

Best practice in the Euregio Meuse-Rhine



ABSTRACT

The Vademecum is a publication in which the regions of the EMR present their regional public health-related initiative or initiatives. The publication has multiple purposes, namely to: illustrate the potential of the Network by showcasing its greatest asset, the diversity of its participating regions; enable meaningful comparison of the strengths, challenges and aspirations in the regions; act as a tool to foster bilateral and multilateral collaboration between the regions; and identify best practice in the regions, and challenges faced on a regional level.

This publication will be handed out in hard copy to all participants of the conference and will also be disseminated, as hard copy and digitally, via other channels within Europe.

The different initiatives will be presented and included in various categories:

- Cross-border public health-related initiatives from the EMR
- Equity
- Participatory Approach
- Human resources
- Health in all Policies

ACRONYMS

CoR	Committee of Regions
CaSS	Health and Social Crossroad
CPL PROMOGEST	Provincial Centre for Agricultural Management and Promotion
EMR	Euregio Meuse-Rhine
GBO	Geïntegreerd Breed Onthaal Noord-Limburg (Integrated Broad Reception Northern Limburg)
HiAP	Infographic Health in All Policies
HIE	Healthy Indoor Environments
HPS (DGB)	The Healthy Primary School of the Future (De Gezonde Basisschool van de Toekomst)
IDZ-UDZ	In de zorg – uit de zorgen (needing care; free of worries)
PAP	Patients as People
REHAC	Reduce Harm for Children
SFC	Senior-Friendly Communities
SNA	Social Norms Approach
WHO-RHN	World Health Organization Regions for Health Network
ZASA	Sustainable training structures in care of the elderly in the Aachen/Heinsberg region

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FOREWORD

The health region of the Euregio Meuse-Rhine creates a unique network of health cooperation, brings people together, and mobilises them to work together for the benefit of their cross-border region. The Euregio Meuse-Rhine (EMR) has thus become a driving force and an association for inter-territorial cooperation.

This approach succeeds in keeping people at the centre of health and sustainable policies. In a time of increasing digitalisation and diversification of human activities into algorithms and the development of Artificial Intelligence (AI), it is more important than ever for societies to focus on important common human values. Foremost among these are respect for – and the promotion of – health. According to Thomas Aquinas, health is more than just an attitude to life; it is also an expression of “joie de vivre” and a “conditio sine qua non” for social co-existence. It was not without reason that the Roman poet Juvenal cited the phrase “Mens sana in corpore sano”.

In the Euregio Meuse-Rhine, great things have been achieved in health care for years. In this Vademecum the 31 best regional projects are outlined - representing only a small part of the work which is actually done. The euregional exchange of knowledge is an important function of the Euregio Meuse-Rhine and presents at the same time a guarantor of sustainability. Cooperation in ambulance and emergency services, but also in the field of health prevention and promotion through euPrevent is another important component of the overall successful work.

Together we are strong, together we can achieve much more in supra-regional cooperation than with no more than isolated commitment.

In this spirit, I also wish the 25th Annual Meeting of the Network of European Regions for Health of the World Health Organization, together with the European Committee of the Regions (CoR), every success and that all participants find interest in the lectures and discussions. My special thanks go to all those who made this possible.



Gisela Walsken

Cologne Government Regional Office President,
Chairwoman of the Euregio Meuse-Rhine,
President of the Region Aachen Zweckverband

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INTRODUCTION

When health issues are approached from a sustainable development perspective, it is often through something known as determinants of health. The convergence between health and sustainable development is first addressed in the field, through common areas of interest, for example: air and water quality, land use planning, transport, sustainable and organic agriculture, waste management, etc. Areas where the two meet, or even mix, there are many. Since 1986, the World Health Organization (WHO) has been proposing that cities integrate health, in the broadest sense of “quality of life”, into their social and economic development; this is the “Healthy Cities” programme. In launching this programme to support the “Health for All” strategy, the WHO stressed not only the responsibility of representatives at a local political level to improve the quality of life, but also the effectiveness of community-based initiatives. It is through the concepts of health promotion – and a little later sustainable development – that new forms of intervention have been created or strengthened. The EMR is an integral part of these dynamics of sustainable development in Health.

HOW TO READ THIS DOCUMENT

This document is divided into the different regions of the Euregio Meuse-Rhine. Following a brief introduction of the region involved in the initiatives, the various presentations are divided into different parts:

- Name of Initiative in the region concerned
- Topic that it relates to most:
 - A** Equity
 - B** Participatory Approach
 - C** Human Resources
- Regions/neighbouring countries involved
- Types of organisations involved (e.g. public health authorities, private companies, hospitals, local governments)
- Summary of the initiative (to include the cooperation aspect, health benefit, statistics and/or suitable practical examples to support the benefit/approach.
- Description of the target group
- Assessment of the transferability of the initiative (i.e. what are the benefits for others if they were to implement this in their region? What advice would you give to other regions contemplating or undertaking this initiative?)
- Lessons learned from the initiative
- Lead partner or initiating organisation
- Name and contact details of initiative coordinator or manager (name/title/email)
- Any additional remarks/supportive information

INITIATIVES PER REGION

1. Euregio Meuse-Rhine

The Euregio Meuse-Rhine (EMR) represents Europe in miniature as it covers territories in Belgium, namely the province of Liège, East Belgium (the German-speaking Community of Belgium), and the province of Limburg; the southern part of the Province of Limburg in the Netherlands; and the Region Aachen Zweckverband in Germany. There are thus five partner regions within this structure of European cross-border cooperation. Three languages are spoken in the EMR: Dutch, German and French.

The Euregio Meuse-Rhine has about 4 million inhabitants and covers an area of around 11,000 km². There are approximately 250,000 companies, 5 universities, 19 graduate schools, 300 research institutes, 110,000 students, harbours, airports, high-speed railway stations. Every day thousands of people cross the border in the EMR to work, shop or for leisure.

The EMR was created in 1976 as a working group and represents one of Europe's oldest Euregions. The EMR became a Foundation before reforming itself into an EGTC (a European Grouping of Territorial Cooperation) at the beginning of April 2019. Complementary to the principle of free movement across a European Union of open borders, the principal mission of the EMR is to initiate and enhance cross-border cooperation between the institutions of its partner regions.

Citizens are living the European idea in the Euregio Meuse-Rhine as they benefit from all advantages by living, working and shopping in different countries. Instead of the border limiting citizens in their access to facilities, open borders create new opportunities for the regional population as well as its institutions and services, leading to new partnerships and the exchange of know-how and best-practices. Cross-border cooperation as conducted within the Euregio Meuse-Rhine should therefore be regarded as a kind of laboratory where new synergies and innovative practices emerge due to the contact, exchange and cooperation between different cross-border stakeholders.



Netherlands

Limburg (BE)

Limburg (NL)

Belgium

Province de Liège

Region Aachen
Zweckverband

Germany

Deutsch-
sprachige
Gemeinschaft

Luxemburg

1.1 Senior Citizens in the Euregio Meuse-Rhine

Primary topic:

A. Equity

Project

euPrevent Senior Friendly Communities

The focus of euPrevent SFC is to ensure that all senior citizens in the Euregio Meuse-Rhine can continue to participate in daily life for as long as possible. Therefore, the partners are working together in a cross-border setting to create 'Senior-Friendly Communities'. The euPrevent SFC programme focuses on mental health, paying special attention to dementia and age-related depression. Within euPrevent SFC, successful activities are translated into all the EMR languages and implemented across borders, to ensure that all senior citizens in the EMR have access to the same beneficial activities.

Regions/neighbouring countries involved in the initiative:

Limburg (NL), Limburg (BE), East Belgium (BE), Wallonia (BE), North Rhine-Westphalia (DE)

Type of organisations involved in the initiative:

In euPrevent SFC, nine organisations (universities, public health organisations, citizens' groups and health insurance providers) work together with 31 municipalities in the Euregio Meuse-Rhine.

Summary of the initiative:

"Together we are creating Senior-Friendly Communities in a cross-border setting to ensure that all senior citizens in the Euregio Meuse-Rhine can continue to enjoy participating in daily life."

"Live safely, Enjoy life, Stay involved"

In the Euregio Meuse-Rhine, approximately 8% of people over 65 have dementia. Of those older than 50 years, about 25% struggle with complaints associated with depression. With the current trend towards an ageing population, these numbers will only increase in the coming years.

In 2017, a pre-assessment was conducted regarding what policies already existed among the 31 participating municipalities in terms of (the prevention of) dementia and geriatric depression among their senior citizens and their careers. Based on the results of this pre-assessment, the municipalities could choose from a selection of 15 activities which were then introduced in their area. These were activities already available in Belgium, Germany and the Netherlands that were being introduced across boundaries. The last step of the methodology is to conduct another assessment in each municipality to see what is needed to continue on the chosen path and to maintain a senior-friendly community. This way sustainability and the necessary structural changes are ensured.



Overall, the 31 communities participating in euPrevent SFC have introduced around 80 fully-fledged initiatives for dementia and around 90 similarly tangible schemes relating to geriatric depression.

The target group of the initiative:

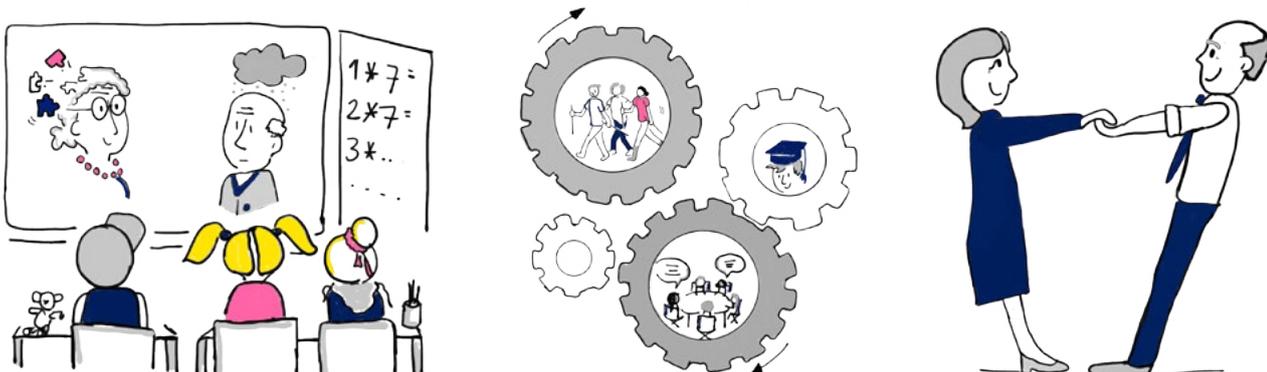
Senior citizens in the Euregio Meuse-Rhine and their (potential) caregivers.

Transferability of the initiative:

The methodology behind euPrevent SFC is transferable to other regions. This methodology consists of four phases:

1. A pre-assessment; analysing the requirements of participating municipalities.
2. Creating an activity menu; selecting specific activities for each municipality.
3. Implementing activities based on the needs identified in the pre-assessment.
4. A second assessment; as a starting point for the introduction of a sustainable programme across the municipality.

This was also acknowledged by the WHO: in August 2018 the WHO published the methodology of euPrevent SFC in a 'Good practice brief' on its website. This publication is part of the WHO programme on strengthening health system responses to non-communicable diseases, such as dementia and geriatric depression.



1.1 Senior Citizens in the Euregio Meuse-Rhine (continued)

Primary topic:

A. Equity

Project

euPrevent Senior Friendly Communities (SFC)

Lessons learned from the initiative:

- Lesson 1:** To support healthy ageing, particularly for those with dementia and geriatric depression, local-level multidisciplinary cross-sector action is needed. It requires partnership between various health, social and other municipal services.
- Lesson 2:** Strategic planning is an important instrument of successful cross-sector action on a local level. Senior-friendly communities can only be developed if each municipality has a clear and individualised strategy, taking into account local history, context and partners.
- Lesson 3:** Contextualised action is essential, taking into account the needs, existing knowledge and strengths of municipalities and communities.
- Lesson 4:** A lot of good practices can be found just across the border. The focus should not be on developing 'new strategies, tools and instruments', but rather on making existing interventions fit for use on the other side of the border. Work together to transfer this knowledge across your Euregio.
- Lesson 5:** Planning for sustainability is necessary to safeguard the long-term commitments of municipalities in addressing the challenges related to dementia and geriatric depression.

Lead partner or initiating organisation of the initiative:

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Any additional remarks/support information:

The Senior Friendly Communities initiative is carried out within the framework of Interreg V-A Euregio Meuse-Rhine and supported, with EUR 983.167,50, by the European Union and the European Regional Governance Authority Interreg V-A Euregio Meuse-Rhine Development. The initiative also receives co-funding and the initiative partners make separate contributions.

Website: www.euprevent.eu/sfc



1.2 Healthy Lifestyle

Primary topic:

B. Participatory Approach

Project

euPrevent Social Norms Approach (SNA)

The Social Norms Approach reaches out to individuals on an equal level and aims to build a long-term partnership to inspire and stimulate them to live a healthy lifestyle. Individuals tend to believe that their behaviour is in line with the behaviour of the majority of people in their social environment. For example, a heavy drinker often thinks that other people in his social environment also drink a lot. The Social Norms Approach uses positive messages to correct unhealthy misconceptions and convey messages based on actual social norms of the environment. The target group is involved in drafting the actual social norms.

Regions/neighbouring countries involved in the initiative:

Limburg (NL), Limburg (BE), East Belgium (BE), Wallonia (BE), North Rhine-Westphalia (DE), Bitburg-Prüm District (DE).

Type of organisations involved in the initiative:

In euPrevent SNA, 11 organisations (Universities, Public Health Organisations, Addiction Care groups and Municipalities) work together to implement the Social Norms Approach in the Euregio Meuse-Rhine.

Summary of the initiative:

“Together we are working in a cross-border context to ensure good public health in the Euregio Meuse-Rhine. We give people information, so they gain insights and are inspired to make healthier choices.”

What's the norm? Check it. Enjoy life.

The ‘Social Norms Approach’ is a promising approach when it comes to behavioural change, when combined with other prevention measures. Research shows that people whose behaviour is harmful transgress considerably less when they adjust their standards. In this initiative, this principle is used to develop information messages aimed at young people and those aged over 55.



In euPrevent SNA, the current social standards of two target groups, young people (12-26 years) and people aged over 55, are mapped out in relation to behaviour that is harmful to health. Data on use and abuse are collated. Based on these results, a euregional prevention campaign is to be developed for both target groups. This will be a positive prevention campaign to provide people with correct insights on topics such as alcohol and drug use and gambling. This aims to inspire and motivate people to make healthier choices. Campaigns and tools especially targeting vulnerable young people and seniors will also be developed. These groups are difficult to reach and the SNA methodology is expected to work well.

The euPrevent Social Norms Approach is a collaboration between 11 partners from the Euregio Meuse-Rhine who have been working together for more than 15 years on various initiatives within the 'euPrevent Addiction' programme.

The target group of the initiative:

Young people and senior citizens in the Euregio Meuse-Rhine

Transferability of the initiative:

The 'Social Norms Approach' remains applicable and can be used to prevent other health problems in the Euregio Meuse-Rhine and in other European regions. Data gathered in euPrevent SNA will be used to formulate prevention policy in the Euregio Meuse-Rhine.



1.2 Healthy Lifestyle (continued)

Primary topic:

B. Participatory Approach

Project

euPrevent Social Norms Approach (SNA)

Lessons learned from the initiative:

- Lesson 1:** Working together in an euregional setting offers access to more knowledge and experience, than when focusing only on a single region. Working together also allows changes in neighbouring countries to be studied and adapted for the benefit of your region.
- Lesson 2:** The euPrevent Social Norms Approach is a collaboration between 11 initiative partners from the Euregio Meuse-Rhine, who have been working together for more than 15 years on various initiatives within the 'euPrevent Addiction' programme. Because of this, this group of partners knows and trusts one another and is willing to be innovative together. This sustainable collaboration is the foundation of all the partners' joint initiatives.
- Lesson 3:** All partners in the Euregio Meuse-Rhine have the same challenges which they need to address. However, it is difficult for all of them to reach the target group. Therefore, combining efforts increases the chance of success.
- Lesson 4:** What's the norm? Check it. Enjoy Life.

