and training in healthcare delivery, elevating their societal role, fostering gender equality and building community respect for women.
- **Increased health awareness:** CMED Health has shifted the healthcare paradigm from a curative to preventive approach, enhancing community health literacy, promoting healthier lifestyle choices and increasing awareness about the importance of regular health screenings.
- **Improved disease management:** The focus on comprehensive healthcare coverage, including early detection and management of chronic conditions, has contributed to a reduction in the overall disease burden within the communities served. Special emphasis on women's health has addressed previously neglected areas, leading to better maternal and reproductive health outcomes.
- **Sustainable healthcare model:** Collaborating with a broad stakeholder group has ensured the project's alignment with broader healthcare goals and enhanced its scalability and sustainability. These partnerships have facilitated resource sharing and innovation, setting a foundation for the project's expansion and replication in other rural areas.

Key insights

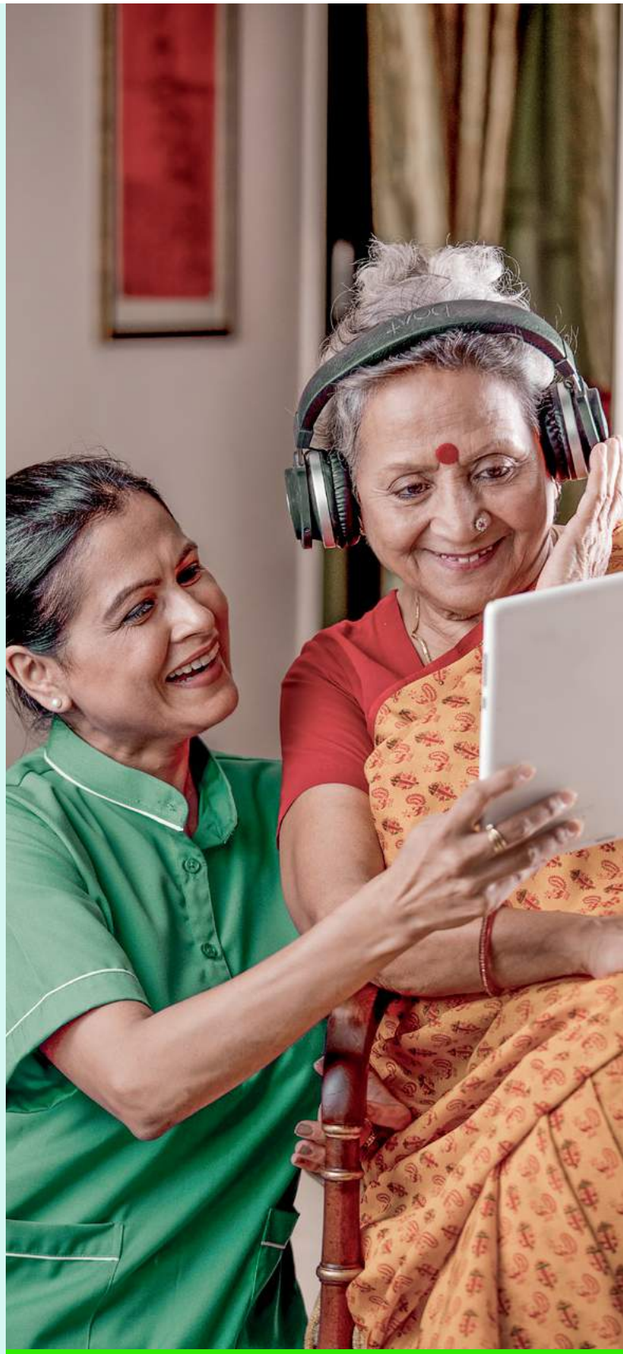
- **Cultural sensitivity & accessibility:** Adapting healthcare delivery to fit cultural norms significantly enhances access and engagement, particularly among women in rural settings.
- **Empowerment through employment:** Providing women with training and roles as health workers improves healthcare delivery and elevates women's position in society.
- **Technology as a facilitator:** The application of technology in healthcare overcomes geographical barriers, ensuring broader access to care.
- **Engaging stakeholders:** Working closely with local and national partners enabled CMED Health to leverage additional resources, expertise, and networks to expand its reach and deepen its impact on the communities it serves.
- **Public-private partnerships (PPPs):** The health system in Bangladesh appears excellent on paper, but in practice, it is often lacking due to a lack of accountability and practical application. Governments alone cannot address these issues due to these gaps. PPPs emerge as a critical success factor here, demonstrating how these collaborative efforts can amplify the impact of healthcare initiatives. PPPs can facilitate resource sharing, ensure alignment with national health objectives, and enhance the project's scalability and sustainability. By engaging in PPPs, CMED Health leverages the strengths and capabilities of each partner, leading to more comprehensive and effective healthcare solutions.



