SCIENTIFIC EVIDENCE AND STAKEHOLDER ENGAGEMENT: LESSONS FROM THE MINDMAP CITIES

Giuseppe Costa
On behalf of the MINDMAP Consortium

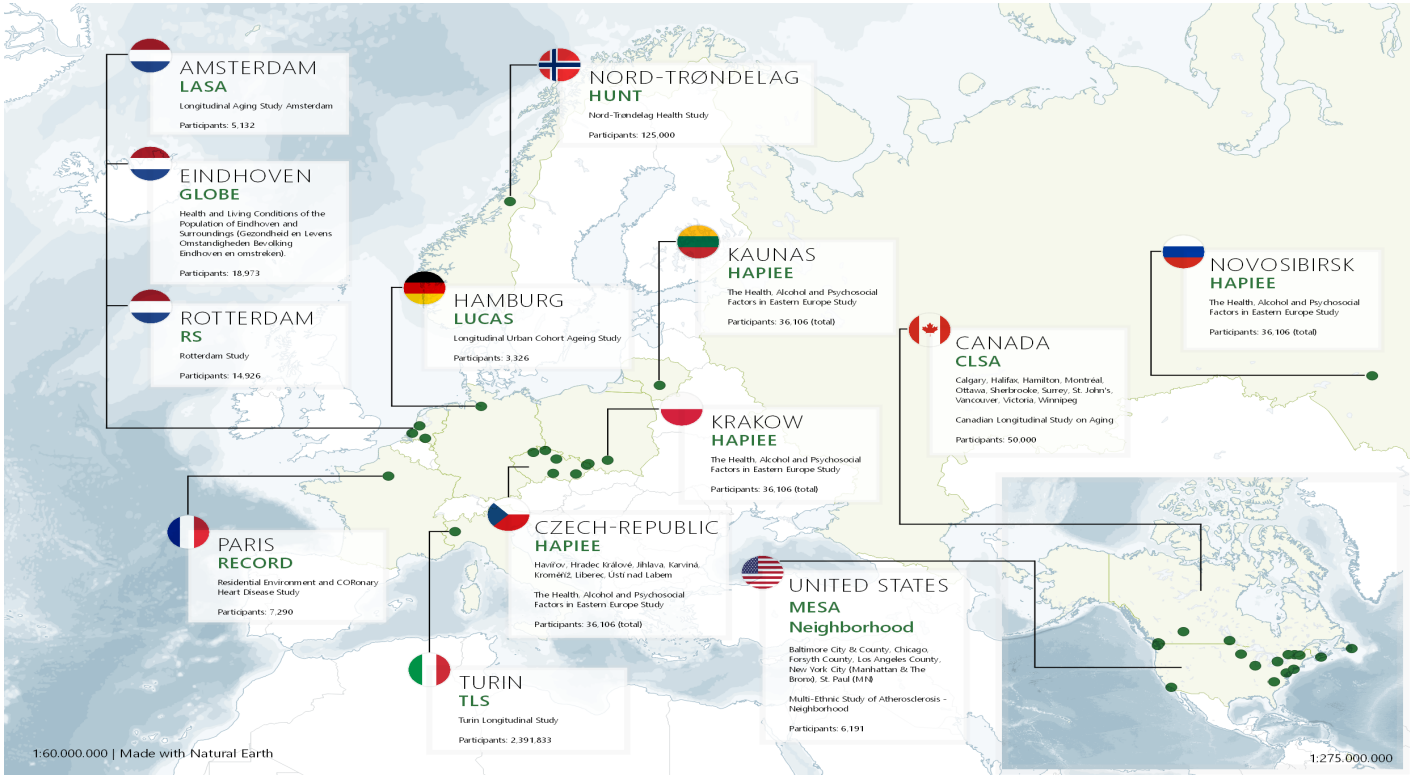
MINDMAP EXPLANATORY FRAMEWORK

New MINDMAP evidence for decision making

https://www.indiscreto.org/lassurda-storia-del-megalosauro/

How can evidence effectively reach stakeholders?

