

# EUROPEAN FORUM FOR PRIMARY CARE

## 2018 CRETE CONFERENCE



**Vulnerability and Compassion: The role of Primary Care in Europe**  
How to overcome the austerity period

**HERAKLION, CRETE, GREECE | 23 – 25 SEPTEMBER 2018**

## PROGRAMME BOOK & INFORMATION

### ORGANIZERS



### OFFICIAL PARTNERS



### SUPPORT



## Table of Contents

<b>WELCOME.....</b>	<b>1</b>
FOREWORD FROM EFPC .....	1
FOREWORD FROM CRETE .....	3
SCIENTIFIC COMMITTEE .....	4
ORGANIZING COMMITTEE .....	5
<b>KEYNOTE SPEAKERS.....</b>	<b>7</b>
<b>LOCATION.....</b>	<b>10</b>
MAP TECHNOLOGICAL EDUCATIONAL INSTITUTE OF CRETE (LOCATION MAIN CONFERENCE).....	12
MAP SCHOOL OF HEALTH & WELFARE, TECHNOLOGICAL EDUCATIONAL INSTITUTE OF CRETE .....	13
<b>PROGRAMME.....</b>	<b>14</b>
PRE-CONFERENCE – SUNDAY 23 SEPTEMBER 2018.....	14
DAY 1 – MONDAY 24 SEPTEMBER 2018.....	15
DAY 2 – TUESDAY 25 SEPTEMBER 2018 .....	16
<b>PARALLEL SESSIONS.....</b>	<b>17</b>
<b>ABSTRACTS WORKSHOP SESSIONS.....</b>	<b>21</b>
<b>SUBMITTED ABSTRACTS.....</b>	<b>40</b>
RESEARCH ABSTRACTS .....	40
POLICY DEBATES.....	73
MULTIMEDIA ABSTRACTS .....	92



# Welcome

---

## Foreword from EFPC

Dear Delegates,

It is my honor and pleasure as Chairperson of EFPC to welcome you to Heraklion to be with each other over the next two days to share experiences, policy, practice and research in primary care. It is highly significant that our theme this year focuses on vulnerability and compassion. What does it mean to be vulnerable? The origins of the word come from the Latin *vulnerare*, to wound. To be vulnerable literally means to be wounded, physically, mentally or in spirit. Today perhaps we think of vulnerability in terms of being endangered, unsafe, unprotected in some way. When we stop to think about the meaning of vulnerability we can think of the concept in relation to the communities we work with, those in poverty, without homes or social networks, migrants without their land or language, suffering from trauma through conflict or natural disaster, lives in danger. Or we can relate it to individuals and families, wounded through birth, chronic illness, bereavement, mental illness, disability, loneliness and the everyday challenges of family life. Such concepts of vulnerability capture a negative sense of human experience, but we are here in Heraklion, at the heart of Ancient Greece. Ancient Greek thought recognised vulnerability as a virtue, that to be able to be open to our wounds is a strength, character forming that helps us to lead a good life and enables us to be compassionate towards the other. To be compassionate then could be seen as feeling empathy, concern, humanity towards the suffering of others. We can also see compassion as being alongside people, enabling them to recognise and understand their own vulnerability, not doing unto others, but helping them to accept and become responsible for themselves and their loved ones. As health care professionals, this is why many of us entered the world of health care and healing. We feel compassion towards others, and perhaps as the psychologist Carl Jung has suggested we are wounded healers, open to our own vulnerability and the need for care and compassion.

Primary Care is a context for which this deep relationship between vulnerability and compassion can be expressed and understood. But we try to do so in a period of European history that is entrenched in economic hardship, political unrest, democratic breakdown and global migration. Social cohesion is at risk and the wounds of society are laid bare. How can Primary Care respond? How can we create person-centered, compassionate health care systems that will strengthen our communities and the individuals and families that we work with?

During the conference we will have the opportunity to think and reflect on these issues and to contribute to our knowledge and understanding of how Primary Care can be strengthened and what it means for policy and practice to respond to vulnerability with compassion, and the knowledge and evidence that we still need to convince our governments of the value of Primary Care in times of austerity for everyone, everywhere.

There are many opportunities throughout the conference to build and share your knowledge and experience. I would like to encourage you to attend the sessions and actively take part and also to participate in extending your thinking and practice through Twitter, the EFPC journal *Primary Health Care Research and Development* and by going on line to the *PIE to share* website and developing our network of Primary Care intelligence.

I hope you will join with delegates from across Europe to share these reflections, workshops and papers towards a greater understanding. That through discussion, debate and critical thought in this land of such philosophical foundation, you will return to your countries enriched, refreshed and ready to take on the challenges ahead.

**Sally Kendall, MBE**

Chairperson, EFPC  
Professor of Community Nursing and Public Health  
University of Kent, UK



## Foreword from Crete

It is our pleasure to welcome you to the 2018 conference of the European Forum for Primary Care, which is co-organized by the University of Crete, Faculty of Medicine, Clinic of Social and Family Medicine (CSFM) and the Technological Educational Institute of Crete (TEI of Crete), Social Work and Nursing Departments, and is titled "Vulnerability and Compassion: The role of Primary Care in Europe" How to overcome the austerity period?

The conference comes in a timely manner, as primary health care reforms are currently in progress in many countries including that of Greece. The latest economic and refugee's crisis revealed the need for a more patient-centered, integrated and compassionate-based primary care and Greece, as one of the countries more affected, seems to be at the ideal place to host this European Forum. To serve interdisciplinarity -a key element of integrated primary care-, a synergy between the CSFM and TEI has been established and (is) reflected in the decision to work together in promoting the aim and the objectives of this Forum in Crete.

The conference will address several aspects related to the health care needs of various vulnerable groups and the quality of health care provided. This conference will attract eminent academics, researchers, professionals and policy makers from Europe and will provide a forum for various disciplines including Medicine, Nursing, Social Work, and Psychology.

The programme includes keynote speeches, workshops, training events, site-visits to primary care facilities and linked projects with a strong emphasis on vulnerability and compassion and is ideal for health and mental care professionals as well as for students in the health and social care professions.

This important scientific event will represent an ideal forum for fostering new ideas and establishing new collaborative research links, helping to build strong research networks within Greece and at an international level in the field of primary health care. The conference will also provide you with a unique opportunity to visit Crete, one of the most vibrant regions of Greece and get to know a place with a strategic geopolitical position at the crossroads of three continents, where king Minos and the legend of Minotaur used to live according to the Greek mythology.

We hope that this event will be the start of a fruitful dialogue among key stakeholders in the field of primary health care and that compassion will no longer be missing from the health policy agenda of any European country. We encourage you to actively participate in the events and workshops and become an active agent of its messages and conclusions.

On behalf of the Hosting Organization Committee,

**Prof. Christos Lionis**

CSFM, Faculty of Medicine  
UNIVERSITY of CRETE

**Dr. Maria Papadakaki  
Dr. Argyroula Kalaitzaki**

Social Work Department  
TEI of CRETE

**Dr. George Kritsotakis**

Nursing Department  
TEI of CRETE

## Scientific Committee

**Sally Kendall**

EFPC Chair

**Peter Groenewegen**

EFPC Executive Board member

**Andre Biscaia**

USF AN, Portugal

**Christos Lionis**

University of Crete

**Elena Petelos**

University of Crete

**Danica Rotar Pavlic**

EFPC Executive Board member

**Maria Papadakaki**

TEI Crete

**Diederik Aarendonk**

EFPC coordinator

**Ioanna Tsiligianni**

University of Crete

**Athina Tatsioni**

University of Crete

**Emmanouil Smyrnakis**

Aristotle University of Thessaloniki

**Kyriakos Soulitis**

University of Pelop

**Victoria Vivilaki**

TEI Athens

**Aikaterini Nomidou**

Patients' Rights Organization

**Foteini Anastasiou**

University of Crete

**Argyroula Kalaitzaki**

TEI Crete, Social Work Dept

**George Kritsotakis**

TEI Crete, Nursing Dept



## Organizing Committee

**Diederik Aarendonk**

European Forum for Primary Care

**Irene Cubells**

European Forum for Primary Care

**Diana Castro Sandoval**

European Forum for Primary Care

**Daisy van der Putte**

European Forum for Primary Care

**Marilena Anastasaki**

University of Crete

**Dimitra Sifaki-Pistolla**

University of Crete

**Agapi Angelaki**

University of Crete

**George Kritsotakis**

TEI Crete

**Maria Papadakaki**

TEI Crete

**Ioanna Tsiligianni**

University of Crete

**Athina Tatsioni**

University of Crete

**Emmanouil Smyrnakis**

Aristotle University of Thessaloniki

**Victoria Vivilaki**

TEI Athens

**Aikaterini Nomidou**

Patients' Rights Organization

**Foteini Anastasiou**

University of Crete

**Kornilia Makri**

University of Crete

**Nikolaos Tsakountakis**

University of Crete

**Constantinos Chliveros**

University of Crete

**Maria Antonopoulou**

University of Crete

**Emmanouil Symvoulakis**

University of Crete

**Theodoros Vasilopoulos**

University of Crete

**Charalampos Vittorakis**

University of Crete

**Filothei Voltyraki**

University of Crete

**Ioanna Stefanaki**

University of Crete

**Nikoleta Ratsika**

TEI Crete, Social Work Dept

**Sophia Koukouli**

TEI Crete, Social Work Dept

**Joannes Chliaoutakis**

TEI Crete, Social Work Dept

**Kleio Koutra**

TEI Crete, Social Work Dept

**We wish you a great conference!**

Using Twitter?

#EFPC2018

#primarycare

@PrimaryCare4um



## Keynote Speakers

---

### RICHARD WILKINSON - EMERITUS PROFESSOR OF SOCIAL EPIDEMIOLOGY

Richard studied economic history and the philosophy of science at the London School of Economics before training in epidemiology. From the 1970s onwards, his research focused on social class differences in death rates. He has played a formative role in international research on the social determinants of health and on the societal effects of income inequality. His early research on class differences in death rates resulted in David Ennals, the Labour Secretary of State for Health and Social Services, setting up the inquiry into health inequalities which produced the Black Report. Since then, his books and papers have drawn attention to the tendency for societies with bigger income differences between rich and poor to have a higher prevalence of a wide range of health and social problems. Two of his books have been the subject of documentary films – one called *The Great Leveller* for the Channel 4 TV's Equinox series broadcast in prime time in 1996 (to coincide with the publication of his *Unhealthy Societies*) and another, called *The Divide* (based on *The Spirit Level*) released in April 2016 and now available on Netflix.



Richard is now Professor Emeritus of Social Epidemiology at the University of Nottingham Medical School, Honorary Professor at University College London and Visiting Professor at the University of York. He wrote *The Spirit Level* with Kate Pickett, a best seller now available in 24 languages. It won the 2011 Political Studies Association *Publication of the Year Award* and the 2010 Bristol Festival of Ideas Prize. He co-founded The Equality Trust (with support from the Joseph Rowntree Charitable Trust). In 2013 Richard received Solidar's Silver Rose Award and Community Access Unlimited's 'Humanitarian of the Year' Award. The Irish Cancer Society awarded him its 2014 Charles Cully Memorial medal, and he was the 2017 medalist of The Australian Society for Medical Research.

In the last few years he has given many hundreds of conference addresses and media interviews round the world, including at WHO, the EU, OECD and the World Bank. On various websites his TED talk has been viewed over 3 million times.

#### **Presentation of "Inequality, health and wellbeing"**

Richard Wilkinson will discuss the health and social effects of the large income differences between rich and poor in societies. Most people, including politicians, have a very naïve view of inequality and assume that it only matters if it creates absolute poverty or is regarded as extremely unfair. Closer to the truth however is that it adds to feelings of superiority and inferiority, makes status and class divisions more important, and has damaging consequences for a wide range of outcomes including physical and mental health, social cohesion, levels of violence, trust, drug abuse, social mobility and child wellbeing.

The differences in the prevalence of these problem between more and less equal societies are very large. That is because – though greatest among the least well off – the effects of inequality are not confined to the poor: instead they extend to a large majority of the population.

The key mechanisms through which inequality has its effects are primarily psychosocial and focus particularly on the way differences in personal worth affects social ease and social relations. Through its psychosocial effects, inequality is a major limitation on the quality of life in modern societies.

**AIKATERINA NOMIDOU – CRPD LEGAL CONSULTANT, WHO  
QUALITY RIGHTS CONSULTANT**

Mental health & Human rights practicing lawyer  
WHO PFPS Champion for Greece  
Secretary General of the Global Alliance of Mental Illness Advocacy  
Networks GAMIAN-Europe, Brussels  
Vice president, Association of families/carers for mental health,  
Alzheimer's disease and related disorders *SOFPSI N.SERRON*,  
Serres, Greece  
Visiting lecturer at the Faculty of Medicine, University of Crete,  
Greece



Being an active career to her brother who lives with schizophrenia and seeing the problems faced by families trying to cope with mental illness consequences and the unfairness of the situation service users find themselves in prompted Katerina to become actively involved in the mental health issues that affect vulnerable people and society as a whole. Her area of passion and expertise includes the use of the World Health Organization's innovative QualityRights tool kit and package of training and guidance modules to assess quality and human rights in mental health and social care facilities, and to build capacity among mental health practitioners, people with psychosocial, intellectual and cognitive disabilities, people using mental health services, families, care partners and other supporters, NGOs, DPOs and others on how to implement a human rights and recovery approach in the area of mental health in line with the UN Convention on the Rights of Persons with Disabilities and other international human rights standards.

Following a degree in Italian language and literature at Aristotle University in Thessaloniki-Greece and a degree in Law at Democritus University of Thrace in Komotini-Greece, she received a postgraduate degree in mental health, law and human rights from Indian Law Society in Pune, India.

Aikaterini is a member of the pool of experts of the EC (Chafea) and has worked with governments and organisations on mental health policies and legislations, including in Afghanistan, Qatar, United Arab Emirates and Sierra Leone.

## **JUAN TELLO – HEAD OF OFFICE WHO EUROPEAN CENTRE FOR PRIMARY HEALTH CARE**



Division of Health Systems and Public Health  
WHO Regional Office for Europe

Dr. Juan Tello has held varied assignments as a policy advisor and public health expert in countries of Central Asia, Africa, the Americas and the Mediterranean for international organizations including the European Commission, UNICEF, the World Bank and the British and Italian cooperation agencies. In 2008, Dr. Tello joined WHO and since has held assignments, as resident policy

advisor in Tajikistan, as sub-regional advisor to health ministries across Central America and as Health Governance Programme Manager at the WHO Regional Office for Europe in Copenhagen, Denmark. Currently, Dr. Tello is the Head of the WHO European Centre for Primary Health Care, based in Almaty, Kazakhstan. The office operates as a center of excellence on health services delivery in the WHO European Region.

Presentation on the WHO European Centre for Primary Health Care - Almaty Kazakhstan (WHO European Centre for Primary Health Care)

## **ALEXIS KALOKERINOS – PROFESSOR OF GENERAL LINGUISTICS**

Professor of General Linguistics in the Department of Philology, Faculty of Letters at the University of Crete.

Head of Department (2016-present); formerly, Director of the Department's Program of Postgraduate Studies (2004-2007), Dean of the Faculty (2006-2010), member of the University Council (2013-2016). Visiting Professor at the Freie Universität Berlin (2010-2011, 2015-2016) and the Ecole des Hautes Etudes en Sciences Sociales (Paris, 2013).

President of the Society of Cretan Historical Studies/Historical Museum of Crete (2009-present). Responsible for the A. & M. Kalokerinos Foundation Social Space (2013-present). Awarded the Municipality of Heraklion Nikos Kazantzakis Prize for the Humanities, 2011.



Academic / Research interests: Biolinguistics, Linguistic Pragmatics, Language and Mind; History of Ideas on Mind and Language from the Enlightenment to the present.

Presentation of "Feeling (almost) like you: from 16th c. sympathy to 21st c. Theory of Mind"

## Location

---

### **Pre-conference:**

Historical Museum Crete and Social Space of A. & M. Kalokerinos Foundation

**Address:** 27, Sofokli Venizelou Ave. / 7, Lysimachou Kalokerinou St.  
71202 Heraklion, Crete, Greece

**Phone:** (+30) 2810 283219, (+30) 288708

### **Main conference:**

The EFPC Conference 2018 takes place at the Technological Educational Institute of Crete in Heraklón, Crete.

**Address:** Heraklion, Stauromenos, 71004

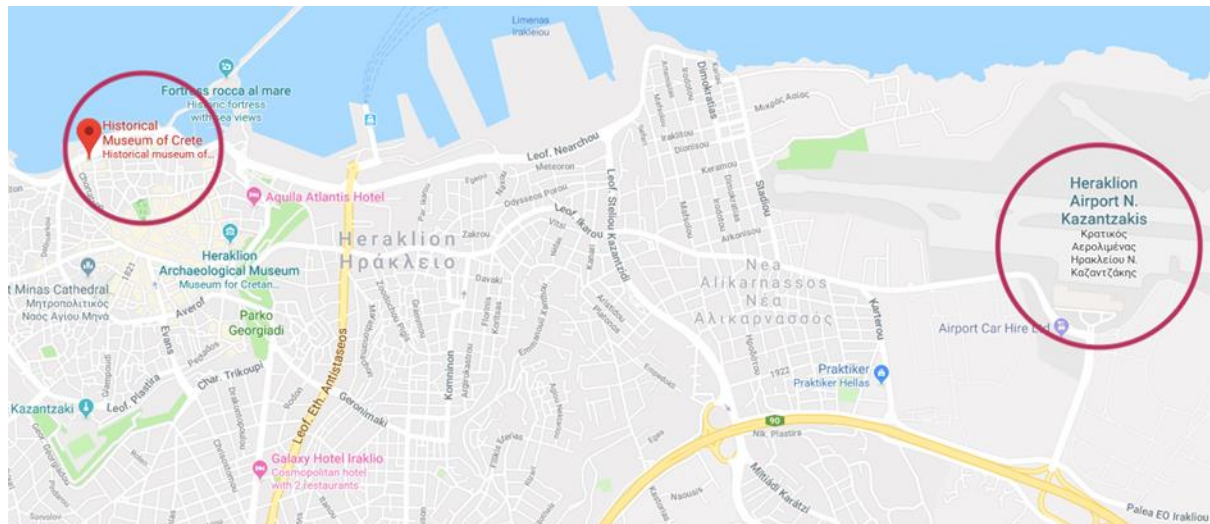
**Phone:** (+30) 2810 – 379200



## TRAVEL DIRECTIONS

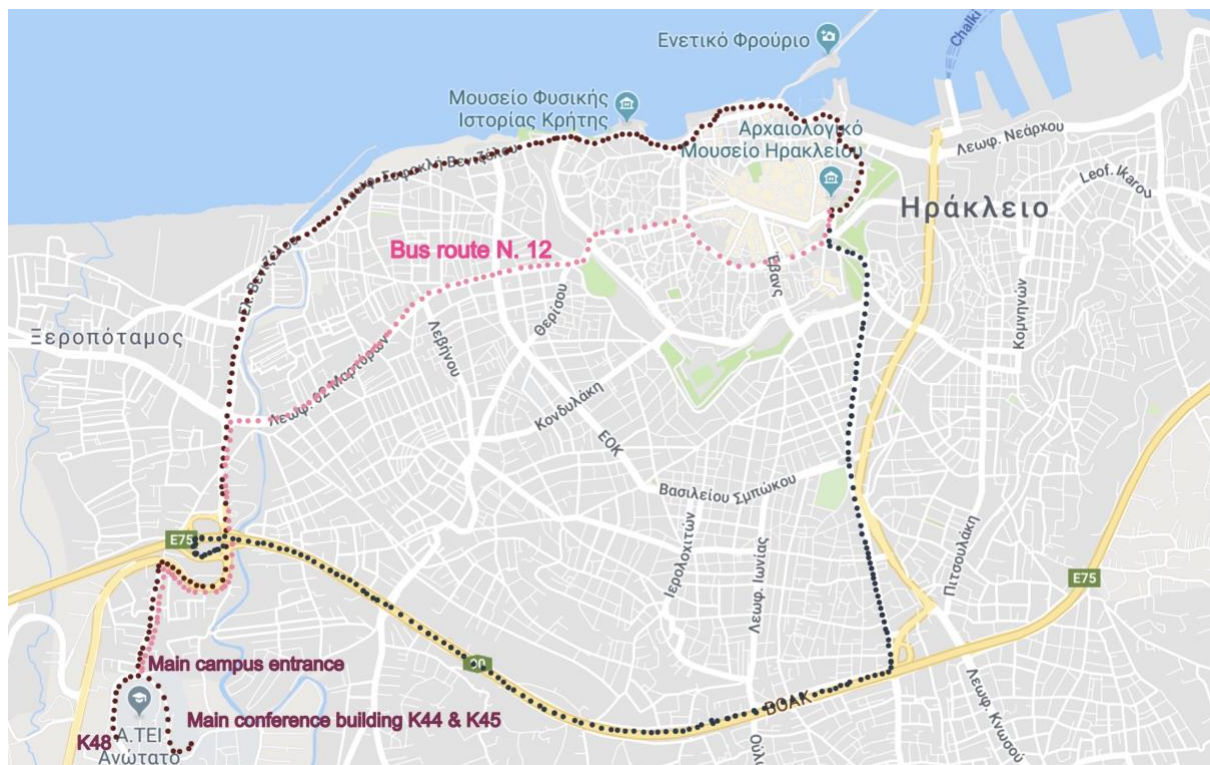
### Pre-conference:

The Historical Museum of Crete is 4km away from the Nikos Kazantzakis airport, 1km away from Heraklion's Port Station and 800m from Heraklion's Bus Station. It is located at the coastal avenue of the city approximately 500m away, by feet, from Heraklion's center.

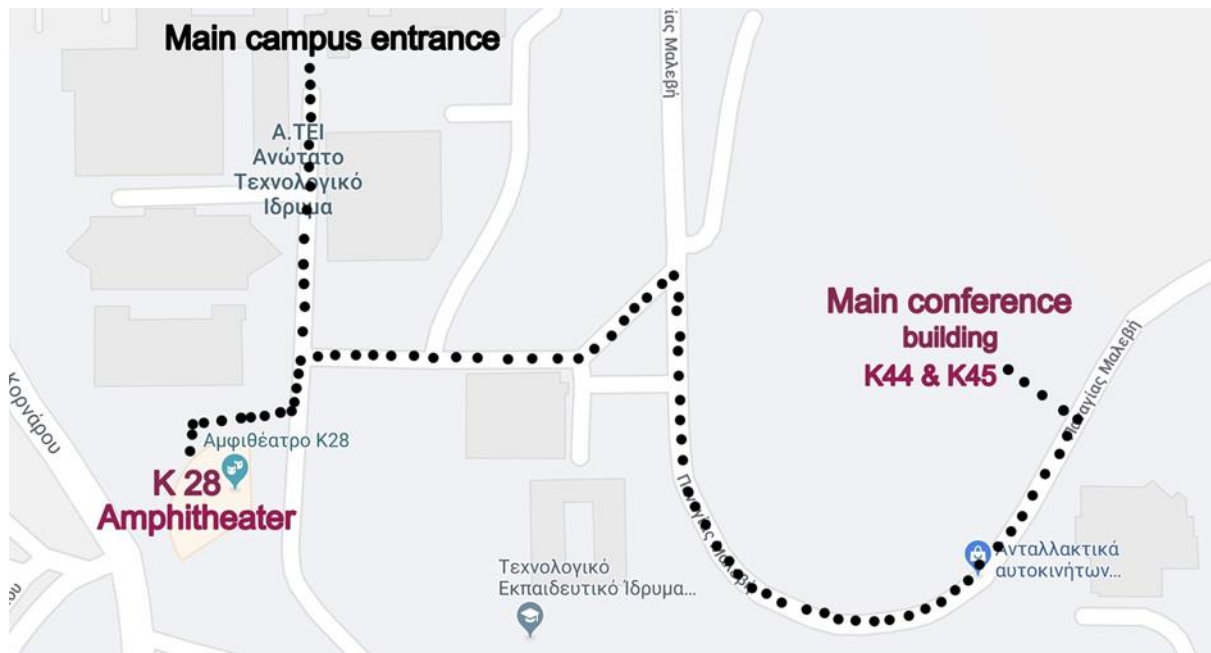


### Main-conference:

The bus runs every 10 to 20 minutes (bus route No 12); it takes 30-40 minutes to reach the main entrance campus. The easiest way is to take a taxi. It shouldn't be more that 10-15 euros and it is much more time efficient.