Lead partner or initiating organisation of the initiative:

Mondriaan

Name and contact details of initiative coordinator or manager:

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Any additional remarks/support information:

The euPrevent Social Norms Approach initiative is being carried out in the context of Interreg V-A Euregio Meuse-Rhine, with EUR 1,065,840.00 from the European Regional Development Fund. The initiative also receives joint funding into which initiative partners pay their own contribution.

Website: www.euprevent.eu/sna



1.3 Healthy Environments

Primary topic:

B. Participatory Approach

Project

Healthy Indoor Environments (HIE)

On average, people spend 70% of their time in their own homes (source: RIVM). Good air quality, also in rental properties, is therefore very important. HIE mapped out the problems experienced by those involved and the methods already in place to achieve healthy indoor environments in rented homes. Existing knowledge and experience from Belgian and Dutch Limburg was exchanged and collated. Through infographics and training, the results are shared and passed on.

Regions/neighbouring countries involved in the initiative:

Limburg (NL), Limburg (BE)

Type of organisations involved in the initiative:

The HIE involves four Public Health Organisations working together.

Summary of the initiative:

HIE led to:

- better insight into the health problems experienced by tenants and by landlords of social housing
- increased knowledge about the informative value of existing materials and methods, whether they stimulate behavioural change and whether they are feasible.

The results were shared with all stakeholders and used to make policy recommendations to improve the quality of the indoor environment of rented homes.

Within HIE, targeted research was conducted among tenants, landlords and other parties involved in the quality of social housing. This provided insight into the problems associated with healthy living experienced by these groups. In addition, existing materials and methods to promote healthy living were tested for informative value, incentives for behavioural change and feasibility. The target group survey was carried out in 6 regions - 3 in Belgium and 3 in Dutch Limburg. The insights were used to develop more targeted awareness materials and methods that reach the target group and actually stimulated behavioural change.



At a concluding conference, the results of HIE were discussed with all those involved in social housing, the indoor environment of housing and the environment in Belgium and Dutch Limburg. In addition, these participants were offered training on behavioural change and how to apply this in their daily work.

The results were made available to everyone and presented visually, using infographics. Furthermore, the results (evaluation of existing materials, needs and determinants) were compiled in a report. This report was offered to policymakers in the areas of Health and the Environment on both regional and local (municipalities) levels. The insights gained can be used by stakeholders, such as municipalities and housing associations, in the future preparation and implementation of Environmental Health and Care policies.

The target group of the initiative:

Tenants and landlords of social housing in the Euregio Meuse-Rhine

Transferability of the initiative:

The transferability can be explained on multiple levels:

1. On a content-related level: the information gathered during HIE is useful for other regions in the Netherlands, Belgium and Germany, and potentially useful for other European regions:
 - A. From the point of view of housing – building and living
 - B. From the point of view of how to adapt policy and preventive actions to create a healthy indoor environment.
2. On a methodology level: the methodology of involving two different policy areas in cross-border cooperation is a good example of how the participatory approach is working in the EMR, even across borders.
3. On a Governmental level: the participants in the training will use this knowledge in future policymaking.



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 Avec le soutien du Fonds Européen de Développement Régional. L'Union européenne investit dans votre avenir.

1.3 Healthy Environments (continued)

Primary topic:

B. Participatory Approach

Project

Healthy Indoor Environments (HIE)

Lessons learned from the initiative:

- Lesson 1:** Small initiatives such as HIE are a good example of how different policy areas can be brought together in one collaboration. The lesson learned is, therefore, that it is smart to start small.
- Lesson 2:** Promoting health in all policies is something everyone supports, but it is not easy to practice in daily life.
- Lesson 3:** Responsibilities concerning healthy indoor environments in social housing are strongly divided locally. As a result, nobody really feels involved, or ultimately responsible. Bringing all parties together is a necessary first step to address this subject.
- Lesson 4:** Creating Healthy Indoor Environments is a complex topic. To get people to actively change their behaviour, it is important to avoid an overload of messages. Start small and be specific.

Any additional remarks/support information:

Website: www.euprevent.eu/hie

Lead partner or initiating organisation of the initiative:

LOGO Limburg

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Zet je raam open 10 minuten per dag

+



bij het **koken**



bij het **poetsen**



bij het **douchen/baden**

1.4 Interventions for Children

Primary topic:

A. Equity

Project

Reduce Harm for Children

The number of children growing up in a stressful parenting situation in the Euregio Meuse-Rhine (EMR) has increased in recent decades. These children are between three and 13 times more likely to develop psychological problems than other children. The urgency of breaking this cycle of intergenerational transmission is becoming increasingly evident in national and municipal policies. In the EMR several interventions are already targeting these children. The focus of REHAC is to ensure that all children in the Euregio Meuse-Rhine have the same chances in life. Therefore, children who grow up in a stressful setting are supported in order to reduce the harm caused by these circumstances. The REHAC partners want all children in the EMR to benefit from existing, helpful interventions by translating and implementing interventions across the border.

Regions/neighbouring countries involved in the initiative:

Limburg (NL), Limburg (BE), North Rhine-Westphalia (DE)

Type of organisations involved in the initiative:

In REHAC four Public Health Organisations work together to adapt and implement successful programmes across borders.

Summary of the initiative:

Several interventions already exist in the Euregio Meuse-Rhine (EMR) for children growing up in stressful situations. These interventions support the children of parents with a mental illness or mental health problems, the children of parents in a messy divorce and/or children whose parent (or parents) is/are in hospital or being treated as (an) outpatients. Within REHAC, the partners discussed extensively with one another the interventions already used. The interventions 'Wir2' (DE), 'Piep' (NL) and 'Op reis met Kriebel' (BE) were considered to be of benefit for other regions in the EMR. The frameworks of these interventions were described, translated (if necessary) and made available across borders. During training, professionals in the EMR learned the essence of these interventions and how to use them in their own work setting. By performing this training on a euregional basis, professionals had a chance to broaden their network and exchange experiences with colleagues from other regions. The REHAC partners also created a bilingual toolkit with 'to-dos' and successful euregional interventions for professionals in the EMR.

The target group of the initiative:

Children in the Euregio Meuse-Rhine

Any additional remarks/support information:

Website: www.euprevent.eu/rehac



Transferability of the initiative:

The different interventions for children in stressful situations are in principle transferable between regions. Furthermore, the way partners worked together to chart the existing interventions and mapped out the gaps, ensured that all children have the same chances in life. Instead of having everybody 'inventing' their own intervention, the regions used the expertise from other regions, or just across the border. The way REHAC did this is a good example for other regions and other policy areas.

Lessons learned from the initiative:

- Lesson 1:** Every region has its own knowledge and expertise. Living and working close to other regions gives you the chance to access this knowledge and expertise more easily. By exchanging interventions that already exist, extending the variety of your own interventions is relatively easy.
- Lesson 2:** By involving all stakeholders in the Euregio at an early stage, you gain valuable input, Euregional discourse, and a new network that is the basis of a sustainable collaboration.

Lead partner or initiating organisation of the initiative:

Mondriaan

Name and contact details of initiative coordinator or manager:

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1.5 Comparable Data in the Euregio Meuse-Rhine

Primary topic:

A. Equity

Project

Data for positive health in the Euregio Meuse-Rhine (EMR)

Research shows that citizens in border regions are more likely to have a lower quality of life. To address this issue, organisations in the EMR need to cross these borders and work together to promote the quality of life of their citizens. But how can you work together if there are no data to compare and no information is available on the similarities and differences between regions?

In the Euregio Meuse-Rhine, there is a strong need for data on a regional level which are comparable with data from other regions. To ensure that data can be compared, it is important to have representative data from each region. Representative data, however, are often available on a national, but not on a regional level. Furthermore, data are often not comparable between countries because of variations in methods of data collection and presentation. To make sure that citizens in the EMR have the same quality of life as citizens outside the border regions, the 'Data in the EMR' project aims to establish a long-term collaboration to collect, analyse and compare the data that are available on a euregional level.

Regions/neighbouring countries involved in the initiative:

Limburg (NL), Flanders (BE), East Belgium (BE), Province of Liege (BE), Region Aachen (DE)

Type of organisations involved in the initiative:

In an initial project, three Dutch organisations (euPrevent, the Public Health organisation and the Data Institute) worked together to set up an infrastructure for data collection in the EMR. In the spin-off from this project, 13 partners from all the regions of the EMR agreed to work together on collecting, analysing and comparing data on a euregional level.

Summary of the initiative:

In the EMR there is a long history of collaboration on a euregional level to improve citizens' health. In 2001, 2006/2007 and 2013, euregional studies (questionnaires) were conducted to collect information on attitudes to the risks of adolescents (N was between 46,000 and 25,000). These studies helped the partners significantly in their euregional collaboration. This euregional study will be repeated in 2019. Apart from these studies, the data available are limited or not useful for purposes of comparison on a euregional level. To improve this situation, several partners have begun a long-term collaboration. The aim of this collaboration is to make regional data available (e.g. demographic, health-related) that are comparable on a euregional level. Additionally, the project will include euregional data on new topics as and when euregional projects are undertaken. All data in the EMR will be presented in an online tool, the Euregional Health Atlas, so it will be accessible to everyone online.



For example, in 2019 data will be included from current projects on dementia and geriatric depression. In the coming years, data will also be included on social norms among young people and senior citizens.

The target group of the initiative:

Citizens in the Meuse-Rhine region

Transferability of the initiative:

From a content point of view: the data made available in this process will be presented online, as the Euregional Health Atlas. This is a visual representation of the EMR showing data by region. In this way, all available and comparable data will be accessible right across the Euregion for anyone who is interested, whether they are citizens, health workers or policymakers.

Furthermore, the lessons learned from setting up a collaboration between data experts from different nations on a (eu-) regional level, can be productively applied in other euregions.

Lessons learned from the initiative:

- Lesson 1:** It is important to start small, and using only data that are easily accessible.
- Lesson 2:** Organisations or institutions responsible for data collection and distribution need to be brought together to get the process started.
- Lesson 3:** Support must be gained from policy makers and (political) decision-makers by involving them and by first showing them the results.

Lead partner or initiating organisation of the initiative:

euPrevent

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1.6 Social Inclusion

Primary topic:

B. Participatory Approach

Project

N-power Neighbourhood Empowerment

The project's priority is social inclusion by increasing the social integration of vulnerable groups. The N-POWER project supports innovative 'neighbourhood development policies', enabling EMR cities to effectively reintegrate their 'excluded' neighbourhoods and populations in a creative, inclusive and sustainable development pathway. This participatory approach will contribute not only to reducing environmental inequalities between neighbourhoods and to the economic revitalisation of deprived neighbourhoods through the creation of new local activities and jobs, but also to the social development of neighbourhoods (through effects in terms of e.g. community learning, social integration, social cohesion and collective organisational capacity).

The participatory approach will be reached through a) a training program offered to all stakeholders concerned by people involved in neighbourhood development policies (locally elected officials, local officers, social workers, etc.) in order to improve these policies in the sense that they contribute more to the social integration of citizens, collective capacity building and empowerment within neighbourhoods; and b) a pilot project in which the same stakeholders will be invited to apply these empowerment approaches through concrete pilot projects in the neighbourhoods chosen as laboratories, in order to 'learn by doing'.

Regions/neighbouring countries involved in the initiative:

Belgium: Province of Liege (cities of Liege, Verviers, Seraing and Eupen), Province of Limburg (city of Genk)

Germany: Nordrhein-Westphalia (city of Aachen) **The Netherlands:** Province of Limburg (city of Heerlen)

Type of organisations involved in the initiative:

Local governments, schools and higher education, associations & NPOs, SMEs, general public

Summary of the initiative:

The N-POWER project will transfer this 'empowerment' model and integrate it into the neighbourhood development policies of the EMR Cities, thanks to 3 main strategies (corresponding to the main WPs):

- Training and education: transfer of the 'empowerment' model through attractive training activities based on workshops, site visits, etc;
- Pilot empowerment projects: initiate changes in practice (practical side of learning);
- Innovative funding: secure sustainable funding for neighbourhood empowerment projects.

The target group of the initiative:

Local public authority: Various types of stakeholders from local authorities (local politicians, civil servants, etc.).

Interest groups including NGOs: The NGOs, community associations, NPOs, etc., from the pilot neighbourhoods

Higher education and research: Various universities and high schools: Various schools, training & education centres, etc.

Education/training centre and school: Various schools, training & education centres, etc.

SME: Private companies in the EMR

General public: Inhabitants of the pilot neighbourhoods, with the emphasis on socially deprived and hard-to-reach groups (young people, etc.).

Transferability of the initiative:

- Efficient funding models for neighbourhood empowerment projects: guidance and recommendations concerning these innovative models will be integrated in a 'training & education package' to be used in regular education programmes of the research & education partners; furthermore, they will be made publicly accessible (notably through the project website), thus enabling any other stakeholder to benefit from the experience and lessons learned through the N-POWER project.
- Permanent partnerships between the cities and existing fundraising operators: by nature, the objective of these partnerships is to make cooperation between the cities and fundraising operators sustainable so that many other neighbourhood empowerment projects are financed after the N-POWER project has ended.
- Efficient funding models for neighbourhood empowerment projects: these models will be transferrable to any other city or region, which will furthermore benefit from the experience and lessons learned by the N-POWER partners, thanks to the evaluation report and guidance that will be made available to them (through, inter alia, the project website).
- Permanent partnerships between the cities and existing fundraising operators: this kind of partnership is transferrable to any other city or region, which will furthermore benefit from the experience of the N-POWER partners and the contacts they have established with fundraising operators.

Lessons learned from the initiative:

To ensure empowerment of citizens, it seems essential to have good cooperation not only between citizens and public authorities BUT also within the public administration. Indeed, in general, there is a lack of horizontal work and contact between the different departments which results in ineffective work. To ensure interesting empowerment results in the field, there should be more crossovers between departments that are more « social » and more « spatial » departments. Something N-power will also focus on over the remaining two years.

Lead partner or initiating organisation of the initiative:

University of Liege (Uliege)

Name and contact details of initiative coordinator or manager:

Van Doosselaere Stephanie – researcher/coordinator of N-power
svdoosselaere@uliege.be



1.7 Developing excellence in patient safety

Primary topic:

A. Equity

Project

SafePAT: developing excellence in patient safety in cross-border regions through standardised procedures, policies, and innovative tools

The SafePAT consortium involved end-users right from the start of the project. Both health care professionals and patients from the region – involved in interregional health care – were interviewed about their experiences. The majority of participants mentioned their shared goal: the well-being of patients. In addition, accompanying risks and ways to improve the current situation were mentioned, which provided the project team with a lot of input to start developing supportive material (training, tools).

Regions/neighbouring countries involved in the initiative:

Meuse-Rhine Region

Type of organisations involved in the initiative:

The SafePAT consortium consists of six partner institutions all based in the Meuse-Rhine Euregion: Uniklinik RWTH in Aachen, Oost-Limburg Hospital Genk, CHR de la Citadelle in Liege, Hasselt University, Open University Heerlen, and the University of Maastricht.

Summary of the initiative:

Health care has evolved enormously over recent decades. An increasing understanding of diseases along with technological innovations has contributed significantly to improving life expectancy in the 20th and 21st centuries. This has been accompanied by the emergence of a significant problem, namely the unintended harm of patients as a result of health care. There is overwhelming evidence that significant numbers of patients are harmed in the course of health care, resulting in permanent injury, wrong treatment, delays in medical diagnosis, life-threatening adverse events, increased health care expenditure, increased length of stay in hospitals and even death.

On average, each year over 160,000 people cross the borders between Belgium, Germany, France, Luxembourg and the Netherlands for planned and unplanned treatment. Typically for a border-region in the European Union, both patients and health care providers are challenged by fragmented and unconnected health care systems, amplifying patient safety risks. Highly critical moments in the chain of patient safety, especially on an interregional level, are the admission of patients to hospital, transfers within or between hospitals, and discharge from hospital to other health care providers such as general practitioners.



Handover procedures are complex and prone to errors. These challenges are multiplied in cross-border settings which also involve language barriers, cultural barriers, differences in health care systems and unfamiliarity with other teams. Furthermore, the Meuse-Rhine Euregion is characterised by a multitude of patient safety guidelines and standards, with differences between countries and between hospitals. In addition, the WHO stated in the past that patient safety has not been satisfactorily established or provided by the health care systems. For example, education and quality management in patient safety are poorly addressed or only partially implemented.