CITY STAKEHOLDER PLATFORMS



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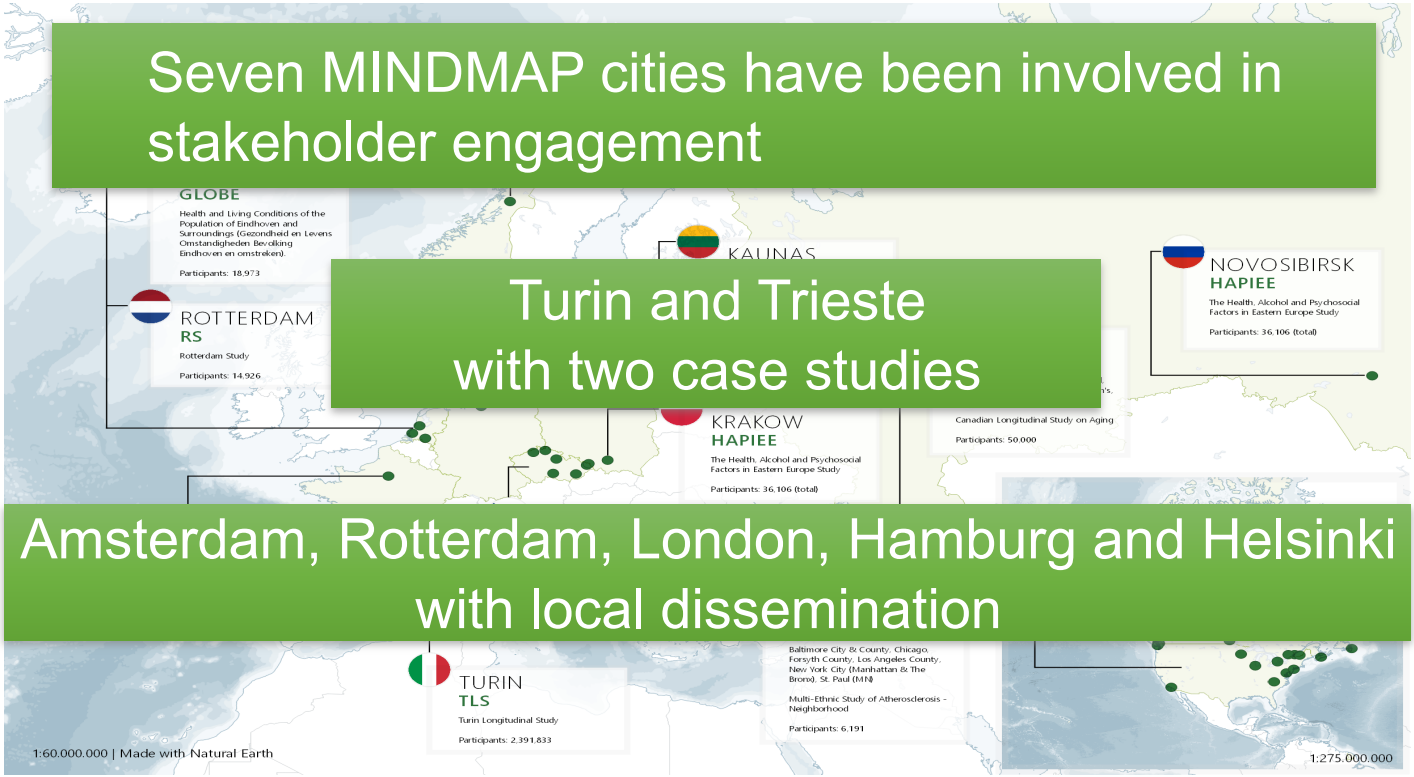

CITY STAKEHOLDER PLATFORMS

- **Yes it can be done**

Turin:
focus on health equity

Trieste:
focus on social capital

and more from:
Amsterdam, Rotterdam, London, Hamburg and Helsinki

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THE THREE STEPS TURIN CASE STUDY: PROSPECTIVE

1ST PHASE: Nov 2017-March 2018

CITY LEVEL

50 representatives

Co-investigating health inequalities
- Evidence in Turin
- Mechanisms of generation
- Solutions to reduce them
- Responsibilities

2ND PHASE: July-Sept 2018

CITY LEVEL

15 high level officers

Co-decision:
- Target setting
- Priority setting

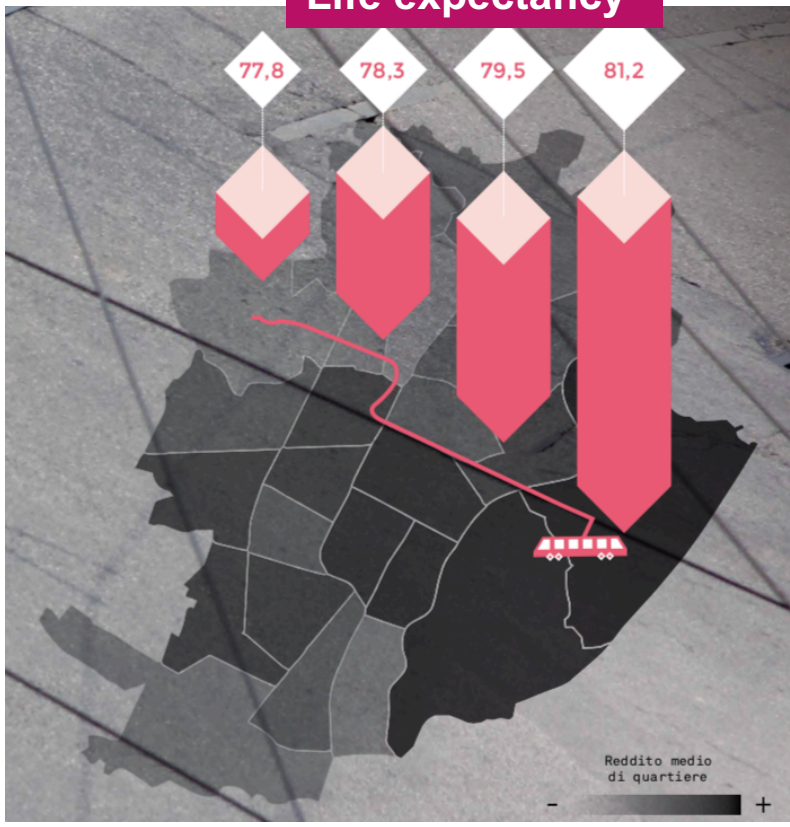
3RD PHASE: Oct 2019- still in progress

NEIGHBORHOOD LEVEL

2 communities of practice

Co-creation:
- Local actions to reduce inequalities in diabetes
- City actions to enable local actions

THE TURIN REVIEW:



PARTICIPATORY WORK ON:

November 2017

Facts **- Knowledge transfer and dissemination**

General presentation of scientific data and evidences

December 2017

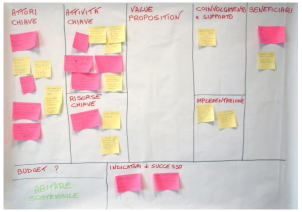
Explanations **- Interdisciplinary work groups**