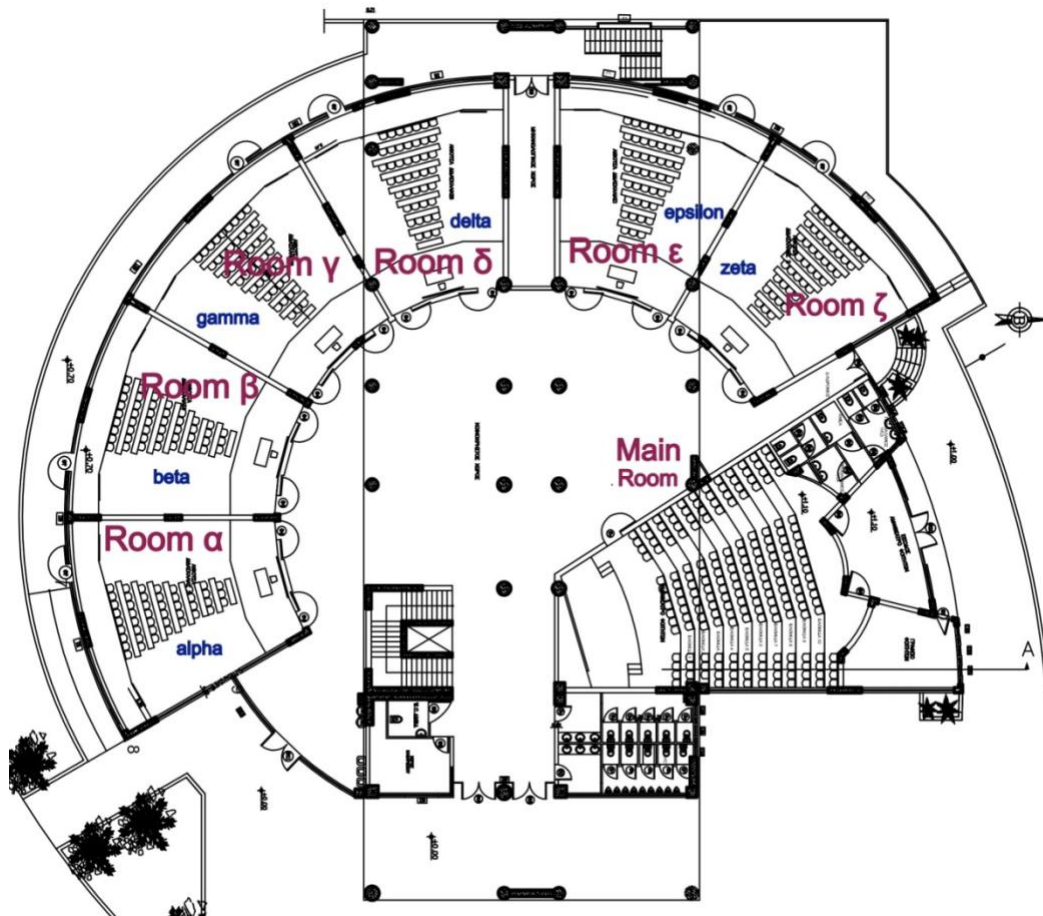


Map Technological Educational Institute of Crete (location main conference)





## Map School of Health & Welfare, Technological Educational Institute of Crete



## Outdoor Map School of Health & Welfare, TEI of Crete



## Programme

---

Pre-conference – Sunday 23 September 2018	
10:00	Session at Historical Museum of Crete
12:00	Welcome lunch Introduction of the program
13:00	Site-visits <ul style="list-style-type: none"><li>• 1st Rural Health Unit</li><li>• 4th Health Unit</li><li>• Social Space, A. &amp; M. Kalokerinos Foundation</li></ul>
17:00	Summary Workshops session
18:15	Presentations <ul style="list-style-type: none"><li>• Results site-visits</li><li>• Mr. Xanthos – Greek Minister of Health</li></ul>
19:30	Drinks and dinner for pre-conference delegates

Day 1 – Monday 24 September 2018			
Morning		Afternoon	
08:00	Registration (Reception hall at the main building K44/45)	13:45	Key-note Juan Tello (Amphitheatre K28)
09:00	Welcome (Amphitheatre K28)	14:00	Walking break (15 minutes) Coffee/tea is served in the main building K44/45
09:10	Key-note prof. Alexis Kalokerinos	14:15	Parallel sessions, round 3 (90 minutes) <ul style="list-style-type: none"> <li>• Workshops</li> <li>• Research abstract workshops</li> </ul>
09:30	Key-note Katerina Nomidou	15:45	Parallel sessions, round 4 (90 minutes) <ul style="list-style-type: none"> <li>• Workshops</li> <li>• Research abstract workshops</li> </ul>
10:00	Walking break (30 minutes) Coffee/tea is served in main building K44/45	17:15	EFPC General Assembly in the main room in the main building K44/45 For EFPC members only
10:30	Parallel sessions, round 1 (45 minutes) <ul style="list-style-type: none"> <li>• Meet the key-note</li> <li>• Round table</li> <li>• Multimedia presentations</li> <li>• Research abstract workshops</li> <li>• Presentation of the European Health Parliament</li> <li>• Poster debate sessions</li> </ul>	20:30	Dinner
11:15	Parallel sessions, round 2 (90 minutes) <ul style="list-style-type: none"> <li>• Workshops</li> <li>• Research abstract workshops</li> </ul>		
12:45	Lunch is served in main building K44/45 (60 minutes)		

Day 2 – Tuesday 25 September 2018			
Morning		Afternoon	
09:00	Key-note Richard Wilkinson (Amphitheatre K28)	13:15	Parallel sessions, round 7 (90 minutes) <ul style="list-style-type: none"> <li>• Workshops</li> <li>• Research abstract workshop</li> </ul>
09:45	Walking break (15 minutes) Coffee/tea is served in main building K44/45	14:45	Conference summary by Sally Kendall in the main room in the main building K44/45
10:00	Parallel sessions, round 5 (45 minutes) <ul style="list-style-type: none"> <li>• Meet the key-note</li> <li>• Multimedia presentations</li> <li>• Workshops</li> <li>• Poster debate sessions</li> </ul>	15:00	Closure including EFPC 2019 Nanterre
10:45	Parallel sessions, round 6 (90 minutes) <ul style="list-style-type: none"> <li>• Workshops</li> <li>• Research abstract workshops</li> </ul>		
12:15	Lunch is served in main building K44/45 (60 minutes)		

## Parallel Sessions

Parallel sessions round 1 (Day 1, 10:30 – 11:15)											
	Session 1	Session 2	Session 3	Session 4	Session 5		Session 6	Session 7	Session 8	Session 9	Session 10
Room	Room α Alpha	Room β Beta	Room γ Gamma	Room δ Delta	Room ε Epsilon	Room ζ Zeta	Outdoor 1	Outdoor 2	Outdoor 3	Outdoor 4	Outdoor 5
Chair	Ms Katerina Nomidou	Mr Jan De Maeseneer	Ms Leen De Coninck	Mr Henk Parmentier	Mr Luca Bellomo		Mr Tino Marti	Mr Algars Miezitis	Ms Katerina Venovska	Mr Alessandro Mereu	Ms Helene Colombani
Abstracts & Presenters	Meet the key-note (Ms Katerina Nomidou): round table on patient rights	Round table by Jan De Maeseneer on "Family Medicine and Primary Care at the crossroads of societal change"	Multi Media presentations 3.1. Elderly Care (62 Daskalaki Chrsi, 72 Gotsis, 5 Rosario Martinez)	Research abstracts workshop 1.1. Compassionate Care (78 Vanhullebus, 97 Kouta)	Presentation of the European Health Parliament (EHP) (Luca Bellomo, Diana Castro Sandoval)		Poster debate session 2.1. Primary Care for vulnerable groups (39 Koulierakis, 84 Brugues, 92 Mereu)	Poster debate session 2.2. Compassionate Care (32 Simopoulos, 64 Chiveros Konstantinos, 77 Moisidou)	Poster debate session 2.3. Primary Care and the influence of austerity measures (74 Kyriajopoulos, 101 Blankvoort, 102 Eftychios)	Poster debate session 2.4. Interprofessional Collaboration (37 Galli, 46 Verginelli, 53 Fischer)	Poster debate session 2.5. Organization of Primary Care: Community Health Centres (33 Blair, 47 Misericordia, 98 Jamart)
Parallel sessions round 2 (Day 1, 11:15 – 12:45)											
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6					
Room	Room α Alpha	Room β Beta	Room γ Gamma	Room δ Delta	Room ε Epsilon	Room ζ Zeta					
Chair	Ms Anette Fagertun	Ms Tonka Poplas Susic	Mr Mehmet Ungan	Ms Danica Rotar	Ms Katerina Venovska	Mr George Samoutis					
Abstracts & Presenters	Workshop Centre for Care Research Norway "The Politics and labor of primary care in Norway: municipal care sector transformation at the outskirts of austerity" (Anette Fagertun, Gudmund Agotnes, Roar Hansen, Patience Kawamala)	Workshop by EFPC Community Health Centres working group A) CHCs as a concept of work in Europe & B) CHCs globally (Tonka Poplas Susic, Jan De Maeseneer)	Research abstracts workshop 1.2. Primary Care & Paediatric Care (28 Blair, 40 Viasblom, 41 Boere Boonekamp, 99 Kourletaki)	Research abstracts workshop 1.3. Intersectoral Collaboration (15 Larsson, 30 Cicconi, 96 Papadakaki, 89 Psycharakis)	Research abstracts workshop 1.4. Patient Satisfaction (3 Nellson, 36 Konstantakopoulou, 85 Ryssaert)	Compassionate Care: Knowledge, Skills, and Attitudes for Primary Care (George Samoutis & Andreas Anastasiou)					

Parallel sessions round 3 (Day 1, 14:15 – 15:45)						
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Room	Room α Alpha	Room β Beta	Room γ Gamma	Room δ Delta	Room ε Epsilon	Room ζ Zeta
Chair	Mr Juan Tello	Ms Daniela Luisi	Mr Antoni Peris	Ms Jill Long	Mr Mehmet Akman	Ms Maria Papadakaki
Abstracts & Presenters	Workshop Primary health care transformations in practice:  illustrative country cases from the WHO European Region (Juan Tello, Tino Marti, Ainur Aiyphkanova, Cora Pop, Pavlo Kovtonvuk, Rudina	Workshop Participation and community health; Discussing current issues from Italy (Daniela Luisi) + abstract 55 Sparos	Research abstracts workshop 1.5. Professional satisfaction in Primary Care (17 Groenewegen, 23 Makivic, 25 Cohidon, 51 Kirmil)	Research abstracts workshop 1.6. Elderly Care (21 Rotor Pavlic, 29 Nagelvoort, 42 Schwarz, 68 Kaffatou, 94 Markaki)	Workshop on refugee health "In Our Shoes: To be a refugee" (Mehmet Akman & Maggie Crosbie)	Psychosocial care in primary health care: Emerging needs and challenges during austerity (Dr. Papadakaki & Dr. Kritsotakis)

Parallel sessions round 4 (Day 1, 15:45 – 17:15)						
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Room	Room α Alpha	Room β Beta	Room γ Gamma	Room δ Delta	Room ε Epsilon	Room ζ Zeta
Chair	Ms Stavroula Lioliou	Mr Pieter van den Hombergh	Ms Dineke Smit	Ms Fotini Anastasiou	Ms Victoria Vviliaki	Mr Cagri Kalaca
Abstracts & Presenters	Empathy in the clinical session: Skills for healthcare practitioners (Stavroula Lioliou & Maria Papadakaki)	Workshop on pharmaceutical care in Primary care by the EFPC EMA-working group (Pieter van den Hombergh)	Workshop by EFPC Mental Health working group: Mental health in primary care: austerity or chance? (Henk Parmentier, Jan De Lepelre & Dineke Smit)	The role of Primary Healthcare in times of austerity (Dr. Tsiligianni & Dr. Anastasiou)	Workshop ORAMMA "Operational Refugee And Migrant Maternal Approach" (Maria van den Muizenbergh, Victoria Vviliaki, Maria Papadakaki, Diana Castro Sandoval)	Research abstracts workshop 1.7. Primary Care for youth including Sexual Reproductive Health (9 Akman, 27 Rossignol, 45 Gonzalez, 100 Athanasopoulou)

Parallel sessions round 5 (Day 2, 10:00 – 10:45)									
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 7	Session 8	Session 9	Session 10
Room	Room α Alpha	Room β Beta	Room γ Gamma	Room δ Delta	Outdoor 1	Outdoor 2	Outdoor 3	Outdoor 4	Outdoor 5
Chair	Mr Richard Wilkinson	Ms Katerina Venovska	Mr Tino Marti	Mr Andrea Canini	Mr Antoni Peris	Ms Danica Rotar	Mr Tiago Pinto	Ms Jill Long	Mr Algars Miezitis
Abstracts & Presenters	Meet the key-note (Richard Wilkinson)	Multi Media presentations 3.2. Training & Education (61 Antonopoulou, 73 Sartori, 91 Papadakis)	Multi Media presentations 3.3. Organization of Primary Care (82 Buysens, 56 Sparos, 63 Antonopoulou, 50 Gil-Salmeron)	Workshop by You&EFPC "Learning together equity in care" The role of inter-professional education for a socially accountable education. (Andrea Canini, Tugba Caliskan & Daisy van der Putte)	Poster debate session 2.6. Primary Care and vulnerable groups (12 Malsi, 67 Ghatzoudi, 66 Asimakopoulos)	Poster debate session 2.7. Primary Care & Mental Health/Sexual Health (69 Meramvelliotakis, 70 Skokaki)	Poster debate session 2.8. Organization of Primary Care (19 Malsi, 20 Kamekis)	Poster debate session 2.9. Training & Education (26 Smyrnaki, 58 Nektarios, 75 Tsirtas)	Poster debate session 2.10. Primary Care & Oral Health (14 Malsi, 81 Malsi)

Parallel sessions round 6 (Day 2, 10:45 – 12:15)									
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8	Session 9
Room	Room α Alpha	Room β Beta	Room γ Gamma	Room δ Delta	Room ε Epsilon	Room ζ Zeta	Room η Eta	Room θ Theta	Room ι Iota
Chair	Ms Vijoleta Gordeljevic	Mr Konstantinos Chliveros	Ms Leen De Coninck	Ms Elena Petelos	Ms Helene Colombani	Ms Arggyroula Kalaitzaki	Ms Arggyroula Kalaitzaki	Ms Arggyroula Kalaitzaki	Ms Arggyroula Kalaitzaki
Abstracts & Presenters	Workshop by HEAL "The health impacts of Europe's indoor environments: the role of primary care professionals" (Vijoleta Gordeljevic)	Primary Care Reform in Greece: Reporting from the situation of Crete (Dr. Chliveros & Dr. Antonopoulou)	Research abstracts workshop 1.8. Primary Care and Allied Health Professionals (31 Long, 48 Guedes, 49 Guedes, 76 Oliveira)	Protecting the vulnerable: Vaccination & immunization of migrants and the role of PHC Professionals (Dr. Petelos & Prof. Lionis) + abstracts: 34 Ruyffelaert, 60 Voyiatzi Dimitra	Research abstracts workshop 1.9. Primary Care & Maternity Care (43 Oyugi, 54 Daviti, 87 Kendall, 90 Kastelianou)	"Interdisciplinary research: Enhancing the quality of care of vulnerable social groups and professionals" (A. Kalaitzaki & A. Philalithis)	"Interdisciplinary research: Enhancing the quality of care of vulnerable social groups and professionals" (A. Kalaitzaki & A. Philalithis)	"Interdisciplinary research: Enhancing the quality of care of vulnerable social groups and professionals" (A. Kalaitzaki & A. Philalithis)	"Interdisciplinary research: Enhancing the quality of care of vulnerable social groups and professionals" (A. Kalaitzaki & A. Philalithis)

Parallel sessions round 7 (Day 2, 13:15 – 14:45)						
	Session 1	Session 2	Session 3	Session 4	Session 5	Session 6
Room	Room α Alpha	Room β Beta	Room γ Gamma	Room δ Delta	Room ε Epsilon	Room ζ Zeta
Chair	Ms Erica Gadsby	Mr Christos Lionis	Mr Henk Parmentier	Mr Peter Groenewegen	Mr George Kritsotakis	Mr Tiago Pinto
Abstracts & Presenters	Workshop by the Centre for Health Services Studies, University of Kent - Canterbury UK on health & social care, youth unemployment & social exclusion and other societal problems (Erica Gadsby)	Restoring humanity in Health care through the art of compassion: The role of Primary care team (Prof Gotsis and Prof. Lionis )	Research abstracts workshop 1.10. Primary Care & Mental Health and other vulnerable groups (57 Sparos, 65 Chliveros Konstantinos, 80 Kougiour, 86 Anastasaki)	Research abstracts workshop 1.11. Organization of Primary Care (35 Schermer, 38 Akman, 44 Buttigieg, 79 Chrisikou, 83 Carlström)	Motivational interviewing as a tool of Screening, Brief Intervention, and Referral to Treatment (SBIRT) (George Kritsotakis)	Workshop by USF-AN Does the citizen voice really matters? Public participation in health in Portugal and other European countries (Tiago Pinto & Andre Biscaila)



## Abstracts Workshop Sessions

---

### “THE ROLE OF PRIMARY HEALTHCARE IN TIMES OF AUSTERITY”

#### Authors/Presenters:

Ioanna Tsiligianni, MD, PhD, MPH IPCRG Board Director  
Foteini Anastasiou, MD, PhD



**Purpose:** Primary Health Care (PHC) is the corner stone of each Health Care System. WHO has been long trying to promote the development of PHC in all country members and especially in countries with limited resources.

**Context:** In times of austerity unemployment and difficult socio-economic conditions within the family have as a consequence an increase in mental disorders and acute/chronic disorders, family disconnection, and have a negative impact in preventive strategies. Moreover, there is an increase need for special population needs approach as is for example the case of refugees.



**State of the art:** Participants will be challenged to debate about their view on the role of primary care in the era of crisis and in particular in the current socioeconomic situation in Greece taking also into account the refugees needs. It will discuss ways of early recognition and diagnosis and possible solutions for a better management and holistic approach.

### “CHCs AS A CONCEPT OF WORK IN EUROPE”

#### Authors/Presenters:

Antonija Poplas Susič, Jan De Maeseneer, Diederik Aarendonk



**Purpose:** Primary health care in European countries is organised differently and patients care depends, in addition to the quality of work of the professionals, also on the concept and content of the work. EFPC is looking for a definition of the community health centres (CHCs) that could enable comparable medical care in most European countries. A Delphi study was performed using the definition of the IFCHC (27 statements) <http://www.euprimarycare.org/international-federation-community-health-centres-ifchc>) which was supplemented with some organisational aspects and cooperation amongst CHCs (8 statements). Participants were asked about agreement with the each of the 35 statements and on their feasibility in practice in the country they came from (five grade scale: 1-strongly disagree, 5-strongly agree). The Mean, Median, Std. Deviation, Minimum and Maximum was calculated for every statement. The consensus was considered to be achieved if the calculated average value (agreement) is more than 3.

**Context:** 16 countries (31 participants) completed the study). UK did not answer the last (consensus) round and dropped out. Participants are from different environment: group practice 3, health centre 13, professional organization 4, state institution 6 and others (individual practice, Researcher in primary care and public health) 5. Most participants work in urban region (25) and 6 in rural region.

The average agreement level with the statements is very high (3,61-4,84). Out of all, 32 statements are assessed with average value  $\geq 4,10$ . The average agreement level with the statements' feasibility in practice range from 3,28-4,48. 16 statements achieved the average value  $\geq 4,0$ .

### *Urban-rural comparison*

The agreement with the statement “Collaboration between care providers in the CHC is important” is in a statistically significant way more important to participants from rural areas compared to urban-ones. Participants from urban region considered four statements regarding feasibility in practices as more important than those from rural areas “1. Collaboration between different regions that provide health care is important. 2. Spreading and supporting good practices in the country/ between countries are important. 3. Coordination the care providers in the CHCs is important. 4. Coordination between different regions that provide health care is important”. The difference is statistically significant.

**State of the art:** For the first time, 16 European countries express consensus about definition and aspects of coordination/collaboration among CHCs. The participating countries define also its feasibility in practice. Compared to the definition of the CHC done by the IFCHC, European countries put attention also to networking of CHCs (coordination and collaboration among CHCs, and spreading good practices between them). To prepare the concept of the CHCs that would fit to all EU countries, the study should be disseminated to all the remaining countries.

### **“CHCs GLOBALLY”**

**Purpose:** As a respond to patients needs and according to the facts that Primary care offers the most cost-effective medical care, more and more countries over the world are active in developing their own Community Health Centers as far as history and legislation allows. The circumstances so demand and encourage making another step towards recognition.

Via EFPC’s numerous connections within WHO Europe and the WHO-Almaty Primary Care Unit, EFPC and IFCHC (International Federation of Community Health Centers) representatives will have a prominent role in Astana (Almaty declaration 2018 and the Global Conference on Primary Health Care in Astana 25/26 October <http://www.who.int/primary-health/conference-phc/en/> ). An article for the special 40th Alma Ata Anniversary edition of WHO “Public Health Panorama” <http://www.euro.who.int/en/publications/public-health-panorama> is written and initially accepted.

**Context:** Workshop wants to explore knowledge exchange within the global network International Federation of Community Health Centers on the following topics:

Topic	Suggested subtopics	Tools
Action on social determinants of health	Innovative upstream programs and services	
	Improving data collection/reporting on SDOH programs	Call for articles/blogs
	Integrating services from across multiple sectors	Dedicated discussion forum on Hub
	Making the case with governments/funders	
	Building culture of upstream action at CHCs	
Topic	Suggested subtopics	Tools
Strengthening team-based care and support	Team-building strategies/tools	
	Task-shifting and optimizing resources	Call for articles/blogs
	Improving connections b/n clinical & non-clinical staff	Dedicated discussion forum on Hub
	Addressing policy and funding barriers	
	Innovative recruitment/retention strategies	
Topic	Possible subtopics	Tools
Empowering community	Engaging community in governance / planning	
	Building community capacity beyond the CHC	Call for articles/blogs
	CHC role in supporting civic/democratic engagement	Dedicated discussion forum on Hub

	Engaging community in research / CBPR	
	Improving health literacy	

**State of the art:** At Crete conference, one month prior to the Astana summit, the above listed issues are going to be discussed with prominent participants and finally, all topics, remarks, suggestions will be collected and assessed and furtherly presented at the Astana summit in order to address those issues which are important to EFPC/IFCHC members and to communities of these countries. In such a way we will strengthen the development of Community Oriented Primary Care around the globe.