Within SafePAT we aim to gain a better understanding of how to improve patient safety in interregional health care. We involved health care professionals and patients, allowing them to voice their experiences and needs regarding this topic. With this valuable information, we are now working towards the development and implementation of support in the form of innovative tools (VR), patient empowerment materials, interregional training of health care professionals, and standardisation of procedures. The EMR, with a number of highly innovative institutions and approaches towards patient safety that are combined in the SafePAT consortium, is well-positioned to address the challenge to optimise patient safety in interregional health care.

The target group of the initiative:

Patients, health care professionals and other hospital staff (administrators, quality managers, etc.) and policymakers

Transferability of the initiative:

The initiative can easily be implemented elsewhere. The EMR is a perfect eco-system for demonstrating how to conduct effective cross-border patient safety procedures and policies in the 21st century in Europe. In the EMR, with 3 neighbouring countries, cross-border patient safety is challenged by different languages, different cultures and different health systems. This multidimensional structure must be properly understood to overcome problems that arise. SafePAT is a pioneer in investigating problems regarding cross-border patient safety. The SafePat project can become a foundation for other border regions and Europe at large. SafePAT provides a rich experience in mastering these challenges, specialised training and a set of highly innovative tools for medical professionals and patients. Our target is to increase the level of patient safety and reduce the risk of harm to patients, as well as to increase trust in cross-border health care systems and reduce costs by establishing standardised procedures.

1.7 Developing excellence in patient safety (continued)

Primary topic:

A. Equity

Project

SafePAT: developing excellence in patient safety in cross-border regions through standardised procedures, policies, and innovative tools

Lessons learned from the initiative:

- Lesson 1:** Joining forces enhances opportunities for significant improvement of patient safety
- Lesson 2:** Communication is a key point in improving patient safety locally and internationally
- Lesson 3:** Patient empowerment enhances patient safety
- Lesson 4:** Establishing a patient safety culture is an essential precondition for optimal (interregional) health care

Any additional remarks/support information:

Website: www.safepat.eu



Lead partner or initiating organisation of the initiative:

Uniklinik RWTH Aachen

Name and contact details of initiative coordinator or manager:

Project Coordinator: Dr. Saša Sopka, ssopka@ukaachen.de

Project Manager: Laura van Kersbergen, lvankersberg@ukaachen.de



1.8 Rare diseases in the EMR

Primary topic:

C. Human resources in Health

Project

Euregio Meuse-Rhine Rare Diseases (EMRaDi)

EMRaDi will contribute to

- improving the network and training of health professionals, health insurers and patient organisations
- increasing the transparency of needs and availability of services in the field of rare diseases (RD) in the EMR
- developing EMR models of RD patient pathways to improve their orientation

Regions/neighbouring countries involved in the initiative:

The 5 regions of the EMR, parts of Belgium, the Netherlands and Germany.

Type of organisations involved in the initiative:

It is a consortium formed by stakeholders highly involved in rare diseases in the EMR: Health insurances, university hospitals, a patient association and a university in the Meuse-Rhine Euregio

Health mutuals:

- Christian Health Mutual Verviers-Eupen (lead partner)
- National Alliance of Health Mutuals
- National Union of Socialist Health Mutuals

Three university hospitals of the EMR:

- CHU of Liege
- Maastricht UMC
- Uniklinik Aachen

Maastricht University MC

The Dutch national patient alliance for rare and genetic diseases - VSOP

Eight other partners (insurers, regional hospitals, patient associations and a research centre) are associated and bring in their own expertise.

RARE DISEASES DO NOT STOP AT BORDERS

Summary of the initiative:

In the Euregio Meuse-Rhine (EMR), up to 300,000 persons, often children, have rare diseases, but the number of people impacted by the rare diseases is even higher as this also includes the relatives and friends of patients.

Due to the specificity of symptoms and the difficulty of diagnosis associated with rare diseases, many patients have undergone a long and arduous journey before finding out that they have a rare disease. Knowledge is often scattered and, in many cases, finding the right professional/institution proves very difficult. Such patients (understandably) prefer medical treatment and support as near as possible to their home. In the Meuse-Rhine Euregio, patients with a rare disease are sometimes forced to seek care across borders, making use of “foreign” health care systems.

The EMRaDi project is innovative and unique because it is a patient-oriented and cross-sectoral project. It involves all stakeholders around the patient, including the academic world, and the patient him/herself. The consortium of partners includes the major health stakeholders who support RD patients and their relatives in their day-to-day RD patient pathway. The long-term aim is to improve the quality of life of these patients.

Each partner brings his/her own added value and all of them share the motivation to improve patients' lives. This plurality allows work to be performed at several levels: improving expertise, the quality of diagnosis and care, and the information and support provided, as well as raising awareness. The basis for this is a tight network between all stakeholders whereby special attention is given to networking, the dissemination of information and training. The project also takes into account developments at a national (e.g. national plans) and European level.

Thanks to the partnership with the Dutch organisation representing patients with an RD, and with their Belgian and German counterparts, patients are involved in the project as partners alongside experts, insurers and other health care professionals. The patients are also actively taking part in the project through the Patient Sounding Board and are at the core of the EMRaDi field study.

1.8 Rare diseases in the EMR (continued)

Primary topic:

C. Human resources in Health

Project

Euregio Meuse-Rhine Rare Diseases (EMRaDi)

The target group of the initiative:

The first target group is formed by the patients and their relatives, along with the patients' associations: the project was built with their active participation, notably through the Patient Sounding Board created within the project and thanks to the participation of a patients' organisation within the consortium.

The other target groups are the professional actors around the patients (hospitals, health insurers, health care professionals) as well as the general public and the political community.

Transferability of the initiative:

The EMRaDi project focuses on eight RDs for the analysis of the patient pathways: two diseases per disease group (syndromic, haematological, neurological and metabolic RDs). The objective is to then use the results for these RDs to help the other groups of RD patients and to make global recommendations and developments for cross-border health care of RD patients in the EMR, in other border regions and at a EU level. We also gather quantitative data in the three EMR countries on a longer list of RDs in order to form a better picture of the situation of RD patients in our border region.

The project should be seen as a pilot project whose activities and organisational models can be reproduced and applied elsewhere, in other border regions and at a European level. The project can also create new possibilities for the development of the European Reference Networks.



RARE DISEASES DO NOT STOP AT BORDERS

Lessons learned from the initiative:

Lesson 1: Awareness around rare diseases should be raised

Lesson 2: All actors involved with the patients must improve their coordination on national and cross-border levels and work more in a multi-disciplinary approach: this will result in patients being provided with more guidance on how to obtain the resources they need and receive a faster diagnosis and appropriate treatment. The EMR is a good pilot region to propose new developments to the European Reference Networks.

Lesson 3: The data collection and exchange about RDs must be improved in the 3 EMR countries and on a EU level.

Lesson 4: On a political level, more attention is needed and more concrete proposals based on facts and figures must be provided to those involved in politics to guide them into implementing change in the legal framework where needed.

Lead partner or initiating organisation of the initiative:

Mutualité Chrétienne Verviers-Eupen

Name and contact details of initiative coordinator or manager:

Caroline Glaude

European and cross-border project manager

Caroline.Glaude@mc.be

Any additional remarks/support information:

Website: www.emradi.eu

INITIATIVES PER REGION

2. Province de Liège

The province of Liège with 84 municipalities has more than a million inhabitants. While the metropolitan area of Liège, with a population of around 600,000 inhabitants, is famous for its coal and steel industry, the rest of the province is noted for its nature and agriculture, by hills and rivers with huge forests which are part of the Ardennes landscape. It has earned international renown for its thermal baths at Spa as well as its Formula 1. Famous tourist attractions include the High Fens and many beautiful castles.

The city of Liège is the third largest city in Belgium and the largest city in the French-speaking region of Wallonia. Liège offers a unique urban atmosphere with numerous churches and medieval buildings, modern museums and art galleries, a delicious and eclectic gastronomy, and a vivacious nightlife that has earned Liège the nickname of « la cité ardente » (“the ardent city”).



Netherlands

Limburg (BE)

Limburg (NL)

Belgium

Province de Liège

Region Aachen
Zweckverband

Germany

Deutsch-
sprachige
Gemeinschaft

Luxemburg

2.1 Safe Food Production

Primary topic:

C. Human Resources in Health

Project

The Liège Provincial Centre for Agricultural Management and Promotion (CPL PROMOGEST) and the Provincial Laboratory offers support to local producers

We offer local producers assistance in order to enable them to produce safer food, and help them to eliminate the risk of cross-contamination because of poor food preparation methods, by cold and hot chain monitoring.

We foster the local economy by helping producers publicise themselves.

Regions/neighbouring countries involved in the initiative:

Territory of the province of Liege

Type of organisations involved in the initiative:

Provincial institutions

Summary of the initiative:

We offer local producers assistance to help them to produce safe food. Our assistance is administrative as well as practical.

On the administrative side: we help them to check the conformity of labelling and/or to draft an auto-control system in order to allow an easy identification of critical aspects and attention points in their production processes.

This includes explaining the role of inward and outward registers, the connection between these two so to achieve full traceability in the event of problems, and the delivery of operational cleaning plans, pest control plans, etc.

We carry out audits of facilities: we can show them the steps needed to avoid cross-contamination, etc.

In practical terms, quality control checks are performed during the production process for checking the application of good hygiene and manufacturing practices.

At their specific request, we carry out microbiological analyses of water and foodstuffs.

We help manufacturers to determinate use-by dates for their products, or the chemical composition of finished products.



The target group of the initiative:

Local producers

Transferability of the initiative:

This initiative is applicable for use in any area. This initiative ensures that local producers offer safe food products at lower costs as a public body can charge a subsidised rate for this service.

Lessons learned from the initiative:

- Lesson 1:** Producers gain confidence that the initiative exists to help them to grow and prosper.
- Lesson 2:** The distribution sector gains confidence as a result of the administrative and practical follow-up work carried out with producers (compliance with the norms of AFSCA - Federal Agency for the Safety of the Food Chain).
- Lesson 3:** Producers can take advantage of support and analyses exclusively available from a public body, which they would otherwise not be able to afford.

Lead partner or initiating organisation of the initiative:

Department of Agriculture, Province of Liège.

Name and contact details of initiative coordinator or manager:

Mrs. Nathalie Peeters

Policy officer

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2.2 Improving Access to Care

Primary topic:

A. Equity

Project

Health and Social Crossroads (CaSS)

Within the framework of its health and social care policy, the Province de Liège initiated a consultative process with the relevant sector in order to improve access to care for people in difficult situations and to better meet their needs. This consultation led to the Health and Social Crossroads (CaSS) whose aim is to advise on and help to formulate solutions for different problems in the daily life of citizens. Thanks to that follow-up, every person can be offered real and practical solutions and be sent to experienced partners according to the problem he/she is facing (debts, domestic violence, assimilation, housing).

This innovative initiative is founded on its multi-stakeholder partnership. It brings together in a single location all the diverse expertise available in the field of social assistance and ensures complementarity between the various associations, provincial services and public services. Some partners are permanently based on-site, while others keep office hours (time-bound presence).

Every person who comes to the CaSS is welcomed by a provincial social worker who evaluates her/his request. If the person so wishes, he/she can access sanitary facilities on site (bathing, laundry, locker) or benefit from a follow-up consultation. An action plan and an evaluation are conducted in order to help her/him to stabilise her/his situation. This initiative will evolve over time as new partnerships are going to develop based on the identified needs.

Regions/neighbouring countries involved in the initiative:

Territory of the province of Liège

Type of organisations involved in the initiative:

Provincial Health and Social Services, local social and health associations, municipality

Summary of the initiative:

CaSS is a multi-stakeholder service bringing together public services and social and health associations. Citizens can find information, support, advice and solutions to cope with difficult situations at a single location. This initiative strengthens the network of associations in Liège (complementarity, in regard both to services offered and accessibility). If a person is in a very precarious situation and is temporarily unable to support himself/herself to meet his/her basic needs, specific help will be proposed in order to find solutions to his/her problems, or at least stabilise his/her situation (bathing, laundry, hairdressing, medical care, dog's home).

The target group of the initiative:

Three target groups were identified after a survey led by the University of Liège in 2015 in order to build on action and the partnership in relation to the difficulties of that specific public:

- Those in highly precarious situations (homeless people/drug users/squatters/undocumented people);
- Workers in insecure employment
- Those suffering a life crisis.

Transferability of the initiative:

The CaSS represents the results of a general initiative of collaboration between the social and health sectors of the Province de Liège. These two services decided to coordinate their resources in order to be able to respond better to the specific needs of citizens in difficulties. It is an integrated approach involving tens of associations supporting a work methodology based on collaboration and coordination for the benefit of those in need.

Building on this type of joint desire, the CaSS can of course be replicated in other regions, provinces or entities. An in-depth knowledge of the needs of the population and of the existing resources is at the core of the initiative. Collaboration, complementarity and lack of competition are the keywords for its implementation.

Lessons learned from the initiative:

- Lesson 1:** CaSS is very widely used by people in precarious situations.
- Lesson 2:** The importance of being based in a single easily accessible site and the availability of a variety of support services.
- Lesson 3:** The multi-stakeholder character of the services allows for seamless guidance and follow-up to be given to the public.
- Lesson 4:** Social and health sectors are closely linked. Providing access to social and health care for people in a precarious situation is essential.

Lead partner or initiating organisation of the initiative:

Province de Liège | Prom'S service

Name and contact details of initiative coordinator or manager:

Nathalie SIMON, Director | Prom'S Service - nathalie.simon@provincedeliege.be

2.3 Exploring Risky Consumptions of Young People and Their Prevention

Primary topic:

A. Equity

Project

HELP-ADOS

HELP-ADOS is a 'mHealth' solution for countering young people's high-risk behaviour. HELP-ADOS improves the capacity to assess high-risk behaviour among young people.

Regions/neighbouring countries involved in the initiative:

The main partners involved in this initiative are:

- Bordeaux Hospital University Centre (CHU) – France;
- Province de Liège – Openado – Belgium;
- Interactive Situations – IT Consulting – Bordeaux – France;
- XYZ – IT Development – Bordeaux – France;
- “Les passagers du temps 17”, Suicide prevention NGO – Saintes – France;
- “MDA Pau Bearn” – Pyrenees Hospital Centre – France.

Type of organisations involved in the initiative:

Hospital, local governments, non-governmental organisations, private companies.

Summary of the initiative:

In collaboration with Openado of the Province de Liège, the non-governmental organisation 'Passagers du Temps 17', the start-up business Interactive Situations and the Axyz company, Dr. Xavier Pommereau – psychiatrist, head of the teenage centre of Bordeaux University Hospital – has created an interactive and scalable digital tool for professionals, to help and guide them to better assessment of the seriousness of high-risk behaviour among 9- to 24-year-old.

The device is called HELP-ADOS: help refers to “help with evaluation” and “help to prevent and support”, and ados is an abbreviation for “adolescents”.

The device consists of two downloadable apps, one for the professional's smartphone and the other for the teenager. The two apps are paired via a Wi-Fi connection. The device aims to explore high-risk consumption (tobacco, alcohol, cannabis, other drugs and psychotropic substances, eating disorders), life-threatening and self-harming practices (high-risk sexual behaviour, self-harming), various forms of addiction (substances and drugs, video games and internet, gambling, etc.) and states of depression and suicidal thoughts.

This interactive and live exploration automatically generates a report that shows the levels of severity and danger of these high-risk behaviours. The report can be shared and discussed with the teenager.

The target group of the initiative:

For health professionals engaged with teenagers, HELP-ADOS is a guidance tool allowing them to establish a structured interview that can collect a maximum of useful data, to address topics difficult to assess during a first interview or in an emergency, and to very quickly produce (in less than 15 minutes) a detailed action plan.

The tool plays for teenagers the role as a third party and offers them the potential to quickly and fluently express their thoughts, using a familiar digital medium that renders them proactive in the exchange, through which they can address topics they might find difficult to translate into words.

Transferability of the initiative:

The use of this digital device at a European level would make it possible to collect relevant data about high-risk behaviour among young people. It would offer innovative perspectives for comparing these problems from one country to another and help to define the need for specific resources for care and support.

