



Health professionals working together in Europe to meet the Health 2020 agenda

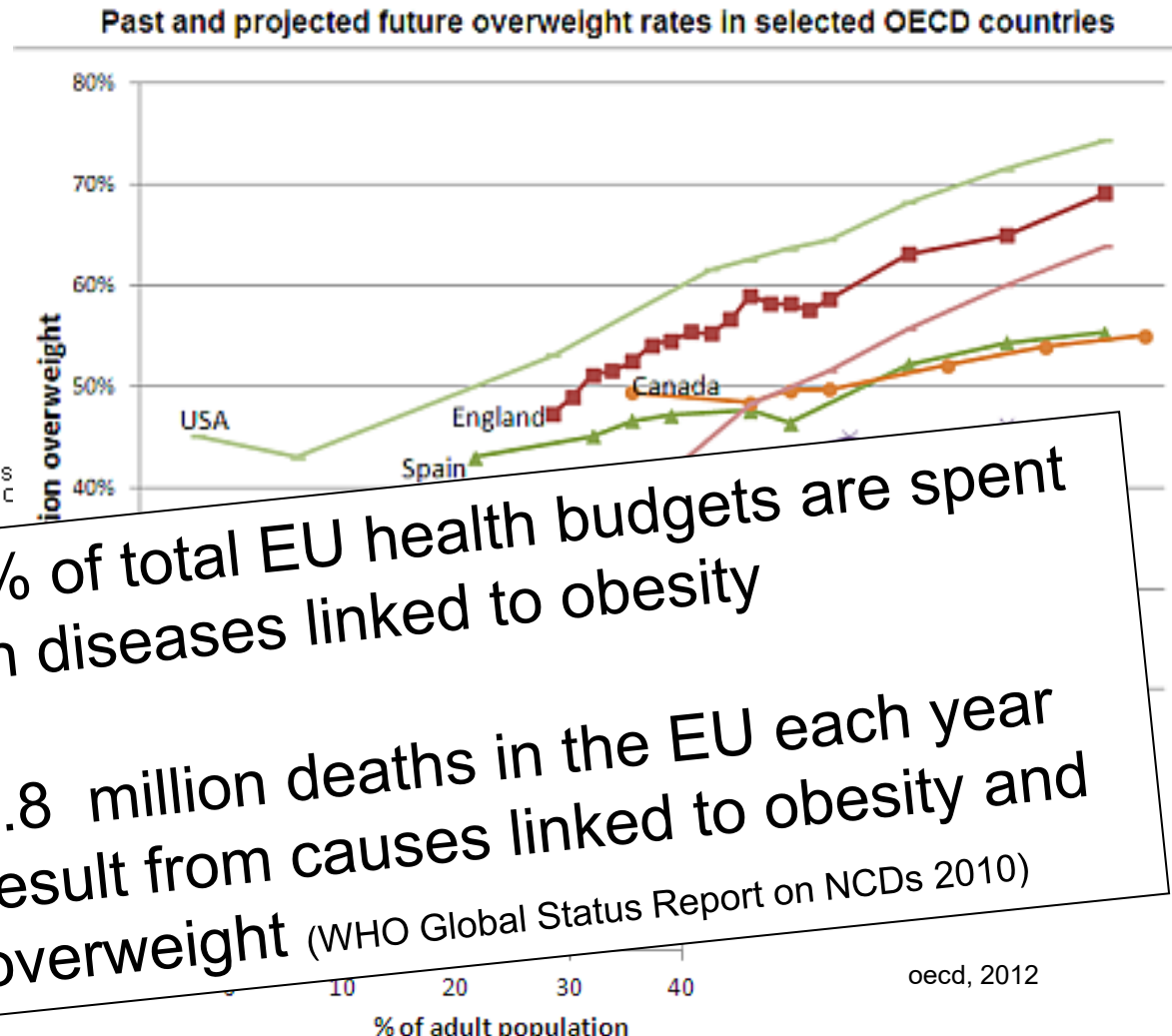
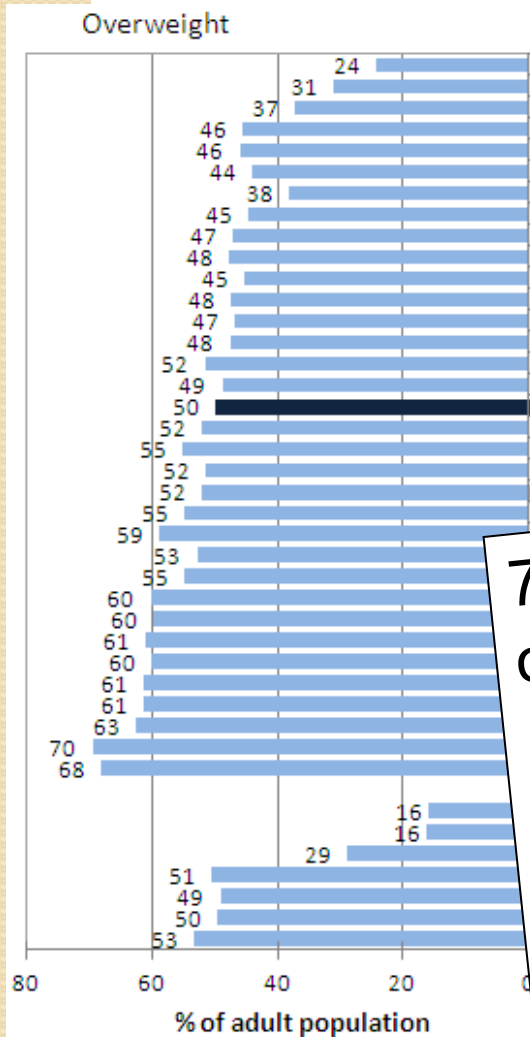
November 13th 2015