#### **“RESTORING HUMANITY IN HEALTH CARE THROUGH THE ART OF COMPASSION: THE ROLE OF PRIMARY CARE TEAM”**



#### **Authors/Presenters:**

Prof. Lionis and Prof. Gotsis

#### **Purpose:**

The aim of this workshop is to encourage reflective thinking and network development of interpersonal and professional skills, which can be disseminated and shared during the process of undergraduate learning, and through experience as a practicing health care professional.

In order to achieve this, we will consider a number of discursive possibilities relating to the ‘art’ of compassion during austerity. In addition, we will initiate novel approaches and exercises to assist in our personal/group understanding of the concepts of ‘austerity’ and ‘compassion’, and how these concepts can be deconstructed and potentially reconstructed. Finally, we will consider the development of a model which may assist us in clarifying and utilizing the vital role of compassionate primary care, during periods of austerity.

#### **Context:**

Austerity measures can lead to vulnerability at many levels. Evidence suggests that mental health issues have escalated in response to job loss, loss of health insurance, and natural feelings of insecurity with regard to the future. Such events can lead to homelessness and extreme poverty, which may in turn pose a further risk of infectious diseases, and difficulties in managing chronic disorders.

Reports suggest a potential lack of ‘humanity’ in health care. However, primary care may play a crucial role in restoring humanity through the ‘art’ of compassion. It is important to remember that in times of austerity, one key resource that we can utilize is that of our own humanity and this may help us to assist in the alleviation of the problems faced by vulnerable patients.

#### **Individual contributions**

1. The “art of compassion during austerity: key an introduction to the concepts. Dr. **Sue Shea**, Clinic of Social and Family Medicine, School of Medicine, University of Crete.

2. Compassion and team-based work in primary care. **Dr. George Kritsotakis**, RN, MA, PhD, Nursing Department, Director of the Laboratory of Epidemiology, Prevention & Management of Diseases, Technological Educational Institute of Crete
3. Compassion as an implementation framework for integrating art and technology experiences in primary care with implementation examples from other settings. **Marientina Gotsis**, MFA, Director, Creative Media & Behavioral Health Center, Executive Producer, The Brain Architecture Game, Associate Professor of Research, Interactive Media & Games Division, USC School of Cinematic Arts.
4. The role of compassion in decision-making in primary care. Dr. Elena Petelos and Prof. Christos Lionis, Clinic of Social and Family Medicine, School of Medicine, University of Crete.

### **“COMPASSIONATE CARE: KNOWLEDGE, SKILLS AND ATTITUDES FOR PRIMARY CARE”**

#### **Authors/Presenters:**

George Samoutis MD, PhD, CCT, PGCertHBE  
Andreas Anastasiou Ph.D.



**Purpose:** This workshop focuses on non-clinical aspects of care such as patient-centeredness, the therapeutic relationship, shared decision making, advanced communication skills, empathy, and other elements relevant to the delivery of compassionate healthcare by providing a practical framework for developing compassion for one’s self and others.

**Context:** We shall share our experiences from training Primary Care HCPs on compassionate care. Furthermore, we address factors that compromise one’s ability to convey empathy and compassion such as self-care. As helping professionals, physicians in particular often struggle with sufficient and meaningful self-care in their lives. Stress and other psychological challenges, typically resulting from personal, professional, social, and environmental sources, can compromise their ability to convey empathy and compassion not only to their patients, but, also, to those closest to them. Self-care is conceptualized as encompassing not only professional issues such as collegial and doctor-patient interactions but also attending to personal issues such as identity development as well as social, family, and intimate relationships. The challenge for each physician is to become self-reflective and develop insightful skills to acknowledge he/she has potential for narcissism.

### **“WORKSHOP ON PHARMACEUTICAL CARE IN PRIMARY CARE” - EFPC EMA WORKING GROUP -**

#### **Authors/Presenters:**

Walter Marrocco  
Pieter van den Hombergh  
Diederik Aarendonk



**Purpose:** To discuss strategic spearpoints in making pharmaceutical care in primary care more Family Medicine oriented for the benefit of patients.

**Setting:** A call for one member in the European Medicine Agency (EMA) management board representing doctors’ organizations has been issued. Together with WONCA, UEMO, the EFPC hopes to represent civil society in the management board of EMA regarding General & Pharmaceutical care in the first echelon. This responsibility requires a discussion on what primary care workers want regarding optimal pharmaceutical care for their patients.

A draft position paper has been produced by the EMA in close collaboration with WONCA, EFPC and UEMO stating the commitment to stimulating the rational use of drugs, CME on EMA-guidelines,

independent research relevant for prescribers, etc.

The position paper is the foundation for more specific strategic goals in our representation towards EMA. See also <http://www.euprimarycare.org/network-primary-health-care-european-medicines-agency-ema-efpc-working-group>

### **Optional strategic goals for discussion in the workshop.**

There is a vast array of possible strategic goals, which would mean an improvement for present pharmaceutical care in Europe. A first selection are the following strategic goals:

1. Create a permanent forum of GPs and primary care providers for feedback and input in the EMA
2. Identify specific areas of high priority such as AntiMicrobial Resistance (AMR), use of Opioids and Tranquillizers and other areas.
3. Adjustment of unwanted variation in the licensing, use, presentation and marketing of drugs.
4. Harmonize product information and additional risk minimization measures.
5. Provide guidelines for independent, high quality research of drugs as well as diagnostic & therapeutic devices, that are prescribed and used in primary care.
6. Identify what type of input collected at primary care level, would add value into the benefit-risk assessment once a medicinal product is introduced in the market and how this could be included into the regulatory decision-making process
7. Identify areas where collaboration would mutually benefit GPs and EMA

### **The workshop (a 3-member forum, 1 moderator, groups of 3 participants)**

- a. Introduction and presentation by members of the EFPC pharmaceutical primary care group
- b. Presentation of the various strategic goals one by one. In groups of three participants discuss each goal and report to the moderator. The moderator(s) tries to find support for an adapted strategic goal. The discussion and adaptation serve for input in the future position paper.

### **Wrap-up**

The forum has a final input and reflects on the results of adjusted strategic goals that will set the agenda for our EMA Board representation.



### **“EMPATHY IN THE CLINICAL SESSION: SKILLS FOR HEALTHCARE PRACTITIONERS”**

#### **Authors/Presenters:**

Stavroula Lioliou, BA in Psychology, MSc, Scientific Collaborator, Technological Educational Institute of Crete

Maria Papadakaki, MPH, PhD, Assistant Professor in Social Work and Community Health, Department of Social Work, Faculty of Health and Social Welfare, Technological Educational Institute of Crete

**Background:** Research indicates that patient satisfaction, compliance and health outcomes can be impacted by compassionate care and the level of empathy that patients and their caregivers receive from health practitioners. Empathy is a powerful communication tool when used appropriately during a medical interview, facilitating better understanding of patient values, ideas, and feelings besides symptoms.

**Objectives:** The workshop aims to foster:

- improved understanding of the meaning and utility of empathic practice
- Increased recognition of barriers to empathy in healthcare
- improved empathic skills

**Techniques:** The workshop will introduce the principles of empathy, individual and system barriers of effective empathy as well as key steps to effective empathy in the health care setting. Video

presentations, conversation and skill-based interactive exercises will be used to highlight the elements of empathic practice, and actively engage participants.

### **“PRESENTATION OF THE EUROPEAN HEALTH PARLIAMENT (EHP)”**

#### **Authors/presenters:**

Luca Bellomo, Policy Analyst, Government Affairs & Policy EMEA.



**Purpose:** Introduce to a broader audience a movement which is inspiring the healthcare sector in Europe.

**Context:** Originally started in 2014 under the initiative and leadership of Johnson & Johnson, the Health Parliaments across Europe are an effort to mobilize and engage young people on the topic of healthcare and policy making. Since its inception, the movement has quickly sparked a great interest and engagement from prominent Ambassadors like EU Health Commissioner Vytenis Andriukaitis, Director General for Health and Food Safety, Xavier Prats Monné as well as from the policy community and the wider public. Thanks to its amazing success, the sponsors of the European edition of the Health Parliament, which are the European Patients' Forum, POLITICO, EU40 and the College of Europe together with Johnson & Johnson, will launch very soon the Fourth EHP Edition.

During the last year, 55 young professionals were selected from a large application pool to join the Third EHP Edition. After a hard selection process, the sponsors found the brightest future leaders across a diverse set of professions, from NGO advocates to psychologists to cutting edge medtech manufacturers. These 55 young adults were split into 5 committees to tackle 5 key healthcare topics chosen in partnership with the European Commission and European Parliament. Each committee elected a Chair, replicating the format of the European Parliament, and an overall President was voted-in.

An intensive 6-month programme was built which included training from POLITICO on how to engage with the media, insights into the policy making process by EU40 (a network of young Members of the European Parliament), as well as numerous talks by leaders in specific subject areas. After 6 months and extensive outreach into the healthcare community, each committee presented their policy recommendations during the EHP closing plenary session hosted at the European Economic and Social Committee on the 24<sup>th</sup> of April 2018. They are now publicly available and compiled in the EHP book 2017/2018, entitled: Make Health Great Again.

We all want to see a healthier Europe. The voice of young professionals is critical to realizing this vision. We hope that the ambitious young professionals, who have penned these ideas will seek to create the circumstances in which these visions will become reality.

**State of the art:** The EHP partners believe that the European Union must forge itself a stronger, more incisive role in improving the health and safety of EU citizens and we are now calling for continued European cooperation in the healthcare sector. The EHP is an initiative committed to making health and innovation a priority for Europe in the forthcoming years. To achieve this, we deem it important to empower and equip upcoming leaders in healthcare policy.

By bringing together young minds, we aim to create a platform that enables future EU leaders to play an active role in the EU policy arena. This is what sets us apart!

The EHP is now heading towards its Fourth Edition and these are some of the questions that the EHP cohort will try to answer: what is the future of healthcare in the EU? What is the Commission's role vis-à-vis the Member States to improve the sustainability of the healthcare systems in the EU? In collaboration with the European Commission, 5 policy areas will be soon identified, where the EU institutions want to hear new policy solutions for the next few years from young professionals and students.



## **“THE HEALTH IMPACTS OF EUROPE’S INDOOR ENVIRONMENTS: THE ROLE OF PRIMARY CARE PROFESSIONALS”**

### **Authors/presenters:**

Vijoleta Gordeljevic - Health and Climate Change Coordinator; Focal Point for Healthy Buildings and Energy Poverty; Health and Environment Alliance (HEAL)

### **Purpose:**

To highlight the health risks associated with inadequate buildings through i.e. poor indoor air quality, mold, chemical contaminants and indoor temperature (summer and winter mortality from especially energy poverty) and to discuss the role of primary care professionals in identifying and treating those sources of illness and advocating for improvements.



### **Context:**

**Buildings:** They shape our health and wellbeing on a daily basis regardless of whether we talk about homes, schools, workplaces or health care facilities. With a majority of our time – about 20 hours a day - spent indoors, the buildings surrounding us, are a crucial but often overlooked determinant of health.

The built environment impacts our health through a variety of factors including inadequate ventilation, poor indoor air quality, chemical contaminants from indoor or outdoor sources, by making us feel too cold or too hot, traffic noise or poor lighting.

The results are especially respiratory and cardiovascular diseases from indoor air pollution; illness and deaths from temperature extremes and inadequate energy access but also anxiety and depression when buildings can't provide a sense of safety. People living in unhealthy buildings are 40% more likely to suffer from asthma. Damp living conditions are strongly linked to childhood illnesses. Additionally, low indoor temperatures are commonly associated with a wide range of negative health consequences, including an increased risk of strokes, heart attacks and respiratory illnesses, as well as with common mental disorders.

Unhealthy buildings even result in a distinct medical condition, known as Sick building syndrome (SBS). With one in six Europeans living in homes that make them sick, unhealthy buildings are a widespread problem that need political and public attention.

This workshop asks what's the role of primary care professionals is in addressing healthy buildings? Can they help identify the root cause of their patients' conditions and can programs such as Belgium's "Green Ambulance" help improve people's indoor environments as a way of health prevention? What is the role in primary care professionals for advocating for change?

## **“INTERDISCIPLINARY RESEARCH: ENHANCING THE QUALITY OF CARE OF VULNERABLE SOCIAL GROUPS AND PROFESSIONALS”**

A. Kalaitzaki (Chair), Assistant Professor, Department of Social Work, Quality of Life Lab, TEI of Crete  
A. Philalithis (Discussant), Professor, University of Crete

### **Authors/Presenters:**

**Paper 1:** Factors influencing the quality of life of family caregivers of people with dementia/Alzheimer’s disease: The role of caregivers’ burden (Argyroula Kalaitzaki, Sofia Koukouli, Symeon Panagiotakis, Michaela Foukaki, Ioanna Kortsidaki, Perla Werner, & Chariklia Tziraki)

**Paper 2:** Compassion fatigue and satisfaction in primary care nurses, its determinants and associations with resilience: Preliminary findings (Argyroula Kalaitzaki, Sofia Koukouli, Michaela Foukaki, George Markakis, Mara Lambraki, & A. Philalithis)

**Paper 3:** Nutritional status and adherence to Mediterranean diet of family caregivers of Alzheimer’s disease (AD) patients (Anastasia Markaki, Anna Chalkiadaki, Georgia Stefanoudaki, Maria Chroniari, Symeon Panagiotakis, Charikleia Tziraki)

**Paper 4:** Social workers’ empathy in primary health and social care services: preliminary results from the Region of Crete (M. Moudatsou, A. Stavropoulou, A. Alegakis, S. King, A. Philalithis, S. Koukouli).

**Paper 5:** The need for an integrated care system for vulnerable older people (S. Panagiotakis)

### **Abstract**

This Workshop presents ongoing research studies that are currently being conducted in the Quality of Life Lab, TEI of Crete, Greece, with different samples. The common core concept of all these presentations is the amelioration of the quality of life of vulnerable social groups and professionals. Each presentation will be brief and interactive discussion and/or activities will follow (e.g., activities to enhance well-being and quality of life, recommendations to ameliorate nutritional status). The chair and discussant will stimulate the audience and ensure that the workshop will be interactive. The first paper reports on the results of a collaboration between TEI of Crete, University of Haifa and Hebrew University of Jerusalem. This study investigated the factors that affect the quality of life (QoL) of family caregivers of people with dementia / Alzheimer's disease and particularly the burden of patient’s care experienced by the family caregivers. The second paper presents preliminary findings of the prevalence of compassion fatigue in primary care nurses, its determinants and associations with resilience. The third paper examined the nutritional status and adherence to Mediterranean diet of family caregivers of AD patients. The fourth paper presents preliminary results on the empathetic skills of social workers in primary health and social care services in Crete. The fifth paper provides recommendations on how to improve interconnection among secondary health care, primary care and home care in an integrated system that will ensure continuity of care and better-quality care for vulnerable population groups such as older people.



### “MEETING THE AUTHOR”



**Debate with Prof. Jan De Maeseneer, former Chairman European Forum for Primary Care, on his book: ‘Family medicine and primary care at the crossroads of societal change’**

**Introduction:** In 2017, Prof. Jan De Maeseneer published his book on ‘Family medicine and primary care at the crossroads of societal change’ ([www.lannoocampus.be](http://www.lannoocampus.be)). In this book the author reflects on lessons from 40 years of activity in care, teaching, research and policy development in relation to primary care in Europe and other continents.

**Methodology:** Starting from short presentations of a selection of the ten chapters of the book, leading to a clear statement, the audience will be invited to debate the statement and look for ways to act on fields as diverse as ‘goal-oriented care’, community oriented primary care, role of pharmaceutical industry, education for primary care, financing health care providers in primary care and primary healthcare in Africa. A total of four chapters/statements will be debated.

**Preparation:** The book can be ordered via:

<https://www.amazon.com/Family-Medicine-Primary-Care-Crossroads/dp/9401444463>

### “WORKING DIFFERENTLY FOR IMPROVED PRIMARY CARE FOR YOUNG PEOPLE IN A DIFFICULT FINANCIAL CLIMATE”



**Facilitator:** Dr. Erica Gadsby, Senior Research Fellow, CHSS University of Kent. Erica is a social scientist with experience in a wide range of health policy and systems research, public health research, and evaluations of complex population health interventions.

**Authors/presenters:**

Dr. Erica Gadsby, Tamsyn Eida, Dr. Catherine Marchand, Nadine Hendrie, Rosa Vass, Dr. Olena Nizalova

**Purpose:** To think collectively and creatively about working in different ways in order to improve our response to multiple overlapping issues that lead directly and indirectly to poor health and wellbeing in young people.

**Context:** Difficult economic conditions for many people in Europe have been created by government measures to reduce public expenditure. Large cuts to social security, a lack of earnings growth, minimal or no job security, and high housing and living costs are leading to people becoming locked in a cycle of poverty and neglect in an era of rising inequality. In efforts to survive in a time of austerity, many local councils in the UK have made cuts to children and young people’s services that have taken away some of the ‘lifeline’ support for vulnerable children and families, as well as some of the educational and recreational opportunities for young people. Prevention services such as preventive substance misuse, teenage pregnancy services and youth offending teams have also been reduced in many areas. This summer, analysis of the Millennium Cohort Study – a multi-disciplinary research project following the lives of around 19,000 children born in the UK in 2000-01 – found that a quarter of girls and 9% of boys were depressed at age 14. A recent Children’s Society survey of 11,000 14-year olds found that 22% of girls and nearly one in 10 boys had self-harmed in a year.

GPs in the UK often talk about their feeling of helplessness when faced with increasing numbers of patients presenting with poor health and wellbeing caused by adverse life circumstances. Many of

these issues are not medical, but they fill up the country's surgeries nonetheless. Some GPs have coined a phrase to describe the condition of these patients: 'shit-life syndrome'. It describes a situation where someone has so many things not working out for them that even an attempt to change one thing is often wiped out by the remaining factors causing them harm. Some areas with large numbers of patients in such situations have seen anti-depressant prescribing increase significantly.

**State of the art:** In this workshop, we will briefly introduce the problem, with the help of a short video focused on a seaside town in England and encourage participants to think about the nature of the situation. We will then describe three very different projects that CHSS are currently working on and identify relevant learning and key challenges emerging from them. The group will then have time to think collectively about working in different ways in order to contribute to a better future for young people. There will be opportunities for small and whole group discussion and feedback, and questions to the CHSS team.

#### **"MENTAL HEALTH IN PRIMARY CARE: AUSTERITY OR CHANCE?"**

##### **Authors/Presenters:**

- E.H. (Dineke) Smit, secretary EFPC working group mental health, researcher, philosopher of science, manager mental health facility, Netherlands.
- Jan de Lepeleire, chairman EFPC working group mental health, GP, University Leuven and University Psychiatric Hospital KU Leuven, Belgium.
- Ian Walton, member EFPC working group mental health, retired general practitioner and lecturer on the Royal College of General Practitioner's accredited practical diploma in primary care mental health, UK.
- Lisa Hill, member EFPC working group mental health, Researcher undertaking Doctorate in Education, Staffordshire University, Educator Recovery Republic, UK.



##### **Workshop:**

There is a growing awareness of mental ill health and the problems it causes to individuals, their families and communities. Austerity measures have resulted in specialist services reducing their beds and increasing the threshold to enter specialist care. This has placed pressure on primary and social care resulting in less attention for comorbidity where physical, mental, social and existential issues are intertwined

Therefore, it is time to make a (new) statement about mental health! The working group European Forum Primary Care Mental Health (EFPCMH) working group has collected the experiences and views from a series of EFPC workshops over a period of five years. This has brought us to a new statement on Mental Health, shaped by 14 themes with a description and a (possible) solution, replenished with concrete improvement tools.

We would like to invite you to join us in our workshop to inspire and learn from other countries. We would like to encourage you to share your experience: your local needs and your local knowledge. Only by sharing and working together all across Europe we can move to a better mental health in primary care. As a working group mental health, we also work together with the EUCOMS, the WONCA – EGPRN, and so on. Joined forces to improve mental health in primary care!

## **“MOTIVATIONAL INTERVIEWING AS A TOOL OF SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)”**

### **Authors/Presenters:**

Prof. Christos Lionis, Dr. George Kritsotakis



After the workshop, the participants will be able to:

- Exhibit an awareness to the prevalence of substance use and the role of screening, brief intervention, and referral to treatment (SBIRT) in improving health outcomes in these health risk behaviors.
- Demonstrate basic understanding of the components of SBIRT.
- Know the basic screening tools used to address alcohol and other substance use.

### **Abstract:**

Alcohol and substance misuse are major, but modifiable public health problems. Universal screening allows for equity and parity so that all individuals can receive an intervention. Screening, Brief Intervention and Referral to Treatment (SBIRT) is an evidence-based practice with the purpose of identifying persons at risk for alcohol and substance use disorders and to provide early intervention and treatment services. The training components of SBIRT include screening using validated screening tools, brief intervention using the Brief Negotiated Interview (motivational interviewing), and to provide a referral to treatment. Motivational interviewing is a powerful client-centered approach to promote self-determination, and the client's own personal view of their substance misuse. The proposed workshop will allow primary care practitioners to implement SBIRT into a variety of practice settings.

## **“THE POLITICS AND LABOR OF PRIMARY CARE IN NORWAY; MUNICIPAL CARE SECTOR TRANSFORMATION AT THE OUTSKIRTS OF AUSTERITY”**

### **Authors/presenters:**

Anette Fagertun, (also as moderator), Gudmund Ågotnes, Roar Hansen, Patience Kawamala, Center for Care Research West, Western Norway University of Applied Sciences.



Throughout Europe, as well as in Norway, healthcare services are portrayed as being in constant crisis and we observe complex reforms of health-care systems as means to handle austerity-situations and secure sustainability for the future. The reforms take on different forms and the ‘trickle down’ effect to local governance vary. One commonality, however, is the hegemonic logic of ‘integration’ embedded in a wider political discourse of public sector transformation characterized by the reduction and control of resources.

This workshop focuses on long-term residential care for the elderly (Nursing Homes, NH) and the ways new policies and reforms are shaping primary care in Norway. Municipalities in Norway play a key role in providing citizens welfare services, and a common claim is that the welfare state is ‘municipalized’. Thus, municipalities have considerable autonomy concerning the planning, organisation, provision and governance of their health care services. This, however, creates heterogeneous practices and articulations of national policy at the local level. In this workshop, we discuss evidence from ethnographic fieldwork in the care sector in various municipalities across the country.