Sharing experiences & best practices

January 2018

Solutions **- policy framework** to orient decisions and concrete actions

- defining problems, solutions, resources, responsibilities, tools and methods for action, developing a participative approach, to propose potential **inter-sectoral actions**

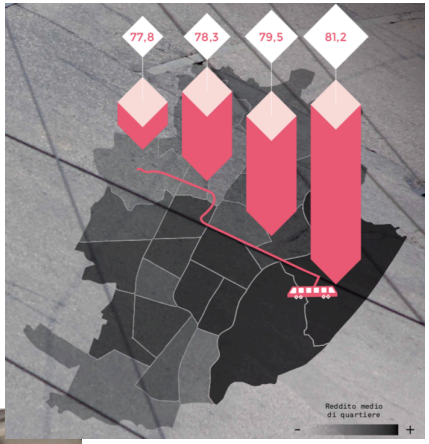


MINDMAP

FROM THEORY TO ACTION

What to do?
How to do?

PUBLIC COMMITTMENT



MINDMAP

Policy / Intervention

Quality of work and organization
Promoting quality of work
Work-life time reconciliation and territorial services
Work-linked training

Employment
Job-matching and emplyment services
Guidance (educational and vocational)
Vocationl training

Social protection and empowerment
Income support
Responding to social housing demand
Social integration of migrants
Shelters and services for Women and Minors
Active inclusion and community promotion strategies

Education and cultural promotion
Facing school drop-out and prevention
Promoting the socio-cultural youth development
Economic support for education

Quality of the living environment
Reduction of pollution and increased salutogenicity
Improvement of green areas
Urban brownfield sites regeneration

Health and social integration
Services and residences for not-self-sufficent eldery people
Home-care promotion
Job placement, supported in a protected work context

Health promotion and health care
Healthy lifestyles promotion
Promoting mental health
Reducing access barriers to quality care

Promo

THE TURIN CASE STUDY

1ST PHASE: Nov 2017-March 2018

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FROM THEORY TO ACTION

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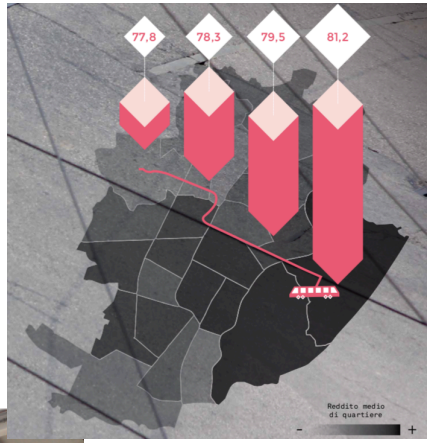

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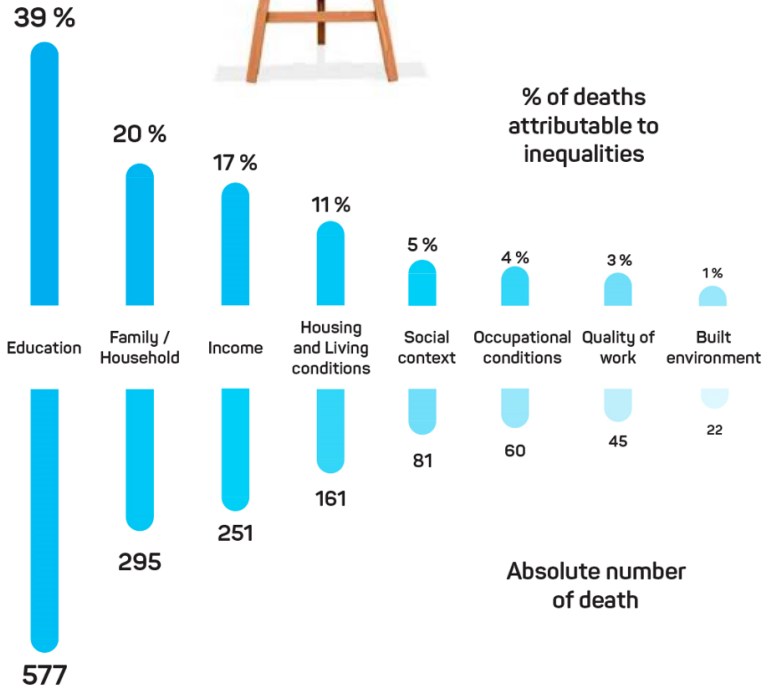
The main policy makers take the responsibility to drive and bring the change:

New commitment
"setting targets and priorities"

THE TURIN CASE STUDY (CO-DECISION)

