

European Health Policy Group Spring Meeting 2018

'Bringing public health, social care and urbanity back in – health governance beyond policy subsystems'

Hosts: Erasmus School of Health Policy & Management, EUPHA and Radboud University.

Venue: Podium 0950, Oostmaaslaan 950 3063 DM, Rotterdam, The Netherlands

Programme

Thursday 19 April 2018

12.30	Registration and lunch
13.20	Welcome and introduction to the theme Chair: Roland Bal
13.30	Paper 1 – Building-up quality of life in the local area Authors: Hans Dubois, Research Manager, Eurofound Discussant:
14.30	Paper 2 – Governing for health in a complex urban environment: International insight Authors: Chris Naylor, Senior Fellow in Health Policy, The King's Fund, UK; David Buck, Senior Fellow in Public Health and Inequalities, The King's Fund, UK Discussant:
15.30	Refreshment break Chair: Marleen Bekker
16.00:	Keynote session: to be announced soon
18.00:	Start social event and dinner

Friday 20 April 2018

8.45	Arrival and refreshments Chair:
9.00	Paper 3 – Design thinking as an organizational strategy to reconnect to the needs and wishes of individual patients: an ethnographic case study Authors: Martijn Felder, Tineke Kleinhout-Vliek, Marthe Stevens, Hester van de Bovenkamp and Antoinette de Bont, Erasmus School of Health Policy and Management, Erasmus University, Rotterdam Discussant:
10.00	Paper 4 – The Jerusalem Railroad Park: Focusing the Urban Mind on Health, Social Justice, Inclusiveness and Governance Authors: IVA GREENSHTEIN-LITTMAN, OSNAT KEIDAR, DAVID CHINITZ Braun School of Public Health, Hebrew University, Jerusalem, Israel; Pollin Cardiovascular Wellness Center for Women, Hadassah Medical Center, Jerusalem, Israel Discussant:
11.00	Refreshment break Chair:
11.15	Paper 5 - Improving the responsiveness of social work practices in disadvantaged neighbourhoods Authors: dr. Roos Pijpers (Radboud University, Nijmegen) Discussant:
12.15	Paper 6 – Social Work and Policing: Towards a Common Teaching and Training Module Authors: Dr. Günter Stummvoll, Dr. Cees Goos, Mag. Hannes Schindler (EUROPEAN CENTRE FOR SOCIAL WELFARE POLICY AND RESEARCH, Vienna, Austria) Discussant:
13.15	Business meeting and lunch
14.00	Closing

'Bringing public health, social care and urbanity back in – health governance beyond policy subsystems'

In the nineteenth century, government's responsibility for the health and well-being of its citizens began with improving physical and social conditions in order to prevent illness. The mass-epidemics that broke out in the rapidly industrializing cities proved to be the 'paradigm-case' of the problems of urban interdependence; a critical lesson in the external effects of individual deficiencies, the magnitude of adversities and the uncertainty of the effect of individual remedies (De Swaan, 1988). Through a holistic analytical approach, health risks were understood as situated within, and affected by, their physical and social environment. When the most important determinants of mass-epidemics were brought under control, in the twentieth century, political interest shifted from (public) health towards medical [curative] care and universal risk-coverage. The enactment and extension of universal healthcare systems went hand in hand with impressive progress in medical science, making more and more screening and curative treatments of diseases possible. Health became a sectoral issue, to be approached as an independent, individualized, mainly biomedical, problem. (Health) risks became to be conceived as actuarial risks which could be protected against by means of social health insurance. But the medicalization and universalization of health risks came with costs. Today, faced with the burden of ever increasing healthcare expenses, and demographic changes, European welfare states are rediscovering problems of urban interdependences and the importance to react on these by investments in (public) health promotion and prevention.

In a context of rapidly changing societal and economic circumstances, the post-war welfare state solution for dealing with health risks no longer is an effective guarantor of social inclusion and urbanity. What today's new social risks have in common is that they tend to be concentrated around the same group of individuals, older people in need of other types of care, younger people and families with small children, women in employment and immigrants. These new social risks, moreover, tend to overlap and cluster; resulting in an accumulation of disadvantages for specific groups, and eventually, the social exclusion for those citizens belonging to these new social risk categories. The concentration of social needs and risks therefore also adds an important spatial or geographical dimension to this challenge, since many of the new social risk groups are concentrated in underperforming neighborhoods. Marked by low incomes, high unemployment rates, and a low socio-economic health status, these places often have badly performing schools, and few jobs matching the skill of their residents. In metropolitan urban areas, moreover, social services have to be expanded and re-orientated due to a changing and more multi-cultural and heterogeneous population. These newly emerging urban interdependencies entail on their turn new demands for the diversification and coordination of social services, cutting across and blurring the traditional sectoral and spatial boundaries of social services and social policy regimes.

This opens up a challenging multi-disciplinary health research agenda, in particular about how (local) governments, health policy-makers, health and social service providers and other stakeholders adapt to these changing social risks and needs of citizens. We invite authors to submit conceptual and empirical research papers about these attempts to reunite public health and social care and to reflect on newly emerging conceptions of 'urbanity', 'social justice', 'inclusiveness' and the 'governance' thereof.