Norwegian policies are influenced by global changes in the political economy, and **Hansen** focuses on how recent trends in state policy that foreground “municipal innovation” articulate in municipal healthcare services. He argues that care provision now is being ideologically ‘trans positioned’ from an industrial welfare mode to a financial mode of production carrying profound effects for patients, health care work and the conditions for care. Care workers in the municipalities are ‘street level bureaucrats’ and an important interface between state and citizens. Today, the composition of the workforce, and staffing practices, is rapidly changing in the municipal health care sector. **Fagertun** discusses this change by focusing on care workers workday experiences where they constantly must prioritize because of the tension between available resources and professional discretion. She argues that a process of proletarianization is emerging in this sector, especially in eldercare, which is seen in the changing composition of the workforce and which is supported by policies recognizing care work primarily as labor-intensive and not as skill intensive. Integration of immigrants through work is a key priority of Norwegian politics, and immigrants increasingly get employment in the healthcare sector often as low skilled part time workers. **Kawamala** discusses the ways leaders at NHs strategize to integrate and manage multicultural staff, and argues that leadership practices do not match the changing composition of staff and thus influence care provision to the residents at NHs as well as the working environments. The component of cultural diversity in leadership education has remained limited, thus there is no common practice among the leaders on this matter. While Kawamala discusses leadership, **Ågotnes** presents an empirical study of the diversity of the workforce in NHs in four rural municipalities in Norway. He discusses the tensions between municipal autonomy and self-governance, diversity of local resources and conditions, and “outside forces”, and he argues that “signs of austerity” also are visible in rural/outskirt municipalities in Norway.

#### “MATERNAL CARE FOR REFUGEE WOMEN IN THREE EU COUNTRIES: EVIDENCE FROM THE ORAMMA PROJECT”

##### AUTHORS/PRESENTERS:

- Dr. Victoria Vivilaki, Assistant Professor, University of West Attica, Greece
- Dr. Maria Papadakaki, Assistant Professor, Technological Educational Institute of Crete, Greece
- Prof. Dr. Maria van den Muijsenbergh, Professor of Health disparities and person centred Primary Care, Radboud University medical centre Nijmegen, The Netherlands
- Tasos Mastrogiannakis, Health & Social Care Project Manager, C.M.T. PROOPTIKI
- Eirini Sioti, Midwifery Researcher, University of West Attica, Greece



**Scope:** To manage qualitative maternal care for refugee women, it is critical that healthcare professionals can recognise the way their own views are influenced by their culture, can be open and receptive to those of other cultures, and have the skills they need to have effective and respectful communication with migrant women. Besides, migrant women need support to find their way in their new country and healthcare system, and for their psychosocial needs. The ORAMMA project, built in Greece, UK and the Netherlands, involves midwives, GPs, social workers and maternity peer supporters. The health professionals engaged in the ORAMMA project were trained to deliver culturally competent care and recruited pregnant migrant women to deliver the ORAMMA approach. These women are supported by a Maternity Peer Supporter – a woman sharing their language who is acquainted with language and customs in the new country. The workshop will present the ORAMMA project and stimulate discussion on the lessons from this project for Primary Care.

**Purpose:**

The workshop will provide an overview of the ORAMMA project in Greece, UK and the Netherlands and a brief introduction on the maternity care of refugee women in Europe. Pregnant women's experiences from the host country and challenges faced during maternal care will be discussed. Evidence on the necessity for a team-based approach in primary health care will be illustrated. The special role of maternity peer supporters in the ORAMMA project will be discussed and policy implications will be identified. A number of training materials and approaches will be brought into the attention of health professionals for use in the health care setting.

**Outline:**

- Presentation on the ORAMMA project
- Small group discussion about:
  - What elements of ORAMMA are worthwhile putting into practice on a structural basis
  - Which Primary Care professionals should be involved and how
  - What conditions have to be fulfilled to make this possible
  - What possibilities see participants within their own healthcare system
  - Plenary wrap up (10 minutes)

**“PARTICIPATION AND COMMUNITY HEALTH: DISCUSSING CURRENT ISSUES FROM ITALY”****Authors/presenters:**

Daniela Luisi, School of Public Health, Bielefeld University

Kerstin Hämel, School of Public Health, Bielefeld University, Germany

**Purpose:**

The workshop aims to discuss the relevance and practices of community participation in primary health care (PHC) settings in Italy.

**Context:**

The concept of “community participation” has been established in primary health care as an umbrella term for various practices of individual and collective participation in community health issues, ranging from informing people and collecting information on their needs, to shared decision-making and citizen self-organization. Community participation is understood as an intervention to improve community health services according to the needs of the community they address. Moreover, it is seen as an empowerment strategy aiming at strengthening communities in gaining control over their own health resources by involving them in planning and decision-making processes.

The workshop will begin with a short introduction to community participation and its relevance for primary health care. Afterwards, current developments and national and selected regional policies to strengthen community participation and community empowerment in PHC settings in Italy will be presented. The range of community participation ideas and practices will be discussed by analysing local/ regional documents.

Afterwards, participants will be invited to discuss central issues on community participation and community empowerment in PHC in a cross-country perspective. Active engagement of participants is desired as well as documentation of discussion points. The results of this workshop will be used to further refine the focus for the fieldwork for in depth-analyses on community participation in selected PHC settings in Italy (as part of a PhD project).

**State of the art:**

This workshop addresses those interested in the research, design and implementation of community participation in PHC settings.

### **“PRIMARY CARE REFORM IN GREECE: REPORTING FROM THE SITUATION OF CRETE”**

**Authors/Presenters:** Dr. Chliveros and Dr. Antonopoulou

The financial crisis in Greece raised the need for development and extension of Primary Care Services in terms of total population coverage and caring for vulnerable and less favored social groups. Based on the key-role of family physicians, new structures of small Primary Care Units located in every neighborhood were launched during the previous months, throughout the country, especially in big cities like Heraklion and Rethymno. The main priorities of that project were developing and keeping electronic health records for every listed patient, providing evidence based primary care for common chronic conditions, implementing disease prevention programs to the community and activating primary care team work.

A national scientific committee comprised of Primary Care professionals has been established to plan and coordinate PHC issues. Engaging local communities in the accountability and social control of PHC provision units was another initiative.

The foundation of Academic Primary Care Units with the support of Medical Faculties was also announced, supporting the need for continuous multidisciplinary health professional education both in pre and post graduated level.

Recently, changes in medical specialties curriculum aiming to block the phenomenon of “brain drain” for young Greek doctors, have been proposed. Increased time of training in PHC units for general practice trainees and flexibility of the in-hospital training program, are among the motivational measures, enhancing interest in general practice training.

All the new era in Primary Care will be discussed, describing mainly the current situation in Crete Primary Care Units, addressing practical issues, difficulties and future perspectives.

### **“PSYCHOSOCIAL CARE IN PRIMARY HEALTH CARE: EMERGING NEEDS AND CHALLENGES DURING AUSTERITY”**

**Authors/Presenters:**

Dr. Papadakaki, Dr. Kritsotakis

#### **Abstract**

As the global recession persists, it is increasingly clear that vulnerable populations become more disadvantaged with women, children, the elderly and those with a long-term illness or disability standing to be profoundly disadvantaged by the national responses to the crisis. These groups have been disproportionally affected by the crisis and seem to shoulder the greatest health and social impacts of austerity. This has been compounded by substantial cuts to local services, which now straggle to address the emerging societal and health care needs under adverse economic conditions. This workshop aims to present the major impacts of the crisis on vulnerable groups and discuss the new challenges for primary health care. Recommendations for the mitigation of the adverse impacts of austerity will be discussed with an emphasis on improved models and elements of health and social care in the community.

#### **Individual contributions**

1. Identification and management of domestic violence in primary care settings (Maria Papadakaki, Assistant Professor, Department of Social Work, TEI Crete)
2. Psychosocial factors affecting adherence to health-related recommendations (George Kritsotakis, Assistant Professor, Department of Nursing, TEI Crete)
3. Management of frailty in primary health care (Klisiaris Christos, Assistant Professor, Department of Nursing, TEI Crete)



4. Management of developmental disorders in the primary care setting: Necessary skills and techniques for efficient interventions (Stavroula Lioliou, psychologist, MSc, Scientific collaborator, TEI Crete)
5. "Help at Home Programme" for the elderly in primary health care - New challenges for inter professional collaboration (Kleanthi Kassotaki, Social worker, MSc, Scientific collaborator, TEI Crete)
6. Spirituality as an element of compassionate care in palliative care (Georgia Tzamalouka, sociologist, MSc, PhD, Scientific collaborator, TEI Crete)

### **"IN OUR SHOES: TO BE A REFUGEE"**

#### **Authors/Presenters:**

- Mehmet Akman MD, MPH; Turkish Family Medicine Foundation; Marmara medical school department of family medicine, Istanbul Turkey
- Maggie Crosbie; Health visitor, state registered nurse; GP care group, Tower Hamlets, East London, UK



#### **Scope:**

Immigration has been a humanitarian problem for long times. But for last decade determinants of migration shifted from economic and demographic to political issues especially for millions of people who have emigrated from Muslim countries due to war conditions. Turkey, Jordan and Lebanon had received millions of refugees from Afghanistan, Iraq and Syria. Definition of "persons of concern" is another issue and it reflects the perspective of countries and institutions. Defining them as refugees, asylum seekers or internally displaced persons have different consequences especially for their legal status. According to studies, health care is given as a third or fifth priority of concern by Syrians who have migrated to Lebanon and Jordan. In these same studies the first two major concerns for the refugees were to be alive and to have shelter.

#### **Purpose:**

General aim of this workshop is to explore using drama as a tool to understand vulnerable groups better. We will achieve a collective reflection on the refugee journey using forum theatre. Augusto Boal (1982) developed this powerful method of theatre. It is a process whereby audience members could stop a performance and suggest different actions for the actors, who would then act on the audience suggestions. Audience members thereby became empowered to imagine change, and to generate action.

## **“PROTECTING THE VULNERABLE: VACCINATION AND IMMUNIZATION OF MIGRANTS AND THE ROLE OF PRIMARY HEALTH CARE AND HEALTH CARE PROFESSIONALS”**

### **Authors/presenters:**

M. Antonopoulou

M. Blair (TBC)

C. Lionis (Main)

E. Petelos

M. Ruyffelaert



### **Purpose:**

To understand the challenges in assessing vaccination status, assess barriers and opportunities for reinforcing the protection of vulnerable groups in PHC settings through sound improvement strategies.

### **Context:**

There has been a lot of discussion on the benefits of vaccination and immunization, across forums, with efforts to increase awareness, assess status and improve uptake for vaccine-preventable diseases. Despite various policy initiatives and research efforts, the high degree of heterogeneity and complexity in systems across Europe, coupled with the increased influx of migrant groups, highlighted an unmet need in terms of having in place robust strategies for risk assessment and improvement in terms of protecting vulnerable groups such as migrants.

Additionally, despite coordinated efforts to demonstrate effectiveness and safety, uptake in these special groups is frequently lower than expected, with particular challenges on assessing status, documenting consent, ensuring continuum of care and a life-cycle approach to immunization lacking.

From pediatric to adult vaccination, and with further challenges pertaining to access, misinformation and hesitancy and the lack of harmonized cross-border information systems, the role of PHC HCPs is critical in assessing barriers and opportunities, and bridging gaps to inform on how to best develop improvement strategies to meet this critical public health priority. Another aspect to consider is the attitude of PHC HCPs towards vaccination and the communication between interdisciplinary teams to move towards coordinated action to ensure these particularly vulnerable groups are treated in an equitable manner and receive the protection they are entitled to. There is an important discussion to what reluctance and non-adherence to the vaccination programmes in adults is a person related issue and there is a question to what extent is related to risk recognition and communication.

### **State of the art:**

The members of the panel will discuss state of the art in terms of practice, research and linkages to policy, sharing experiences from practice and research, varying from local projects to large multi-country European projects. The challenges considering a heterogeneous landscape in policy and clinical practice along with the tremendous opportunities in terms cross-border systems, registration, standardization and moving towards a harmonized approach will be explored in detail.



## **"PRIMARY HEALTH CARE TRANSFORMATIONS IN PRACTICE: ILLUSTRATIVE COUNTRY CASES FROM THE WHO EUROPEAN REGION"**



*WHO European Centre for Primary Health Care  
Health Services Delivery Programme  
Division of Health Systems and Public Health*

### **Coordinators**

- Juan Tello, Head of Office, WHO European Centre for Primary Health Care
- Tino Marti, Technical Officer, WHO European Centre for Primary Health Care

### **Country panellists**

- Kazakhstan - Ainur Aiypkhanova, General Director, Republican Centre for Health Development, Ministry of Health of Kazakhstan
- Romania - Cora Pop, Secretary of State, Ministry of Health of Romania
- Ukraine - Pavlo Kovtonyuk, Deputy Minister, Ministry of Health of Ukraine
- Albania – Rudina Degjoni, Health Care Insurance Fund Albania

### **Rationale**

In this 90-minute interactive workshop, the WHO European Centre for Primary Health Care will illustrate four country case examples of on-going primary health care transformations told in the approach of the WHO European Framework for Action on Integrated Health Services Delivery – an action-oriented policy framework endorsed by Member States in 2016 as a resource for countries in working towards outcome-driven services delivery reforms.

Each country reform will be told from the firsthand insight of country experts. The moderator will engage country experts to narrate ongoing transformations beginning with priority health improvement areas serving as a catalyst for reforms. Changes to the model of care e.g. selection of services, design of care, organization of providers, alignment of system conditions and the process of reforms, from pilot efforts to cross-sector engagement for putting changes in practice, will be explored. Through live-polling, the audience will be engaged to weigh-in on actions taken, lessons learned and to share similarities and differences from their own experiences.

Main take-away: The session aims ultimately to share and apply a structured approach for thinking through services delivery reforms; illustrate an understanding that ‘what’ needs to be done is known; and make services delivery reforms relatable across settings and actors e.g. national policy, regional authorities, managers, practitioners, patients; emphasizing the important role of each.

### **Program**

15 mins	1.	Moderator introduction: overview of session, policy framework, approach to country cases and priority health improvements driving reforms
30 mins	2.	Country cases: spotlight on Albania and Romania on innovating services delivery processes
30 mins	3.	Country cases: spotlight on Kazakhstan and Ukraine on sustaining reforms – aligning system enablers
10 mins	4.	All country panellists: on managing the reform process – lessons learned
5 mins	5.	Summary take-away messages and polling results

## **“LEARNING TOGETHER EQUITY IN CARE: THE ROLE OF INTER-PROFESSIONAL EDUCATION FOR A SOCIALLY ACCOUNTABLE EDUCATION.”**



**Authors/presenters:** Andrea Canini, You&EFPC members

### **Purpose:**

We use case studies analysis from conference site visits to discuss the importance of inter-professional collaboration to promote equity in care.

### **Context:**

In 2008, the final report of the Commission on Social Determinants of Health made a claim to “make the social determinants of health (SDH) a standard and compulsory part of training of medical and health professionals”. Ten years later, though many efforts have been lavished in the knowledge of SDH, we shall recognize that “true success exists not in learning but in its application to the benefit of mankind (Prince Mahidol). To step up, we need health schools with a sound socially accountable approach and with inter-professional programs tackling the growing complexity of health demands.

### **State of the art:**

Inter-professional collaboration is growingly advocated as a mean to overcome different health systems’ dilemmas, such as populations’ ageing, growing health demands and health professionals’ shortages. A growing body of evidence is demonstrating that care delivered by teams is generally associated to better health outcomes and higher patient’s satisfaction when compared to solo interventions. Still, most of pre and post-graduate health education programs in Primary Care are based on professional silos that don’t promote collaboration between health professionals. This shortcoming becomes even clearer in the care of vulnerable subjects, where health-related problems are often intertwined with social or economic constraints. In such cases, equity reveals itself beyond rhetoric’s and urges us with the need to know how to cooperate and work together with different professions through an integrated approach.

## **“DOES THE CITIZEN VOICE REALLY MATTER? PUBLIC PARTICIPATION IN HEALTH IN PORTUGAL AND OTHER EUROPEAN COUNTRIES”**

### **Authors/Presenters:**

Tiago Vieira Pinto, João Rodrigues, Margarida Santos, Sofia Crisóstomo, André Biscaia



### **Purpose:**

To characterize and discuss the actual panorama about public participation in health on the European level, discussing more in depth the actual portuguese socio-political context, health services perspectives and civil society initiatives, one year after EFPC 2017 Porto Conference and the presentation of the Porto Charter. For the other European countries, we consider each national outcome on *patient empowerment*, *user experience* and *equity on access to health care*, embedded

in the tool "The Health Systems and Policy Monitor" (European Observatory on Health Systems and Policies).

**Context:**

Working with civil society has become not only an established mechanism of health governance, but also a trigger for more public influence on health policies, health systems shaping and health services functioning. Since 1980s, the debate on citizen's demand for a more active role in defining public health policies and services has been particularly intense, but the degree of institutionalisation of this participation is still far from satisfactory and limited to certain regions or countries. Additionally, we know that the complex relations between the health care system and civil society shape some of the main challenges in citizen participation, in which we could include the quality of deliberative approaches, the representability of some participation methods, or the influence of participatory devices in decision-making, to mention some. The limited evaluation guiding the development and implementation of effective strategies of citizen participation in health is another key aspect needing urgent improvement.

**State of the art:**

Data from the Portuguese project *"More Participation, better health"* (MPbh) make us conclude that, from an health system and institutional point of view, there has been an increase of the awareness and willingness to involve patients, their representatives, and users of health services. So, there are some ingredients that could enable the social and political context to be more favourable to public influences in the near future. Supporting this idea are the civil petition "For the institution of the Charter For Public Participation", signed by more than 4000 individuals and waiting for parliamentary discussion in next Sep/Oct; several conferences and public debates comprising MPbh visions and project results, apart from the formal presence of MPbh coordinators in high-level governmental working groups, as the National Health Council. Recently, a partnership between the National Association of Family Health Units (USF-AN) and the Portuguese Association for Consumers' Protection (DECO) resulted in a national project to trigger Family Health Units (FHU) users' commissions, designed to reinforce local public participation on behalf of the FHU activity and action plan. The project first launch resulted in 28 candidatures, which means 150 people involved in four of a total of five health regions, and a both e-learning and presential training programme in order to give health services users skills and tools that allow them to create formal commissions alongside FHUs. In another data source – an USF-AN census study about key aspects of the primary care reform, developed among the FHU coordinators since 2009 until now – we found a lack of relationship between FHU and community stakeholders. In 2017, only 2% of FHU promoted an open meeting with the population and only 14% integrate local support services as "friends leagues" or users commissions. On the same study, FHU coordinators says that relevant information about how to involve citizens, as well as better local communication mechanisms, are crucial to make citizens voice matters more than just a slogan.

### Research Abstracts

#### **Abstract ID: EFPC20183**

#### **“PRIMARY HEALTH CARE IN HOSPITAL EMERGENCY DEPARTMENTS: A CASE FOR CHANGE TO IMPROVE HEALTH OUTCOMES.”**

**Authors:** Anne Neilson (Presenting) - Mount Isa Centre for Rural and Remote Health an, Mount Isa, Australia, Community and Primary Health Care North West Hospital and Health Service Queensland Health, Mount Isa, Australia  
Fatima Yaqoot - Mount Isa Centre for Rural and Remote Health an, Mount Isa, Australia  
Jayln Rose - Community and Primary Health Care North West Hospital and Health Service Queensland Health, Mount Isa, Australia

**Key Words:** Navigator, chronic disease, care coordination

**Purpose:** The aim of our study was to identify modifiable patient, clinician and system factors leading to non-urgent (category 4 and 5) patients attending the emergency department (ED) of a rural hospital for care.

**Theory:** In Australia, hospital emergency departments are established to offer urgent care. When non-urgent patients present at the ED they may face long waits, eventually being seen only for their immediate concern.

**Methods:** This mixed method study reviewed a random sample of 400 charts of non-urgent care patients from 2016. Focus groups and interviews were conducted with 23 clinicians in the ED, community health and primary care. In addition, 366 patients attending the ED who received a triage score of 4 or 5 were offered to complete a survey in 2018. Qualitative data used inductive thematic analysis. Modified Poisson Regression analysis was used for quantitative data

**Findings:** Quantitative analysis identified “convenience” had the highest impact on patient’s decision to use the ED (RR; 1.05, 95% CI; 1.01-1.09). Self-perceived urgency was an important patient factor. Indigenous liaison officers reported a need for culturally responsive care and health care professionals identified coordination of pathology and imaging as priorities to improve patient satisfaction.

**Discussion:** Our analysis identified a cohort of patients with low health literacy who attended ED frequently for primary health care for chronic conditions. By implementing a nurse led service, (The Nurse Navigator) to improve health literacy, these patients are now redirected to effective comprehensive primary health care.

**Abstract ID: EFPC20189****“THE UTILIZATION OF THE FAMILY HEALTH CENTERS FOR REPRODUCTIVE HEALTH SERVICES BY THE WOMEN AT 15-49 YEARS OF AGE IN A DISTRICT OF ISTANBUL, TURKEY”**

**Authors:** Yilmaz Yaltı - Family Health Center, Aydın, Turkey  
Pemra C.Unalan - Marmara University School of Medicine Department of Family Medicine, Istanbul, Turkey  
Arzu Uzuner - Marmara University School of Medicine Department of Family Medicine, Istanbul, Turkey  
Çiğdem Apaydın Kaya - Marmara University School of Medicine Department of Family Medicine, Istanbul, Turkey  
Mehmet Akman (Presenting) - Marmara University School of Medicine Department of Family Medicine, Istanbul, Turkey

**Key Words:** primary care, reproductive health, Turkey

**Purpose:** The more successful reproductive health approaches present the components of quality which are defined as management, women-provider relationship, provider competence, health information exchange and continuity.

**Theory:** If we understand the demands and problems of the 15-49 years of age women related with the reproductive health services, provided in the Family Health Centers (FHC) in Turkey, the utilization rate can be increased.

**Method:** Our descriptive type of research was carried at Uskudar district, Istanbul. Calculated sample size of 400 women were recruited by stratified sampling from FHCs, private and public hospitals.

**Findings:** Mean age of the participants was  $34,7 \pm 9,3$ . Mean marriage age was  $23,3 \pm 4,6$  (n:144), first pregnancy age was  $23,8 \pm 3,8$  (n:94). Six of all (1,5%) were postmenopausal. Mean number of the children of 297 mother was  $2,4 \pm 1,5$ . The least reason that the participants prefer primary care for reproductive health was contraception, and the most common was antenatal follow-ups which were mandatory in Turkey. Participants listed the most common reasons for visiting primary care as; menstrual delay, pregnancy related problems, postnatal care, and dysuria. Among the single, young ( $33,0 \pm 9,0$  years) highly educated (high school and above), and unemployed women, the utilization of primary care services were relatively low ( $p < 0,05$ ). The most frequent reasons for not using FHCs were: "family physicians' lack of knowledge", "not having a specialist degree" and "preferring obstetrics and gynecology specialists".

**Discussion:** Both the community and the family physicians should be encouraged to demand and provide reproductive health services in primary care.

**Abstract ID: EFPC201815****“THE IMPACT OF INTER-ORGANIZATIONAL COLLABORATION IN CARE PLANNING OF VULNERABLE PATIENTS IN NEED OF COMPLEX CARE.”**

**Authors:** Lena G Larsson (Presenting) - Institute of Medicine, Goteborg University, Goteborg, Sweden, Närhälsan Kungshamn Health Center, Region Västra Götaland, Kungshamn, Sweden, Primary Health Care, Research, Development & Education Center Fyrbodol, Vänersborg, Sweden  
Siv Bäck-Pettersson, Primary Health Care, Research, Development & Education Center Fyrbodol, Vänersborg, Sweden  
Eric Carlström - Institute of Health and Care Sciences, University of Gothenburg, Goteborg, Sweden

**Key Words:** Inter-organizational collaboration, Vulnerable patients

**Purpose:** Identify the preparedness of Swedish healthcare organizations, i.e. hospitals, primary care and municipalities to collaborate during transition of patients with complex care needs.