Anne de Looy

Professor of Dietetics University of Plymouth UK

Hon President of the European Federation of the
Associations of Dietitians

Overweight and obesity continue to grow



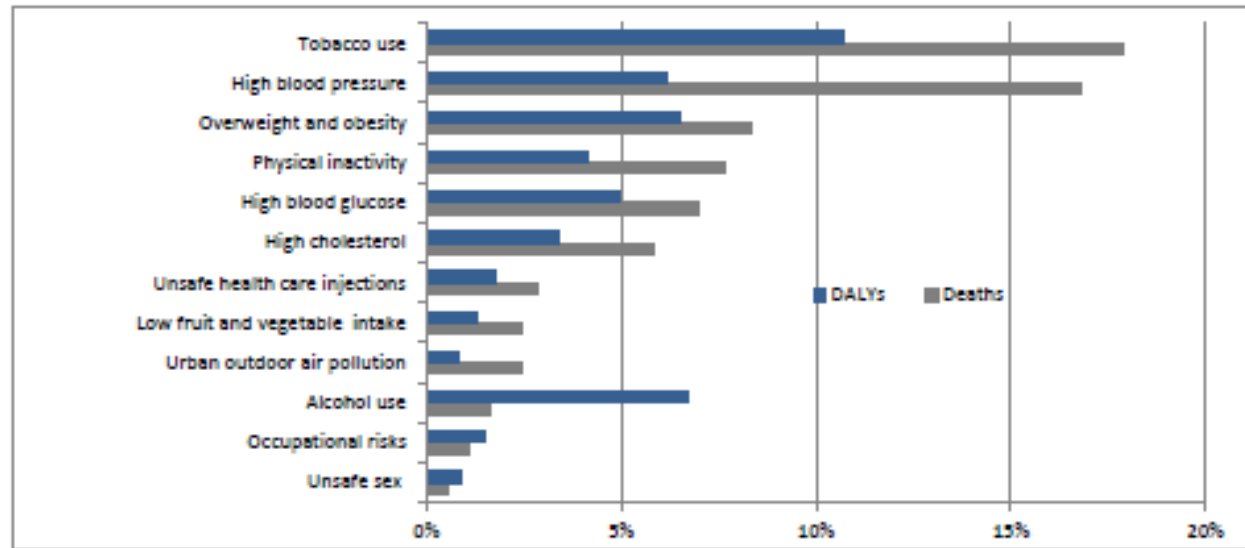
7% of total EU health budgets are spent on diseases linked to obesity

2.8 million deaths in the EU each year result from causes linked to obesity and overweight (WHO Global Status Report on NCDs 2010)

Mortality and disability factors

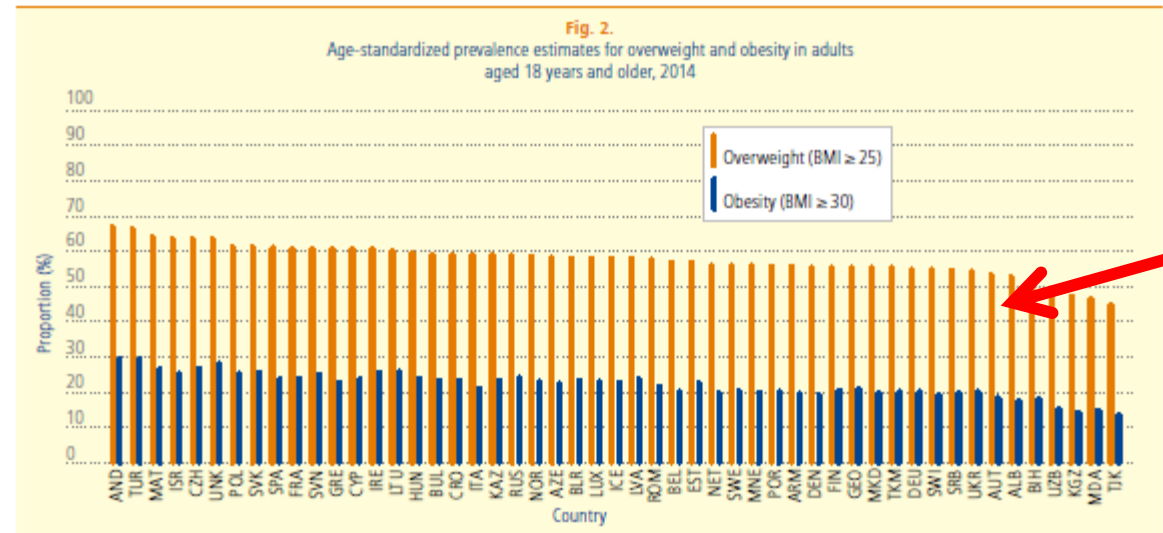
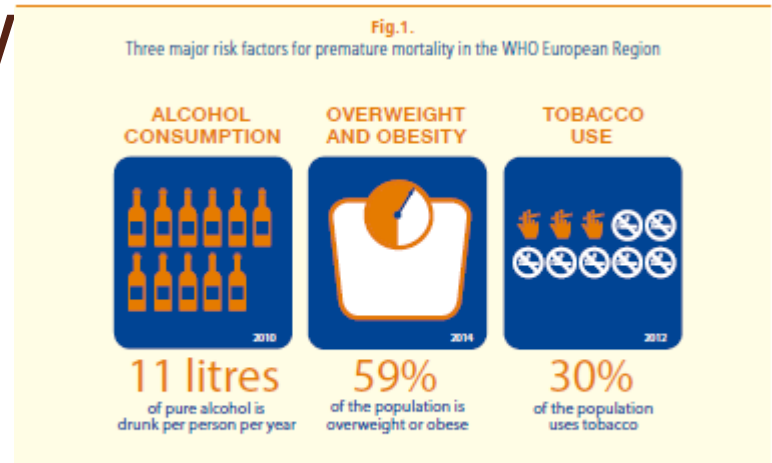
151. Estimates by the WHO on the leading global health risks (WHO, 2008) identify twelve factors as responsible for the highest burden of deaths and years lived with disabilities (DALYs). The ranking of these risk factors is shown in figure 3, in terms of the share of mortality and disability adjusted life years attributable to each risk factor. The original CDP 1.0 model included a comprehensive set of these risk factors: low fruit and vegetable intake, physical inactivity, high fat intake, overweight and obesity, high blood pressure, high blood glucose and high cholesterol.