Lessons learned from the initiative:

- Lesson 1:** HELP-ADOS can be useful for all front-line health workers (general practitioners, school nurses, prevention workers with students, mobile teams, etc.). More broadly it is also helpful for all those involved in the help, prevention and care of addicts and those with addictive behaviour, child and adult psychiatry practitioners, etc.
- Lesson 2:** The tool can improve professionals' ability to assess high-risk behaviour among adolescents and contribute to their ongoing training.
- Lesson 3:** HELP-ADOS can improve adolescents' compliance when they are being assessed, the detection of early disorders with great potential to become more serious, patients' cooperation in their care and the proposed plan of action.

Any additional remarks/support information:

The application is currently in an advanced development phase based on tests conducted in France and Belgium in partnership with the Universities of Liège and Bordeaux.

Lead partner or initiating organisation of the initiative:

Dr. Xavier Pommereau - Psychiatrist
Head of the teenage centre of Bordeaux University Hospital.

Name and contact details of initiative coordinator or manager:

Mr Christophe MAIRESSE
Province de Liège – Openado – Belgium
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2.4 Developing Positive Mental Health

Primary topic:

B. Participatory Approach

Project

Stay on Track ("Je tiens la route")

The primary aim is to enable students in higher education to deal calmly with their first set of examinations and, more generally, with the turning point that the transition from secondary to higher education represents - the responsibilities and the implied degree of empowerment.

This initiative, from the Province du Québec, develops positive mental health among students from four different angles:

1. "I improve my physical condition" : healthy diet, physical activity, etc.
2. "I am using my strengths" : psychological wellness, getting to know oneself, assertiveness, stress management, etc.
3. "I enrich my social relationships" : to enrich one's social life, impose limits, request assistance, etc.
4. "I find meaning in my life" : search for meaning, etc.

Equity

Participation in this initiative is free of charge and open to all students in all institutes of higher education (across all networks).

Participatory Approach

Higher education institutions are completely involved in the implementation of the initiative and students are actively involved in the activities proposed to them.

Human resources in Health

The initiative is based on collaboration between the different partners, most notably the health care network.

Regions/neighbouring countries involved in the initiative:

Province de Liège

Type of organisations involved in the initiative:

Higher education institutions, universities, advice centres, educators, academic achievement support, medical social centres, family planning centres, provincial health services.

Summary of the initiative:

The initiative is evolving and developing via various actions throughout the whole year. In October and November, we propose an "I Stay On Track" day in schools. Our initiative has a common basis (workshop and stands) completed by a range of activities according to the available resources of the schools and of their partners.



The basis is formed by three workshops managed by OPENADO (self-esteem, self-massage and sleep). We also propose the presence of stands publicising Openado, healthy diet (I Prom'S) and "I Stay On Track" in order to explain the concept of the programme and its objectives to young people.

Examples of complementary workshops are: laughter yoga, self-hypnosis, sport, chair massage, aesthetical wellbeing, and aroma therapy, emotional and sexual lives. The invisible theatre show aims to stimulate young people to reflect upon a problem ("What can I do?", "Who should I go to for advice or to find help or support?").

Subsequent to the kick-off activity in October, we also propose the organisation of:

- Sleep workshops: a worrying subject among young people, whose sleep duration and quality are affected;
- A triumphant welcome: encouraging students at their January session by welcoming them warmly in the presence of teachers and educational support (distributing hot chocolate, tips for the examination period) ;

A spring activity can also be proposed before the June session (with free orange juice).

The target group of the initiative:

Higher education students.

Transferability of the initiative:

This initiative originates from the Province du Québec and has been implemented in our province without any issues. It addresses positive mental health themes in a light-hearted way and through participation. The primary advice is to work closely with post-secondary institutions. The project can most easily and successfully be implemented if partners support the initiative.

Lead partner or initiating organisation of the initiative:

Province de Liège

Name and contact details of initiative coordinator or manager:

Openado Affaires sociales - I Prom'S Santé Province de Liège

M. Jérôme GHERROUCHA, Social director	jerome.gherroucha@provincedeliege.be
Mrs Nevenka ANDRIGHETTI, Head of division	nevenka.andrighetti@provincedeliege.be
Mrs Corine JEDOCCI, Social worker	corinne.jedoci@provincedeliege.be

2.5 Emotional, Relationship and Sexual Issues

Primary topic:

A. Equity

Project

SEX'ETERA

Every area of life:

In response to a request, the bus visits many public places, such as educational institutions, youth centres, open educational support (AMO) facilities, community centres, residential schools, facilities for disabled people, and public events in cities and municipalities. The bus is a medium that touches closely on the lives of most citizens. It goes to meet young people, parents, grandparents, educators, and teachers. The target groups are the whole family group and the educational community.

All audiences:

The bus allows everyone, whatever their age and level of knowledge, mental and physical abilities, resources and personal issues, to:

- benefit from targeting an education in responsible sexual behaviour which offers more than information and risk prevention (AIDS, unwanted pregnancy;) as; it aims also to provoke both emotional and relational responses (strengthening psycho-social competencies, promoting emotional intelligence, initiating dialogue);
- be assessed not only on the lack of information about high-risk behaviour but within the framework of a multi-dimensional approach including factors like the views of others, low self-esteem, prejudices, propensity for high-risk behaviour, cultural or religious ideas, inaccessibility or cost of methods of protection;
- have the option of being sent to competent services that are going to listen to them and answer their questions without taboos and prejudices.

Regions/neighbouring countries involved in the initiative:

Districts of Liège, Verviers, Huy-Waremme in the province of Liège.

Type of organisations involved in the initiative:

Schools, family planning centres, psycho-medico-social centres, open educational support providers, youth centres, psychiatric hospitals, other provincial services, local representatives, municipalities, private and public organisations, public social welfare centres, local centres for health promotion.



Summary of the initiative:

This SEX'ETERA BUS initiative of the Province de Liège began in 2002. Dedicated to sexual, emotional and relational health promotion, it is the result of collaboration between the Local Centres for Health Promotion, many of which have interest in the field, notably family planning centres. Given a new look in 2012, it proposes new topics to meet today's requirements.

SEX'ETERA is a meeting space divided into 3 modules. Each module addresses a very specific issue using a logical timeline.

In a nutshell, SEX'ETERA is a "two in one" bus formula, an animated and an exhibition version in the same bus, relevant to the target audience and the intended objectives.

The animated version is addressed to young people aged 12 to 18 aiming at listening to these teenagers, to offer them guidance and to make them feel responsible. This interactive educational resource allows adolescents to actively participate in the animation and to take control of their own sexual life. It achieves a climate of mutual trust by encouraging dialogue and seeks to give teenagers a feeling of personal responsibility regarding the emotional and human dimensions of their sex-life.

In the exhibition version, for all audiences from age 12, the objectives are to inform, provoke the senses and prevent. This information resource promotes awareness of AIDS and sexually transmitted diseases.

The target group of the initiative:

- Health and education professionals and practitioners as an aid in their educational mission;
- Young people aged 12-18 (animated version).
- All audiences (exhibition version).

2.5 Emotional, Relationship and Sexual Issues (continued)

Primary topic:

A. Equity

Project

SEX'ETERA

Transferability of the initiative:

Transferable outside the province to other provinces, regions or entities. This mobile initiative is even meant to be transferable. The bus goes at the encounter of the general public.

Benefits

- Participants focus around a common purpose (a shared vision of a specific area of emotional, relationship and public mental health);
- real local dynamics are developed which bring professionals together in areas of emotional, relationship and mental health (teachers, social workers, educators);
- development of partnership and interdisciplinary networks as a result of the meetings;
- increasing the visibility of local initiatives via a greater impact. A classic and less visible tool would be less attention-grabbing.

Tips

- Conduct a survey to assess the population's needs and existing resources;
- Encourage groups to work together, to complement local providers without any fear of competition;

The uniqueness of the bus does not lead to undue distortions of competition between interested parties. Over a given span of time, everyone has their own specific role, which is – clearly defined – making collaboration between partners as fluid as possible.

Lessons learned from the initiative:

Lesson 1: A competition-free partnership with local providers is required.

Lesson 2: Adaptability to target different audiences. Toolkit used by the animator – or not – according to the target audience.

Lesson 3: Public interest in relationship, emotional or sexual health matters.

Lesson 4: Importance of management support within the applicant institution to avoid a single person having to carry through the initiative to the degree that the process becomes too organisationally overwhelming.



Lead partner or initiating organisation of the initiative:

Mobile Health Promotion Service (I Prom'S – Cell SEX'ETERA)

Name and contact details of initiative coordinator or manager:

Mrs. Nathalie SIMON, Director
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 Phone: +32 4279 43 40



2.6 Promoting Mental and Physical Health

Primary topic:

A. Equity

Project

TipTop

Mental and physical health promotion campaign: “To be TipTop I take care of my health”

The mental and physical health promotion campaign set up by the Province de Liège is intended to empower citizens to take care of their health, initiating actions so that these change patterns in their behaviour. When promoting collective or individual actions, free of charge and accessible to all citizens from the age of 18 upwards, the TipTop campaign offers a non-judgemental ear and a personalised welcome. TipTop makes no demands of participants, nor does it ever from participants, neither does it put any blame on them. Participants take their own decision as to what they want to improve in their life. TipTop merely empowers them to take their health into their own hands, focusing specifically on their mental and physical health by means of four themes: positive mental health, physical activity, healthy nutrition and smoking. This concept seeks to interact with each individual’s day-to-day life, whether he/she is an employee, self-employed, a blue-collar worker, unemployed, retired, a benefit recipient or anything else.

Two versions are available:

- A version for municipalities intended to complement, and not compete with, existing services.
- A version for operators, placing the emphasis on the individual phase in order to screen more vulnerable people, more remote from health care networks or less likely to think about their well-being as an entity. The campaign goes to meet them at their work, home, place or other location. After the individual phase, group workshops can be organised in order to strengthen the focus initiated by the process. Analyses have demonstrated that vulnerable people come out of these discussions with the feeling of having been listened to and to having been empowered to speak out.

Regions/neighbouring countries involved in the initiative:

French-speaking part of the province of Liège.

Type of organisations involved in the initiative:

Municipalities, public social care centres, Social Cohesion Plan, local stakeholders, public or private authorities.

Summary of the initiative:

Started in 2016, the TIPTOP campaign attempts to address the concerns of citizens, inform and motivate them, make them realise that a change of behaviour(s) would be a good thing, and engage them in taking care of their own mental and physical health. The Province de Liège, in collaboration with municipalities and local stakeholders, will foster the emergence of a population who wants to be free of tobacco, who wants to feel well in their body and mind, physically fit and to eat a healthy diet. This campaign is based on three phases: raising awareness, mobilisation and reinforcement. TIPTOP is planning, in collaboration with local stakeholders, several joint events, such as workshops, conferences and displays. The campaign also invites participants to an individual process, reviewing one specific topic in an interview with skilled



staff on the TIPTOP bus. At the end of it, participants benefit from personal recommendations, customised tip sheets and if necessary, a referral for local resources.

The target group of the initiative:

There are three target audiences:

- The general population;
- Disadvantaged members of the population (public social assistance centres...);
- Service providers, their staff and clients.

The audience can be better targeted. Useful tips:

- The approach should remain based on health promotion and primary prevention;
- Ensure complementarity and avoid competition;
- Target both mental and physical health in a single initiative;
- Improve access to underprivileged groups via social security centres or other organisations.

Transferability of the initiative:

The initiative can easily be implemented elsewhere.

Lessons learned from the initiative:

- Lesson 1:** The difficulty of reaching the most vulnerable people.
- Lesson 2:** The different level of participants' education according to the phases or activities.
- Lesson 3:** There is strong public interest in positive mental health.
- Lesson 4:** People need to be listened to.

Lead partner or initiating organisation of the initiative:

Service Itinérant de Promotion de la Santé (I Prom'S) – Mobile Health Promotion Service.

Name and contact details of initiative coordinator or manager:

Mrs Nathalie SIMON, Director, I Prom'S

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Phone: +32 04 279 43 40

INITIATIVES PER REGION

3. Provincie Limburg (NL)

Limburg is one of the 12 provinces of the Netherlands. It is located in the south-east of the country and had a population of 1.116.260 (2016).

The capital city of Limburg is Maastricht. The main cities include Heerlen, Maastricht, Roermond, Sittard-Geleen, Vaals, Valkenburg aan de Geul, Venlo and Weert. ³

³ <https://www.populationdata.net/pays/pays-bas/>



Netherlands

Limburg (BE)

Limburg (NL)

Belgium

Province de Liège

Region Aachen
Zweckverband

Germany

Deutsch-
sprachige
Gemeinschaft

Luxemburg

3.1 Improving Health-Related Quality of Life

Primary topic:

B. Participatory Approach

Project

Blauwe Zorg in de Wijk: Blue Care

Blue Care wants to set in motion a movement to improve the health-related quality of life of inhabitants in the four Blue districts. It aims to change people's attitudes, effective self-treatment and behaviour to give meaning to their lives and stimulate their participation in society. Furthermore, it aims to provide health care based on the needs and wishes of citizens, instead of it being based on organisational interests or financial logic, as the current Dutch health care system invites turnover-oriented thinking and medicalisation. Blue Care is an experiment that sets out to realise innovations that influence this way of thinking and change the behaviour of citizens and health care organisations. The focus is therefore not only on individuals, but on the entire system. Within the Blue Care Initiative, (health care) professionals are equipped to work increasingly from the perspective of the individual and less from that of their own parent organisation. On the one hand, the equipment consists of teaching them skills to guide people in formulating their needs and demands. On the other hand, the parent organisation gives them the space to overcome (financial) obstacles and subordinate organisational interests. They start from the basic premise that people are resilient, an idea supported by case studies. This method is based on the working principles of Positive Health, in which health is seen not so much as the absence of disease, but as "the ability to adapt and self-manage in the face of life's challenges". The principle of Positive Health stimulates individuals to make choices in life based on their own resilience.

Regions/neighbouring countries involved in the initiative:

The pilot is being carried out in neighbourhoods of Maastricht (Nazareth/Limmel (N/L) and Wittevrouwenveld/Wyckerpoort (W/W)) that are characterised by a relatively high number of citizens with low socioeconomic status. General practitioners and other professionals in these neighbourhoods are known for their proactive approach towards both client autonomy and innovative working methods. There are 5,500 inhabitants in N/L and 9,750 in W/W (12.5% of the total population of Maastricht), and a combined total of 8,500 households.

Type of organisations involved in the initiative:

Maastricht Municipality; ZIO (Zorg in Ontwikkeling) (primary health care and general practitioners); VGZ insurance company; homecare organisation Envida; GGD Zuid Limburg (regional public health organisation); Burgerkracht Limburg. Also, social care providers such as Radar, Trajekt and MEE (partly supported by co-funding from the Province of Limburg).



Summary of the initiative:

The Blue Care initiative: integrated community approach

Our general aim is to improve the perceived quality of life of deprived and vulnerable citizens in four neighbourhoods by implementing an integrated community approach from 2016-2020, based on the working principles of Positive Health and (virtually) combined budgets.

Why?

Things have to change. This awareness is now widely shared by politicians in the region. Continuing on the current path will lead us to a dead end. Funding obstacles stand in the way of good health care and services for the individual. The current system of market forces encourages people to think in terms of profit. In addition, a 'waterbed effect' has been created, whereby cuts at one end of the health care system lead to higher costs at the other end. It is clear, for example, that abolishing the social employment system leads to higher mental health care costs, or to older people living at home longer. Although this will save on nursing homes, it will result in other problems and costs. Add to this the enormous bureaucracy and massive fragmentation within the health care system.

How?

Within the Blue Care pilot, the organisations involved are asked to provide cases that are then gathered in a case book. These practical examples are used to monitor the progress of the complex process and to "learn together". In addition, several initiatives are carried out each year that transcend at least two domains. The number of initiatives, as well as their size and impact, can change each year.

3.1 Improving Health-Related Quality of Life (continued)

Primary topic:

B. Participatory Approach

Project

Blauwe Zorg in de Wijk: Blue Care

There are four core elements: citizens in action; professionals in action; combining budgets; and knowledge-sharing.