**Background:** Patients suffering from extensive care requires a smooth collaboration between healthcare providers. According to Swedish legislation, primary care is responsible for the coordination of care-planning. Historically, transitions have been characterized by insufficient collaboration.

**Theory:** Axelsson & Axelsson's (2013) collaboration as vertical and horizontal integration, Westrin's (1986) collaboration model from separation to integration, and Ovretveit's (2013) collaboration as integration for resource optimization were used.

**Method:** We studied the preparedness of primary care to interact with hospitals and municipalities. Semi-structured interviews were conducted with health care managers (n = 18) and analyzed with a deductive qualitative method. Based on the results, the effects of accessibility, willingness and trustworthiness in collaboration between hospitals, municipalities and primary care were examined. A total survey of healthcare manager (n = 1081) was conducted and data was analyzed using descriptive statistics, bi- and multivariate regression.

**Result:** The results show that despite the fact that primary care providers are willing to collaborate, there is a discrepancy between the ability and ambition. In addition, all three organizations value their own ability to collaborate higher than they value the others.

**Discussion:** A self-image of overestimating one's own ability can be a barrier to achieve the collaboration required for the patient group.

#### **Abstract ID: EFPC201817**

#### **"JOB SATISFACTION OF GENERAL PRACTITIONERS: AN INTERNATIONAL COMPARISON"**

**Authors:** Emiel Stobbe - NIVEL, Utrecht, Netherlands  
Willemijn Schäfer - Northwestern University, Feinberg School of Medicine,  
Department of Social Medical Sciences, Chicago, USA  
Peter Groenewegen (Presenting) - NIVEL, Utrecht, Netherlands

**Key Words:** job satisfaction, general practitioners, international comparison

**Purpose:** Job satisfaction of general practitioners (GPs) is an important issue, because of wide-spread dissatisfaction in several countries. GPs often feel over-burdened by administrative detail that keeps them from direct patient-related work. Workload of GPs is increasing as a result of demographic and epidemiological changes. The complexity of healthcare systems and managerial pressure may have increased administrative tasks. The aim of this study is to analyze job satisfaction in international comparative framework.

**Theory:** We apply a general theory of how on wellbeing and apply this to job satisfaction of GPs. We expect that job satisfaction is influenced by the stimulation that GPs experience from the variety and challenges of their tasks, from their working conditions, from their social status, and from behavioral confirmation from colleagues and patients. Based on these general insights we will develop more specific hypotheses.

**Methods:** We use data from the QUALICOPC study, conducted among 7,000 GPs in 34 (mainly European) countries. Job satisfaction was measured in the GP survey through six items (combined into a scale) about job experience. Independent variables are taken from the GP survey and from existing data on country and healthcare system level. Data were analyzed using linear multilevel regression analysis, with countries and GPs as levels.



**Findings:** GPs vary in job satisfaction with the lowest levels in Spain, Hungary, Slovakia, Estonia and Lithuania and the highest levels in Sweden, Norway, Canada, Cyprus and Denmark.

**Discussion:** Based on the results we will formulate recommendations on how to organize GP-friendly primary care practices.

**Abstract ID: EFPC201821**

**“THE PRIMARY CARE AND FRAIL OLDER PATIENTS”**

**Authors:** Danica Rotar Pavlic (Presenting), Department of Family Medicine University of Ljubljana, Ljubljana, Slovenia

**Key Words:** primary care, elderly, frailty, care

**Theory:** Experts estimate that the share of older people aged 65 years, which was 87.5 million in Europe in 2010, rose to 152.6 million by 2060. An elderly patient with multiple concomitant chronic illnesses will thus become an everyday visitor of a family medicine practice. The number of fragile old people will also increase. Patient views are and will be important. Primary health care workers are in dilemmas about how to consider the autonomy and health care of such patients.

**Aim:** To find out how primary health care workers and family physicians perceive their role in health care of frail older patients.

**Methods:** Qualitative interviews with primary health workers and family physicians were conducted in 2017. We marked the relevant parts of transcripts as codes (words, phrases, phrases that could relate to actions, activities, concepts, differences, opinions, processes, or whatever we thought were important). Then we sorted the most important codes and grouped them into categories. In the end we made a summary of the obtained results in the form of graphical images.

**Findings:** Graphical images as the results of in depth analyses will be presented at the conference.

**Discussion:** The approach of the primary health care workers and family physicians involves the somatic treatment of diseases, multimorbidity and polypharmacy, communication with the elderly, organization of care including home visits and home care organization, prevention (falls prevention), cooperation of relatives and prevention of the burnout of caregivers.

**Abstract ID: EFPC201823**

**“COMPLIMENTS AND COMPLAINTS IN THE COMMUNITY HEALTH CENTRE LJUBLJANA, SLOVENIA”**

**Authors:** Irena Makivić (Presenting) - Community Health Centre Ljubljana, Ljubljana, Slovenia  
Maja Čelešnik Grmič - Community Health Centre Ljubljana, Ljubljana, Slovenia

**Key Words:** Compliments, Complaints, Health Centre, Monitoring

**Purpose:** The purpose of multi slide presentation is to present the trend and the specific numbers of compliments and complaints inside the biggest Community Health Centre in Ljubljana, the capital of European Country Slovenia.

**Context:** In Community Health Centre Ljubljana, we have been monitoring the number of complaints and compliments since 2005. We noticed that the number of compliments is rising, while a fall of the number of complaints was observed. The biggest change occurred in 2013. We are also monitoring different fields of compliments and complaints: employment relationship, quality of work, implementation of the insurance rules, work organization and professionalism. It was also interesting to compare different units of Community Health centre Ljubljana according to the average number of compliments per employee. Through the numbers we always have in mind also

the fact that in Ljubljana the average registered number of patients per doctor is 1759. Slovenia also has fewer practicing physicians per inhabitants in comparison to some other European Countries.

This field of health care is important, because through complaints and compliments it is seen how well the needs of patients are addressed. And this is also quality indicator and is important for the development of the model for a good practice and consequently satisfied patients. The benchmarking inside of the biggest health center can also encourage those who are perform worse to follow examples of a good practice from other health care units.

### **Abstract ID: EFPC201825**

#### **“JOB SATISFACTION OF PRIMARY CARE PHYSICIANS IN ELEVEN COUNTRIES: ASSOCIATIONS WITH PRACTICES AND HEALTHCARE SYSTEM FEATURES”**

**Authors:** Christine Cohidon (Presenting) - Institute of Family Medicine, Department of Ambulatory Care and Community Medicine, Lausanne, Switzerland  
Pascal Wild - Institute for Work and Health, Lausanne, Switzerland, National Research and Safety Institute, Nancy, France  
Nicolas Senn - Institute of Family Medicine, Department of Ambulatory Care and Community Medicine, Lausanne, Switzerland

**Key Words:** Dissatisfaction work GP practice organization

**Purpose:** To explore which structural and organizational factors are associated with primary care physicians' (PCP) job dissatisfaction.

**Theory:** Exposure to job dissatisfaction at work among PCPs can cause harmful consequences on physicians' health but might also be responsible of PCP shortage and impact on patients' quality of care. Practices organizational and functioning features could play a role.

**Methods:** Secondary analysis of the 2015 Commonwealth Fund International Health Policy Survey of Primary Care Physicians, an international cross-sectional study conducted in eleven high-income countries (N=12049). Job satisfaction was measured by the question: “How are you satisfied regarding your practising of medicine?” (4-point likert scale). Numerous practices organisation and functioning characteristics were considered. Multilevel mixed-effects ordered logistic regressions were performed.

**Findings:** Satisfaction at work was reported by 78% of the PCPs but with large variations according to the country (61% in Germany - 92% in Norway). Dissatisfaction was higher among middle age PCPs (OR =1.32), practicing in urban area and in solo practice. It was also associated with a high weekly workload (OR=1.26), large administrative burden (OR=1.55), long delays in hospital discharge receiving and poor possibilities in offering same-day appointments (OR=1.83). Finally, the use of electronic health record (OR=0.81) and working with a case manager attached to the practice were associated with a lower dissatisfaction.

**Discussion:** Satisfaction at work is globally good among PCPs in high-income countries. However, its links with practices organizational and functioning characteristics should be taken in consideration in order to prevent dissatisfaction at work and its deleterious effects.

**Abstract ID: EFPC201827**

**“MANAGEMENT OF FOREIGN UNACCOMPANIED MINORS, EXAMPLE WITH THE YOUTH HEALTH CENTER OF THE CITY OF NANTERRE”**

**Authors:** Louise Rossignol (Presenting) - Municipal health center, Nanterre, France, Sorbonne Université, INSERM, Institut Pierre Louis d'Epidémiologie et de Santé Publique, Paris, France  
Hélène Colombani  
Municipal health center, Nanterre, France  
Vincent Persuane - Municipal health center, Nanterre, France

**Key Words:** Youth, foreign unaccompanied minors, health care

**Purpose:** For young people between 12 to 25 years old, the city of Nanterre offers a specific unit in addition to usual health care. This unit is called Youth Health Center. It is composed of a multi-professional team: manager, assistant, social worker, psychologist, nurse, general practitioner, gynecologist, and dentist. The care provided here are all free of charge and anonymous in a global approach.

**Theory:** Therefore, it has been identified as a resource to provide health care for young migrant with no social protection yet. In the context of the recent migration waves in Europe, it appears to be of interest to describe the population coming in the Young Health Place of Nanterre in 2017.

**Methods:** Descriptive retrospective study.

**Findings:** In 2017, 588 young people had come to the Youth Health Place. Out of them, 175 had a medical appointment. They were 58 girls (33%) and 117 boys (67%). Out of the 175 young people, who had seen the general practitioner, 43 were foreign unaccompanied minors (25%). There were a majority of boy (34; 79%), and the median age was 16 years old. The main health problems identified were post-traumatic stress disorder secondary to migratory travel, poor oral condition, heart murmurs, and insufficient vaccination coverage. Other analyses are in progress.

**Discussion:** The Youth Health Center is a model, which could be exported. Other models may exist or could be developed. Studies could be done to evaluate those models.

**Abstract ID: EFPC201828**

**“WHICH MODELS OF PRIMARY CHILD HEALTH SERVICES PROVIDE BEST OUTCOMES FOR CHILDREN AND YOUNG PEOPLE IN EUROPA – MOCHA EVALUATION AND KEY FINDINGS.”**

**Authors:** Mitch Blair (Presenting) - Imperial College, London, United Kingdom  
Denise Alexander - Imperial College, London, United Kingdom  
Shalmali Deshpande - Imperial College, London, United Kingdom  
Michael Rigby - Imperial College, London, United Kingdom

**Key Words:** Child health, primary care, health systems, models

**Purpose and Theory:** MOCHA ([www.childhealthservicemodels.eu](http://www.childhealthservicemodels.eu)) is a research project appraising primary care child health systems in 30 European countries. To establish which produce best outcomes, using theory of change.

**Methods:** Surveys of individual country agents, routine (WHO, Eurostat, GBD) data sources, interviews of parents and children in 5 countries, literature review.

Primary child health care systems vary considerably across Europe in several key dimensions: funding, regulation, governance, health professional mix, organizational structure and access. Tracer condition analysis covering preventive, acute and chronic care has identified a lack of

harmonized definitions and datasets to allow comparisons at practice or country level. Mortality and immunization rates remain the most reliable yet limited health status measures for comparison, despite recommendations (1). Self-reported adolescent behaviors, although well-established through HBSC, are difficult to attribute to the primary child health care system characteristics.

Health system contributions to outcomes are probably greatest in the antenatal period and likely to influence approximately 25% of variance; national economy and societal context are big influences. Children and parents report that communication skills, continuity and coordination of care, respect for autonomy, and child and adolescent friendly settings are the most important features of primary child health care provision.

**Conclusions:** Key factors determining health status in any country are primarily macro-economic and cultural. Despite claims of primary care primacy, evaluator analysis is still rudimentary. A realist child centric evaluation framework is needed as a practical tool to support evidence-based primary child health care improvements.

**Abstract ID: EFPC201829**

**"BETTER OLD IN AMSTERDAM". A PROGRAM FOR INTEGRATED, STRUCTURED PRIMARY HEALTH CARE FOR VULNERABLY ELDERLY"**

**Authors:** Wlm Klein Nagelvoort (Presenting) - Elaa, Amsterdam, Netherlands  
Sabina Mak - Ben Sajet Centrum, Amsterdam, Netherlands  
Hein van Hout - VuMc, Amsterdam, Netherlands  
Yvonne La Grauw - VU, Amsterdam, Netherlands  
Marjolein van Harten - SIGRA, Amsterdam, Netherlands

**Key Words:** Primary care, vulnerable elderly, integrated care

**Purpose:** In 4 area's in Amsterdam we supported PHC's and community nurses to work together, to find ways to include vulnerable elderly, make sure the wishes of elderly people are heard and find a structural way to finance cooperation within the Dutch health care system

**Theory:** Professionals should learn from each other and from elderly people themselves.

**Methods:** PHC's and community nurses got extra time (money) to find ways to get a good sight on how many elderly are vulnerable in their neighborhood and to set up multi-disciplinary deliberations. Participants came together in monthly workshops. Also elder people themselves attended these workshops to share their experiences. In this way there was a lot of exchange of experiences, room to ask questions and find answers. Each month there was feedback of the lessons learned in the previous month.

Scientific research is still going on. We interview stakeholders for advance and disadvantage factors for implementing this way of structural care. We are also making incident analyses at the ED to find ways to prevent ED-visiting.

**Findings:** Bringing people together is the best way to spread out new ideas, solve problems and get answers to questions. This is not very new, but we often forget how beneficial it is.

From the elderly we learned ten lessons to keep in mind as a health care professional.

Analyzing the interviews is still in progress but can be presented at the conference.

**Discussion:** We were not able to find a good solution for the financing problem.

**Abstract ID: EFPC201830**

**“INTEGRATION MODEL BETWEEN HOSPITAL AND COMMUNITY CARE SERVICES IN CHRONIC DISEASES: BIBLIOMETRIC IMPACT OF THREE DIFFERENT CONCEPTUAL FRAMEWORKS.”**

**Authors:** Michela Cicconi (Presenting) - Università Cattolica del Sacro Cuore, Rome, Department of Public Health, Rome, Italy  
Anna Acampora - Università Cattolica del Sacro Cuore, Rome, Department of Public Health, Rome, Italy  
Gianfranco Damiani - Istituto Superiore di Studi Sanitari Giuseppe Cannarella, Rome, Italy

**Key Words:** Integrated care, intermediate care, transitional care, hospital, community care, integration

**Purpose:** Our objective is to provide a comprehensive overview of hospital and community care services integration, in patients with chronic diseases, from three perspectives: integrated care, intermediate care and transitional care.

**Theory:** The current organizational model, in many health systems – mainly focused on acute care – is not still ideal for delivering care to patients with chronic conditions. To improve the quality of care provided to patients with chronic health problems, there is a need to manage their care in a systematic manner, based on integration.

**Methods:** A comprehensive literature review and a bibliometric analysis were carried out. The concepts of integrated care, transitional care, intermediate care and hospital were combined into a standardized search string using MeSH and non-MeSH entry terms. Descriptive statistics was performed, and linear regression analysis was used to study the research trends.

**Findings:** A total of 235 articles were screened according to the inclusion and exclusion criteria. Linear regression analysis was performed on the countries grouped by geographical area, excluding countries with a small number of articles. More than 55% of the articles have been published in the last 5 years in North American and in European Countries. Most articles focused on clinical “micro” and organizational “meso” care integration strategies.

**Discussion:** The bibliometric analysis revealed escalated trends in interventions carried out to implement integration concept in hospital-community care services relationship. Integration in care delivery is a promising approach for improving patient experience and health outcomes, especially when it concerns chronic diseases.

**Abstract ID: EFPC201831**

**“DIRECT ACCESS TO PHYSIOTHERAPY IN PRIMARY CARE”**

**Authors:** Jill Long (Presenting) - European Region of WCPT, Brussels, Belgium

**Key Words:** Direct Access, Physiotherapy

**Purpose:** To describe the health and economic benefits of physiotherapy in primary care services, to describe Direct Access as a model of physiotherapy service delivery in primary care and to illustrate how Direct Access to physiotherapy contributes to these benefits.

**Context:** Models of physiotherapy service delivery vary throughout European countries, ranging from prescribed treatments by a medical doctor to direct access, where patients access physiotherapy services directly, without the need to see a doctor first.

**State of the Art:** Direct access to physiotherapy in primary care is the norm in countries like the Netherlands, Norway and the UK. It has been fully evaluated and is recommended by the National Institute for Health and Care Excellence (NICE) in the UK. It has been shown to:

- Reduce waiting times;
- Enabling patients to manage their condition and live more independently;
- Improve health outcomes;
- Reduce long term pain, disability and time off work;
- Reduce costs;
- Reduce rates of medication prescribing.

Physiotherapists' qualifications and their ability to screen, diagnose and provide appropriate treatment or referral for musculoskeletal, neurological, cardiorespiratory and other conditions, has positioned them as important providers of quality health care within the primary care team.

Physiotherapists' participation in primary care helps address the growing demand for health services and increasing costs associated with delivering these services across Europe.

Physiotherapy is a safe, effective, comparatively low-cost high-value option to meet this rising demand.

**Statement for Debate:** How can we promote good practice such as direct access to physiotherapy in primary care?

#### **Abstract ID: EFPC201834**

#### **“MEASLES VACCINATION STATUS OF ADULT ASYLUM SEEKERS: AN IMPROVEMENT PROJECT IN A BELGIAN PRIMARY HEALTH CARE CENTRE”**

**Authors:** Muriel Ruyffelaert (Presenting) - Primary Health Care Centre "De Sleep", Ghent, Belgium  
Jessica Tilley - Ghent University, Department of Family Medicine and Primary Health Care, Ghent, Belgium  
Stéphanie De Maesschalck - Ghent University, Department of Family Medicine and Primary Health Care, Ghent, Belgium  
Veerle Vyncke - Vereniging van Wijkgezondheidscentra, Brussels, Belgium

**Key Words:** Measles vaccination; Asylum seekers; Improvement project

**Purpose:** To evaluate how the protection against measles virus in adult male asylum seekers consulting in Primary Health Care (PHC) centre “De Sleep” in Ghent (Belgium) can be improved.

**Theory:** Measles is a highly contagious viral disease and remains one of the main causes of mortality in young children worldwide. To reach elimination of measles within the WHO European region, vaccination coverage of at least 95% with two doses of the measles vaccine is necessary. Asylum seekers belong to a vulnerable group that is sometimes insufficiently vaccinated against measles.

**Methods:** A literature review was followed by an improvement project. Inclusion criteria: Adult male patients from PHC centre “De Sleep” born after 1970, having applied for asylum in Belgium later than January 1st, 2014, from one of the following countries of origin: Syria, Iraq, Afghanistan, Somalia, Eritrea, Guinea, Russia or Ukraine.

**Findings:** In 2/35 patients (=5.7%) a proof of measles vaccination could be traced. 18/33 patients (=54.5%) attended a first study consultation. 15/18 patients met all inclusion and exclusion criteria. 14/15 patients (= 93.3%) received 2 doses of the vaccine M.M.R. VaxPro<sup>®</sup>; 1/15 patients (= 6.7%) received only 1 dose. Implementation in the PHC centre of a new (measles) vaccination protocol started in October 2017.

**Discussion:** In order to reach the intended level of (measles) vaccination coverage in asylum seekers in Belgium, additional efforts will have to be made by individual general practices. Equally



importantly, registration of vaccinations and communication between all vaccination partners will have to be optimized, on a federal and a regional level.

**Abstract ID: EFPC201835**

**“A DISTRICT-ORIENTATED VIEW ON COPD AND ITS RISK FACTORS IN THE CITY OF NIJMEGEN, LINKING GENERAL PRACTICE AND COMMUNITY HEALTH SERVICES DATA”**

**Authors:** Tjard Schermer (Presenting) - Nivel, Utrecht, Netherlands; Radboud University Medical Center, Dept. of Primary and Community Care, Nijmegen, Netherlands  
Fleur van Veldhuizen - Radboud University Medical Center, Dept. of Primary and Community Care, Nijmegen, Netherlands  
Ralf Hermsen - Community Health Services (GGD) Gelderland-Zuid, Nijmegen, Netherlands  
Hans Bos - Radboud University Medical Center, Dept. of Primary and Community Care, Nijmegen, Netherlands  
Bianca Schalk - Radboud University Medical Center, Dept. of Primary and Community Care, Nijmegen, Netherlands

**Key Words:** COPD, general practice, community health service, district-level

**Purpose:** To identify differences in incidence and prevalence of COPD between districts in the city of Nijmegen, the Netherlands, and to identify associations between risk factors and COPD prevalence within these districts.

**Theory:** Combining general practice and public health data may offer opportunities to develop and direct district-specific prevention strategies, which may in turn relieve primary health care professionals' workload.

**Methods:** In this retrospective observational cohort study COPD patients who were registered in general practices in the city of Nijmegen in 2013 were included (n= 2,994). Annual health questionnaire survey data about risk/prognostic factors for COPD (smoking, BMI, educational level, exercise level) per district were supplied by the community health service. Data were aggregated per postal code area to represent the different districts, and COPD incidence and prevalence calculated per postal code area. Correlation analysis was performed to analyse associations between COPD prevalence and occurrence of risk factors on the district level.

**Findings:** Overall COPD incidence was 3.7 (95%CI 3.3-4.3) patients/1000 person years, prevalence 47.2/1000 (45.5-48.8). COPD prevalence per district ranged from 12.8/1000 (8.6-18.9) to 73.3/1000 (64.3-83.4). District-level correlation analyses showed statistically significant associations between higher age, lower educational level and being overweight (BMI>25) and the prevalence of COPD.

**Discussion:** Within the city of Nijmegen there are district-level differences in the prevalence of COPD and the occurrence of risk factors. A district-orientated approach combining general practice and community health data may be useful to efficiently direct district-specific prevention strategies.

**Abstract ID: EFPC201836**

**“USING PATIENT EXPERIENCES TO EVALUATE QUALITY OF PHC SERVICES AND DIFFERENCES BETWEEN TYPES OF PHC UNITS”**

**Authors:** Daphne Kaitelidou (Presenting) - National and Kapodistrian University of Athens (NKUA), Athens, Greece  
Charalambos Economou - Panteion University of Athens, Athens, Greece  
Petros Galanis - National and Kapodistrian University of Athens (NKUA), Athens, Greece

Olympia Konstantakopoulou - National and Kapodistrian University of Athens (NKUA), Athens, Greece  
Olga Siskou - National and Kapodistrian University of Athens (NKUA), Athens, Greece  
Silviu Domete - WHO Europe Regional Office, Athens, Greece  
Wienke Boerma - NIVEL- Netherlands institute for health services research, Utrecht, Netherlands  
Dolf de Boer - NIVEL - Netherlands institute for health services research, Utrecht, Netherlands  
Peter Groenewegen - NIVEL- Netherlands institute for health services research, Utrecht, Netherlands

**Key Words:** PHC, patient experiences, quality of health care services

**Purpose:** To evaluate patient experiences with Primary Health Care (PHC) services' and investigate differences between patients and types of PHC units.