2ND PHASE: July-Sept 2018



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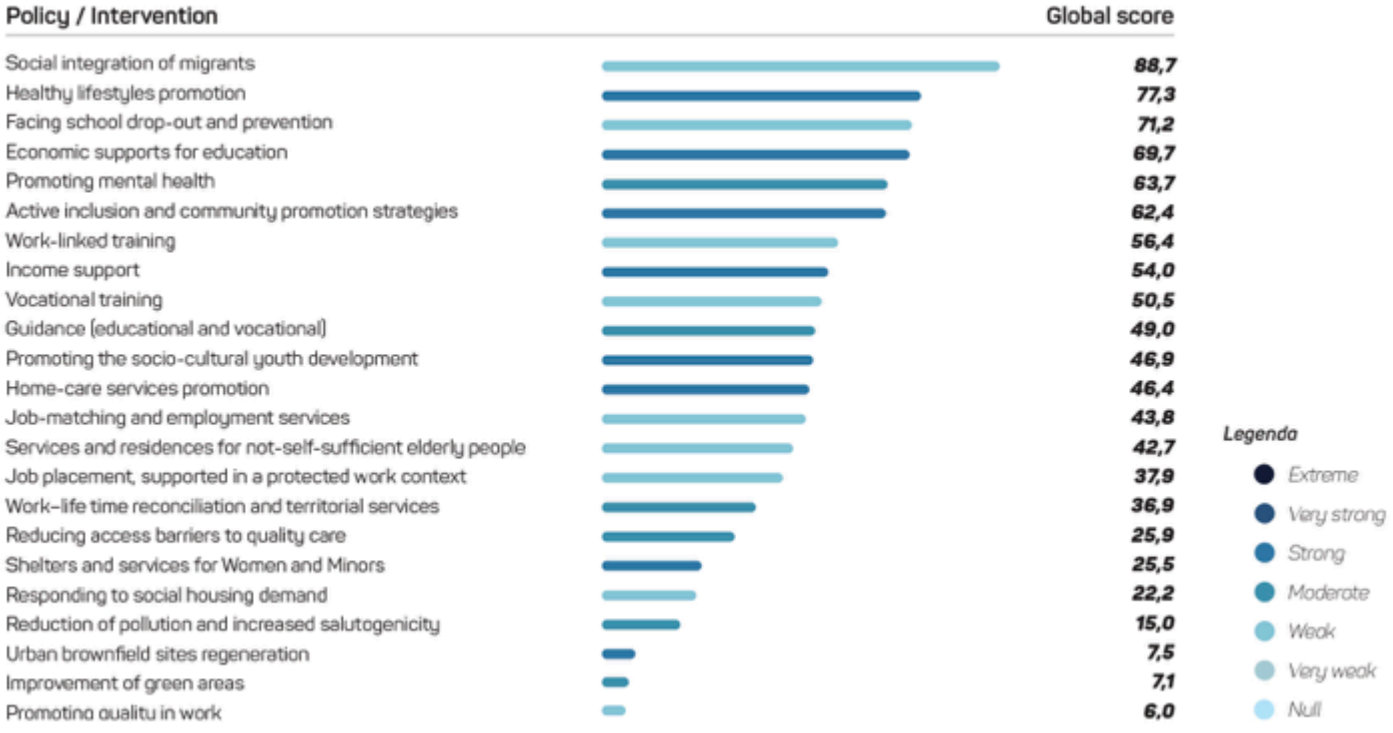
Ranking of policies according to expected impact on reducing social inequalities in premature mortality and do-ability.



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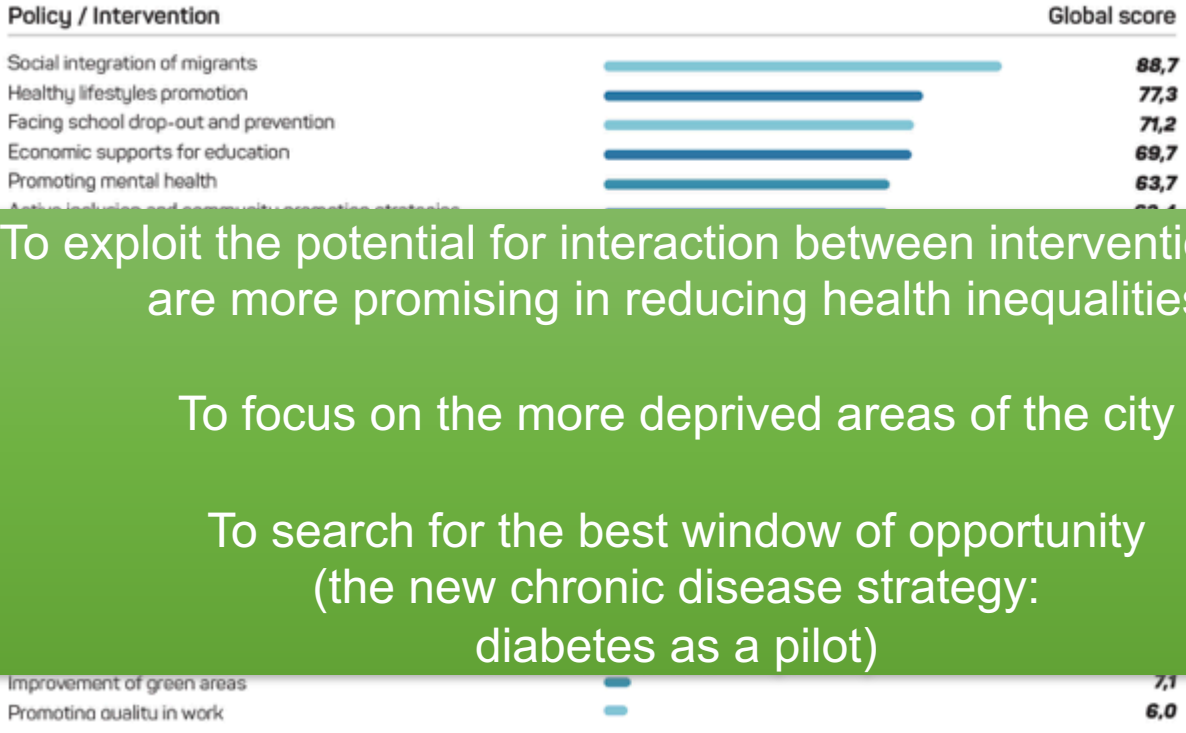