These core elements aim to:

- change people's attitudes, self-efficacy and behaviour to give meaning to their lives and stimulate their participation in society (citizens in action).
- enable and support the professional freedom of health and social service providers to organise (preventive) support in the interest of individual citizens, above and beyond organisational interests or financial considerations (professionals in action).
- virtually combine budgets for care financed from social and public health sectors (Maastricht municipality) and health insurer-financed care (insurers VGZ and CZ) for the population as a whole, using the reimbursements of 2015 in these sectors as an upper limit (combining budgets).
- broaden the philosophy and implementation of the integrated community approach to other communities in the south of Limburg facing similar challenges in terms of socioeconomic health inequalities and to pass on knowledge gained from this pilot to national and international stakeholders (knowledge transfer/implementation consolidation).

We expect the integrated community approach to improve the perceived quality of life of deprived/vulnerable citizens, thereby reducing socioeconomic health inequalities.

The target group of the initiative:

The residents and care professionals of the four districts in Maastricht represented in a citizens' panel and/or neighbourhood forum.

Transferability of the initiative:

Based on the aims and objectives, the implementation process of Blue Care is complex. The pilot partners agreed to regard it as an incremental learning process, and to apply a tailored governance structure to guarantee progress on strategic, tactical and operational levels. Comprehensive and extensive support is regularly scheduled on the agendas. During regular meetings, partners reflect on the time-frame, including milestones at certain time points, for the implementation process between 2016 and 2020. We learned that to succeed we need these regular updates and discussions, to enable us to adjust and/or redirect the various organisations and people involved.

Sharing the knowledge gained from this pilot with national and international stakeholders is facilitated in the participation of the south of the Netherlands in the existing networks 'Kennisnetwerk Zuid-Nederland' and 'Alles is gezondheid'. Knowledge development is also fostered by sharing experiences with other Academic Collaborative



Centres for Public Health (AWPGs) throughout the Netherlands, especially those involved in social community teams or comparable initiatives that can be of value to the current pilot. Knowledge gathered throughout the initiative is disseminated through articles in local newspapers, publications in nationally and internationally renowned peer-reviewed journals, websites and social media, and presentations or workshops at national and international conferences.

The two prerequisites for the pilot are good cooperation and the commitment of the various organisations and representation/voice of the residents in the neighbourhoods. In addition, flexibility of employees and financial resources contributes to the success of the initiative.

Advantages of the initiative are:

- an integrated approach to problems;
- organisations are brought closer to the people and one another, so they can act appropriately and in a timely manner;
- organisations learn from and with one another by way of the case book.

Lessons learned from the initiative:

- Lesson 1:** The broad movement, aimed both at the public and at organisations, leads to a subtle but lasting change in the behaviour of both people and organisations.
- Lesson 2:** The full commitment of the organisations involved is vital (e.g. professionals, managers, board members)
- Lesson 3:** Implementing a pilot is a process in which trust and ideas need to evolve over time.
- Lesson 4:** It is crucial to collaborate and connect with local existing community networks.

Lead partner or initiating organisation of the initiative:

ZIO (Zorg In Ontwikkeling) manages the budget and is the coordinator of the initiative. However, the lead is not in the hands of one organisation, but shared among the collaborating partners.

Name and contact details of initiative coordinator or manager:

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 E: info@zio.nl

3.2 Teaching Primary School Pupils to Live a Healthy Life

Primary topic:

A. Equity

Project

The Healthy Primary School of the Future (HPS)

De Gezonde Basisschool van de Toekomst (DGB)

Obesity, diabetes, cardiovascular diseases and lung diseases are much more common in the Parkstad region than on average in the Netherlands. A growing number of children in this region are also developing chronic diseases due to unhealthy lifestyles, resulting in declining educational performance and social inequality. Ultimately, this in turn leads to fewer work opportunities and thus to higher unemployment. This is resulting in a vicious cycle of structural and persistent disadvantage. The Healthy Primary School of the Future wants to change this. The aim of Movare's 'Healthy Primary School of the Future' initiative is to investigate whether children who are offered a structured daily routine at primary school, with sufficient time for education, sports, exercise, play and attention to healthy eating, experience better physical, emotional and intellectual development. The project also investigated whether such a daily routine means more rest and less stress for both children and parents, and contributes to a better quality of life. In addition to these possible child-specific benefits, the social and economic benefits in both the medium and long term are examined.

Regions/neighbouring countries involved in the initiative:

The initiative will be carried out at various primary schools in the Parkstad region.

Type of organisations involved in the initiative:

The programme is an initiative between Educational Foundation Movare, the GGD Zuid Limburg, Maastricht University, Maastricht University Medical Centre+, childcare organisations and nurseries, in close cooperation with many private and social bodies.

Summary of the initiative:

The research

In 'The Healthy Primary School of the Future' initiative, we teach primary school pupils to live a healthy life, in the hope that this will change how the children live their lives. Healthy living means different food, more exercise and time for creativity and developing talents. Schooldays will be structured differently. In the morning the pupils can, with the consent of their parents, have breakfast together at - wraparound care. After school, the children can play games, sports or do something creative during after-school care sessions (BSO). During each school day and during the BSO, pupils are given healthy food and healthy snacks. Of course, this also includes fun information about good and healthy food and exercise. Because of these extras, the lunch break and therefore also the school day lasts a little longer than usual.



The most important goals are:

- Improving the children's development
- Enabling children to perform better
- Helping disadvantaged children
- Encouraging children to use their talent
- Teaching children to live healthy lives
- Providing care for children of working parents
- Offering shelter in the neighbourhood
- Involving parents in their children's activities
- Making children aware of healthy lifestyles
- Helping parents to balance work and raising their children
- Improving employment in the region

Specifically, two primary schools (Wereldwijs public primary school and de Schatgraver primary school) offer a day programme with, in addition to regular education, sport, exercise, relaxation, culture and a focus on lifestyle and healthy nutrition. The programme is offered five days a week with extra school time during which the extended programme can be implemented. The programme is also extended to the local wraparound care facilities (BSO). In this initiative, these schools are called healthy primary schools.

It was also decided that two other primary schools (Langeberg primary school and Harlekijn public primary school) would devote more time and attention exclusively to sport and exercise - the so-called "exercise schools". These exercise activities take place during the school day and during the afternoon break. During the lunch break children can participate in an attractive selection of sports, games, exercise and relaxation.

In order to measure the results of these changes properly, four regular schools are also followed: de Vlieger, An d'r Put, de Schakel and de Spoorzoeker primary schools. At these schools the pupils follow the existing curriculum, with no extra time spent on sports, exercise, relaxation and culture.

The research team will carry out evaluations over four school years (2015/16-2018/19) at the intervention and control schools. This will involve researchers coming to the schools and mapping the effects of The Healthy Primary School of the Future initiative by various means, such as questionnaires, weighing and measuring, interviews and computer-based tasks. School year '2019/20 will be dominated by a large-scale evaluation. This will result in knowledge and information for scientists in the form of scientific articles, presentations at conferences and a scientific symposium. These results will be presented to parents and teachers in an interactive and accessible way, for example, as an interactive website or in a science day at school.

3.2 Teaching Primary School Pupils to Live a Healthy Life (continued)

Primary topic:

A. Equity

Project

The Healthy Primary School of the Future (HPS)

De Gezonde Basisschool van de Toekomst (DGB)

Involvement

The research team of the 'Healthy Primary School of the Future' initiative considers it important that teachers are directly involved in the research. For each school an initiative leader has been appointed to act as the contact person for the whole school. The initiative leader has put together an initiative team and 'Sounding Board' that further adapts and carries out the research at the school. They ensure that the new format of the school day matches as closely as possible the resources and abilities of the school in question. Involvement of the parents is also important. They can offer their thoughts by becoming a member of the Staff-Student Council or Sounding Board of their primary school. In addition, parents can participate as volunteers in the implementation of the HPS.

All the organisations involved make significant contributions, in both a material and an intangible sense. It is remarkable that so many social organisations, government bodies and businesses appreciate the need to cooperate in this important social exercise.

Initial Findings

- Teachers report fewer conflicts between children;
- The 'healthy primary schools' show a decrease in sedentary time and an increase in light exercise;
- These schools also show that children eat more dairy, vegetables and fruit during lunch, and drink more water throughout the day. Unhealthy eating habits (fizzy drinks and snacking) have declined.

The target group of the initiative:

Children and parents of children in primary education. Childcare organisations, kindergartens and wraparound childcare organisations are also involved.

Transferability of the initiative:

The Healthy Primary School of the Future concept is not limited to the Parkstad region. It is applicable to schools in the Netherlands and abroad. The starting point is to achieve positive outcomes through promoting health and healthy behaviour among (young) children. Not only are they now healthier, but they also grow up with healthy habits and become healthy adults. This effect is not limited to regions with a large health disadvantage. This investment in a healthier generation can also be made in other regions.

To make it easier to extend the project to other regions, the Healthy Primary School of the Future is founded on a number of building blocks. These building blocks (e.g. support, nutrition, exercise) provide a clear picture of the goals and



practical implementation of the HPS, but leave plenty of scope to tailor the implementation to the specific circumstances of a school, region or country.

When introducing the Healthy Primary School of the Future, it is important to seek cooperation with public partners (local, regional and national government) and private partners (parents and businesses). Among this network of partners, a business case is created that leads to a viable application for that specific context.

Advantages of the initiative are:

- an integrated approach to problems;
- organisations are brought closer to the people and one another, so they can act appropriately and in a timely manner;
- organisations learn from and with one another by way of the case book.

Lessons learned from the initiative:

- Lesson 1:** The schools that focus on both nutrition and exercise already show positive results after two years. Children have a healthier weight and exercise more. The amount of fruit and vegetables that pupils eat at these schools has clearly grown and their diet has become broader: they like more things!
- Lesson 2:** Teachers from the participating primary schools indicate that there is less conflict between pupils. During their breaks, pupils are divided into groups across the building and the playground. This way they are less in one another's way. In addition, guided activities take place and there is less time for free play.
- Lesson 3:** Having lunch together, where everyone eats (approximately) the same, increases mutual understanding.
- Lesson 4:** The Healthy Primary School of the Future ensures that the school has a central role in its surrounding environment. This environment is literally used during intermediate school care and relationships play a structural role in the provision of care. In this way we see more social cohesion emerging.

Lead partner or initiating organisation of the initiative:

The initiative for the Healthy Primary School of the Future was taken by the Movare Educational Foundation. From the outset, however, this foundation has sought to liaise with Maastricht University and the GGD Zuid Limburg.

Name and contact details of initiative coordinator or manager:

Andrew Simons, andrew.simons@movare.nl

3.3 Positive Health

Primary topic:

B. Participatory Approach

Project

Limburg Positive Health

Participatory Approach/equity: The Positive Health philosophy is based on six dimensions:

- Quality of Life
- Social participation
- Daily functioning
- Bodily functions
- Mental well-being
- Sense of purpose

These ideas offer a stepping stone for everyone to contribute to the health of Limburgers on the basis of their own individual expertise. The movement aims to inspire and facilitate Limburgers to look at their health more broadly, individually and collectively, and to recognise how they can live a resilient and productive life and learn how to make their own choices.

Human resources in health: many organisations identify with the principles of Positive Health and try to focus their HR policy on this. Healthy and vibrant employees contribute to a healthy company.

Regions/neighbouring countries involved in the initiative:

Limburg Positive Health exists for the entire province of Limburg.

Type of organisations involved in the initiative:

The Limburg Positive Health movement is a networking organisation and is always looking for new partners who would also like to contribute to its aims and spread the ideas of Positive Health throughout the province.



Summary of the initiative:

The Positive Health initiative focuses on health rather than illness. It offers people an opportunity to take more control over the challenges in their lives and to choose the support and care they want. It is about participating and making a difference. The concept of Positive Health is visualised as a spider's web with six strands:

- Body functions - I feel healthy and fit
- Mental well-being - I feel happy
- Meaning - I have confidence in my own future
- Quality of life - I enjoy my life
- Participation - I have good contact with other people
- Daily life - I can take good care of myself

In order to make Limburg the first Positive Healthy Province, we have drawn up an action plan to spread the philosophy of Positive Health in our province. This plan consists of three phases:

1. Stimulating and inspiring
2. Connecting and making sustainable (carry out independently)
3. Monitoring and evaluation of effects

The Limburg Positive Health movement has set much in motion and after two years of inspiration (phase 1) the next phase has started: connecting and making sustainable. Many organisations want to work together to broaden the Positive Health message.

The Limburg Positive Health movement is paramount, but to help implement the action plan, the Limburg Positive Health action centre was launched in November 2016. This centre is the vehicle used to achieve the goals of the movement. The action centre strengthens the Limburg Positive Health movement and supports the ambitions of the Social Agenda 2025 Limburg to reduce the health disadvantage in the province of Limburg and to 'bridge the gap'. Within the action centre, various partners are working together to stimulate the movement and to establish connections.

3.3 Positive Health (continued)

Primary topic:

B. Participatory Approach

Project

Limburg Positive Health

The target group of the initiative:

The concept of Positive Health does not focus on any specific group. The materials and information are designed in such a way that everyone can work with them, from professional care provider through informal carer to civil servant. The professionals in turn disseminate the ideas to the public. The action centre is aimed at all Limburgers, and stems from the ambition of the Province of Limburg to become the Netherlands' first Positively Healthy Province.

Transferability of the initiative:

Implementing Positive Health is a unique process that is handled differently by each organisation and government. The three phases (or steps) mentioned above are used for this purpose. Support from the action centre can be given as needed.

Training courses and inspiration sessions are already being held to bring the positive health philosophy to the attention of the public. This movement could be continued across borders by organising inspiration sessions outside Limburg in cooperation with partners. A next step could be to offer training courses in different languages.



Lessons learned from the initiative:

- Lesson 1:** Motivation to change is high, people take the initiative to make connections themselves (phase 2).
- Lesson 2:** Positive Health must be included in the vision of the organisation. In addition, employees must be given the opportunity to work with Positive Health themselves.
- Lesson 3:** Training courses should have a place in the process of implementing Positive Health principles.

Lead partner or initiating organisation of the initiative:

Province of Limburg Institute for Positive Health

Name and contact details of initiative coordinator or manager:

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info@limburgpositiefgezond.nl

3.4 People-Oriented Care and Education

Primary topic:

B. Participatory Approach

Project

Patient as a Person (PAP)

Patient as a Person aspires to offer people-oriented care and tries to achieve this through people-oriented education. The aim of the Patient as a Person (PAP) Foundation is to make future care professionals more aware of the impact of illness on someone's social and mental well-being in an inter-professional setting. In addition, PAP offers participants a platform to share their experiences and thus contribute to the development of future health care professionals. By bringing students from different educational institutions, educational levels and study backgrounds together with citizens who have experience of care and illness, the educational programme transcends boundaries between people, institutions and fields of work. In addition to the insight that future health care professionals will gain into the impact of illness and the inter-professional learning objectives, the participants will also find meaning and social involvement and gain insight into their role in the doctor-patient relationship and, moreover, their own disease process.

Regions/neighbouring countries involved in the initiative:

Province of Limburg (The Netherlands), Breda (The Netherlands) and Antwerp (Belgium).

Type of organisations involved in the initiative:

Province of Limburg, Burgerkracht Limburg, Adelante Zorggroep, Compassion for Care, Rabobank Westelijke Mijnstreek, Maastricht University, Zuyd Hogeschool, ROC Leeuwenborgh, Gilde Opleidingen and Institute for Positive Health (IPH).

Summary of the initiative:

People-oriented care through people-oriented education: The Patient as a Person Foundation aspires to promote people-oriented care and tries to achieve this through people-oriented education. By bringing students and patients together and allowing them to discuss care, care providers and the impact of illness in an inter-professional, communicative education module, the initiative contributes to individual and collective learning. The participating experts in turn find meaning and social involvement through their participation, while participating patients gain insight into their role in the professional-patient relationship and their own disease process.

Within a maximum period of four weeks, students and patients meet three times and share their experiences. In this way, the experiences of future health care professionals and patients are brought closer together. A group of participants consists of a maximum of 15 people. This small group size ensures a friendly atmosphere. Meanwhile, the educational programme is followed by four institutions in South Limburg, and 800 students attended the educational programme in the academic year 2018-2019. In 2019-2020 the numbers will increase in South Limburg, and the Karel de Grote Hogeschool in Antwerp will also be teaching 250 students as part of the educational programme of the same name.