Figure 3. Population attributable fractions (%) and mortality (million deaths) for leading risk factors in high-income countries



Source: WHO, 2008.

How healthy are w



Notes: BMI – body mass index. WHO uses standard methods to calculate estimates to maximize cross-country comparability. These data may therefore differ from the official statistics of Member States. ALB: Albania; AND: Andorra; ARM: Armenia; AUT: Austria; AZE: Azerbaijan; BIH: Bosnia and Herzegovina; BLR: Belarus; BEL: Belgium; BUL: Bulgaria; CRO: Croatia; CYP: Cyprus; CZH: Czech Republic; DEN: Denmark; DEU: Germany; EST: Estonia; FIN: Finland; FRA: France; GEO: Georgia; GRE: Greece; HUN: Hungary; ICE: Iceland; IRE: Ireland; ISR: Israel; ITA: Italy; KAZ: Kazakhstan; KGZ: Kyrgyzstan; LTU: Lithuania; LUX: Luxembourg; LVA: Latvia; MAT: Malta; MDA: Republic of Moldova; MKD: the former Yugoslav Republic of Macedonia; MNE: Montenegro; NET: Netherlands; NOR: Norway; POL: Poland; POR: Portugal; ROM: Romania; RUS: Russian Federation; SPA: Spain; SRB: Serbia; SVK: Slovakia; SVN: Slovenia; SWE: Sweden; SWI: Switzerland; TKJ: Tajikistan; TKM: Turkmenistan; TUR: Turkey; UKR: Ukraine; UNK: United Kingdom; UZB: Uzbekistan.

Source: Global status report on noncommunicable diseases 2014 (5).

Europe 2020



Europe 2020 is the EU's growth strategy for the coming decade.

In a changing world we want the EU to become a **smart, sustainable and inclusive economy**. These three mutually reinforcing priorities should help the EU and the Member States deliver high levels of **employment**, **productivity** and **social cohesion**.

Concretely the Union has set five ambitious objectives – on employment, innovation, education, social cohesion and climate/energy – to be reached by 2020.

*José Manuel Barroso
President of the European Commission*

And did the governments call on the

120,000+ occupational therapists

60,000+ dietitians

6 million nurses and midwives

? Physiotherapists

? speech and language therapists

? Radiographers

? Optometrists

? Podiatrists

Other health professionals

And higher education

To help and support?

Did we volunteer?

Health 2020

stakeholders together in a shared effort for a healthier European Region.

<http://www.euro.who.int/en/what-we-do/health-topics/health-policy/health-2020>

Health 2020 a European policy framework

Health 2020 recognizes that governments can achieve real improvements in health if they work across government to fulfil two linked strategic objectives.

The two strategic objectives are:

- improving health for all and reducing health inequalities
- improving leadership and participatory governance for health.

WHO (2012) Health 2020: a European policy framework supporting action across government and society for health and well-being' EUR/RC62/9

Health 2020

Working together on common policy priorities for health

The **Health 2020** policy is based on four priority areas for policy action:

- ✓ investing in health through a life-course approach and empowering people;
- ✓ tackling the Region's major health challenges of non-communicable and communicable diseases;
- ✓ strengthening people-centred health systems, public health capacity and emergency preparedness, surveillance and response; and
- ✓ creating resilient communities and supportive environments.

Food and Nutrition Action Plan 2015-2020

Guiding principles

- **Promote life-course approach**
- **Public health orientation**
 - nutrition for healthy ageing and nutritional care for elderly people with diet-related NCDs and micronutrient deficiencies. It also includes **nutritional care for patients with disease-related nutritional problems.**



Conceptual overview and main elements

Guiding principles

Priority areas

Priority area 1 – Providing leadership and coordination for the promotion of physical activity.

Priority area 2 – Supporting the development of children and adolescents.

Priority area 3 – Promoting physical activity for all adults as part of daily life, including during transport, leisure time, at the workplace and through the health-care system.

Priority area 4 – Promoting physical activity among older people.

Priority area 5 – Supporting action through monitoring, surveillance, the provision of tools, enabling platforms, evaluation and research.

Physical activity



Physical activity strategy for the WHO European Region 2016-2025



Reports +++ for 2030 and beyond

Sustainable Development Unit



Fit for the Future Scenarios for low-carbon healthcare 2030

September 2009



EU initiatives to support change


The Health for Growth Programme proposes to find and apply innovative solutions for improving the quality, efficiency and sustainability of health systems, putting the emphasis **on human capital and the exchange of good practice** http://ec.europa.eu/health/programme/policy/proposal2014_en.htm