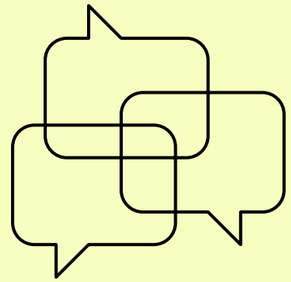
People and community empowerment

Challenges

- Introducing subscription-based healthcare in Bangladesh encountered cultural barriers, as subscriptions are traditionally associated with services like television. The concept of a healthcare subscription was unfamiliar. Shifting behaviour from reactive to preventive care through subscriptions has been challenging, with estimates indicating it will take three to four years to establish this new habit among the population.
- When implementing the platform, initial challenges arose due to unreliable internet access in some rural areas, despite the use of mobile internet. To overcome this, an offline mode was developed for the system, allowing data collection without internet access and online syncing later. Additionally, the use of mobile tablets and software with visual health cues significantly increased community trust and engagement with the services provided.



Discussion guide:
promoting health inclusivity



This discussion guide is a resource for everyone wishing to improve inclusive healthcare practices in health systems, society, and their communities, and effect meaningful change at local and global levels. The guide can be used in workshops, multi-stakeholder discussions, policy planning, public engagement and wherever people want to creatively engage with the topic. The questions facilitate the exchange of ideas; identify resources and existing opportunities as well as challenges, and generate steps that are implementable and scalable.

Getting started

- To maximise output of the discussion and to ensure a variety of perspectives, aim for diverse representation – policymakers, healthcare professionals (HCPs), community leaders, activists and members of the public.
- To set the scene, provide an overview on the importance of health inclusivity and its impact on individual and community wellbeing. Include real-life examples to illustrate challenges faced by groups historically excluded from being and staying healthy, accessing healthcare, and managing health and wellbeing.
- To ensure a smooth flow of discussion, record any terminology or concepts that may require clarification for participants. Note: a glossary is provided in the appendix.

Facilitating the discussion

- Use the discussion guide's questions to guide conversation and encourage participants to share thoughts, experiences and insights on each topic.
  A few tips to foster an open and inclusive atmosphere, where all voices are valued and respected:
  - Ask probing questions to delve deeper into specific issues and encourage critical thinking.
  - Consider introducing lived experiences to facilitate dialogue and in-depth discussion.
  - Emphasise the importance of collaboration and collective effort in driving meaningful change.
  - Encourage participants to commit to specific actions and set realistic goals for implementation.

Summarising and reflecting

- Invite participants to reflect on what they've learned and how they can contribute to advancing health inclusivity.
- Conclude by summarising key insights, action points, and next steps.
- Consider documenting outcomes for future reference and accountability.

Keeping the momentum going

- Provide resources, support and opportunities for ongoing engagement and collaboration.
- Monitor progress towards implementing action steps and celebrate successes along the way.

Inspiration for further discussion

1. Understanding health inclusivity:

- What does health inclusivity mean to you in your role?
- How could you, in your role, make health services more inclusive for those who might be excluded?
- How would the specific interventions you've identified (above) contribute to local community and/or broader societal wellbeing?

2. Identifying barriers to health inclusivity:

- How do socioeconomic (e.g. social standing, level of education) and cultural (e.g. faith, ethnic background) factors impact inclusive access to healthcare?
- Do you have two or three examples of individuals/groups that are excluded from healthcare services?
- What barriers prevent those individuals/groups from accessing healthcare services?
- What action could you take, in your role, to remove those barriers and improve inclusive healthcare outcomes?