The target group of the initiative:

On the one hand, the target group is future care professionals at intermediate, higher and university levels. From Maastricht University, students of Medicine, Health Sciences, International Track in Medicine and European Public Health take part. From Zuyd University of Applied Sciences, all those in paramedical study programmes (must) participate in the educational programme, along with the professions speech therapy, physiotherapy, nursing, occupational therapy and professional therapy. Finally, caretakers and nurses from the ROC Leeuwenborgh and Gilde Opleidingen take part.

In addition, citizens who have experience with care and illness are part of our target group. This is not limited to people who have experience of care and disease themselves, but also parents of sick children, people who have lost loved ones after a serious illness and, in a broader sense, informal carers.

Transferability of the initiative:

PAP offers a 'Train-The-Trainer' package, in which external teachers and organisations are introduced to how the Patient as a Person educational programme can be organised and taught. To this end, all necessary documentation is provided (e.g. teaching manuals, templates for student instructions, promotional materials, etc.). Support is also provided for organising a small-scale pilot, setting up patient recruitment and, if desired, it takes over the task of patient recruitment. The institution will eventually largely run the educational module independently. The main role that the Patient as a Person Foundation plays in the long term is to develop the education module and recruit people who want to participate as users.

The success of the Patient as a Person education module relies on finding people who want to share their experiences of illness and care. The Patient as a Person Foundation has good contacts with national patients and client organisations and can recruit participants. In this way, PAP forms a bridge between the education offered and the user, through which users can contribute to the development of students.

Lessons learned from the initiative:

- Lesson 1:** The active involvement of patients in education has a therapeutic effect for some participants.
- Lesson 2:** Experiencing the impact of illness by talking about it leaves a more lasting impression than reading about it.
- Lesson 3:** It is difficult for educational institutions to maintain (large-scale) patient files. So there is a need for an intermediary.
- Lesson 4:** Bringing together the professional characteristics of patients, who are often limited in the hours they have, and the ability of students to fill this gap has proven to be a successful mix.

Lead partner or initiating organisation of the initiative:

Patient as a Person Foundation (Stichting Mens Achter de Patiënt)

Name and contact details of initiative coordinator or manager:

Matthijs Bosveld and Sjim Romme, Stichting Mens Achter de Patiënt
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INITIATIVES PER REGION

4. Provincie Limburg (BE)

With its 872,923 inhabitants, 2,414 km² and 42 municipalities, Limburg is located in the heart of Europe. It is a unique Belgian province with amazing possibilities for anyone who lives, works or visits here.

Limburg is always like coming home. Its unique location gives it a national and international feeling. The Netherlands and Germany are very close-by and Flemish Brabant, Antwerp and Liege are neighbouring provinces. The river Meuse meanders in the east – and forms a natural border with Dutch-Limburg.

Limburg is also a dynamic, powerful and energetic region with a particularly business-friendly climate, where there is room for enterprise.

Our most important asset is space, both literally and figuratively. An excellent geographical location and a high degree of accessibility make Limburg the ideal location for companies to establish themselves in Europe. Not only large international companies, but also many small and medium-sized companies. Limburg is very active in innovative sectors such as cleantech, life sciences, creative economy, logistics, digital media, waste processing, etc.

The central location in Europe, excellent infrastructure, well-equipped industrial sites create added value. It is a place where Flanders' strengths and Europe's opportunities come together. There is always something to see and experience in Belgian Limburg. The greenest province of Flanders offers a wide range of highlights that will put a smile on your face all 365 days of the year no matter what season. World-famous tourist attractions, such as the artistic see-through church in Borgloon, voted 'the most beautiful place in Belgium' by British newspaper The Guardian, or the 'Cycling Through Water' track in Genk, which is on TIME magazine's 2018 list of world's greatest places.

Whether it's a day trip, a weekend break or an annual holiday, the most hospitable province of Belgium welcomes all visitors wholeheartedly.

Belgian Limburg is waiting to be discovered by you. Welcome and enjoy.



Netherlands

Limburg (BE)

Limburg (NL)

Belgium

Province de Liège

Region Aachen
Zweckverband

Germany

Deutsch-
sprachige
Gemeinschaft

Luxemburg

4.1 Workforce and Social Inclusion

Primary topic:

B. Participatory Approach

Project

In de zorg – uit de zorgen (IDZ-UDZ)

Workforce and the social inclusion of refugees is currently a major obstacle in the Euregion. The success of their inclusion has direct consequences for the economic prosperity and welfare of refugees. The health care sector needs more skilled staff and refugees with a care background or a willingness to work in the care sector. By tackling this issue on a cross-border basis, we expect to be able to achieve a process that is built on the experience of organisations in different countries with legal and cultural variations.

Strengthening care in the region is the overriding goal of the programme that must be achieved through, among other things, inclusion and training. Social integration of disadvantaged social groups has a special role. Since 2015, the number of refugees in the region has increased enormously. In many respects they are a socially disadvantaged group. The initiative makes the integration of refugees into the workforce possible because they are better equipped with a special care programme and are guided to work in care.

Regions/neighbouring countries involved in the initiative:

- Belgian Limburg
- Dutch Limburg
- German North Rhine-Westphalia

Type of organisations involved in the initiative:

- Familiehulp (non-profit organisation, home care services, BE)
- Vluchtelingenwerk Zuid-Nederland (non-profit organisation, refugee sector, NL)
- ACV Limburg (Trade Union, BE)
- Internationaal Comité VZW (non-profit organisation, socio-cultural organisation working with ethnical minorities, BE)
- Het Limburgs Platform voor Vluchtelingen VZW/Limburg Gastvrij (non-profit organisation, socio-cultural organisation working with refugees, BE)
- Stichting Zorg aan Zet (non-profit organisation, labour market organisation in the health care sector, NL)
- Stichting Zuyderland Medisch Centrum (health care organisation, NL)
- DRK gemeinnützige Rettungsdienstgesellschaft mbH Städregion Aachen (humanitarian aid and health care organisation, DE)

Summary of the initiative:

Refugees who have fled war or persecution are trying to re-start their lives here. Once they have settled in the region, they want to build a future here. They want to get back to work in the Netherlands, Belgium or Germany and most are very motivated. By way of the initiative 'In de zorg – Uit de zorgen' [literally: end your worries by entering nursing], we try to guide them to a job or internship in the health care sector. Refugees are faced with all sorts of obstacles in society, especially when looking for work in the health care sector. At the same time the health care sector is suffering from a shortage of nursing and other staff.



IN DE ZORG



UIT DE ZORGEN

Health care is highly institutionalised and tied to tight protocols. Besides that, many refugees often encounter communication problems. A good knowledge of languages is needed to be able to communicate well in health care. There are also all kinds of cultural differences, for example in the interaction between men and women. Partners from Dutch and Belgian Limburg and the Städteregion Aachen want to remove these obstacles by developing a special care-oriented programme with a mediation route, (additional) training and personal on-the-job guidance for refugees. In addition, the initiative aims to positively influence the perception of employees and care providers of the organisations involved with regard to refugees.

The target group of the initiative:

The initiative focuses on three groups. Firstly, it aims to find refugees work within the care sector. Secondly, the initiative aims to influence the perception of care recipients towards refugees. Thirdly, the initiative seeks to influence the perception of care providers in the health care sector towards refugees.

Transferability of the initiative:

The shortage of health care workers is not only a problem within the Euregio Meuse-Rhine. The methodology of the initiative can be implemented in other regions and countries.

Lessons learned from the initiative:

- Lesson 1:** Invest in contact between care organisations and refugees
- Lesson 2:** Link language training to early work experience in care. Social care partners and employers can be involved in this process.
- Lesson 3:** The development and/or use of a standard means of qualifications and skills assessment in newcomers may be helpful in mapping out a fast-track professional assimilation policy.
- Lesson 4:** Despite existing initiatives, it might make sense to invest more in the social assimilation of people who have obtained refugee status (follow-up, career guidance). Refugees must be a separate priority group within integration policy, in vocational training and in initiatives to support employment.

Lead partner or initiating organisation of the initiative:

Familiehulp

Name and contact details of initiative coordinator or manager:

Esther Verspreet, Initiative Leader 'In de zorg – Uit de zorgen'

+32 (0)473/52.45.59 Esther.Verspreet@Familiehulp.be

4.2 Online Addiction Treatment

Primary topic:

A. Equity

Project

Alcohol hulp – Drug hulp – Gok hulp

(Alcohol help – Drug help – Gambling help)

Alcoholhulp.be, Drughulp.be and Gokhulp.be are internet-based treatment portals for alcohol, drug or gambling problems/addiction. The online treatment is guided by professional therapists over a period of three months. Communication goes via chat and online messages. The online programmes can also be used as part of 'blended care' (a combination of face-to-face therapy and online exercises)

Equity: The online platforms are a low-threshold approach to treatment for addiction. The online interventions make it possible that people who are struggling with addiction and are commonly burdened by shame, will seek help much sooner. This is especially true for women, who constitute more than 50% of the participants. The fact that participants can remain anonymous if they want to, helps to further lower the threshold.

Participatory approach: Participants can make use of a private forum, where they can interact on an anonymous basis. This forum serves as an additional therapeutic support, where many of the participants stay in contact even long after the treatment itself has finished.

Regions/neighbouring countries involved in the initiative:

The whole of Flanders and Belgians abroad. People from the Netherlands can participate in the self-help programme (unguided)

Type of organisations involved in the initiative:

Public health authority, addiction care and mental health care facilities.

Summary of the initiative:

The websites receive almost 1.5 million visitors a year. About 1,500 participants register for the self-help programmes, and about 1,100 for the guided programmes. Women are the majority of those who register for Alcohol help. The online programmes are rolled out across various centres of mental health care and therapeutic communities for drug users, to be applied as 'blended care'.

The target group of the initiative:

Everyone in Flanders, at least 16 years of age, experiencing addiction problems.

Transferability of the initiative:

Alcoholhulp.be and Gokhulp.be already have French versions that are used in French-speaking Belgium, and are also successful.

Benefit: the availability of accessible online help for addiction, with the possibility of referral to mental health centres or residential treatment, if appropriate.

Lessons learned from the initiative:

- Lesson 1:** Internet-based therapy is a fairly new approach in mental health care, so there is still a lot to be learned and to investigate.
- Lesson 2:** The 'blended' approach is quite difficult to implement in an existing organisation, because it demands a major mindset change for therapists and mental health workers. Therefore, a well-thought-out implementation plan is crucial.
- Lesson 3:** Don't be blinded by fancy technical applications, because they are less important than human contact during online treatment. Implementation is also human-led.
- Lesson 4:** Ensure long-term financing and always provide a budget for publicity.

Lead partner or initiating organisation of the initiative:

CAD Limburg vzw (ism CGG De Pont en CGG De Kempen)
www.cadlimburg.be

Name and contact details of initiative coordinator or manager:

Herwig Claeys, Coördinator Online
herwig.claeys@cadlimburg.be +32/ (0)11274298

4.3 Countering Health Inequalities

Primary topic:

A. Equity

Project

Gezonde Gemeente (Healthy Municipality)

It is important to practice the principles of proportionate universalism in order to counter health inequalities. A local authority is the policy level closest to citizens. It knows the needs of its citizens best and can reach out to them far more easily. Local governments can also make the shift from health education to intervention in the public arena in order to encourage healthier behaviour in every citizen. Environmental interventions have a bigger impact on equity than interventions based on health education.

Regions/neighbouring countries involved in the initiative:

Healthy Municipality is an initiative of the Flemish government and was devised by the Flemish Institute for Healthy Living. Throughout Flanders, Local Health Organisations (Logos) support and coach local authorities in order to implement the Healthy Municipality programme and establish a local health policy.

Type of organisations involved in the initiative:

Logos (i.e. local health organisations, commissioned by the Flemish government) guide local authorities in the steps towards becoming a Healthy Municipality. But the involvement and engagement of other local organisations is also very important in this process, e.g. other local governmental departments, schools, local health professionals, associations for deprived people, sports clubs, and social and cultural associations. All these groups contribute to a sound, community-wide, local health policy.

Also on a regional level, the Flemish Institute for Healthy Living has built strong links with partners that support and contribute to the Healthy Municipalities programme, such as the Flemish Association for Cities and Municipalities, and health insurance companies. These partners also have a strong influence at local policy level. Channelling the same message through different partners to a local level helps to gain support and awareness for Healthy Municipalities.

Summary of the initiative:

The main goal of Healthy Municipalities is helping local authorities to gradually develop more sustainable local preventative health policy and support them in communicating this policy more effectively. Logo Limburg reaches all cities in the province of Limburg (B). Since the launch of the concept in 2013, 95% of these cities have signed up to become a 'Healthy Municipality'. A main educational principle is that of creating ownership. The communities choose their own goals, level of ambition and their own priorities at their own pace. Logo Limburg mentors them in creating such a policy and supports them in putting the policy into action. Logo Limburg uses different tools for mapping existing policy, target groups, and past and planned actions. For example: the growth meter, health matrix, and network analysis tool.

We encourage the adoption of a long-term vision on health, including health concerns in all policies, a participatory approach of target groups, and effective communication with the public. The initiative was evaluated in 2017 on a regional (i.e. Flemish) level. Not only were 78% of the respondents satisfied with the support that Logo offered them, we also found very evident signs of the effectiveness of the initiative: 77% of the local authorities include preventative health in their multi-year plan; popular themes are Movement, Health and Environment. 72% of local authorities indicate that they have appointed an official to coordinate the preventative health policy and initiatives. Healthy Municipality has also contributed to cooperation in other policy areas.

The target group of the initiative:

This initiative mainly focuses on local authorities. Through them, we try to reach as many local organisations as possible which can contribute to a healthier local community.

Transferability of the initiative:

The initiative is transferable to any other region, because it offers a large degree of freedom to the participants. It can take into account local legislation and the circumstances of the municipality. The main focus is to guide the municipality towards establishing local policies in which health has a more prominent place. The local coordinator must be able to bring in expertise and tools in mentoring, knowledge of policymaking, the principles of health promotion and a variety of inspirational ideas.

Lessons learned from the initiative:

- Lesson 1:** Customise your strategy, taking into account local needs and opportunities. One size does not fit all. Invest time in getting to know the municipality and creating a connection with its people.
- Lesson 2:** Respect the autonomy of local authorities, their level of ambition and urgency in wishing to achieve them.
- Lesson 3:** Always keep in mind that the policy measures and health promotion actions MUST be accessible to all people, enhance equality, and reduce health inequalities.
- Lesson 4:** Motivate and inspire local authorities by leveraging expertise in health promotion and suggesting easily-adopted measures if suitable for their needs.

Lead partner or initiating organisation of the initiative:

Logo Limburg: responsible for the regional dissemination and implementation of the initiative in the province of Limburg (BE)

Flemish Institute for Healthy Living: developer and owner of the methodology and tools used in Healthy Municipality

Name and contact details of initiative coordinator or manager:

Sara Reekmans, Logo Limburg, logo@logolimburg.be

Werner De Wael, Vlaams Instituut Gezond Leven, werner.dewael@gezondleven.be

4.4 Ensuring Equity in Social Services

Primary topic:

A. Equity

Project

Geïntegreerd Breed Onthaal Noord-Limburg - GBO Noord-Limburg
(Co-ordinated wide-scale adoption Northern Limburg)

Equity: The first main objective of the body responsible for oversight is to ensure that social services are delivered equitably to all citizens. This implies the need for special attention to people who are vulnerable in any or a number of ways - financially, psychologically, mentally, socially etc. Proactive methods and outreach activities are implemented to reach those who cannot access the help needed.

Participatory approach: The second main objective of the coordinated wide-scale adoption is to enhance the accessibility of social services by increasing visibility and availability of clear information and by lowering barriers to the service. Professionals on the ground as well as members of the target audience are invited to participate in a collaborative process to develop new outreach methods in order to optimise the take-up of the available social services.

Regions/neighbouring countries involved in the initiative:

Northern Limburg, Belgium. The north and north-eastern sides of this area border on the Netherlands.

Type of organisations involved in the initiative:

Local governments, specifically the Public Centres for Social Welfare of 8 municipalities in Northern Limburg (Boholt, Bree, Hamont-Achel, Hechtel-Eksel, Lommel, Oudsbergen, Peer and Pelt). The Limburg Centre for General Welfare. The social work departments of the Health Insurance Funds of Limburg

Summary of the initiative:

These organisations work together on a regional level to organise the coordinated wide-scale adoption as outlined above.