The Occupational Health and Safety Strategy 2009-14 “vision is to be the European centre of excellence for occupational safety **and health information**, promoting a preventive culture to support the goal of making Europe’s current and future workplaces safer, healthier and more productive”

http://osha.europa.eu/en/publications/work_programmes/strategy2009-2013

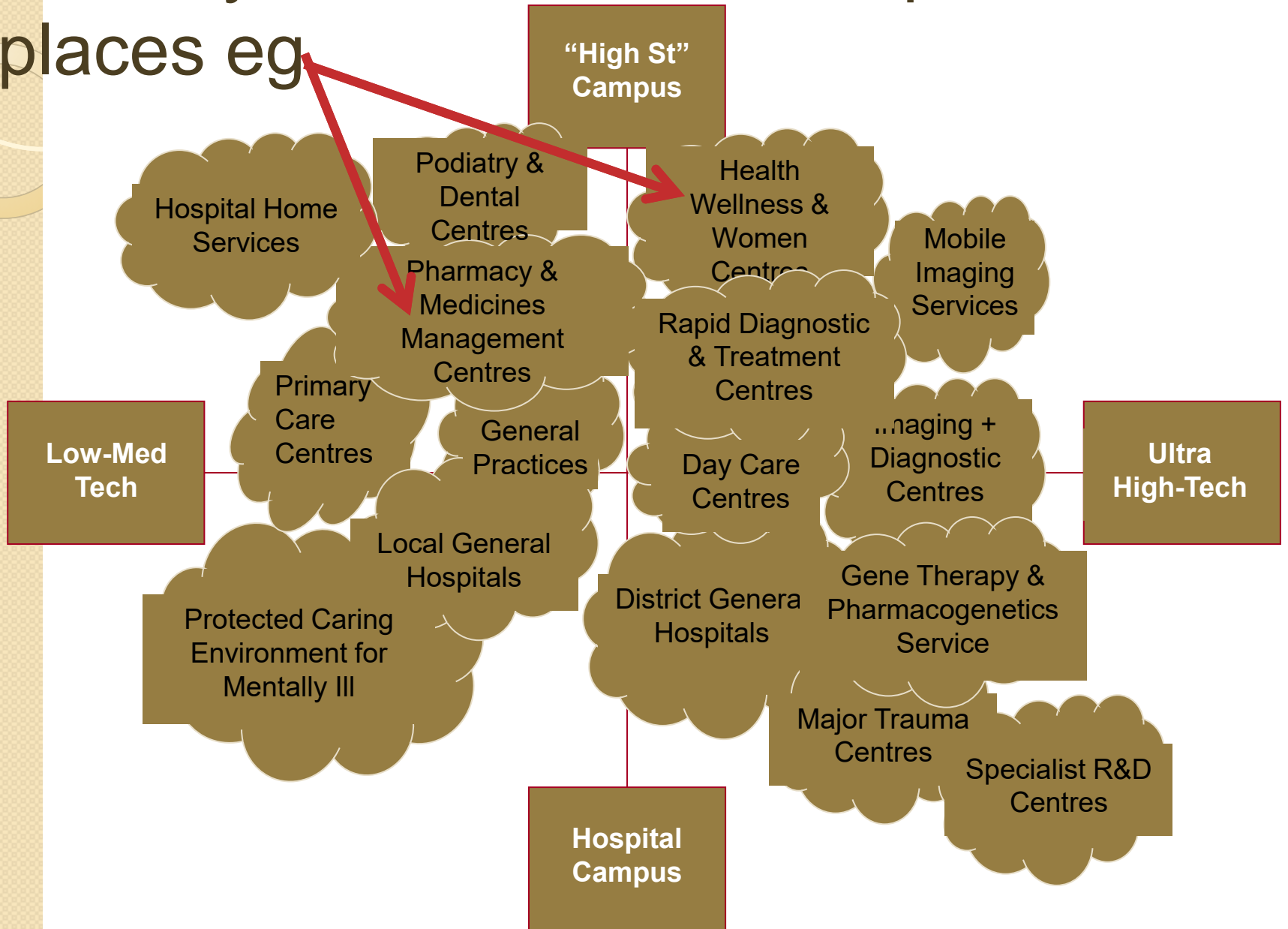
In summary – some key drivers

- bring key stakeholders together in a shared effort
- leadership and coordination
- monitoring, surveillance, the provision of tools, enabling platforms, evaluation and research
- human capital and the exchange of good practice
- health information (health literacy)

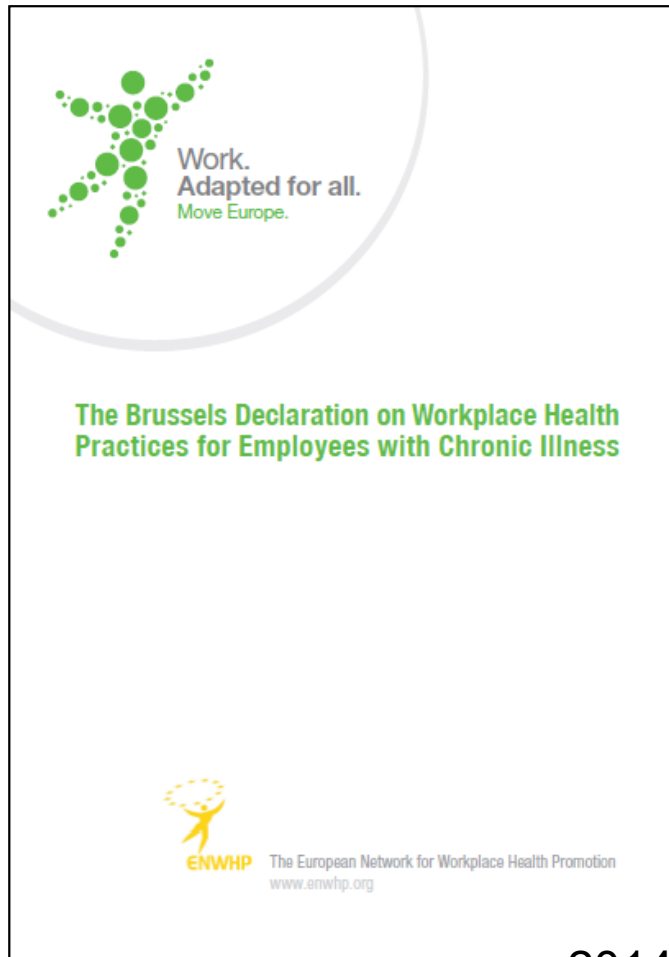


Albert Einstein said *'We cannot solve our problems with the same level of thinking that created them'*.