3. Policy approaches to promote health inclusivity:

- What role do government policies play in addressing disparities in healthcare access and outcomes?
- What policies or initiatives have been successful in promoting health inclusivity in your community or region?
- Are there policies or practices you would like to see reformed to better serve marginalised populations in your community or region? And what could you do in your role to advocate for, and influence, these?

4. Empowering communities:

- How can community-based organisations contribute to promoting health inclusivity?
- What strategies can be employed to build rust between marginalised communities and healthcare providers?
- How can you help your local communities be more engaged in the design and implementation of healthcare policies?

5. Collaborating for impact:

- How can we work together to educate the general public about the importance of health inclusivity?
- How can different stakeholders (i.e. policymakers, HCPs, community organisations, individuals) collaborate to advance health inclusivity?
- How can public-private partnerships be sustained and scaled for greater impact in driving health policy?
- How do we collaborate to ensure health inclusivity is captured across policies?

6. Taking action:

- What action would you hope others take to help translate health inclusivity ideas into practice?
- What small and big actions can you commit to?

Glossary

Accessibility:
The design and provision of health services and infrastructure to ensure all individuals, including those with disabilities, have access to health care.

Agency:
The capacity of individuals to act independently and make their own free choices in the context of health care.

Biomedical Model:
A perspective that explains illness solely in terms of biological factors.

Cultural Competence:
The ability of health care providers to understand, respect, and effectively interact with patients from diverse cultural backgrounds.

Cultural Relativism:
The principle that an individual's beliefs and activities should be understood by others in terms of that individual's own culture.

Disability:
A physical, mental, intellectual or sensory impairment which, in interaction with various barriers, may hinder full and effective participation in society.

Disparities:
Significant differences in health outcomes and access to healthcare among different population groups.

Diversity:
The presence of differences within a given setting, encompassing aspects such as race, ethnicity, gender, age, sexual orientation and disability.

Embodiment:
The way in which social, cultural and environmental factors are experienced in the body, and represented in bodily health.

Equity:
Fairness in health, where everyone has the opportunity to attain their full health potential and no-one is disadvantaged from achieving this potential.

Ethnomedicine:
The study of traditional medical practices and beliefs in different cultures.

Health in All Policies (HiAP):
An approach to public policies across sectors that systematically takes into account the health implications of decisions, seeks synergies and avoids harmful health impacts.

Health Literacy:
The degree to which individuals have the capacity to obtain, process and understand the basic health information needed to make appropriate health decisions.

Health Systems Strengthening:
Improving the capacity of health systems to provide equitable and quality health care services.

Implicit Bias: Unconscious attitudes or stereotypes that affect an individual's understanding, actions and decisions in healthcare.

Inclusion:
Creating environments in healthcare where all individuals feel respected, valued and able to fully participate.

Intersectionality:
A framework for understanding how multiple social identities (e.g., race, gender, class) intersect and influence individuals' experiences and health outcomes.

Lived Experience:
The personal knowledge and insights gained through direct, first-hand involvement in everyday events, particularly those related to health and illness.

Marginalized Groups:
Populations that are excluded from mainstream social, economic, educational or cultural life.

Medical Pluralism:
The coexistence and interaction of multiple healing systems within a single cultural context.

Patient-Centered Care:
Healthcare that respects and responds to individual patient preferences, needs and values.

Population Health:
The health outcomes of a group of individuals, including the distribution of such outcomes within the group.

Social Determinants of Health:
Conditions in the environments in which people are born, live, learn, work, play, worship and age that affect health outcomes.

Stigma:
Associated with a particular condition, quality or person that leads to discrimination and social exclusion.

Structural Violence:
Social structures that harm or disadvantage individuals by preventing them from meeting their basic needs.

Glossary (continued)

Sustainable Development Goals (SDGs):
A collection of 17 global goals set by the United Nations to address issues such as poverty, inequality, climate change, environmental degradation, peace and justice, including health equity.

Underrepresented Minorities (URMs):
Groups that have lower representation in health professions and biomedical research relative to their numbers in the general population.

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