To exploit the potential for interaction between interventions that are more promising in reducing health inequalities

To focus on the more deprived areas of the city

To search for the best window of opportunity
(the new chronic disease strategy:
diabetes as a pilot)

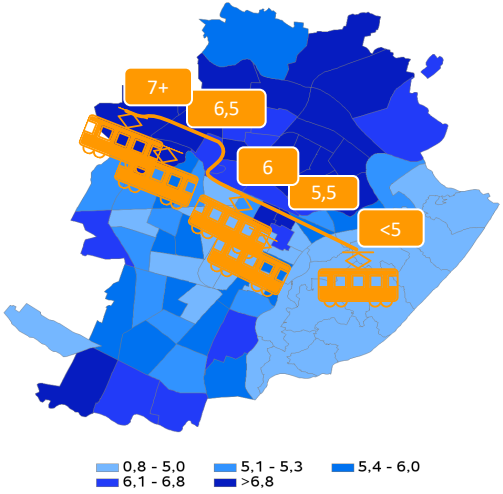
THE TURIN CASE STUDY (CO-CREATION)

3RD PHASE: Oct 2019- still in progress

"All the stores are closed at the local mall"

"The uneven roads, the fear falling down makes me feel bad"

Prevalence of Diabetes 2
Turin 2017, age standardized



- **These inequalities, if well communicated, are able to motivate and push the local stakeholders in understanding causes and finding solutions**

  –Why diabetes prevalence is so unequal?
  –Which are the mechanisms generating these inequalities
  –Who's the responsibility for avoiding these mechanisms?

- **Two local communities of practice have been committed this mandate**

  –health professionals (GPs, specialists, pharmacies, nurses, primary care districts) as for the responsibility in equal early diagnosis and treatment,

  –local community actors (social housing, employment, poverty, schools, culture, leisure time facilities, green spaces, urban planning, food retails, voluntary sector) as for the responsibility in equal prevention

THE TURIN CASE STUDY (CO-CREATION)

3RD PHASE: Oct 2019- still in progress

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  –Why diabetes prevalence is so unequal?
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A plan of innovation is being implemented by the two local communities of practices involving the responsibility:

-of the same local stakeholders if the actions are within their reach
-of the city institutions and actors when feasible
(a city level community of practice)
-of the Turin Social Impact platform, a fourth community of practice of more than hundred local private enterprises interested to participate to calls for social and environmental innovative actions funded by the "economy/finance"

TORINO SOCIAL IMPACT

THE TRIESTE CASE STUDY: RETROSPECTIVE

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THE TRIESTE CASE STUDY: RETROSPECTIVE

Programme HM (Habitat Microaree) – A Caring City
Friuli Venezia Giulia Region, Trieste, Italy

Social, health and housing joint program targeting 15 MicroAreas (500 to 2,500 residents) with high deprivation, public housing, ageing, in place since 2005.

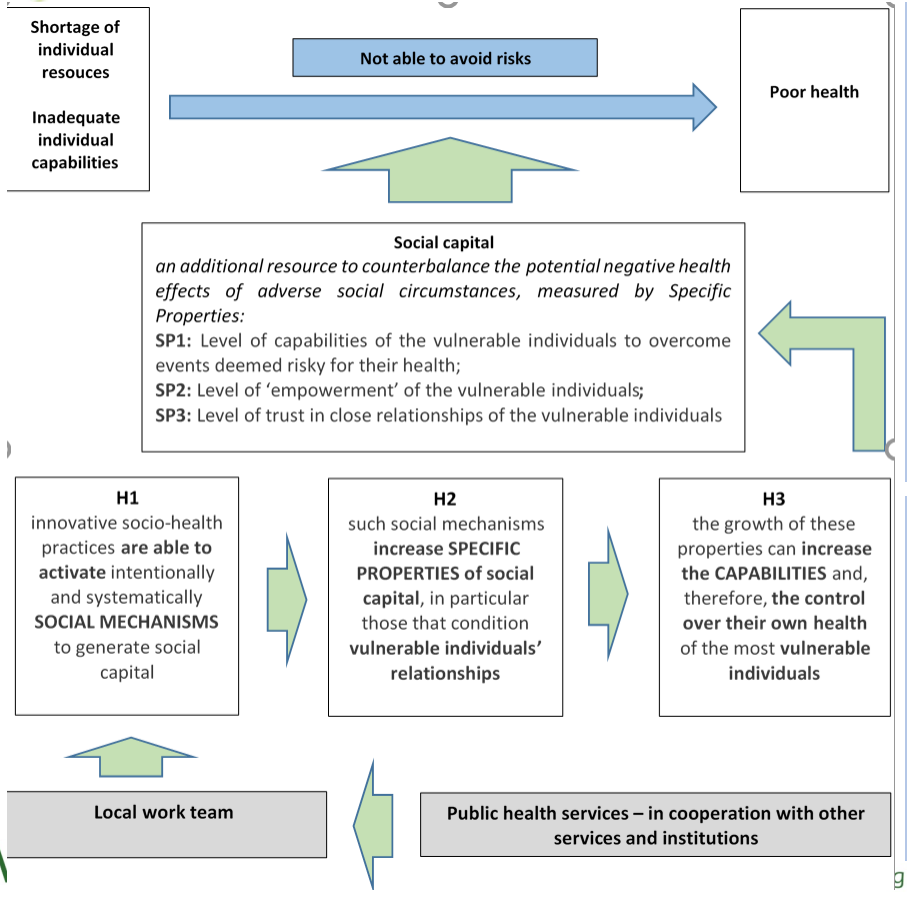
Aiming to create effective **integration** between sectors and influence life contexts, actively involving the local community to reinforce **social cohesion** and promote and protect **health**

Total **costs** between €100-200.000 per year per MA

Austerity post crisis: sustainability?