Delivery health care in 'unexpected' places eg



Healthcare in the workplace



“60% of life is spent at work; 30% of daily food is consumed at work. One in six working people live with a long term condition, such as diabetes, heart disease, respiratory disease or a disability.”

*Fiona McCullough,
Chairman British Dietetic
Association*

Personalised health

- **My Care/Support Network:** Tool to capture information and document across networks of professionals improving exercise, diet and access
- **Time and Care Budget Banking** manage time-banking and personal enabling the transfer of high volume from professional to community p
- **Civic Enterprise User Driven App** to enable new businesses/groups citizens, as well as to link citizens using the person-centred care tec

Department of Health UK: Policy paper
Personalised health and care 2020: a fra

Top story



Engaging people in every step: patients and carers explain the benefits of people-centred health care

"Voices of Patients and Carers" consists of a collection of personal stories, a photo series and a film called "Journeys to Health", which share the real-life stories of people throughout the WHO European Region who played an integral role in their own care during their personal health challenges.

WHO website Nov 2015



EUROPEAN SOCIETY FOR PERSON CENTERED HEALTHCARE



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Who we are

The European Society for Person Centered Healthcare (ESPCH) is a professional body of multi-disciplinary clinicians, academics, expert patients, patient advocacy groups, policymakers and economists. Created in shadow form in late 2013, the ESPCH became fully operationally functional from January 2014. The Society's mission is to address the challenges that clinicians and healthcare systems now face in terms of the increasing depersonalisation of clinical care and the current – and growing – epidemic of long term chronic illness.

central London UK and in Madrid, Spain.

We welcome enquiries for Society membership from colleagues committed to or interested in our work.



<http://pchealthcare.org.uk/>

www.efad.org MTD 2015

How will 'people centred' healthcare be delivered?

- Multi-professional teams (interdisciplinary)
- One stop
- Where the clients are (low carbon)
- In partnership with other providers of services (supermarkets/healthcare professionals)
- Innovatively
- Evaluated and cost effective!

In parts of the world where premature death due to non-communicable disease is prevalent, midwives also have a vital public health role. Exclusive breastfeeding is associated with a range of health benefits, including for the baby, protection against future chronic coronary heart disease (Kramer, 2003) and for the woman (reduced risk of breast and ovarian cancer). The same is true for the impact midwives can have on diet and

provision of maternity care to the 435 million women in the European Region of WHO is a major potential public health advantage, given that four out of five women become mothers,

the impact midwives can have on diet and the production of obesity. Public health is accumulating (MacArthur 2002, Ingram, 2004, Thyrian et al., 2006). However, midwives cannot make these changes in isolation, and our contribution may be dissipated by other factors affecting our health care systems. For example, in the UK there is a worrying indication that the number of doctors undergoing training in public health is declining, funding for public health initiatives is being reduced and the roles of public health doctors subject to changes in reorganisation

The importance of public health: let hi
Editorial in Midwifery (2006) 287-289

The challenge to higher education

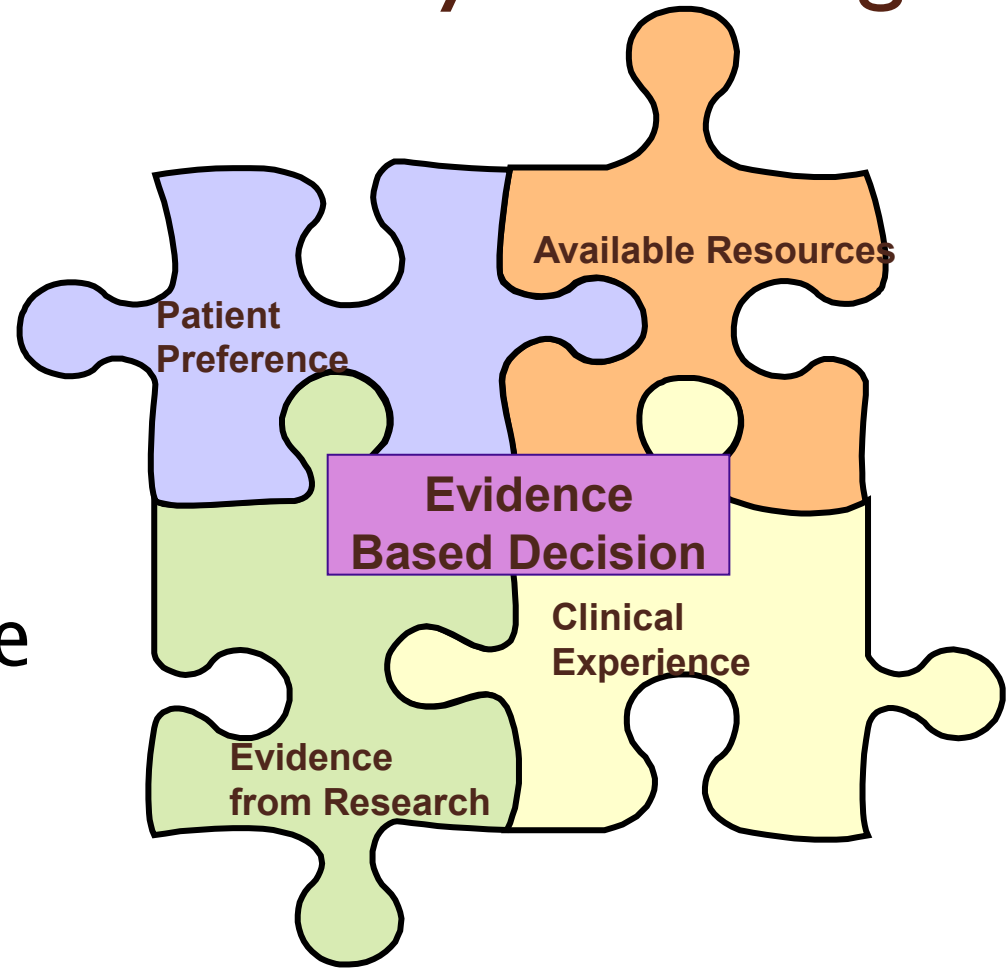
“Out-dated and static curricula that produce ill-equipped graduates, a mismatch of competences to patient and population needs; poor teamwork; narrow technical focus without broader contextual understanding; predominant hospital orientation at the expense of primary care and weak leadership unable to improve health-system performance”