They facilitate the transition to the new way of working for all their co-workers, develop the required activities and initiate cooperation with other (public and/or social) partners to enhance accessibility and to ensure more of their vulnerable citizens can exercise their rights.

The target group of the initiative:

There are several target groups within this initiative. Members of these groups have in common that they all suffer from some kind of vulnerability, e.g. financial, psychological, mental and/or social, and are not able to exercise their rights without help. The first target group consists of people who receive unemployment benefits, but who are unable to work due to their vulnerability.

The second target group includes adolescents and young adults who leave school early and are mentally challenged. From 2020 onwards we will add more target groups, e.g. people with a psychological vulnerability, people whose health insurance documents aren't up to date, and people on a low income and who are socially isolated.

Transferability of the initiative:

This initiative is a collaboration among several organisations working in the field of social welfare. This initiative does not attempt to merge the organisations, rather it wants to use each organisation's expertise, knowledge resources and network to gather all ways of getting the best possible help for the client. In this way it is more of a network-in-principle than a network-in-structure. As a network-in-principle it is transferable to other social services environments all across Europe.

This initiative focuses on combating under-protection and increasing accessibility to social services.

Regardless of the social worker's department/organisation, he/she starts by establishing a general picture of the client's needs, then proceeds to the allocation of resources. An effective and efficient allocation of resources is the main purpose of the cooperation within the network. The members of the network divide the tasks necessary to reach the target group: increasing accessibility through a combination of proactive contact and information, outreach methods, building trust, and professionalism.

Lessons learned from the initiative:

- Lesson 1:** There is a need to develop a common language to set out shared targets
- Lesson 2:** Engage all co-workers, gradually but consistently
- Lesson 3:** Use one another's expertise to realise the potential of your network
- Lesson 4:** Keep your client's point of view in mind as a measure for every decision you make

Lead partner or initiating organisation of the initiative:

Welzijnsregio Noord-Limburg
www.welzijnsregio.be

Name and contact details of initiative coordinator or manager:

Liesbeth Nieuwets, policy officer
liesbeth@welzijnsregio.be +32 11 66 87 91

4.5 Network Healthy City

Primary topic:

B. Participatory Approach

Project

Hasselt Zorgstad – samen zorgen voor morgen
(Healthy city, together we care)

“As healthy as possible, the best possible care when needed”. That’s a goal everyone can contribute to. ‘Hasselt Zorgstad’ brings together government, education, researchers, social for-profit organisations, business and citizens to coordinate mutually compatible activities that promote health and well-being in the city of Hasselt. Everyone has a role to play. Moreover, everyone has a responsibility in respect of public health. Hasselt Zorgstad offers an open platform and a vibrant community where stakeholders come together and cooperate, guiding one another towards the same goals: a health-literate city, an open, accessible city and health system, space for care, healthy workplaces and an active community.

Regions/neighbouring countries involved in the initiative:

City of Hasselt and the broader region - many of the organisations involved operate over a wider area.

Type of organisations involved in the initiative:

The idea was launched by the city of Hasselt (local government), Jessa Hospital and PXL University of Applied Sciences. The framework (Vision, Mission, 5 goals) was designed by a team of 50 professionals and citizens, all with a clear focus on health care and well-being. After fine-tuning the policy framework, Hasselt Zorgstad was relaunched as a digital platform and public network. Now, Hasselt Zorgstad has more than 430 contacts representing more than 90 partner organisations. More than 30 initiatives were strengthened or broadened during so-called ‘X moments’ (networking events).

Summary of the initiative:

Hasselt Zorgstad is a collaborative initiative and brings people together in a structured way to achieve social change. Too many organisations are working in isolation from one another, especially in health care. By creating the potential for coordinating mutually reinforcing initiatives, we maximise the resulting benefits. By means of networking occasions and through our digital platform – and a specific way of telling stories - trust and relationships are built among all participants.

The following principles are essential:

- That everyone has a role to play
- The right people are at the table
- We build our network gradually
- We take action, starting from our own strengths and core business
- We don’t talk about who or what we do not have

Every ambassador has the chance to launch ideas or seek partnership at our “X moments”.

We chose the symbol X for two reasons:

- multiplying the network: ambassadors are asked to invite someone new to the next event
- connecting ideas: $1 + 1 = 3$. Some initiatives are strengthened thanks to this platform, other initiatives can be applied in other settings.

The target group of the initiative:

Hasselt Zorgstad is a collaborative initiative that tries to connect citizens, health care professionals, business leaders, managers, civil servants, opinion-makers, PR and communication experts, social workers, volunteers. We connect on an executive level: an individual (ambassador) or organisation (partner) launches an idea and asks for input, suggestions for fine-tuning and development opportunities during our X moments.

Transferability of the initiative:

The collective framework can empower people to make a real difference in communities. The approach is transferable to other cities, regions and even countries. This framework offers a different view of collaborative efforts. Instead of setting your goal and seeking partners who contribute to it, collective impact forces the establishment of a common agenda to which everyone can contribute. It helps to build a culture that fosters relationships across different stakeholders. There is scope to add a local context.

Lessons learned from the initiative:

Lesson 1: Creating a network starts with a vision

Lesson 2: Social innovation is equally important as product innovation

Lesson 3: Strong believers and local champions are needed to set up a collective initiative of broad partnership in complex policy areas such as health

Lesson 4: Investment is needed in communication

Lead partner or initiating organisation of the initiative:

Stad Hasselt (resources)

Jessa Ziekenhuis (performance)

Name and contact details of initiative coordinator or manager:

Karoline Lenaers – coordinator (info@hasseltzorgstad.be)

INITIATIVES PER REGION

5. Deutschsprachige Gemeinschaft

The German-speaking community (East Belgium) is a federated entity of Belgium. German is the language used in administration, education and justice. The German-speaking community is located in the east of Belgium and covers an area of 854 km², on the border of Germany, the Netherlands and Luxembourg. Its capital is Eupen.

More than 76,000 inhabitants live in the nine municipalities of the German-speaking community, at the meeting point of two cultures: Germanic and Latin. The German-speaking people of Belgium are said to “work like Prussians and live like French people.”⁵

⁵ http://www.dg.be/fr/desktopdefault.aspx/tabid-2826/5408_read-45661/



Netherlands

Limburg (BE)

Limburg (NL)

Belgium

Province de Liège

Region Aachen
Zweckverband

Germany

Deutsch-
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Gemeinschaft

Luxemburg

5.1 Improving and Strengthening Health and Quality of Life

Primary topic:

B. Participatory Approach

Project

Sympathetic and respectful communication in the workplace.

Since 15 March 2018, the public authority of the German-speaking community in Belgium has been running a public consultation process with the intention of enhancing and enriching the health and quality of life of people living in East-Belgium. The consultation is open to all public and private organisations except those health organisations that already receive funding from the authority. As part of this consultation, an initiative of the local Christian health insurance provider (Christliche Krankenkasse Verviers-Eupen) was submitted about sympathetic and respectful communication in the workplace, especially in companies or organisations from the non-commercial sector. The initiative was endorsed by the public authority and started in January 2019.

The goal of this initiative is to strengthen and improve not only people's resources of self-respect, behaviour and self-awareness, but also their awareness of the feelings and intentions of colleagues and management, to enable respectful and sympathetic communication without physical or mental conflict. A particular goal is primarily to prevent unhappiness at work, but also to prevent employers and employees from suffering mental illnesses such as burnout or depression.

Regions/neighbouring countries involved in the initiative:

None.

Type of organisations involved in the initiative:

Christian insurance Verviers-Eupen is the lead initiative coordinator. AnikoS NPI (employers' association for the non-profit sector) is the lead support organisation.

Summary of the initiative:

The initiative will offer all employers of non-profit organisations the possibility of making use of the resources of the Marshall Rosenberg Centre for Non-violent Communication. The basics of this approach will be presented at four introductory days held for various people in the north and the south of our region. Based on the evaluation of these four introductory days, in the autumn of 2019 several additional smaller group courses will be offered for practice in respectful and non-violent communication. During these additional courses, participants will create a resource which they can use in their daily lives and at work when they need to refocus on the lessons they learned during the courses. Should demand be greater than expected, then the initiative, which is initially planned to run for one year, can be extended.

The target group of the initiative:

The employers and employees in the non-commercial sector.

Transferability of the initiative:

The initiative can easily be implemented elsewhere. By no more than nine months after it has been launched, the lead coordinator of this initiative, Verviers-Eupen Christian Insurance Company, can apply for an extension to the subsidies funding it. In order to do this, they must send a preliminary evaluation of their initiative to the local authority. Based on this evaluation, and on the outcome of discussions with the local authority, either party can extend the initiative. This may lead to the potential to seek out new target groups and investigate new scientific issues or problems.

Lessons learned from the initiative:

As the programme started in January 2019, and will end in December 2020, there are no lessons at present.

Lead partner or initiating organisation of the initiative:

Christian insurance Verviers-Eupen (Christliche Krankenkasse Verviers-Eupen)

Name and contact details of initiative coordinator or manager:

Christian Insurance Verviers, Eupen, Vera Jesinghaus and Valerie Keutgen,
Klosterstraße 66, 4700 Eupen, +32 87 324 333

5.2 Smoking Prevention

Primary topic:

B. Participatory Approach

Project

Smoking Cessation in the German-Speaking Community

From 1st January 2019 on, the German-speaking community is fully responsible for smoking prevention in their region. That means that in future there will be the opportunity for the population of East-Belgium to go through a multi-disciplinary smoking cessation programme. Previously the federal state was responsible for these areas, but there was little demand from local people. This was because of a lack of official instruction, billboard advertising for smoking cessation services was aimed at the French-speaking and Flemish-speaking communities, and our country's language barriers came into play. As part of the devolution of powers from the federal state to the communities, we see the potential to build a completely new concept of multidisciplinary smoking prevention and cessation in our region. For the time being, we are still working out these powers, but foundations have been laid in the past few months.

Regions/neighbouring countries involved in the initiative:

None.

Type of organisations involved in the initiative:

Public Health authority, Clinics and Hospitals based in the East-Belgium region, Doctors, Health Care and Prevention Organisations, etc.

Summary of the initiative:

The goal of this initiative is to find a multidisciplinary way of persuading smokers in the German-speaking community to start a course of smoking cessation. The starting point for our concept is that there are two kinds of smokers: healthy people, and those who have experienced either the symptoms of a disease caused – or heavily influenced – by smoking, or specifically, by their lifestyle. These two types of people present themselves to different stakeholders in the health care system. The healthy person who smokes has contact with his general practitioner or is willing to go to an organisation which can tell them about the availability of courses of smoking cessation. And the person who is ill will present at clinics and hospitals, where they will be able to access medical specialists. When these types of people come to one of these stakeholders, they will be advised and transferred to a smoking cessation practitioner who will be based in our region's hospitals.

These smoking cessation practitioners are the only stakeholders who will treat people in this situation. The patient will undergo an average of eight treatment sessions (of between 30 and 45 minutes) and they will only have to pay a 10-euro fee. But to secure and to retain the patients, they will pay the fee for the first three sessions and will not get the money back if they cancel their cessation treatment before they have undergone these three sessions.

The programme is also open to pregnant women, on the same terms. When the patient has finished their treatment, they will be transferred back to a health prevention organisation which will set up a request for aftercare by self-care groups to keep up the positive work of the smoking cessation programme and to give them the opportunity to meet like-minded people.

The organisation known as ASL (Working-Community for addiction prevention and life management) is also responsible for working alongside our regional health insurance organisations to organise anti-smoking campaigns.

The target group of the initiative:

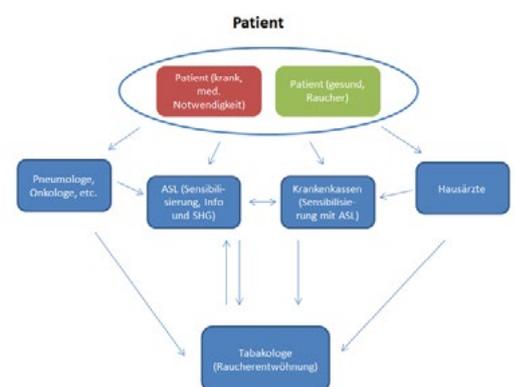
The population of smokers in the German-speaking community in Belgium (East-Belgium), including pregnant women smokers; children and young people; adults.

Transferability of the initiative:

At first, the initiative will start in the south of our region, where we want to find out whether there is greater demand for smoking cessation services in our region than in the time when it was a federal state responsibility. Another reason is that at present we only have one smoking cessation practitioner prepared to work with us. Other smoking cessation practitioners are, typically, retired or have no interest in returning to this field of work. During this initial phase we are seeking new smoking cessation practitioners in the north of our region to also become involved. But qualification to become a smoking cessation practitioner takes one year, so we created the initiative to run from spring 2019 to June 2020. Subsequently we will evaluate the initiative and by then we will hopefully also have involvement in the north. So, with this set-up in place, we see no barriers to extending this initiative into other regions. The only conditions will be the willingness of the sector to participate, and the availability of smoking cessation practitioners or other stakeholders.

Lessons learned from the initiative:

Starting in Spring 2019, ending in June 2020, so no lessons for the moment.



Lead partner or initiating organisation of the initiative:

Public Health Authority

Name and contact details of initiative coordinator or manager:

Ministerium der Deutschsprachigen Gemeinschaft, Denis Jansen, Gospertstraße 1, 4700 Eupen, +32 87 876 759

5.3 Measures for Children and Their Families

Primary topic:

A. Equity

Project

Fit mit Kalli

The initiative can be linked to the topic “equity” because one of the main key points concerns fairness and impartiality towards children and adolescents with regard to their health. The focus relies on accessibility and free access for all families from different socioeconomic groups: “healthy food, physical activity and dental health care for everybody”.

Regions/neighbouring countries involved in the initiative:

Until now it has been a pilot initiative taking in the northern part of the German-speaking region (the local communities of Kelmis and Eupen).

Type of organisations involved in the initiative:

Kaleido Ostbelgien - a public organisation subsidised by the Ministry of Education

Summary of the initiative:

‘Fit mit Kalli’ started in September 2017 with a variety of free activities for children and their families. The goal is to make children, adolescents and adults aware of issues around a healthy diet, dental care and physical activity. The initiative includes:

- healthy and cheap cooking for adolescents, children and their parents. We provide a professional cook and babysitting for toddlers. Whilst parents are cooking, their children watch a free cartoon and take part in sport activities.
- dental check-ups for children in the second and third years of nursery school (age 4-5 years). We provide the dentist and an assistant. Parents get all necessary information about how to brush their children’s teeth, healthy dental habits and dental care. They can practice brushing with our assistant before the check-up with the dentist. After the check-up our assistant helps parents to find a dentist for treatment and follow-up.
- individual follow-up of children with weight problems. After school health examinations, we invite parents of overweight primary school children (6- to 7-year-olds) to a consultation with a nurse and a practitioner.
- Free fruit and vegetables during all school health examinations.

The initiative is based on statistical material and reports from school medical officers working in the German speaking Community showing a growing problem of obesity in the 6- to 7-year-old age-group, a lack of early preventive dentist visits, and a lack of fruit consumption (a general trend in Belgium).



The target group of the initiative:

Summarised: Kaleidos public: Children aged 0-20 years and their families. The measures are specific for different target groups (see summary of the initiative).

Transferability of the initiative:

The initiative could easily be transferred to other regions, but the main condition is whether it answers a real need. So, if other regions observe the same deficiencies in their target groups and wish to combat these existing problems, they could introduce the same measures. This pre-supposes, of course, that their statistical materials find similar observations.

Lessons learned from the initiative:

- Lesson 1:** Evaluation of the dental check-ups in 2017 was successful because 55% of the children who were recommended to undergo treatment by a dentist after our check-up, underwent the treatment.
- Lesson 2:** To get people to come to the cooking workshops, nothing works better than word of mouth.
- Lesson 3:** Children and teenagers love to try different fruit and vegetables if they are offered to them (depending on availability).
- Lesson 4:** The most difficult measure is following up with overweight children, because most of the time their families don't realise or admit the fact that their child suffers from obesity and health problems.

Lead partner or initiating organisation of the initiative:

Kaleido Ostbelgien, Zentrum für die gesunde Entwicklung der Kinder und Jugendlichen
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INITIATIVES PER REGION

6. Region Aachen Zweckverband

The Region Aachen Zweckverband is an association of the districts of Düren, Euskirchen and Heinsberg as well as the City of Aachen and the StädteRegion Aachen. Here the cooperation of the partners is organised and a joint structural development for economy and skilled workers, education and culture, health and infrastructure is designed for 1.3 million inhabitants in 46 cities and municipalities.