A participated assessment of what works and why

THE TRIESTE CASE STUDY: RETROSPECTIVE



QUALITATIVE

- **action research with 40 professionals of the local team**
- **social mechanisms activated**
- **increasing specific properties of SOCIAL CAPITAL**
- **enforcing CAPABILITIES**
- **to face critical problems (list of 24)**

QUANTITATIVE

How and why the intervention improved the capacity to face the 24 problems?

Among

- **200 treated in MA**
- **200 untreated in MA**
- **200 untreated out of the MA**

THE TRIESTE CASE STUDY: RETROSPECTIVE

RESULTS

- Treatment addressed more affected by the 24 problems
- Treated benefited more from the mechanisms of generation of social capital
- Mental health among treated was better than expected had they never been treated

IMPACT

- SOCIAL CAPITAL as a resource generator (more active and passive relationships and more sense making)
- TRUST as a positive expectation of cooperation
- PUBLIC SERVICES capable of activation of people and of improving quality and integration of the interventions

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AMSTERDAM – ROTTERDAM – HAMBURG – LONDON? – HELSINKI STAKEHOLDERS ENGAGEMENT

	Amsterdam	Rotterdam	Hamburg	London	Helsinki
Type of engagement	Workshop: 27 participants	Workshop: 80 participants	Workshop: 30 participants	Workshop: suspended for lock down	Fact sheet dissemination
Policy priorities	• Integrated elderly policies between national and local level • Vulnerable old adults • Public transports	• Green in the city • Quality of housing and facilities • Clean and safe cities	• Connection between the city and the metropolitan region • To combine sustainability and social justice • Long term supports for social spaces		There should be integrated planning of well-being and health promotion in cities (from City of Helsinki)
Evaluation from participants	The final list of policy priorities was very relevant for elderly mental health promotion	Need for more concrete directions: what to do in practice			
Evalutation from organizers	Nominal group and world café gave voice to all the participants (generative of ideas). Some preparation is requested.	Good discussion but not enough concrete in term of action plans for practice			

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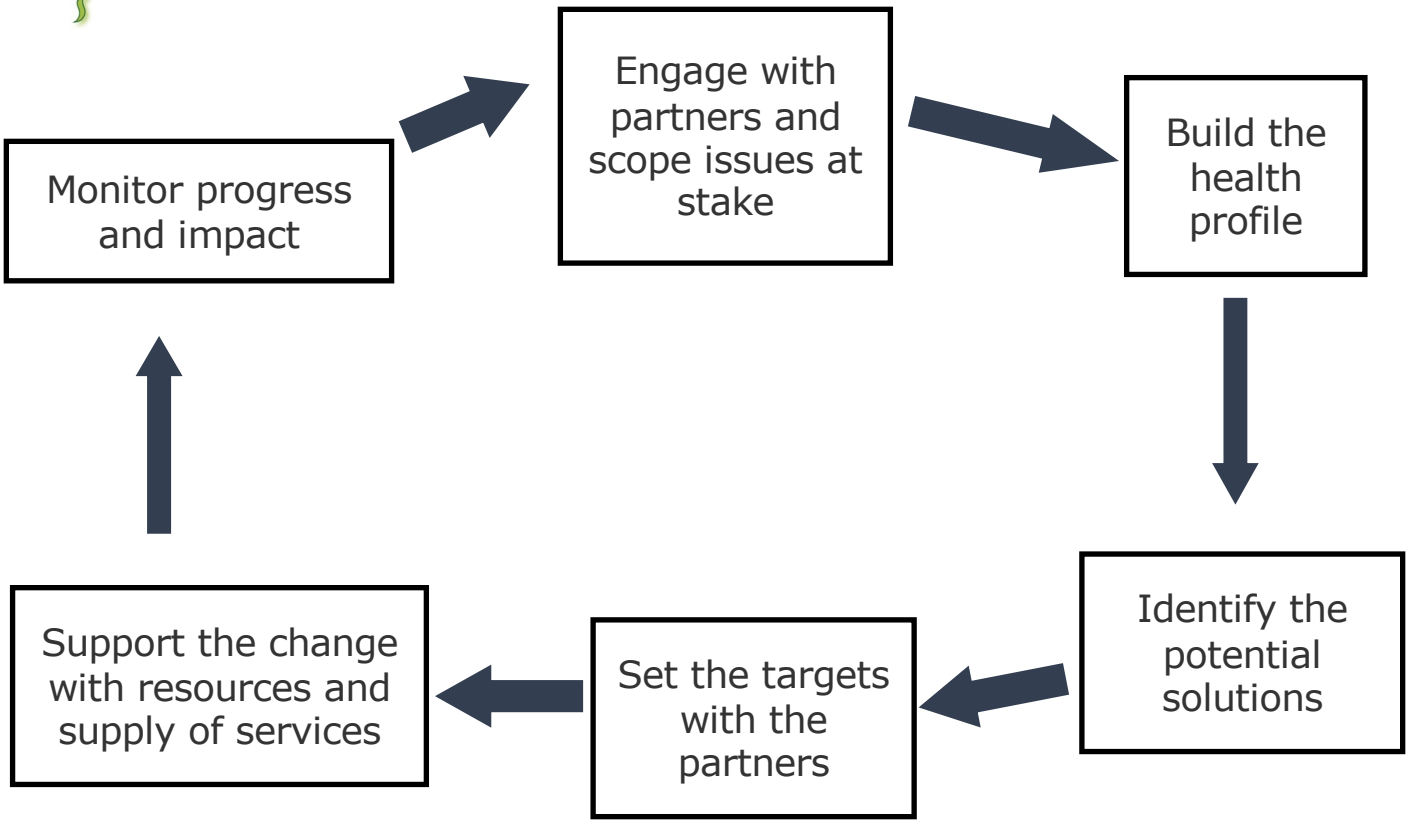
But under the condition that…