were identified by Frenk J et al in 2010

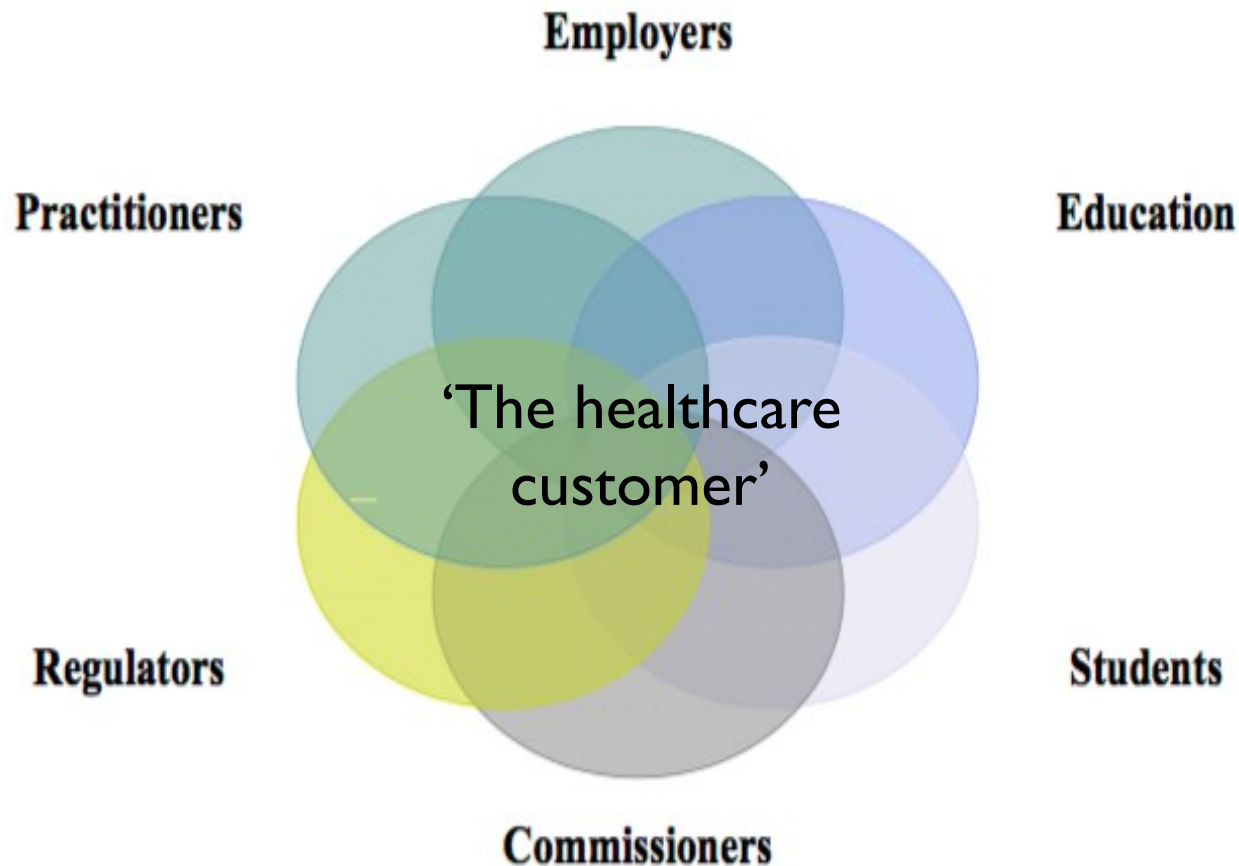
(Health professionals for a new century; Lancet 376:1923)


European healthcare professionals already work in a variety of settings

- Clinical
- Community
- Public health
- Industry
- Research
- Private practice
- Media
- Government
- Education



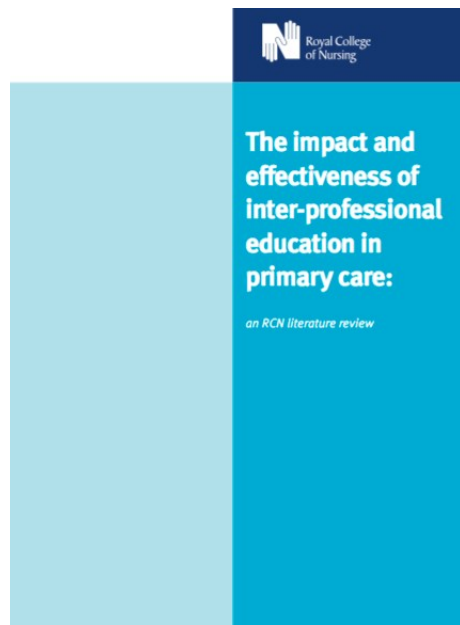
But do we have a joint response plan?