**Theory:** Patient experiences are used to assess the quality of healthcare services. To evaluate PHC reform in Greece, we developed and applied a patient experiences questionnaire.

**Methods:** A cross-sectional survey was conducted in Summer 2017. We included 733 users of 11 PHC units; three PEDY/GP units, five Health Centres (HCs) and three Hospital Outpatient Departments (ODs) in urban (4) and semi-urban (7) areas. The questionnaire was developed in a pilot study and measured six dimensions (accessibility, continuity and coordination, comprehensiveness, quality of medical care, facility's amenities and quality of nursing care) on a five-point scale.

**Findings:** Mean age was 51.8 years (SD=16.8), 51.6% were women, 44.4% had high school/higher education, the majority was of Greek nationality (91.6%), insured (93.2%) and self-estimated their health as moderate to excellent (96%), while 33.3% had a chronic disease. All mean care dimension scores were greater than 3.7 indicating positive patient experiences, with accessibility and facility's amenities dimensions scoring lower. After adjusting for patient characteristics, patients visiting PEDY/GP services units and ODs experienced lower accessibility, less good facilities and less favorable overall quality, while patients who visited PHC units in semi-urban areas experienced better accessibility, better facilities and overall quality than those visiting units in urban areas.

**Discussion:** PHC constitutes the backbone of healthcare systems and thus, the quality of services provided must be systematically measured and evaluated from the user's perspective.

#### **Abstract ID: EFPC201838**

#### **"ACUTE RHINOSINUSITIS PATIENTS MANAGEMENT AND COST EFFECTIVENESS : PRIMARY CARE VERSUS HOSPITAL SETTING"**

**Authors:** Mehmet Akman (Presenting) - Marmara University School of Medicine Department of Family Medicine, Istanbul, Turkey  
Ebru Atıcı - Marmara University School of Medicine Department of Family Medicine, Istanbul, Turkey

**Key Words:** cost effectiveness, primary care, acute sinusitis

**Purpose:** We aimed to determine the direct costs (doctor visit, diagnostic tests and prescription) of patients diagnosed with ARS in primary care and the tertiary university hospital including ear nose throat outpatient clinic and family medicine outpatient clinic.

**Theory:** Patients with ARS are more cost-effectively managed in the primary care (PC) than in the hospital setting (HS).

**Methods:** This retrospective study was conducted in PC and outpatients' clinics of a HS. Patients who were over 18 years and diagnosed with ARS were enrolled. The preliminary data collected in the February from electronic patient records is presented in this abstract. Comparative analysis was done by chi-square and Mann Whitney-U tests.

**Finding:** Among the participants(n=96), 74% were female and average age was 35.6±13.7 years. Number of patients diagnosed in PC was 27 and 69 patients were diagnosed in HS. There is no significant difference between PC and HS regarding antibiotic prescription rate (66.7% vs 56.4%). Doctor visit cost is significantly lower in PC (mean:14TL vs 62TL p<0.001). Inappropriate diagnostic tests according to guidelines cost more in HS (mean:43.5TL vs 50.4TL p:0.038). The costs of prescribed antibiotic and medications other than antibiotics do not differ significantly among PC and HS. Amoxicillin clavulanate was nearly the only prescribed antibiotic in PC whereas in HS it is prescription rate was 59% followed by sefdinir (23%).

**Discussion:** Our preliminary results shows that PC is more cost effective in terms of doctor visit costs and diagnostic test costs. However antibiotic prescription behavior and costs seem to be similar between two settings.

#### **Abstract ID: EFPC201840**

#### **"STAKEHOLDERS' VIEWS ON SCENARIOS ON EUROPEAN CHILD HEALTHCARE SYSTEMS AND HOW POTENTIAL CHANGES MIGHT BE ACHIEVED."**

##### **Authors:**

Eline Vlasblom (Presenting) - TNO, Leiden, Netherlands

Gaby de Lijster - TNO, Leiden, Netherlands

Magda Boere-Boonekamp - University of Twente, Enschede, Netherlands

Paul Kocken - TNO, Leiden, Netherlands

**Key Words:** Child health, stakeholder preferences, MOCHA project, healthcare systems

**Purpose:** The purpose of this study was to analyze stakeholders' views on imaginary scenarios of child healthcare systems' components in the future, and how potential changes might be achieved.

**Theory:** The Models of Child Health Appraised (MOCHA) Project – [www.childhealthservicemodels.eu](http://www.childhealthservicemodels.eu) – aims to describe and appraise various models of primary child health care in Europe and make recommendations as to optimal systems' components of child healthcare.

**Methods:** A questionnaire about three scenarios on imaginary features of the child healthcare system in the future was filled in by 45 stakeholders of 15 EU countries. Scenario 1 (S1) considered specialized preventive health services for measles vaccination. Scenario 2 (S2) considered working in multidisciplinary teams in chronic care for children with asthma and complex needs. Scenario 3 (S3) considered confidential access for early identification of mental health disorders in adolescents.

**Findings:** The stakeholders expressed a need for improvements to the child healthcare system. The majority of the stakeholders were in favour of changing the systems' components presented in the three scenarios, such as improved access, availability of workforce or care coordination. (S1 78%, S2 90%, S3 71%). However, not all stakeholders considered the three scenarios feasible for their country (S1 56%, S2 30%, S3 24%). They identified the current healthcare system and service provision as the major barrier for the implementation of these scenarios.

**Discussion:** There was a high level of agreement among stakeholders on three potential scenarios for improvement, however, barriers were identified for the implementation of the forecasted system components.

**Abstract ID: EFPC201841**

**“PUBLIC PRIORITIES FOR PRIMARY CHILD HEALTH CARE FOR CHILDREN IN FIVE EUROPEAN COUNTRIES.”**

**Authors:** Magda Boere-Boonekamp (Presenting) - Dept. of Health Technology and Services Research, University of Twente, Enschede, Netherlands  
Janine van Til - Dept. of Health Technology and Services Research, University of Twente, Enschede, Netherlands  
Karin Groothuis-Oudshoorn - Dept. of Health Technology and Services Research, University of Twente, Enschede, Netherlands

**Key Words:** Primary child healthcare, Public preferences, Quality of child healthcare

**Purpose:** As part of the Models of Child Health Appraised (MOCHA) project ([www.childhealthservicemodels.eu](http://www.childhealthservicemodels.eu)), we studied formative values from the general public for the quality assessment of a child-oriented primary healthcare system in five European countries.

**Theory:** As a starting point we used the MOCHA working model. Based on definitions in literature sources (e.g. Kringos 2010), we defined the nine potential quality outputs. Next, these outputs were operationalized in 40 items to cover the full description of each output.

**Methods:** We performed a survey in a representative sample of the general public in the Netherlands, Germany, United Kingdom, Spain, Poland. We collected data on: background characteristics, performance, and prioritization. Performance was measured by asking respondents' general opinion (1-10 scale) on child healthcare and reaction on statements on quality items (5pt Likert agree-disagree scale). For priority setting, we used the best-worst scaling case 1 methodology, with eight different sets of combinations of ten statements on quality items.

**Findings:** Results were obtained from 2403 respondents. Overall top-10 priorities were related to items of acceptability (timeliness), appropriateness (skills/competences, management, facilities), affordability (no costs), continuity (informational, dignity/respect), and coordination (swift referrals, collaboration). Mean general performance ranged from 5.47 (Poland) to 7.17 (Spain); average percentage of agreement with statements ranged from 56% (Poland) to 70% (Netherlands).

**Discussion:** Between countries, significant differences exist in perceived performance of primary child healthcare and in public priorities. In priority setting, a combination of a highly prioritized outcome and a low performance could warrant further action.

**Abstract ID: EFPC201842**

**“DISCUSSING FUNCTIONAL DECLINE IN OLD AGE IN PRIMARY CARE: A QUALITATIVE STUDY WITH ELDERLY COMMUNITY DWELLERS IN SWITZERLAND”**

**Authors:** Joelle Schwarz (Presenting) - University Institute of Family Medicine, Department of Ambulatory Care and Community Medicine, Lausanne, Switzerland  
Ophélie Viret - University Institute of Family Medicine, Department of Ambulatory Care and Community Medicine, Lausanne, Switzerland  
Yolanda Mueller - University Institute of Family Medicine, Department of Ambulatory Care and Community Medicine, Lausanne, Switzerland  
Nicolas Senn - University Institute of Family Medicine, Department of Ambulatory Care and Community Medicine, Lausanne, Switzerland

**Key Words:** Functional decline; Aging; Primary care

**Purpose:** Explore how elderly community dwellers discuss functional decline (FD) with their general practitioners (GP).

**Context:** FD is characterized as loss of functional autonomy associated with age. Detecting FD early in primary care (PC) is promoted as a strategy to address and mitigate FD, thus supporting elderly people in maintaining their independence and safety within their own social environment.

**Methods:** A qualitative study including interviews with elderly PHC users (n=20), PC physicians (n=6) and consultation observations in PC practices in Switzerland is currently conducted. The convenience sampling strategy aims at ensuring a distribution of socio-economic characteristics (age, sex, social situation, place of residence, education) and functional status. Inclusion criteria: age over 75, living at home. Data are analyzed using an inductive approach.

**Findings:** Preliminary results suggest that elderly people are ambivalent about spontaneously discussing FD with a PC physician, unless the decline acutely hampers their daily living and no coping strategy is found. Most elderly participants perceived topics such as cognitive and memory impairment, mood impairment, gait and balance impairment, and strength loss as “normal” in older age. And, when manageable by coping strategies at home, they do not necessitate disclosure and discussion with the GP, reflecting a potential lack of information on existing solutions for some age-related issues.

**Discussion:** Initiatives in PC to detect and address functional decline with elderly patients can be an opportunity for care professionals to detect early onset of decline, and for elderly users to be informed about functional decline mitigation opportunities.

#### **Abstract ID: EFPC201843**

#### **“THE QUALITY OF CARE AND OUTCOMES, AND COST OF THE FREE MATERNITY POLICIES GLOBALLY WITH A VIEW TO IMPROVING PRIMARY CARE: AN INTEGRATIVE REVIEW”**

**Authors:** Boniface Oyugi (Presenting) - Centre for Health Services Studies, University of Kent, Canterbury, United Kingdom; University of Nairobi, School of Public Health, Health System Management, Nairobi, Kenya  
Sally Kendall - Centre for Health Services Studies, University of Kent, Canterbury, United Kingdom

**Key Words:** free, maternity, delivery, policy, quality, cost, and primary healthcare

**Purpose:** We conducted an integrative review of the free delivery policies and evaluated the quality and cost of care and concluded the lessons for improving primary care.

**Theory:** Several countries globally are implementing “free” delivery policies to help reduce maternal deaths which occur due to pregnancy and childbirth related complications. This high mortality burden is mainly because of poor access to and utilization of maternal and family planning services.

**Methods:** We systematically searched through EBSCO Host, CCRCT, Emerald Insight, JSTOR, PUBMED, OVID, and Google Scholar databases guided by the preferred reporting item for systematic review and meta-analysis protocol (PRISMA) guideline. A total of 43 papers met the criteria and were analyzed thematically.

**Findings:** Review findings demonstrated that some of the quality issues hindering the policies were poor management of complications, worsened referral systems, overburdening of staff because of increased utilization, lack of transport, and low supply stock. There were some quality improvements on monitoring vital signs by nurses and some procedures met the recommended standards. Mothers still bear the burden of some costs such as purchase of drugs, transport, informal payments despite policies being ‘free’.

**Discussion:** The free delivery policies can reduce the financial burden on the households if well implemented and sustainably funded. They may also contribute to decline in inequity and improved primary care. Some European countries can learn from this by promoting awareness of similar

policies to the disadvantaged women in remote areas to help narrow the inequality gap on utilization hence achieve UHC by 2030.

**Abstract ID: EFPC201844**

**“ADDRESSING CHALLENGES TO DIABETES SELF-MANAGEMENT THROUGH EFFECTIVE POLICY AND CARE: EXPLORING THE MALTESE SCENARIO.”**

**Authors:** Norma Buttigieg (Presenting) - University of Malta, Zabbar, Malta

**Key Words:** diabetes, self-management, challenges, social, cultural

**Purpose:** The purpose of this study was to explore how Maltese individuals with Type 2 diabetes could be supported to overcome perceived barriers to diabetes self-management.

**Theory:** While being an important cause of morbidity and mortality, chronic illnesses impose an economic burden in countries worldwide. This is creating pressure on governments to ensure sustainability of health services through the effective use of limited resources. An important approach is to support disease self-management which is the cornerstone of chronic illness care. Nevertheless, implementing self-management practices is often challenging. This presentation suggests how challenges imposed by diabetes self-management may be addressed through social policy and community-based care.

**Methods:** The study adopted a qualitative approach guided by Grounded Theory methods. Twelve one-to-one interviews and 6 focus groups were conducted amongst 52 Maltese individuals with Type 2 diabetes. Data analysis involved constant comparison of data, and organizing these into codes and categories. A substantive theory was developed through examining relationships between the main categories.

**Findings:** Challenges for self-management were perceived to be multi-dimensional and originated from the socio-cultural environment. These challenges inhibited the development of core skills required for self-management. Family relationships, social stigma, and the provision of services based on the medical model of care were amongst the factors perceived to inhibit self-management.

**Discussion:** This study provided insight into how a social model of care may help individuals overcome challenges to self-management. It further highlighted the need for social policy to foster an inclusive society and establish social structures which facilitate self-reliance.

**Abstract ID: EFPC201845**

**“FACEBOOK AS HEALTH COUNSELLING INITIATIVE FOR TEENAGERS”**

**Authors:** Sílvia Martínez González (Presenting) - CASAP Can Bou, Castelldefels, Spain  
Paola Raventós Jurado - CASAP Can Bou, Castelldefels, Spain  
Marta Calabia Martínez - CASAP Can Bou, Castelldefels, Spain  
Sonia Fernández Molero - CASAP Can Bou, Castelldefels, Spain  
Alexandra Giner Piqueras - CASAP Can Bou, Castelldefels, Spain  
Jaume Conejero Romagosa - CASAP Can Bou, Castelldefels, Spain  
Anna Mulero Madrid - CASAP Can Bou, Castelldefels, Spain  
Griselda Calaf Moya - CASAP Can Bou, Castelldefels, Spain  
Mildrey Marina Echasabal Vila - CASAP Can Bou, Castelldefels, Spain  
Mariano Bruno - CASAP Can Bou, Castelldefels, Spain  
Lorena Villaescusa Sánchez-Fortuny - CASAP Can Bou, Castelldefels, Spain

**Key Words:** Facebook, teenagers, health education, health counselling



**Purpose:** To analyze the queries made to a Teenagers Health Promotion Facebook page, managed from a Primary Health Care team.

**Theory:** Social networks are a good option to engage teenagers in health promotion and prevention. Users of Facebook health education initiatives highlight they feel less embarrassed than in face-to-face consults.

**Methods:** Descriptive study of the activity of Mar Castelldefels, a Facebook account linked to the paediatric team, from 27<sup>th</sup> March 2012 to 15<sup>th</sup> April 2018. Variables analyzed: number of friends, topic of the query (general and by sex), number of queries answered, number of queries sent by each friend and time to get an answer (days).

**Findings:** Mar Castelldefels has 327 friends, 88 have made a query by private message, and 22 (15.9%) have consulted more than once, from 2 (50%) to 6 times (13.6%). Altogether, 137 queries have been responded. In one case, Mar Castelldefels contacted first to a friend. Females made 77.5% of the queries. Most common topic is “reproductive and sexual health”, with 59 messages (42.8%, 41.1% of females, 48.4% of males), followed by “contraceptives use”, 19 messages (13.8%, 17.8% of females, 0% of males) and “body perception” (5.8%, 6.5% of females, 3.2% males). Median time to answer is 2 days, and half of the queries have been answered from 1 to 5 days.

**Discussion:** Female sex makes three quarters of the queries, and the most consulted are “reproductive and sexual health” issues. It seems they feel more confident using virtual consultations and these initiatives bring health closer to teenagers.

#### **Abstract ID: EFPC201848**

##### **“NURSE’S SKILLS ON PRIMARY CARE: A DESCRIPTIVE STUDY”**

**Authors:** Virgínia Guedes (Presenting) - Center for Research in Health Technologies and Services (CINTESIS), Porto, Portugal  
Maria Figueiredo - Center for Research in Health Technologies and Services (CINTESIS), Porto, Portugal  
João Apóstolo - Center for Research in Health Technologies and Services (CINTESIS), Porto, Portugal

**Key Words:** primary health care; nurses’ competences

#### **Abstract:**

This study aims to verify how the general health care nurse’s skills are understood and implemented at the level of primary health care.

The ideology of primary health care is present in the guiding principles of nursing, thus representing a favorable environment to the development of skills of the profession.

Method explorative, descriptive and quantitative study with a sample of 46 general health care nurses working in primary health care. Data were collected through a questionnaire based on the framework of general health care nurses’ skills.

It was possible to verify a meaningful relation between the theoretical comprehension of the meaning, of the skill and its achievement. The most accomplished skills relate to ethical, legal and professional practice. These are applied through interventions related to the protection of clients’ rights, the management of clinical processes, the transmission of adequate information to patients and to acting according to the basic guidelines (national health care programs, professional code of ethics and regulations). The less accomplished skills relate to the participation in continuous quality improvement programs and procedures in emergency situations. The development of skills is a dynamic process that results from the subject’s biography, education and professional status.

Understanding the meaning of each skill proves to be an important factor in achieving it. These

results may suggest formation needs in the areas of continuous quality improvement and action in emergency situations, since professional formation is one of the factors that facilitate the development of skills.

**Abstract ID: EFPC201849**

**“TRAINING AND PRACTICES IN FAMILY HEALTH NURSING: CASE STUDY”**

**Authors:** Virgínia Guedes (Presenting) - Center for Research in Health Technologies and Services (CINTESIS), Porto, Portugal  
Maria Figueiredo - Center for Research in Health Technologies and Services (CINTESIS), Porto, Portugal  
Marlene Lebreiro - Center for Research in Health Technologies and Services (CINTESIS), Porto, Portugal  
Jacinta Dantas - Center for Research in Health Technologies and Services (CINTESIS), Porto, Portugal

**Key Words:** Dynamic Model of Family Assessment and Intervention; family nursing

**Aim:** To explore health gains using The Dynamic Model of Family Assessment and Intervention (MDAIF) has a sustainer for decision making in family care process. MDAIF, a theoretical framework for family health nursing in Portugal used by students and nurses in primary care, aims to provide answers to the needs of nurses who care for families.

Qualitative case study performed in a Family Health Units in northern Portugal and centered on the family intervention process. Fourteen home visits were made between January and April 2017 and a documental analysis was made based on the records written by nurses.

The nuclear family under study is composed by an aged couple. The data collected revealed the need for intervention in structural and functional dimensions according to MDAIF. The “Safety Precaution” item was not demonstrated by the lack of knowledge about strategies for architectonic barriers adaptation. The male element of the couple is bedridden and dependent for all the activities of daily life. The wife is the caregiver and “Caregiver role” item was considered not adequate motivated by task saturation of the wife role. Interventions were aimed to improve family competences for the maintenance of a secure environment and for caregiver role capacitation. MDAIF use allowed to target and structure nursing practices with the family, contributing for the sustainability of family functioning. The implementation as a framework for supporting Family Health Nurses decision-making will produce new knowledge that will allow new practices and will introduce innovation processes in interactions with families.

**Abstract ID: EFPC201850**

**“STRUCTURAL FACTORS DETERMINING MIGRANTS’ ACCESS TO HEALTHCARE”**

**Authors:** Alejandro Gil-Salmerón (Presenting) - Polibienestar Research Institute, Valencia, Spain  
Valía-Cotanda Elisa - Polibienestar Research Institute, Valencia, Spain  
Garcés-Ferrer Jorge - Polibienestar Research Institute, Valencia, Spain

**Key Words:** migrants; healthcare access; public health policy

**Background:** Immigration flows have triggered important social changes, which represent a great challenge for public administrations. The literature documents also a deterioration of immigrant physical and mental health with time spent in the host country, leading to the need for more medical services. Different individual and structural barriers and difficulties in access to healthcare for migrants have been identified. This study is aimed to explore the perceptions of migrants' access to healthcare of the agents involved in healthcare for migrants.

**Methods:** Three focus groups involving the participation of the different agents involved in the health care provision for migrants were conducted during December 2017. Five health care providers, five policy-makers and ten NGOs representatives participated in the focus groups.

**Results:** Focus group participants agreed upon the fact that the main barriers to accessing healthcare for migrants are on issues related to law and policy including austerity and limitations to access and type of health care, which concern the type and amount of health care a migrant could receive according to country of origin, age or legal situation in the host country.

**Conclusion:** The conclusions of this study help to identify the immigrant population's structural barriers to access healthcare. This study also highlights the importance of identifying the roots of health inequalities due to the immigrant status in order to design social policy mechanisms to defend the effective human rights application

#### **Abstract ID: EFPC201851**

#### **"WHAT TO DO WHEN HEALTH CARE WORKERS ARE VULNERABLE?"**

**Authors:** Emrah Kirimli (Presenting) – Tahev, Istanbul, Turkey

**Key Words:** Depression, health care workers health, burn-out

**Purpose:** How should healthcare professionals guard themselves in the context of increased workload, patient expectations, reduced income and job security?

**Context:** Despite the fact that the number of healthcare workers in our country is below the OECD average, is one of the leading countries in the world per patient visits. In our country with 77 million population, 144,827 doctors made a total of 685 million 709 thousand outpatient visits in 2016. The total number of doctors, midwives and nurses are well below the OECD average. Healthcare professionals are under a great pressure of workload due to the healthcare transformation program. Privatization of health, performance-based payments, patient satisfaction measures and increased number of outpatient clinics changed health environment. Under these circumstances, depression, work-related accidents and suicides have begun to be widespread.

**State of the art:** A two-phase study is planned for this poster discussion. First, a short health survey (PHQ-9) was conducted among health workers and their general health status was assessed. Following the first phase results, the literature-based suggestion were searched for interventions in working environments. The applicability and effectiveness of these interventions were asked to the health workers. The second phase of the work is ongoing, and the data will be shared in the poster presentation.

#### **Statements for debate:**

- What to do if the health care workers are outnumbered?
- What measures can be taken to protect health workers?
- What are health professionals working in other countries have in common and how are they tackling the issue?

**Abstract ID: EFPC201854**

**“DEVELOPING A PROTOCOL IN RECOGNITION AND ADMINISTRATION OF VIOLENCE AGAINST PREGNANT WOMAN IN THE PRIMARY CARE”**

**Authors:** Maria Daviti (Presenting) - Technological Educational Institute, Crete, Greece  
Maria Papadakaki - Technological Educational Institute, Crete, Greece

**Key Words:** Protocol, violence, pregnancy, primary care

**Developing a Protocol in recognition and administration of violence against pregnant woman in the primary care**

**Purpose:** The study aimed to improve early diagnosis of intimate partner violence (IPV) during pregnancy by exploring the perceived needs of primary care professionals.