EVIDENCE AND DECISION MAKING IN THE URBAN SETTING



Hamer L, Jacobson B, Flowers J et al. Health Equity audit made simple. Working document. NHS HAD 2003

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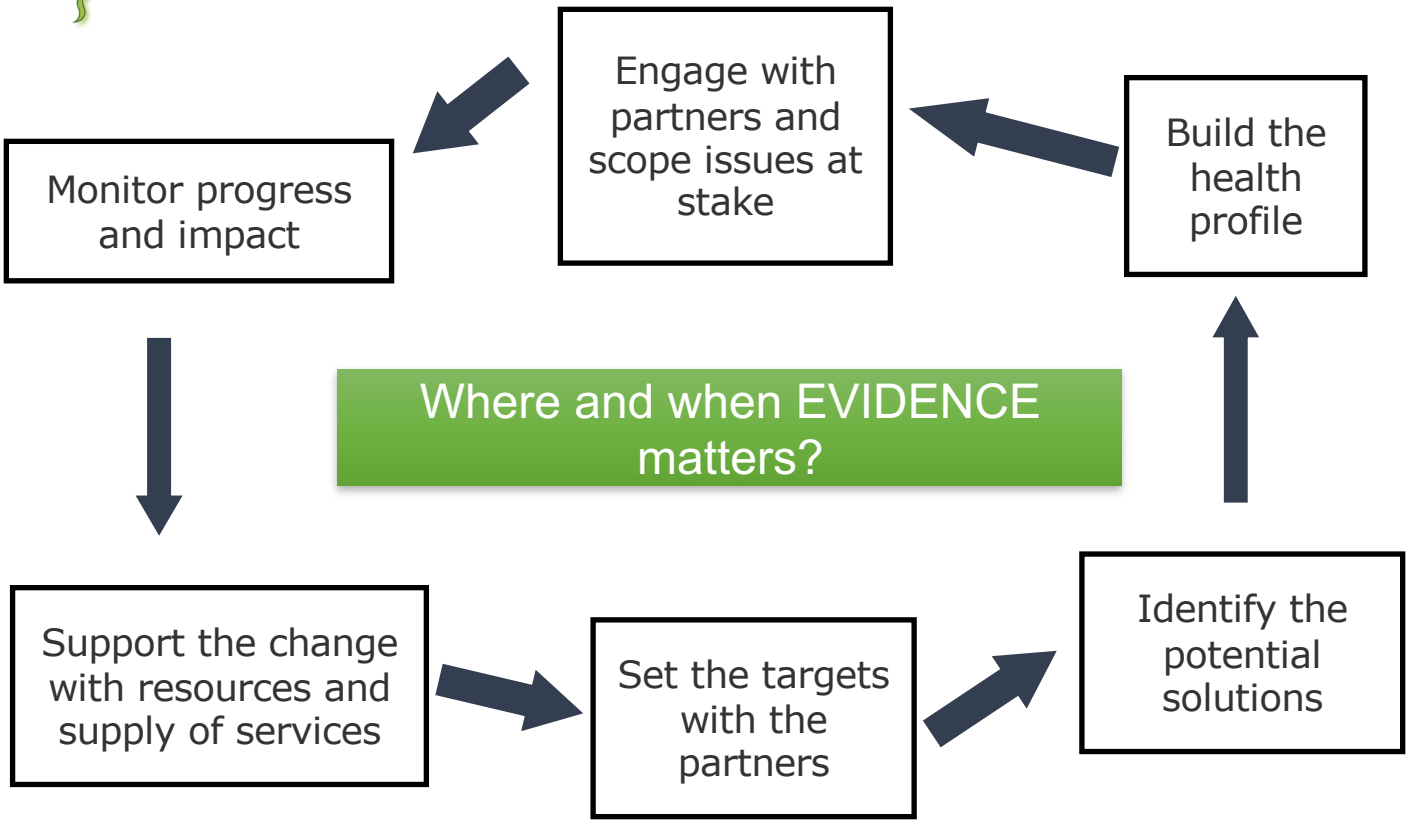