*‘Life can only be understood
backwards but it must be lived
forwards’. (Soren Kiekegaard)*

Impact and effectiveness of interprofessional education in healthcare



- The strongest predictor of effectiveness of a team approach was creativity (encompassing both climate, and practical support for innovation)
- Team leadership is an important predictors of effectiveness
- For rehabilitation & recovery teams, having clear, shared objectives (task focus) was the most important
- For older adults resources available to the team are also highly important.

https://www.rcn.org.uk/__data/assets/pdf_file/0004/78718/003091.pdf

Effectiveness of Multi-Professional Team Working (MPTW) in Mental Health Care

“Healthcare professionals must work together effectively in teams to provide the best possible patient care. However, previous research has shown such multi-professional teams often fail to perform to their full potential, as they are not clear about their objectives, disagree about goals, their leadership and how to work together.”

(http://www.netscc.ac.uk/hsdr/files/project/SDO_FR_08-1819-215_V01.pdf)

Train the trainers!

Intercultural education of nurses and health professionals in Europe 2 (IENE2): training the trainers an EU funded project across 4 countries looking at competencies and need to train the trainers for intercultural education

Taylor, Georgina; Papadopoulos, Ireana; Dudau, Victor; Georges, Yolene; Martin, Violaine; Messelis, Marijke; Verstraete, Nele; Zurheide, Florian
Diversity & Equality in Health & Care 2013 10:83-93

<http://www.ieneproject.eu/download/Outputs/IENE2%20Survey%20Report.pdf>

Health 2020

Working together on common policy priorities for health

The **Health 2020** policy is based on four priority areas and key action:

- ✓ investing in health through a life-course approach, promoting healthy behaviours and empowering people;
- ✓ tackling the major chronic diseases and non-communicable diseases;
- ✓ strengthening health systems, public health systems, preparedness, surveillance and response;
- ✓ creating resilient communities and supportive environments.

New ways of thinking required!
Higher education how will you respond?
First cycle.....

Dublin descriptors in the 1990's:

second cycle outcomes

- have demonstrated knowledge and understanding that is founded upon and extends and/or enhances that typically associated with Bachelor's level, and that provides a basis or opportunity for **originality in developing and/or applying ideas, often within a research context;**
- can apply their knowledge and understanding, and **problem solving abilities in new or unfamiliar environments within broader (or multidisciplinary)** contexts related to their field of study;
- have the ability to integrate knowledge **and handle complexity, and formulate judgements with incomplete or limited information, but that include reflecting on social and ethical responsibilities linked to the application of their knowledge and judgements;**
- can communicate their conclusions, and the knowledge and rationale underpinning these, to specialist and non-specialist audiences clearly and unambiguously;
- have the learning skills to allow them to continue to study in a manner that may be largely **self-directed or autonomous.**

THE BENEFITS FOR YOUR WORKPLACE

The investment returns in a strengthened organisation in terms of a result oriented employee with an international network, **inter-cultural competences** and the skills to develop research and evidence based practice, a more occupation based service, and **new innovative approaches to problem solving.**

WHAT EMPLOYERS SAY ABOUT THEIR GRADUATES

‘It’s good to see how she’s developed as a consequence of the knowledge and skills she acquired during the OT-EuroMasters. Given the development of the OT department towards a more research-based way of working, it is just what we needed.’ ‘The employee is highly **motivated** for further training, research and innovation, and that benefits our school.’

over the world.

WHAT IS IT LIKE TO BE AN OT-EUROMASTERS STUDENT?

‘What fascinates me, in this combination of contact hours, self study, supervision and exchange from different European countries, is the experience of discovering potential in myself, that I was never aware of before.’

‘The European context gave me a broader view of OT, research in OT and developments in OT.’

university colleges in Switzerland and The United States. You will visit all five branches to occupational therapists from all

The MSt in Genomic Medicine is part of the suite of postgraduate courses in Genomic Medicine and designed to educate suitably qualified NHS healthcare professionals from across the multi-professional team to prepare for the future adoption of genomic technologies and the increasing use of genomic information as part of the diagnostic and treatment pathway.

The programme has been developed by the University of Cambridge Institute of Continuing Education and Cambridge University Hospitals in partnership with Wellcome Trust Sanger Institute and European Bioinformatics Institute.

Aims of the programme

- To provide professionally relevant teaching and learning informed by research in an integrated clinical and research environment;
- To develop and create a cohort of doctors and other professionals allied to medicine able to pursue and develop their roles in a rapidly-changing and challenging environment of genomic medicine;
- To prepare healthcare professionals for the adoption of genomic technologies and the increasing use of genomic information as part of the diagnostic and treatment pathway;





Master in Musculoskeletal Physiotherapy Sciences

VU UNIVERSITY AMSTERDAM

Campus

September 2016

Netherlands

Amsterdam

This Master's programme is unique in its multidisciplinary focus on clinical experimental research in musculoskeletal physiotherapy. It addresses both biological and psychosocial



Masters Tuina Applied In Traumatology

UNIVERSIDAD EUROPEA DEL ATLÁNTICO

School of Health Professions

MSc ADVANCED PROFESSIONAL PRACTICE IN NEUROLOGICAL REHABILITATION

Are you a qualified health and social care professional working in Neurological Rehabilitation? Do you want to develop advanced practitioner skills and knowledge along with a critical thinking ethos? Do you want to challenge your current practice and be innovative in applying your studies to your area of practice? This successful pathway is taught by an enthusiastic research active team who are specialists in neurological rehabilitation, and is endorsed by the Chartered Society of Physiotherapy.



<http://www.masterstudies.co.uk/Masters-Degree/Physiotherapy/Europe/>

Dublin descriptors: third cycle

- have demonstrated a systematic understanding of a field of study and mastery of the skills and methods of research associated with that field;
- have demonstrated the ability to conceive, design, implement and adapt a substantial process of research with scholarly integrity;
- have made a contribution through original research that extends the frontier of knowledge by developing a substantial body of work, some of which merits national or international refereed publication;
- are **capable of critical analysis, evaluation and synthesis of new and complex ideas;**
- **can communicate with their peers, the larger scholarly community and with society in general about their areas of expertise;**
- **can be expected to be able to promote, within academic and professional contexts, technological, social or cultural advancement in a knowledge based society;**

New relevant fields of study to healthcare professionals

The Institute of Health Informatics is a multi-disciplinary centre of excellence exploring new challenges around health data, information and technology. We also represent the UCL component of the Farr Institute, London. Students are supported to learn new skills and broaden their professional networks.