**Methods:** The survey was carried out via a self-administered questionnaire filled in by 61 primary health care professionals serving rural health care centers of Heraklion prefecture and the urban primary care setting of Heraklion (PEDY). The questionnaire explored the perceived importance attributed on certain knowledge areas and skills necessary for IPV detection among pregnant women using primary care services. A qualitative survey with 4 individuals was carried out for the deeper investigation of current practices and challenges faced by professionals in the management of IPV during pregnancy. For the needs of qualitative research, an interview guide was developed to explore (a) inter-professional task description, (b) barriers in detection of cases, (c) barriers in the management of cases, (c) perceived facilitators.

**Results:** From the findings of the quantitative research a number of the participants identified as “absolutely essential”: the general information about dynamic of pregnant abuse (57.4%), the stages and symptom assessment (59.0%), the intervention methods tailor-made to pregnant women (50.8%), the procedures for documentation-recording incidents (47.5%), the procedures for follow up cases (50.8%). The qualitative research revealed the following key themes: (a) lack of knowledge regarding IPV during pregnancy, (b) hesitation in recording cases in patients’ records, (c) unconditional management of cases based on individual professionals’ experience, (d) avoidance of IPV discussion with patients due to perceived helplessness in addressing the problem at the rural setting.

**Conclusions:** This study identified the perceived needs of primary care professionals in early diagnosis and effective management of IPV among pregnant primary care users.

**Abstract ID: EFPC201857**

**“SOCIAL CAPITAL IS LOSING OUT FROM DEPRESSION AND STRESS ON NSSI AND SUICIDAL BEHAVIORS AMONG COLLEGE STUDENTS IN GREECE DURING THE CURRENT ECONOMIC CRISIS.”**

**Authors:** Ann Roy - School of Social Work, Springfield College, USA, Springfield, USA  
Efrosini D. Kokaliari - School of Social Work, Springfield College, USA, Springfield, USA  
Kleio Koutra - TEI of Crete, Department of Social Work, Heraklion, Greece  
Kosmas Tabakis - TEI of Crete, Department of Social Work, Heraklion, Greece  
Loukas Sparos (Presenting) - TEI of Crete, Department of Social Work, Heraklion, Greece

**Key Words:** social capital on non-suicidal self-injury (NSSI) and suicidal behaviors (SIB)

**Purpose:** This cross-sectional quantitative study aim to investigate the protective role of social capital on non-suicidal self-injury (NSSI) and suicidal behaviors (SIB) among 632 Greek college students during the current economic crisis.

**Theory:** During the period 1980–1995, Greece reported one of the lowest suicide rates in the world. However, since the 2008 crisis Greece is no longer an exception. In this context of the recent economic crisis, the study of social capital gave a framework for studying health risk behaviors and especially the impact on suicidal behaviors.

**Methods:** This is a quantitative study which uses a set of normed instruments to measure social capital, and the risk health behaviours of NSSI and SIB. One hypothesis is put forward: social capital will reduce the likelihood of non-suicidal self-injurious behaviors and the likelihood of suicidal behaviors controlling for a set of demographic variables and negative affective states of depression, anxiety and stress.

**Findings:** After controlling for a set of demographic variables, and negative affective states, social capital was not found to have an effect on NSSI or SIB ( $p > .05$ ). Results suggest negative affective states such as depression and stress are important factors in the likelihood students will engage in NSSI and SIB.

**Discussion:** Depression and anxiety rather than social capital emerged as predictors of suicidal behaviors. Universities can facilitate prevention by hiring social workers who are skilled in suicide prevention, and in developing suicide and NSSI awareness programs in schools, universities, and the local community.

#### **Abstract ID: EFPC201860**

#### **“IMMUNIZATION STATUS AND BARRIERS TO VACCINATION IN ADULTS IN RURAL CRETE”**

**Authors:** Maria Antonopoulou (Presenting) - Spili Health Center, Rethymno, Greece  
Dimitra Voyiatzi - Spili Health Center, Rethymno, Greece

**Key Words:** Vaccination, barriers, rural, primary care

**Purpose:** To determine the immunization status and barriers to vaccinations among adults aged > 18 years old in one rural community of Crete.

**Theory:** Limited data are available for adults, on immunization status and intention to receive seasonal influenza, pneumococcus, tetanus/diphtheria and herpes zoster vaccines, in Greece. Our study investigated participants' perceptions of the vaccination in general and identified factors that impacted their intention to receive vaccinations.

**Methods:** The data was collected through an interviewer-administered questionnaire. The survey instrument was designed to assess demographic, behavioral and psychosocial factors associated with vaccinations. Participants were recruited by one rural community of Crete, especially high risk individuals. Psychosocial survey items were guided by the Health Belief Model. Participants' knowledge of vaccination and barriers and motivators to vaccine uptake were assessed. The status of their own vaccine uptake was also reported.

**Findings:** This is an ongoing study and it is expected to highlight patients' beliefs and explore reasons for incomplete vaccine uptake among the study population.

**Discussion:** Information gained from this study about participants' perceptions can be used by healthcare professionals in future vaccination education and awareness campaigns.

**Abstract ID: EFPC201865**

**"REPORTING THE COMMON HEALTH CARE PROBLEMS FROM A MOUNTAINOUS AND ISOLATED RURAL AREA OF CRETE"**

**Authors:** Konstantinos Chliveros (Presenting) - University of Crete, Heraklion, Greece  
Miltiadis Tsilimbaris - University of Crete, Heraklion, Greece  
Ioannis Pallikaris - University of Crete, Heraklion, Greece  
Christos Lionis - University of Crete, Heraklion, Greece

**Key Words:** Rural, remote, morbidity, primary health care

**Purpose:** To identify the health problems of an isolated and mountainous population in rural Crete and report their health care needs.

**Theory:** Health status in isolated and mountainous areas of Crete seems to be different from that in other rural areas as socio-political factors seem to affect it. Health and behavioral sciences have shown special interest in discussing health determinants of a rural and isolated population. Rural and isolated population is not a priority of many health care systems and frequently their health needs seems to be under-recognised.

**Methods:** A cross-sectional study in a rural, isolated and mountainous village on Crete. Permanent over 40 were included. 275 patients met the criteria 45.1% males (n=124), 54.9% females (n=151) with a mean age of 66.13 (+14.56).

**Findings:** The most prevalent chronic diseases were hypertension (57.4%), lipid metabolism disorders (50.2%), obesity (BMI $\geq$ 30, 44%), diabetes mellitus (27.3%), osteoporosis (24.4%), thyroid dysfunction (20.7%), and COPD (14.9%). Women (n=41.5%) had significantly higher prevalence of a multimorbid pattern of more than 3 diseases. The majority of chronic multimorbidities were significantly higher in the older ( $\geq$ 60years, 83.8%) versus younger (40-59years, 16.2%) ( $p<0.05$ ).

**Discussion:** Multimorbidity in a rural population of Crete is highly prevalent. Their prevalence was according to national data. Women need to receive a special attention as they often affected from more than 3 diseases.

**Abstract ID: EFPC201868**

**"THE ROLE OF HOMECARE IN THE PREVENTION OF FUNCTIONAL AND COGNITIVE DECLINE AND FRAILTY: PRELIMINARY RESULTS OF A3 ACTION GROUP COMMITMENT"**

**Authors:** Eleni Maria Kaffatou (Presenting) - TEI of Crete, Heraklion, Greece  
Christos Kleisiaris - TEI of Crete, Heraklion, Greece  
Ioulia Giannakopoulou - TEI of Crete, Heraklion, Greece  
Argyro Maria Kasampa - TEI of Crete, Heraklion, Greece  
Emmanouil Androulakis - TEI of Athens, Athens, Greece

**Key Words:** autonomy, comorbidity, dementia, depression, frailty

**Purpose:** To examine the impact of frailty on cognitive function as well as the possible interactions with other risk factors and individuals' characteristics of older adults aged 65 years old and over receiving homecare.

**Theory:** The European Innovation Partnership on Active and Healthy Ageing (EIPonAHA) focus on the objectives of understanding the underlying factors of frailty, exploring the association between frailty and adverse health outcomes in older people and better preventing and managing the frailty syndrome and its consequences.



**Methods:** A pre-screening for cognitive impairment in a cross-section was conducted including registered members at 12 primary healthcare setting providing “Help at Home” in Heraklion Crete prefecture. Data were collected during a 6-month period (May - October 2017) using evaluated tools. In particular, cognitive impairment and frailty were assessed using the Montreal Cognitive Assessment (MoCA) questionnaire and the SHARE-FI index, respectively, whereas independency or autonomy of patients and the multi-morbidity using the Barthel-Activities of Daily Living and the Charlson Comorbidity Index, respectively. Depression was also assessed using the Geriatric Depression Scale (GDS) and verified for possible confounding effects. Values  $p < 0.05$  were considered statistically significant.

**Findings:** The mean age of the 191 participants (66% women) was  $78.04 \pm 8.01$  years. The prevalence of cognitive impairment was 93.7%, frailty 45.9%, severe depression 14.7% and comorbidity 67.8%. Applying frailty as an independent variable, multiple linear regression revealed that frailty was not significantly associated with cognitive impairment (frail vs. non-frail  $\beta' = -2.39$ ,  $p = 0.246$ ) even after adjusting for depression and multi-comorbidity, whereas the original model showed that frailty had a negative effect on cognitive impairment (frail vs. non-frail)  $\beta' = -5.23$ ,  $p = 0.018$ ). As expected, increased age ( $\beta' = -0.20$ ,  $p = 0.001$  trend linear) and depression ( $\beta' = -2.61$ ,  $p = 0.031$ ) showed a strong association with cognitive impairment development. Also, participants with annual individual income  $>4500$  ( $\beta' = 2.31$ ,  $p = 0.005$ )-poverty threshold-compared to those with  $<4500$  euros and, those with higher education level compared to uneducated ( $\beta' = 2.94$ ,  $p = 0.019$ ) were significantly and independently associated with improvement in cognitive function, demonstrating that higher income and education are “protective” factors against cognitive progression and thus dementia development.

**Discussion:** Health professionals caring frail people with cognitive impairment, have to focus on early recognition and management of depression as the best preventive intervention in daily practice.

#### **Abstract ID: EFPC201876**

#### **“TRAINING PROCESS ON DYNAMIC MODEL OF FAMILY ASSESSMENT AND INTERVENTION: DIFFERENCES IN PERCEIVED COMPETENCE IN FAMILY ASSESSMENT”**

**Authors:** Palmira Oliveira - Escola Superior de Enfermagem do Porto, Porto, Portugal  
Maria Figueiredo - Escola Superior de Enfermagem do Porto, Porto, Portugal  
Carlinda Leite - Faculdade de Psicologia e de Ciências da Educação da Universidade do Porto, Porto, Portugal  
João Apóstolo - Escola Superior de Enfermagem de Coimbra, Coimbra, Portugal  
Virgínia Guedes (Presenting) - Administração Regional de Saúde da Zona Norte, Porto, Portugal

**Key Words:** Dynamic Model of Family Assessment and Intervention; Family Health Nursing, Case study

**Purpose:** To assess the contribution of training on the model, in the perceived competence in family assessment of primary health care (PHC) nurses.

**Theory:** The Dynamic Model of Family Assessment and Intervention (MDAIF) is used as a theoretical framework in family nursing, with an operational matrix that guides the family health care process. Is centered in the dimensions: structure, development and functioning of the family system, therefore, requires continuous training.

**Methods:** Quantitative, exploratory-descriptive, case study. A questionnaire with 7 Likert scale options (1 - totally incompetent, 4 - competent, 7 - fully competent) was filled by 40 nurses in the

pre and post-training period, after informed consent. Descriptive statistics were used, using IBM-SPSS, version 21.0.

**Findings:** On average, nurses perceive themselves at moderate levels of competence, with differences in pre and post-training perceived competence, being more noticeable in the dimension of structural evaluation (4 to 4.8), especially in the area of family income care. Differences are more significant in the use of family assessment instruments (2.7 to 4.3).

**Discussion:** Sustained MDAIF training appears to be conducive to the development of family assessment skills.

If nurses perceive themselves as more competent, they are assumed to be more apt to act professionally and identify the strengths and needs of the family, optimizing interventions aimed at improving their health potential, according to a theoretical framework that guides decisions in family health nursing.

In addition, the results allowed the identification of the training needs, promoting an autonomous and experiential learning, based on nurses practice.

### **Abstract ID: EFPC201878**

**“STUDYING THE EFFECTIVENESS OF EDUCATING LEADER FIGURES FROM IMMIGRANT COMMUNITIES IN OSTEND ABOUT THE FLEMISH CERVICAL CANCER SCREENING PROGRAM: A MATTER OF INFORMED CHOICE.”**

**Authors:** Dieter Vanhullebus (Presenting) - Wijkgezondheidscentrum "De Hoek", Ostend, Belgium  
Prof. Dr. Sara Willems - Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium  
Dr. Veerle Piessens - Faculty of Medicine and Health Sciences, Ghent University, Ghent, Belgium  
Dr. Veerle Vyncke - studiedienst VWGC, Brussels, Belgium

**Key Words:** Health ambassadors, immigrants, cervical cancer, informed decision making

**Purpose:** The project “Health Ambassadors in Ostend” aims to educate leader figures from immigrant communities about cancer prevention and screening in the super-diverse city of Ostend. This in order to enhance informed decision making towards the participation in cancer screening programs organized by the Flemish Government. This study analyses the effectiveness of the project, specifically for cervical cancer screening.

**Theory:** To measure the concept of “informed choice”, the multi-dimension model developed by Michie et al. (2002) was used. This model contains the determinants “knowledge”, “attitude” and “uptake”. The model is based on earlier work by O'Connor and O'Brien-Pallas, who developed a definition of “informed choice”.

**Methods:** A pre-posttest questionnaire containing 16 questions measuring “knowledge”, “attitude” and “intention to screen” will be given to immigrants who received information from a “Health Ambassador” in their native language. The questions were based on several validated questionnaires and were reviewed by the leader figures of the immigrant communities.

**Findings:** The research commences June 2018.

**Discussion:** The project is considered as unique. Realized by the partnership of seven social organizations, their goal is to promote informed decision making towards the cancer screening programs in the local communities of immigrants in Ostend. Eighteen leader figures from diverse

communities have already signed up to become a “Health Ambassador”. This research will help to determine the effectiveness of the project.

**Abstract ID: EFPC201879**

**“DEVELOPMENT OF AN INTERPROFESSIONAL PROTOCOL FOR THE DETECTION AND MANAGEMENT OF DOMESTIC VIOLENCE IN PRIMARY HEALTH CARE SETTINGS”**

**Authors:** Charoula Papapanagiotou - Technological Educational Institute, Heraklion, Greece  
Irene Chrisikou (Presenting) - Technological Educational Institute, Heraklion, Greece  
Maria Papadakaki - Technological Educational Institute, Heraklion, Greece

**Key Words:** domestic violence, interprofessional protocol, primary healthcare

**Purpose:** Identification of important elements included in a clinical protocol aimed at the detection and management of Domestic Violence (DV) incidents by health & social welfare workers in primary health care (PHC) settings.

**Theory:** The lack of standardized procedures on handling DV incidents in PHC increases role conflict among professionals of different specialties and contributes to low identification, ineffective PHC response to DV cases and high health care expenditure.

**Methods:** A scoping review was carried out to identify clinical protocols and practice guidelines on the management of DV in PHC worldwide. Content analysis was conducted in order to identify key elements included the existing protocols and guidelines. A questionnaire developed aiming to assess perceived importance of each item using a 7-point likert scale applied to 12 primary health care institutions.

**Findings:** The questionnaire survey identified areas, to be included in the protocol: general information on DV; information on the assessment of victims’ status; information on intervention/treatment; information on the assessment and the documentation of DV cases; information on the follow up. Important findings were: the existence of an interprofessional DV protocol (54.5%), the development of competencies to manage abuse (63.6%), acquisition of skills on interviewing techniques (54.5%).

**Discussion:** This study showcased the deficits in knowledge and skills of health and social care professionals in effectively responding to DV in PHC and the lack of inter-professional understanding and collaboration. The study contributed to the design of a protocol for the interprofessional management of DV in PHC, which will raise awareness.

**Abstract ID: EFPC201880**

**“A WEB-BASED POSITIVE PSYCHOLOGY PROGRAM TO IMPROVE WELL-BEING: A RANDOMIZED CONTROLLED TRIAL”**

**Authors:** Christina Kougiouri (Presenting) - TEI of Crete, Heraklion, Crete, Greece  
Maria Kounougaki - TEI of Crete, Heraklion, Crete, Greece  
Argiro Kalaitzaki - TEI of Crete, Heraklion, Crete, Greece

**Key Words:** positive psychology excersises, well-being, resilience, quality of life, a randomized controlled trial, college students

**Purpose:** The purpose of this study was to examine the efficacy of an online Positive Psychology Program (PPP) through a randomized controlled trial to improve the well-being of students in the Technological Education Institute of Crete, Crete, Greece through website content and interactive

activities. Positive Psychology seeks to improve human happiness, well-being and flourishing, rather than alleviate symptoms.

**Methods:** Students were randomly allocated to either the PPP (N=18), or a placebo (N=18) or a control group (N=100). The PPP group consisted of a series of 6 PP activities, while the placebo group was administered a series of 6 look-like-PPP activities. Both interventions were delivered online over a 6-week period. All three groups were administered a booklet of measures of mental health symptom, well-being, subjective happiness and life satisfaction at baseline and post intervention.

**Results:** Repeated measures examined whether the PPP intervention resulted in reductions in symptoms and increase of wellbeing, compared to the other two conditions. Both the PPP and placebo conditions demonstrated significant improvements post intervention, compared to controls. The experimental group exceeded the placebo one in few measures.

**Conclusion:** Results demonstrated that an online PPP administered to university students may be effective in reducing symptoms and improving wellbeing when compared to the control condition. The PPP may potentially be a promising tool of both prevention and intervention, resulting in lower rates of probable cases being referred for primary care. However, further research to investigate the generalizability of these findings is warranted.

### **Abstract ID: EFPC201883**

#### **“THE FIRST UCC IN SWEDEN – THE CHALLENGE TO INTEGRATE WITH AN ED”**

**Authors:** Ingela Wennman - Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden  
Malin Wittholt - Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden  
Eric Carlström (Presenting) - Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden

**Key Words:** Urgent Care center, Emergency Department, Collaboration, ED crowding, Sweden

**Purpose:** The aim was to analyze the collaboration between Emergency Departments (EDs) and the first Urgent Care Center (UCC) in Sweden located in close connection to an ED.

**Theory:** The study was based on the hypothesis that the upstart of a UCC need a period where primary care staff at the UCC and the ED staff has to collaborate in developing routines regulating the distribution of patients. The current study investigates levels of collaboration (Westrin, 2009) and effect on ED crowding.

**Methods:** Focus groups divided in physicians, nurses and assistant nurses were interviewed at two EDs (adult and children ED) and a newly established UCC at a hospital in western Sweden (n=30). The respondents pinpointed the degree of collaboration according to the Westrin theoretical model and effect on ED crowding.

**Findings:** The result showed a need to improve the collaboration between the EDs and the UCC from a status of coordination closer to integration (from 2.9 to 3.8 on a four degree Likert scale). The selection, based on common triage did not fully integrate UCC capacity to include some preliminary diagnosis and opposite, exclude others. The degree of decreased crowding was estimated to 5.6 on a ten-point Likert scale.

**Discussion:** UCCs at hospitals in close integration with EDs can improve the continuity of care and decrease ED crowding. However, the method of prioritizing has to be developed, from standard emergency triage to a triage selecting patients appropriate to primary care.

**Abstract ID: EFPC201885**

**“VULNERABILITY IN TIMES OF AUSTERITY IN COMMUNITY HEALTH CENTERS IN FLANDERS (BELGIUM): LINKING EVOLUTIONS IN CARE NEEDS TO THE CURRENT POLICY CONTEXT.”**

**Authors:** Evy Lenaerts (Presenting) - Association of Community Health Centers – Flanders - Belgium, Brussels, Belgium  
Lynn Ryssaert - Association of Community Health Centers – Flanders - Belgium, Brussels, Belgium; Ghent University, Dpt. of Family Medicine and Primary Health Care, Ghent, Belgium  
Veerle Vyncke - Association of Community Health Centers – Flanders - Belgium, Brussels, Belgium; Ghent University, Dpt. of Family Medicine and Primary Health Care, Ghent, Belgium

**Key Words:** care needs, workload, resources, neo-liberal policy

**Purpose:** Community health centers in Belgium were confronted with targeted austerity measures rooted in a neo-liberal policy framework. Primary care workers feel that the care needs of their patients rise, while available support by the government declines. This study aims to support the claim of health providers regarding this disbalance in workload and provided resources.

**Theory:** Several studies show the impact of underlying social factors on the access to health care. In this study we focused on capturing the association of socioeconomic characteristics on the health care burden or workload in order to make the needs-based capitation system more accurate.

**Methods:** An evolution in care needs is explored using descriptive and multivariate analyses of merged databases. Sociodemographic and ICPC coded health data from individual patient records gathered in 15 centers (N = 53 512). Data on resource utilization and morbidity profile is calculated using the ACG software.

**Findings:** Between 2011 and 2017, we see a marked increase in patients with a socioeconomic vulnerability and a rising ethnic mix in the patient population. In 2015, 15,2 % of patients consult the PC team with social problems. 5 % of the patient population are not covered by any health insurance.

**Discussion:** Registered data can be used a tool for lobbying. The analyses show that an important and increasing proportion of the care population has some degree of vulnerability (socioeconomic, psychological, social, ... ) and that policy measures increasingly seem to penalize care providers working with such vulnerable populations.

**Abstract ID: EFPC201886**

**“PULMONARY REHABILITATION (PR) IN THE GREEK PRIMARY CARE SETTING: LESSONS LEARNT FROM A FRESH AIR STUDY”**

**Authors:** Marilena Anastasaki (Presenting) - Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Greece  
Ioanna Tsiligianni - Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Greece  
Marianna Trouli - Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Greece  
Anna Pantouvaki - Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Greece  
Maria Mavrogianni - Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Greece  
Maria Trigoni - Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Greece  
Jillian Pooler - Centre for Clinical Trials and Population Research, University of Plymouth, Plymouth, United Kingdom  
Rupert Jones - Centre for Clinical Trials and Population Research, University of Plymouth, Plymouth, United Kingdom  
Christos Lionis - Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Greece

**Key Words:** pulmonary rehabilitation, primary care

**Purpose:** To discuss the impact of a PR programme conducted in a resource-limited setting of a rural area of Crete, Greece.

**Theory:** Despite international recommendations, PR services in Greece are largely absent, especially in primary care.

**Methods:** A PR programme comprising of six weeks of exercise and education sessions was performed at a rural healthcare center. It was assessed quantitatively in terms of patient outcomes [Clinical COPD Questionnaire (CCQ), COPD Assessment Test (CAT), St George's Respiratory Questionnaire (SGRQ), Patient Health Questionnaire 9 (PHQ-9), Incremental Shuttle Walking Test (ISWT)] and qualitatively, in terms of feasibility and impact (patient interviews, stakeholders' focus group). Data were collected at baseline and end of PR.