The location in the Euregio Meuse-Rhine makes the Region Aachen not only an international economic region, but also an international living space. Not only are the distances to neighbouring countries short, but Europe's metropolises such as Paris and London can also be reached with little effort. The Region Aachen offers companies and their employees interesting prospects and students also find a wide range of career opportunities.

In the region and beyond its direct borders, there are numerous opportunities for leisure activities in wonderful natural surroundings such as the Eifel National Park and the "High Venn". The 46 cities and municipalities in the Region Aachen differ greatly in their structure: the 250,000 inhabitants and their guests find vibrant urban life in the city of Aachen with its historic old town around the cathedral and town hall and the varied, lively districts. Together with the districts of Heinsberg, Düren and Euskirchen, the StädteRegionAachen also offers many advantages of rural life and varied tourist destinations, but also challenging jobs in innovative companies. ⁶

⁶ <https://regionaachen.de/startseite.html>



6.1 Providing Innovative Products and Services

Primary topic:

B. Participatory Approach

Project

Gesundheitsregion Aachen

Regions/neighbouring countries involved in the initiative:

Region Aachen

Type of organisations involved in the initiative:

Public (health) authorities and bodies, private companies, local governments, business development agencies

Summary of the initiative:

The Region Aachen is one of the most important health locations in North Rhine-Westphalia and one of six health economic regions in the state.

The health region area comprises the city and urban region of Aachen as well as the districts of Düren, Euskirchen and Heinsberg.

The health sector is one of the six largest markets in the region. With an extraordinary 23.5% employment growth in the period from 2008 to 2015, the growth rate of the health care and life science sector in the Region Aachen was significantly higher than in Germany as a whole (19.1%), and in North Rhine-Westphalia (19.0%). In recent years, the health care sector has increasingly developed into a flourishing market. As a result, the number of employees exceeds 72,600, making the sector the biggest employer in the region Aachen. The Aachen health region is an innovation hotspot in an attractive location for medi-tech companies.

The aim of the Aachen Health Region is to introduce innovative products and services in the Aachen Health Region for use in medical and nursing care and to ensure a high standard of health care in the Region Aachen.

The following priorities have been identified for the Aachen health region:

- Innovation from the region for the region/Digitalisation in the health region
- Health awareness/prevention
- Logistics of serving rural areas
- The sourcing of skilled labour
- Identification of the target group of the initiative:
- Private medical companies, innovators, public bodies

Transferability of the initiative:

The approach of the “Gesundheitsregion” of the Region Aachen can be viewed as a best-practice example of how to effectively work together to deliver public health services in a diverse region.

Lessons learned from the initiative:

- Lesson 1:** Innovation from the region, for the region can be provided with added value beyond that previously identified.
- Lesson 2:** The health sector is a key driver of growth and employment in the region. Innovative approaches such as the Gesundheitsregion Aachen can make more effective use of this potential.
- Lesson 3:** Joint intercommunal and cross-sector cooperation can improve both the quality and quantity of local health care and prevention services.

Lead partner or initiating organisation of the initiative:

Region Aachen Zweckverband

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6.2 Resuscitation Missions

Primary topic:

B. Participatory Approach

Project

Region Aachen rettet (roughly translated: "The Aachen Region rescues")

Regions/neighbouring countries involved in the initiative:

Region Aachen

Type of organisations involved in the initiative:

Public health authorities, private companies, hospitals, medical staff, local authorities

Summary of the initiative:

The idea of the regional introduction of a smartphone-based alarm system has been developed through the "Aachen Region rescues" initiative. Core contents of the initiative are, apart from the introduction of an app-based alarm system, the registration of more medically qualified first-aiders with an alarm system, raising awareness of the importance of annual first-aid training courses with medically trained people, and the systematic documentation of the lessons learned through the introduction of an alarm system in the region. Regional coordination helps to fully exploit the potential of first responders. The first-aid alert of the city of Aachen outlines the necessity for regional coordination. The City of Aachen is currently testing the "Corhelp3r" first-aid alert system developed in Aachen. However, many of the registered first-responders do not live in Aachen and can therefore no longer be alerted after work.

In 2017, 153 resuscitation missions were carried out in the Heinsberg district. Relative to the population this number is slightly above the national average. 47 of those affected by cardiac arrest reached hospital alive, and 22 people left it alive, 60 percent of these with a good neurological prognosis.

In 85 per cent of the cases, the rescue services reached the scene within eight minutes. In the context of the partnership, it is now focusing on using the period before the arrival of the rescue services better. If a first-responder, who has been alerted with the help of an app on his smartphone, arrives at the scene within three to four minutes and can immediately carry out heart massage, this doubles the chances of survival.

In addition to the alerting of first-responders, the initiative will also focus on other aspects of the response chain. Ten factors, defined by the Global Resuscitation Alliance, serve as a guideline for this, which can clearly increase the patient's chances chance of survival after a cardiac arrest. The core contents of the "Region Aachen rescues" initiative are contained in the 10-point plan and are supplemented by procedures for use by the emergency services (e.g. telephone resuscitation, mission forwarding).



REGION 
 AACHEN 
 RETTET 

The regional forum offers a chance for participants to learn from one another. The district of Heinsberg, for example, is Germany's leader in the field of telephone resuscitation and can serve as a model for other regional authorities.

The target group of the initiative:

The initiative is aimed at medically trained people who regularly receive further training in first aid measures. These people can register free of charge via the app, upload their proof of qualification, and receive alerts as first-aiders in the city of Aachen and, in future, throughout the entire region. This is done with the help of GPS data.

Transferability of the initiative:

"Aachen rescues" can serve as a best-practice example for the Euregio Meuse-Rhine for how to effectively incorporate the expertise of medically trained people into the alert systems of the respective region and help to strengthen the emergency response system for the benefit of residents. This approach can be adopted effectively by the respective administrations.

Lessons learned from the initiative:

- Lesson 1:** Digitalisation and the use of digital services is an essential aspect of future health care.
- Lesson 2:** The time saved by using this application will ensure optimal supply of medical and health care resources and, in extreme cases, can save lives. In emergency cases, every second counts.
- Lesson 3:** Digitalisation approaches such as an app can make emergency help options more widely accessible and thereby help maintain and assure a high level of assistance.

Lead partner or initiating organisation of the initiative:

Region Aachen Zweckverband

Name and contact details of initiative coordinator or manager:

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 leitstelle@kreis-heinsberg.de

6.3 Mobile Emergency

Primary topic:

C. Human Resources in Health

Project

Telenotarzt

Regions/neighbouring countries involved in the initiative:

Region Aachen

Type of organisations involved in the initiative:

Public health authorities, private companies, hospitals, medical staff, local government bodies

Summary of the initiative:

The Telenotarzt system was introduced in the city of Aachen in 2014. It aims to relieve the burden on mobile emergency doctor resources and reduce the number of emergency doctors on rescue missions. For this purpose, a system was developed in which the Telenotarzt at the control centre is given the circumstances of an incident and patient status immediately after the arrival of the rescue service personnel at the scene by means of real-time transmission of vital data as well as audio-communication and visual material. The emergency paramedics on site immediately receive professional medical support from the Telenotarzt, so that fast and legally compliant patient care can be guaranteed. The rescue service personnel and the Telenotarzt attend an incident together or bridge the time until the mobile emergency doctor arrives and begins treatment. In order to ensure even better patient care in the entire region, the Telenotarzt service was extended to the district of Euskirchen in 2017. In the district of Euskirchen, five ambulances equipped with telemedicine technology are currently in use; in the district of Heinsberg, two tele-medically equipped ambulances have been available since the beginning of 2018.

Regular training and ongoing education ensure that tele medical support is optimally integrated into the emergency services' existing working practices. Our "Telenotärzte" are highly qualified emergency medicine specialists.

In four years of regular rescue operation, we can look back on the following experiences:

- Since April 2014, more than 12,000 emergency patients have received better and faster tele-medical care.
- More than 25% of all current emergency doctor assignments are supported by Telenotärzt across the region.
- More than 36% of all patient transfers accompanied by doctors today are done so remotely.
- Lengths of time without treatment before the arrival of a mobile emergency doctor are significantly shortened



The target group of the initiative:

The initiative is intended to use technical innovations to support the work of emergency paramedics.

Transferability of the initiative:

The potential for using “telenotärztlichen” support is extensive:

- Primary missions - acute care of emergency patients
- Management and accompaniment of inter-hospital secondary transports
- Supervision and Quality Management
- Participation in a supra-regional Telenotarzt network

Lessons learned from the initiative:

- Lesson 1:** The Telenotärzte say they receive better quality documentation, which helps improve adherence with clinical guidelines.
- Lesson 2:** The length of time which the Telenotarzt spends on an emergency deployment is around 50% shorter than with the mobile emergency doctor
- Lesson 3:** A Telenotarzt can support approx. 2.5 times more missions per year than an emergency ambulance.
- Lesson 4:** The quality of medical care provided by the Telenotarzt system is demonstrably better than that provided by conventional emergency medical care in the rescue service and this best-practice approach can be extended to the whole of North Rhine-Westphalia.

Lead partner or initiating organisation of the initiative:

P3 telehealthcare GmbH

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6.4 Highly Preventive

Primary topic:

A. Equity

Project

Prevention in the county of Heinsberg

Recommendations for health promotion and prevention in the Heinsberg district, including recommendations for action in the treatment of age-related conditions.

Regions/neighbouring countries involved in the initiative:

Kreis Heinsberg, the westernmost county in the Federal Republic of Germany with its ten district-owned cities and municipalities.

Type of organisations involved in the initiative:

County of Heinsberg and in particular the health department, department for social affairs, youth welfare, school and school administration departments; Department of demographic change and social planning; the ten cities and municipalities of the county of Heinsberg; the youth offices of the cities of Erkelenz, Geilenkirchen, Hückelhoven and Heinsberg; Health and care funds in the county of Heinsberg; doctors; pharmacists; Heinsberg hospitals; outpatient care services; inpatient nursing facilities; outpatient rehabilitation at Geilenkirchen Hospital; Chamber for Skilled Trades for the Heinsberg District; Aachen Chamber of Commerce and Industry - Heinsberg Section; 'Healthy Corporate Culture in the Heinsberg Network with Kreissparkasse; Wirtschaftsförderungsgesellschaft Kreis Heinsberg; Educational institutions; Kreissportbund; The Heinsberg volunteer and self-help centre.

Summary of the initiative:

The recommendations for action make it possible to involve all age-groups and all population groups in order to deliver high-quality preventive care in the municipalities of the district of Heinsberg for realising health equal opportunities for all citizens of the district. The following goals were defined:

- Introduction of measures for health prevention and promotion across all sectors of the population of Heinsberg County.
- Health promotion in the district of Heinsberg is carried out with the help of close cooperation between the various institutions.
- The inclusion of the district's small and medium-sized enterprises also aims to offer equal opportunities for access to health care in this area.

The target group of the initiative:

Defined target groups are the Lebenswelt family; day care centres, schools, businesses and all other parts of the region's day-to-day life.



Transferability of the initiative:

A prerequisite for the successful establishment of a comprehensive prevention programme is the broad political and social support of the municipality for a prevention strategy from the point of view of providing equal access to health care for all. It is important to combine agreed goals with substantive measures. A necessary prerequisite for successful implementation is the involvement of all necessary stakeholders at a municipal level, taking into account the various policy areas. The sustainability measures recommended by the WHO can provide immediate benefits for all citizens through practical implementation examples (e.g. countywide provision of adequate resources for young and old; catering and nursery provision; comprehensive fall prevention; consideration of inclusion aspects in devising health promotion initiatives; availability of a wide range of sports activities for all age-groups; assistance for pregnant women and expectant mothers with a focus on prevention and vaccination; implementation of an environmental hygiene programme; inclusion of future demand planning in neighbourhoods; and availability of public transport).

Lessons learned from the initiative:

- Lesson 1:** A comprehensive prevention strategy with set targets and timeline is needed.
- Lesson 2:** The early involvement of all participants in all policy areas at the municipal level is a prerequisite for successful implementation.
- Lesson 3:** Ongoing reporting on the progress of the initiative as a whole, as well as in the individual steps, is required for a comprehensive prevention concept to be accepted.
- Lesson 4:** In the Federal State of North Rhine-Westphalia, the Municipal Health Conference has proved itself as a successful instrument for change.

Lead partner or initiating organisation of the initiative:

Kreis Heinsberg – Health Department & Department of Demographic Change and Social Planning

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Any additional remarks/support information:

<https://www.kreis-heinsberg.de/buergerservice/servicebereiche/servicebereiche.html?ID=85> (Gesundheit)

<https://www.kreis-heinsberg.de/buergerservice/servicebereiche/servicebereiche.html?ID=231> (Demogr. Wandel)

6.5 A Sustainable Nursing Profession

Primary topic:

C. Human Resources in Health

Project

Sustainable structures for training in the care of the elderly in the Aachen/Heinsberg region (ZASA)

Regions/neighbouring countries involved in the initiative:

Aachen/Heinsberg region, western North Rhine-Westphalia (Federal Republic of Germany)

Type of organisations involved in the initiative:

Five nursing homes: St. Gereon and Lambertus in Hückelhoven, Franziskusheim in Geilenkirchen, Haus Haarbach and Haus Hörn in Aachen.

Nursing institutions: Christian Education Academy for Health Professionals Aachen GmbH; Institute for Nursing and Social Care GmbH, with the participation of the Office for Work with the Elderly of the Städteregion Aachen; the Hagen outpatient nursing service in Eschweiler; senior citizens and care centre for the Städteregion Aachen in Eschweiler.

Summary of the initiative:

Due to demographic changes, the need for nurses in the Region Aachen will rise significantly by 2030. Measures must be taken to attract more people to the nursing profession and to guide these people to successful completion of training in long-term care. With the support of the Ministry of Labour, Health and Social Affairs (MAGS) and the European Union (European Social Fund, ESF), the initiative has promoted sustainable training structures for the care of the elderly.

The following goals have been defined:

- To help trainees to meet theoretical and practical training requirements and to develop their mental and physical health and job satisfaction positively in education
- To improve the skill sets and understanding of the role of practitioners in care institutions for the elderly in order for them to be able to better manage the professional and emotional/social demands of their work
- Gaining the support of teachers in specialist seminars about dealing with challenging teaching situations and cooperation between specialist seminar and practice facilities
- The need to prepare for the implementation of general nursing training in Germany
- Promoting networking between various stakeholders in the region in these areas by improving the participation of nursing homes and nursing institutions

The target group of the initiative:

Apprentices, practice instructors in geriatric care facilities, teachers in the educational institutions.



Transferability of the initiative:

The initiative can easily be implemented elsewhere. Provision of further educational measures through joint workshops and conferences, as well as further development of understanding of roles and acquisition of in-depth pedagogical, professional and social skills in the practical guides, led to significant improvements in the results achieved by the training contents, through which workshops and seminars were improved for all participants in the care institutions, and better conditions for cooperation between teachers and learners as well as between institutions and educational.

Lessons learned from the initiative:

- Lesson 1:** Clear objectives for the planning, implementation and evaluation of instructions and discussions by the training providers, as well as the mandatory nature of the planned guidance times, contribute significantly to the improvement of the training.
- Lesson 2:** By linking the practical instructors to the theoretical training centres for the comparison of contents and further developments, both in theory and in practice, close integration between the two is achieved, leading to greater efficiency in the training given.
- Lesson 3:** Regular discourse between training centre practice leaders and colleagues from other institutions in the region leads to a high degree of transparency about existing concepts and experiences. This achieves a high level of learning and teaching levels among all participants.
- Lesson 4:** It has been shown that employing practical trainers both on a contract and a freelance basis to facilitate further professional exchange is an efficient measure.

Lead partner or initiating organisation of the initiative:

MA&T Sell & Partner GmbH Würselen

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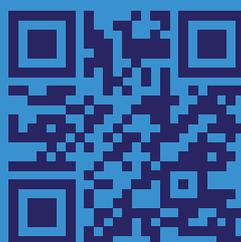


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Together we are strong, together we can achieve much more in supra-regional cooperation than just with isolated commitment.

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