RESEARCH

Health Informatics and Multi-professional Education MPhil/PhD

Subject area: **Health Informatics (Institute of)**

Faculty: **Population Health Sciences** 



<http://www.ucl.ac.uk/prospective-students/graduate/research/degrees/health-informatics-multi-professional-education-mphil-phd>

A professional doctorate

The aims of a professional doctorate is to:

- find novel approaches to integrating professional and academic knowledge.
- produce a qualification which, whilst being equivalent in status and challenge to a PhD, is more appropriate for those pursuing professional rather than academic careers.

Students undertaking a professional doctorate do so mid-career and are expected to:

"... make a contribution to both theory and practice in their field, and to develop professional practice by making a contribution to (professional) knowledge."

DProf.....

DProf candidates are encouraged to develop a paradigm that is relevant and adequate to their professional practice.

For example;

- Fran completed her DProf in 2008, researching “Inter-organisational Clinical Leadership and Engagement”
- Fery Ghazi completed her DProf on the Internationalisation of Education researching “Welfare and Rehabilitation in Tehran; exploring social support and social network in Iranian women with children under school age”

In conclusion,

Alan Kay said *'The best way to predict the future is to invent it'*.

Healthcare is moving very fast;

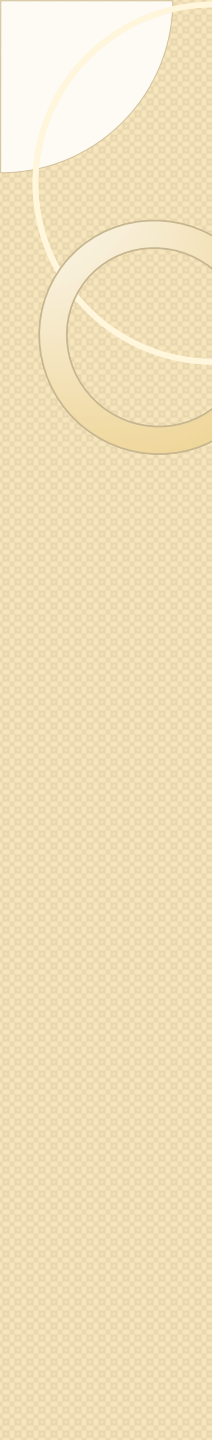
Demands made by Health 2020 on health professionals are increasing

Change is inevitable

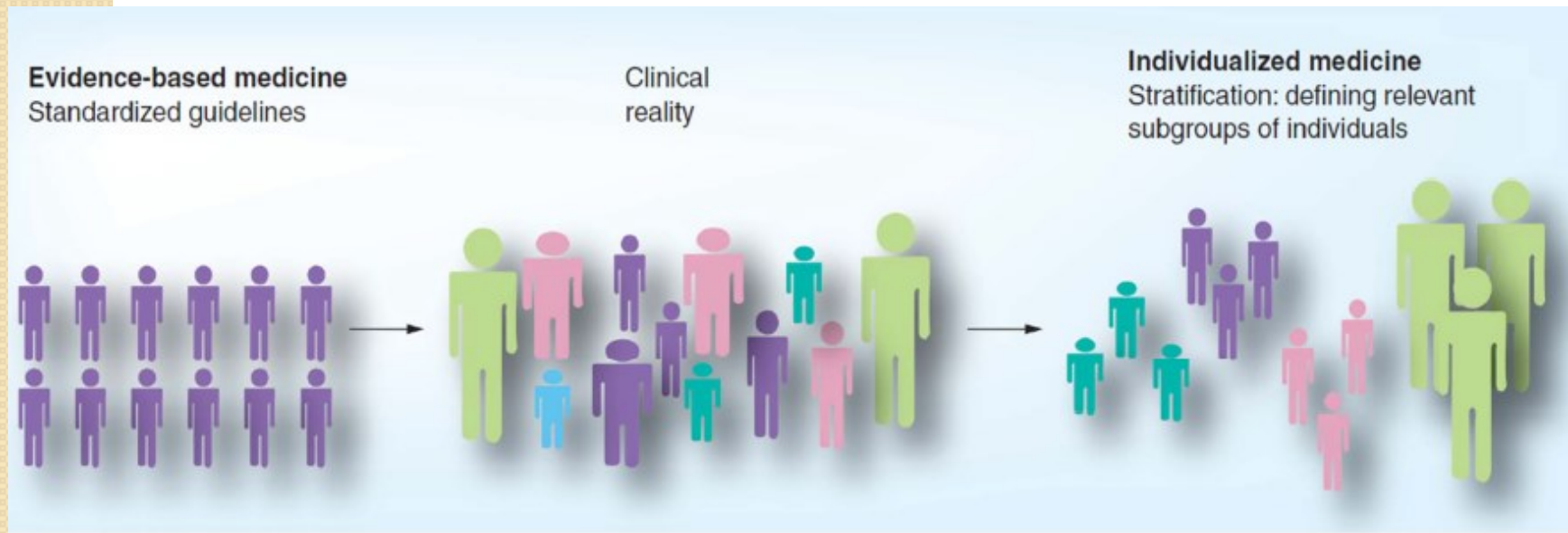
Investing in healthcare professionals' education at 2nd and 3rd cycle will enable this valuable workforce to meet and

influence new ways creatively, innovatively and effectively

Healthcare professionals helping to invent the future!



Individualised vs RCT: a clinical reality



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