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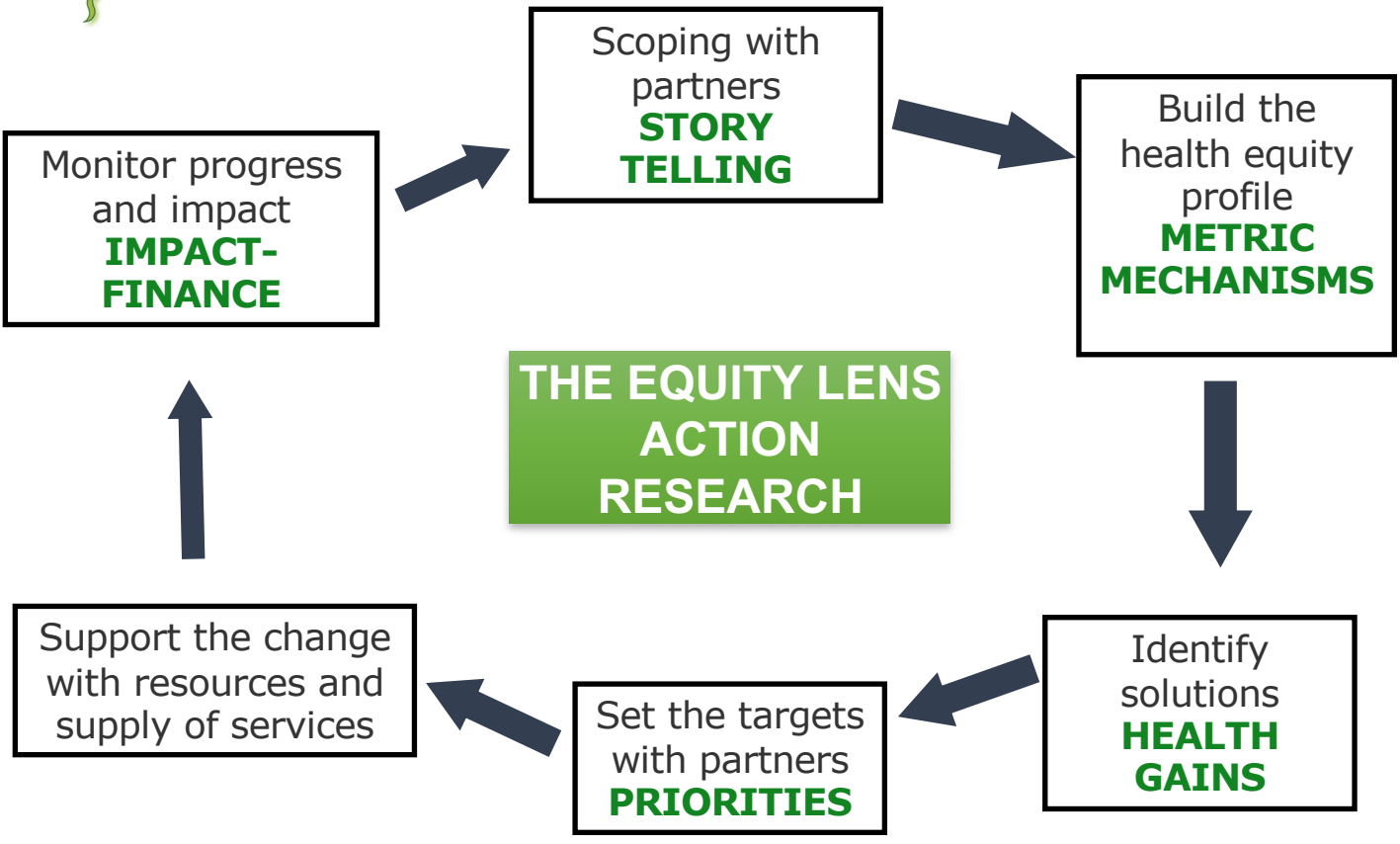
LESSONS FROM THE TURIN CASE STUDY (PROSPECTIVE)



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LESSONS FROM THE TRIESTE CASE STUDY (RETROSPECTIVE)

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EVIDENCE AND DECISION MAKING IN THE URBAN SETTING

Engage with partners and scope issues at stake

Build the health profile

Monitor progress and impact

NO DATA NO PROBLEM
Action research
Health(equity) metric

Identify the potential solutions

Set the targets with the partners

Support the change with resources and supply of services

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EVIDENCE AND DECISION MAKING IN THE URBAN SETTING

Monitor progress and impact
THE TURIN SOCIAL IMPACT AGENDA

Engage with partners
SUSTAINABILITY IN TRIESTE

Build the health profile
TURIN REVIEW

WINDOWS OF OPPORTUNITY

Support the change with resources and supply of services
THE NEW CHRONIC CARE STRATEGY IN TURIN

Set the targets with the partners

Identify the potential solutions

Hamer L, Jacobson B, Flowers J et al. Health Equity audit made simple. Working document. NHS HAD 2003

ROLE OF EVIDENCE IN INTEGRATED COMMUNITY CARE/PREVENTION EXPERIENCES

WINDOWS OF OPPORTUNITY

- **Typology of experiences**
  - **Drivers**: person, policy, professional, grass root
  - **Focus**: care/wellbeing, community, environment
  - **Core ingredients**: home, place, assets, partnership

EVIDENCE

- **Intended impact**
  - **Co-production**: change agents, local alliances, individual/community ori
  - **Strenghten communities**: **more equal** public health at the core of , through investing in social infrastructure, enabling co-creation
  - **Evaluation/adaptation** of process/impact (action research)

SOCIAL CAPITAL

- **Six common qualities of intentional strategic actions of ICC/P (not a new tool but a societal process)**
  - Integrated action (btw professionals/sectors) **centered on (equal) need of**
  - **Active and pair role of the person** (resources, competences, voi
  - Professionals **generating horizontal relationships** btw pe
  - Active **role of the place/environment** close to the person
  - **Collective rites** integrated in daily life, shaping **identity** btw professional and people
  - **Alliances/partnership** btw sectors to facilitate access and use of available resources