

## CONFERENCE ABSTRACT

### **Vulnerabilities and health inequalities in local communities and in field areas of community nursing and recommendations and measures for reducing health inequalities**

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#### ***Introduction***

Several activities dealing with vulnerability and health inequalities in local communities are part of project Model of community approach to promoting health and reducing health inequalities in local communities (MoST), by the National Institute of Public Health - NIPH. The aim of the project is to support renovation of preventive care programmes in selected health centres.

#### ***Short description of practice change implemented***

Results of the research Analysis of vulnerabilities and inequalities in health in the local communities and findings of the field analyses of community nurses work districts reveal significant vulnerabilities and obstacles in health in 25 environments in Slovenia. The results enabled us to formulate recommendations and measures for better inclusion of vulnerable groups in prevention programs and treatment, performed in health centres and local communities.

#### ***Aim and theory of change***

In order to identify the vulnerabilities and inequalities in health in local communities, we conducted a qualitative field study. Identification of vulnerability, inequality and vulnerable groups, as well as their barriers, needs and ways of overcoming barriers, was carried out in 25 local settings in Slovenia. 416 semi-structured interviews with 606 interviewees were conducted. Community nurses can only effectively plan their work by considering the overall picture of the local community in their community health nursing activity, as facilitated by an accurate analysis of their district. Within the project they conducted an analysis of 277 work districts.

#### ***Targeted population and stakeholders***

The survey revealed vulnerability of the elderly, socially deprived, children and adolescents, immigrants, foreigners and people with international protection, people with disabilities, homeless people, people with mental health problems, alcohol and drug addicts, unemployed, precarious and agency workers, Romes, victims of violence, people

without obligatory or additional health insurance. Barriers to accessing health or other assistance are primarily social barriers, linguistic, bureaucratic, material threats, geographic distance (rural areas), lack of information, feeling of shame, stigma, prejudice, distrust and fear, lack of professional staff, lack of appropriate knowledge and skills. The work of the community nursing service is focused on treating the area as a whole, while also considering individual persons, families and communities in their living environment. In the work district analyses, particular attention was paid to categorizing families according to identified problems in the family. They found very similar findings to the survey.

### ***Timeline***

2018-2019 project Health Promotion for all  
2018-2020 project MoST  
2020 (and beyond) Annual General agreement

### ***Highlights and Conclusion***

Through activities such as community approach, intercultural mediation, open doors to health and community nursing activities, we have informed and included vulnerable groups and reduced health inequalities in local communities. By connecting partners in local communities, we have raised awareness of the importance of health, a healthy lifestyle and a better quality of life for all.

### ***Comments on sustainability and transferability***

Activities to address vulnerabilities and reduce health inequalities need to be introduced into the system. We have already done this for a community approach to health, intercultural mediation and open doors to health and community nursing activities (Annual General agreement).