**Findings:** Thirty-one patients completed the programme [51.6% males, median age 67 (IQR: 12) years]. Diagnoses included 61.3% COPD and 38.7% chronic asthma. Clinically important improvements were observed in all outcomes [mean differences (95% CIs) for CCQ: -1.25 (-2.36, -0.13), CAT: -5.93 (-8.27, -3.60), SGRQ: 23.00 (-29.42, -16.58), PHQ-9: -1.10 (-2.32, 0.12), ISWT: 87.39 (59.37, 115.40)]. Apart from its direct benefits (symptoms' reduction, importance of education, enhancement of socialization), both patients and stakeholders stressed-out its successful implementation and highlighted its broader impact, emphasizing the necessity of implementing similar low-cost programs in remote areas and promoting multidisciplinary collaborations derived from such efforts.

**Discussion:** In a period of economic recession and in the context of Primary Care Reform recently launched in Greece, these results indicate that PR programs may have a substantial impact towards strengthening primary care and improving health outcomes for rural and remote populations.

**Footnote:** Data presented are results of the European Horizon2020 FRESH AIR project ([www.ipcrg.org/freshair](http://www.ipcrg.org/freshair)). Parts of this abstract have been presented in IPCRG (International Primary Care Respiratory Group) conferences.

**Abstract ID: EFPC201887**

**“BECOMING BREASTFEEDING FRIENDLY IN BRITAIN”**

**Authors:** Sally Kendall (Presenting) - University of Kent, Canterbury, United Kingdom  
Tamsyn Eida - University of Kent, Canterbury, United Kingdom  
Rowena Merritt - University of Kent, Canterbury, United Kingdom  
Philippa Burden - University of Kent, Canterbury, United Kingdom  
Rafael Perez Escalilla - Yale University, Hartford, USA

**Key Words:** Breastfeeding, infant feeding, policy, baby friendly, nutrition

**Purpose:** The Becoming Breastfeeding Friendly (BBF) project was initiated by Yale University as an approach to scaling up countries to improve breastfeeding rates and the health outcomes for mothers and babies. The purpose is to benchmark England, Wales and Scotland against 52 statements in order to develop a set of recommendations to government that will help to improve breastfeeding rates and outcomes in Britain.

**Context:** Breastfeeding and the provision of human milk is the most accessible and cost-effective activity available to public health which is known to prevent a range of infectious and non-communicable diseases (NCDs), specifically childhood obesity, diabetes type 2 and maternal breast cancer, gastro-enteritis in babies and necrotizing enterocolitis. The UK has one of the lowest breastfeeding rates in the world; 80% of babies are breastfed at birth, only 1% are exclusively breastfed by 6 months. Breastfeeding rates are lower among women in areas of higher deprivation, exacerbating health inequalities. Scaling up breastfeeding globally can prevent an estimated 823,000 child deaths and 20,000 breast cancer deaths annually.

**State of the art:** The BBF programme is currently running in Mexico, Ghana, Myanmar, and Germany as well as England, Scotland and Wales providing global comparative data to inform policy decisions.

**Statements for debate:**

- What actions do governments need to take to protect, promote and enabling breastfeeding? What would the single most important action be?
- How do we change the conversation from blaming mothers to creating enabling policies and environments?
- What can Primary Care do to support breastfeeding?

**Abstract ID: EFPC201889**

**“BLOOD DONATION IN THE COMMUNITY AND PRIMARY CARE”**

**Authors:** STYLIANOS PSYCHARAKIS (Presenting) - pagni, heraklion, Greece

**Key Words:** blood donation, primary care, community

**Purpose:** Recording the behavior of donors and quality testing of donations made in outpatient community and primary care department

**Methods:** Sample size: 325 people, Sex: Men 48% - Women 52%, Age: 18-60 years, Geographical location: Blood donation department of the University Hospital of Heraklion. The total sample is weighted in terms of gender, age and residence area.

**Findings:** The main results of the survey, which included 325 people aged 18-60 show positive blood donors' behavior as far as community campaigns are concerned. Campaigns are systematically carried out by the PAGNI department and results indicate that the blood donation orientation towards the donor area increases their participation enhances the promotion of volunteering and blood donation by increasing donor rates.



**Discussion:** In order to increase volunteers and non-regular blood donors, the extroversion of blood donation department to the community and the primary health care structures could explicit important augmentation of the quantities of the donated blood.

**Abstract ID: EFPC201890**

**“THE HUMAN MILK DONATION REDUCES THE COST IN NEONATAL INTENSIVE CARE UNIT”**

**Authors:** Afroditi Kastelianou (Presenting) - General Hospital of Rethymno, Rethymno, Greece

**Key Words:** Human milk donation, neonatal intensive care unit, cost

**Purpose:** The purpose of this study is to encourage the donation of human milk and to inform about human milk nutritional benefits. Another aim of this study is to present the economic benefits in neonatal intensive care unit from the use of donor human milk.

**Theory:** The provision of donor human milk can significantly reduce morbidity and mortality among vulnerable infants and is recommended by the World Health Organization as the next best option when a mother's own milk is unavailable. This vulnerable population of infants may benefit most from receiving breast milk nutrition and thus pasteurized donor milk should be the first consideration for supplementation when there is an inadequate supply of mother's own milk.

**Methods:** A review of the international bibliography in the years 2000-2018

**Findings:** It is likely that donor milk provides short-term cost savings by reducing the incidence of NEC. Feeding LBW infants predominantly with their mother's milk, supplemented with donor milk, followed by exclusive breast feeding seems to result in potential savings in hospital and health service usage costs.

**Discussion:** The use of Pasteurized Donor Human Milk is a low-cost intervention compared with many other interventions for the care of hospitalized infants. Encouragement to human milk donation and information provided by primary health care unit professionals to breastfeeding, were shown to be important for the practice of human milk donation.

**Abstract ID: EFPC201894**

**“RESEARCH INTO THE SEXUAL HEALTH AND FUNCTIONING OF THE ELDERLY AND ITS IMPLICATION FOR PRIMARY HEALTH CARE”**

**Authors:** Stefania Markaki (Presenting) - Department of Social Work, School of Health and Social Welfare, Technological Educational Institute of Crete., Heraklion, Greece  
Maria Papadakaki - Department of Social Work, School of Health and Social Welfare, Technological Educational Institute of Crete., Heraklion, Greece

**Key Words:** sexual health, elderly people, primary health care

**Background:** Many older people are embarrassed to seek help for sexual problems and PHC practitioners find sex a difficult topic to talk about. On the other hand, the complex interaction between psychological factors and physiological functioning, makes diagnosis and treatment of sexual health issues even more problematic in PHC.

**Purpose:** In this paper an effort is made to investigate the factors that affect the sexual health and functioning of older people, who receive social and health care from community elderly care centers.

**Methods:** The survey was conducted in mid 2016, with a sample of 150 individuals over 60 years old

receiving care from two community elderly care centers in North Greece. A structured, interviewer-administered questionnaire, extracted information on various aspects including, family life, quality of life, sexual life, sexual health, and sexual satisfaction.

**Results:** 71% were women and 28% were <70 years old, 58% had elementary education. Sexual health, sexual behaviour, sexual concerns, and sexual satisfaction were shown to differ significantly between men and women as well as between people aged <70 years and those >70 years old ( $p < .05$ ). Sexual function and behavior of the participants were negatively affected by age, changes in sexual ability within the last year, and changes in frequency of sexual intercourse.

**Conclusions:** Screening of sexual health problems should take into account satisfaction, sexual behavior and sexual concerns. More training is needed for primary care practitioners who work with older people in order to enhance both the knowledge and skills required to discuss it sensitively.

#### **Abstract ID: EFPC201896**

#### **“PSYCHOSOCIAL NEEDS OF PEOPLE LIVING IN POVERTY IN THE REGION OF CRETE: HEALTH RELATED OUTCOMES FROM A QUESTIONNAIRE SURVEY”**

**Authors:** Maria Papadakaki (Presenting) - Technological Educational Institute of Crete, Heraklion, Greece  
Spyridon Epitropakis - Regional Social Welfare Administration, Heraklion, Greece  
Maria-Angeliki Stamouli - Department of Health Care Units and Business Administration Technological Educational Institute of Athens, Athens, Greece  
Sophia Diamanti - Technological Educational Institute of Crete, Heraklion, Greece  
Pagona Maragkaki - Technological Educational Institute of Crete, Heraklion, Greece  
Maria Pachiadaki - Technological Educational Institute of Crete, Heraklion, Greece  
Stavroula Stavropoulou - Technological Educational Institute of Crete, Heraklion, Greece  
Kleanthi Kasotaki - Technological Educational Institute of Crete, Heraklion, Greece  
Andriani Papadaki - Technological Educational Institute of Crete, Heraklion, Greece  
Emmanouil Vasilakis - Technological Educational Institute of Crete, Heraklion, Greece  
Eleftherios Chliaoutakis - Technological Educational Institute of Crete, Heraklion, Greece  
Georgia Tzamalouka - Technological Educational Institute of Crete, Heraklion, Greece  
Joannes Chliaoutakis - Technological Educational Institute of Crete, Heraklion, Greece

**Key Words:** poverty, health care needs, mental health, integrated care

**Purpose:** People living in extreme poverty in Greece have been offered material support (e.g. food, material for personal hygiene, etc) through the program FAED, which is co-funded by the EU. The program has more than 17.000 beneficiaries in Crete region. Until today, there is no research evidence on the bio-psycho-social needs of this vulnerable population. The current study, among other, investigated the health and mental health status of these people and produced recommendations for health care policy and planning.

**Methods:** A cross-sectional study was carried out in Crete Region with adult beneficiaries of material support benefits due to poverty (according to income-related criteria). A structured questionnaire extracted information on various aspects including, housing and living conditions, health and mental health status.

**Results:** 798 individuals (46.5% male; 43.3 years) consented to participate and completed the questionnaire (Heraklion:54.5%; Chania:22.2%; Rethymnon:11.3%; Lasithi:12.0%). 23.5% rented a house, 18% lacked heating, and 11% lacked an in-house bathroom. Nearly half of the participants reported a chronic disease (47.0%), 24.1% reported disability certified by health authorities, and 60.7% mentioned regular medical attendance. 4.9% had severe alcohol-related problems, 50.6% had mild to severe depression symptoms and 40.3% mild to severe symptoms of anxiety disorder.

**Conclusions:** Integrated medical, mental and social care is necessary to address the complex needs of people living in extreme poverty. Services treating vulnerable groups (e.g housing, employment, etc) need to screen for mental health conditions.

**Abstract ID: EFPC201897**

**“A EUROPEAN MODEL FOR DEVELOPING CULTURALLY COMPETENT AND COMPASSIONATE HEALTHCARE PROFESSIONALS’ LEADERS”**

**Authors:** christiana Kouta (Presenting) - Cyprus University of Technology, Limassol, Cyprus  
Marios Vasiliou - Cyprus University of Technology, Limassol, Cyprus  
Elena Rousou - Cyprus University of Technology, Limassol, Cyprus  
Irena Papadopoulos - Middlesex University, London, United Kingdom

**Key Words:** culturally competent, compassionate care, leader, health professionals

**Purpose:** The presentation of the essence of the European projects IENE- referring to the transcultural education of nurses and other health professionals, based on culturally competent and compassionate care. It focuses particularly to IENE 4, presenting a European model for developing culturally competent and compassionate health care leaders.

**Theory:** The model is based on the Papadopoulos, Tilki and Taylor Model of Cultural Competence and it refers to the leaders who prepare health care professionals to provide effective health care, taking in consideration one's cultural beliefs and needs. It refers to the responsibility of leaders to the development and establishment of a culturally competent compassionate work environment.

**Methods:** The methodology included a needs assessment survey among healthcare leaders in the 7 partner countries (n=199), two round Delphi study with 14 experts and a focus group with healthcare leaders after the development of the model.

**Findings:** The model includes the basic principles, values and skills that a health care leader should develop in order to be able to model and coach his/her staff in delivering compassionate and culturally competent care. This model was used as a tool for creating the curriculum for health care leaders as to improve the quality of training in the delivery of compassionate and culturally competent care.

**Discussion:** Health care leaders need to lead their staff and collaborate with other health professionals, patients and families, to provide care within a safe, compassionate and culturally appropriate environment. The model forms a useful tool to this direction.

**Authors:** Zacharenia Kourletaki (Presenting) - MSc "Public Health-Health Service Administration", Faculty of Medicine, University of Crete, Heraklion, Greece; General Hospital of Heraklion "Venizeleio", Heraklion, Greece  
Athina Martimianaki - MSc "Public Health-Health Service Administration", Faculty of Medicine, University of Crete, Heraklion, Greece; University Hospital of Heraklion, Heraklion, Greece  
Maria Loukogeorgaki - MSc "Public Health-Health Service Administration", Faculty of Medicine, University of Crete, Heraklion, Greece  
Konstantinos Annousis - MSc "Public Health-Health Service Administration", Faculty of Medicine, University of Crete, Heraklion, Greece; General Hospital of Agios Nikolaos, Agios Nikolaos, Greece  
Paraskevi Zambakkidou - MSc "Public Health-Health Service Administration", Faculty of Medicine, University of Crete, Heraklion, Greece; General Hospital of Heraklion "Venizeleio", Heraklion, Greece  
Sophia Papadakis - Assistant Professor, Faculty of Medicine, University of Ottawa, Ottawa, Canada; Visiting Professor, Clinic of Social and Family Medicine, Department of Medicine, University of Crete, Heraklion, Greece  
Christos Lionis - Professor of General Practice and Primary Health Care, Head of Clinic of Social and Family Medicine, Faculty of Medicine, University of Crete, Heraklion, Greece

**Key Words:** smoking, parents, behavior, factor, children, health, awareness

**Purpose:** To examine the possible factors that influence parents to expose their children to tobacco smoke.

**Theory:** It is widely accepted that exposure to tobacco smoke is incriminated for several chronic and other serious illnesses, especially in children. The increasing numbers of asthma pathogenesis, lung disturbances and children morbidities are noted with most of children exposure to second-hand smoke (SHS) occurring from family. As a secondary consequence, the prevalence of smoking in young people under 18 years old in Europe is growing rapidly.

**Methods:** Research data collected from thirty publications in electronic bases Medline, Scopus and Google Scholar, are contained in a systematic review.

**Findings:** Data suggests many parents have received little or no health education about the negative effects of active smoking and the risks of SHS. Family socio-economic status and lack of education regarding the risk of SHS exposure among children were identified as the key determinants to familiarize them with smoking.

**Discussion:** The only way to reduce children's exposure to tobacco smoke requires a coordinated approach involving public awareness, schools, the health care system and strengthened public policy insisting on decreasing smoking rates in parents and heighten their perceived susceptibility, and as needed prohibit SHS exposure in public places and cars when children are passengers.

**Abstract ID: EFPC2018100**

**“ONLINE HEALTH INFORMATION AND HEALTH-RELATED INTERNET USE AMONG PEOPLE WITH SCHIZOPHRENIA: PRIMARY CARE APPLICATIONS”**

**Authors:** Christina Athanasopoulou (Presenting) - Department of Nursing Science, Faculty of Medicine, University of Turku, Turku, Finland  
Maritta Välimäki - Department of Nursing Science, Faculty of Medicine, University of Turku, Turku, Finland  
Christos Lionis - Clinic of Social and Family Medicine, School of Medicine, University of Crete, Heraklion, Greece

**Key Words:** online; internet; health information; quality; mental health; schizophrenia; ehealth literacy

**Purpose:** To describe online schizophrenia-related information and people’s experience, attitudes and perceived skills while using the internet for health-related reasons.

**Theory:** Primary care’s key element is universal access to health services and information. The internet provides cheap and immediate access to health information. Especially during austerity periods, it is important to investigate the use of cheap tools –such as the internet– in order to explore its potential applications to primary care.

**Methods:** First, through content analysis we described online schizophrenia-related information. Second, through a survey we described internet-related experience (internet use and trends), attitudes towards computers/internet (ATC/IQ) and perceived skills (eHealth literacy) of Greek people with schizophrenia-spectrum disorders (SSD). Third, through a systematic literature review and meta-analysis we assessed the potential effectiveness of social media interventions for people with SSD.

**Findings:** Our findings showed: 1) low quality schizophrenia-related information in Greek websites. Further, schizophrenia-related videos tended to present mental illness in a negative, non-medical way; 2) low Internet use (n=33, 33%), 61% among internet users (n=20) used it for health-related reasons, the majority used social networking/dating websites (n=25, 76%), while 91% (n=30) used the internet to watch videos. Their ATC/IQ was neutral, while their eHealth literacy was average; 3) the systematic review and meta-analysis did not indicate superiority of social media mental health interventions than treatment as usual.

**Discussion:** High quality, easily found mental health information, and informative, medically-oriented schizophrenia-related videos are needed. Primary care professionals should be supported in informing/educating patients about the proper health-related internet use. eHealth literacy training is necessary so that people with SSD can find, understand, and apply the health information they retrieve online to promote their health.

### **Abstract ID: EFPC201812**

#### **“ASSESSMENT OF BLOOD COUNT TEST AND PATHOLOGICAL VALUES IN THE AREA OF KASTELLI HEALTH CENTER, GREECE DURING THE YEAR 2016”**

**Authors:** Maria Maisi (Presenting) – Kastelli Health Center, Heraklion, Greece  
Georgios Tsioulos – Kastelli Health Center, Heraklion, Greece  
Emmanouela Maisi - Health Center Heraklion, Heraklion, Greece

**Key Words:** blood count test, anemia, leucocytosis, thrombopenia

**Purpose:** Frequency report of blood count pathological values in Kastelli health center.

**Theory:** Blood count test is the most commonly performed blood test in the laboratory. It is a useful, rapid test for the evaluation of patient's health status, the ascertainment of a possible infection, bleeding, thrombocytopenia and hematological diseases.

**Methods:** Study of all blood count tests performed in the laboratory from January to December 2016. The hematological analyzer used was Abbott CELL-DYN Emerald and the samples were microscopied after staining with May Grunwald-Giemsa. The data collected were categorized according to the pathological values of hemoglobin (<11,5g/dl in women, <12,5g/dl in men), white blood cells (>10.000 leukocytosis, <4.000 leukocytopenia) and platelets (>380.000 thrombocytosis, <140.000 thrombocytopenia).

**Findings:** Blood count test was performed in 1046 patients during the year 2016, of which 601 female (57,46%) and 445 males (42,54%). Anemia was mentioned in 164 cases (15,67%) of which 90 female and 74 males. Leukocytosis was detected in 80 patients (7,65%) while leukocytopenia in 48 patients (4,58%). Thrombocytopenia was the main platelet disorder in 75 cases (7,17%) while thrombocytosis appeared in 16 cases (1,52%). Finally, white cell type inversion was noticed in 54 patients (5,16%). In a small percentage (0,76%) pancytopenia was detected.

**Discussion:** Pathological values were found in 389 patients (37,18%). The most common finding was anemia (15,67%) mainly in female population (54,87%). Second most common was leukocytosis in 80 patients and thrombocytopenia in 75 patients. Blood count test, in addition to the physical examination, is essential for patient's health evaluation.

### **Abstract ID: EFPC201814**

#### **“ORAL HEALTH STATUS OF CHILDREN IN HERAKLION PREFECTURE DURING PRIMARY SCHOOL LIFE”**

**Authors:** Alexaki Maria (Presenting) – Heraklion Health Center, Heraklion, Greece  
Emmanouela Maisi - Health Center Heraklion, Heraklion, Greece  
Evangelia Kefalogianni - Health Center Heraklion, Heraklion, Greece  
Georgia Strataki - Health Center Heraklion, Heraklion, Greece  
Natalia Tsoumani - Health Center Heraklion, Heraklion, Greece  
Eleni Karagouni - Health Center Heraklion, Heraklion, Greece  
Maria Maisi – Kastelli Health Center, Heraklion, Greece  
Georgios Tsioulos – Kastelli Health Center, Heraklion, Greece

**Key Words:** oral health, prevention, determinants, promotion program

**Purpose:** The main objective of this work is to present the oral health status of the children examined throughout the Oral Health Promotion Program of the 7th Regional Health Region of Crete. Potential determinants of the oral status of these children will also be indicated.

**Theory:** Oral health is an important parameter of one's health and quality of life. The factors that form one's oral condition commence during childhood; this is when prevention should primarily accentuate.

**Methods:** 2682 students of Greek Primary Education, aged 6-12, were examined by certified dentists and nursing assistants from February 2015 to January 2018. Acquiring records complied with the protocol of the program, based on an earlier program of Epidemiological Records of the Greek Dental Federation (2004-5). Following probationary implementation, additional indicators and certification procedures were used to increase the reliability of the results. The statistical results were processed with the IBM SPSS program.

**Findings:** The percentage of children found to suffer from caries is 53.5%, from gingivitis 19.2%, while orthodontic assessment was needed for 29.7% of them. The oral hygiene state of children was assessed by the clinicians as fair for 31.2%, moderate for 62.7% and poor for 6.1%. Fluoridation was applied to 85% of children.

**Discussion:** The results indicate the necessity of greater motivation of children on adopting healthy habits towards enhancing oral health. Furthermore, there is a need for greater intervention in certain groups of families of non-Greek citizenship, as statistically significant differences in the oral health of these children were detected.

#### **Abstract ID: EFPC201819**

#### **“STUDY OF THE LIPIDEMIC PROFILE IN THE POPULATION OF KASTELLI AREA, CRETE GREECE FOR THE YEAR 2016”**

**Authors:** Maria Maisi (Presenting) – Kastelli Health Center, Heraklion, Greece  
Georgios Tsioulos – Kastelli Health Center, Heraklion, Greece  
Emmanouela Maisi - Health Center Heraklion, Heraklion, Greece  
Anna Christoforaki – Kastelli Health Center, Heraklion, Greece  
Maria Alexaki – Heraklion Health Center, Heraklion, Greece

**Key Words:** lipidemic profile, cholesterol, triglycerides, HDL, LDL

**Purpose:** Study of the lipidemic profile of Kastelli health center patients for the year 2016.

**Theory:** Measurement of cholesterol, triglycerides, HDL (high density lipoprotein) and LDL (low density lipoprotein) are some of the main biochemical tests performed in the laboratory. Dyslipidemia in addition to smoking, hypertension and obesity is a primary cardiovascular disease risk factor and its presymptomatic control is of great importance.

**Methods:** Lipidemic profile of patients from January to December 2016 was reported. The data collected were categorized according to the pathological values of cholesterol (>240 mg/dl), triglycerides (>150 mg/dl), HDL (<45 mg/dl) and LDL (>130 mg/dl). The biochemical analyzer used for the tests was MENARINI TARGA BT 2000.

**Findings:** Totally 585 patients were examined of which 345 (59%) were over 55 years old and 240 (41%) under 55 years old. From 585 patients, 259 (44,3%) were male while 326 (55,7%) were female. Pathological values were reported in 216 patients (36,92%) of which 98 male (45,37%) and 118 females (54,62%). 140 of them (64,81%) were over 55 years old. Increased values of cholesterol were detected in 76 patients (12,99%), triglycerides in 122 patients (20,85%), LDL in 142 patients (24,27%) and pathologically decreased values of HDL were detected in 105 patients (17,94%).



**Discussion:** Pathological lipidemic values appeared in a great percentage (36,92%) mainly in female population over the age of 55 years old. As long as dyslipidemia is remarkably common in the health center area, presymptomatic lipidemic examination is necessary for cardiovascular disease control.

**Abstract ID: EFPC201820**

**“STUDY OF THYROID GLAND ULTRASOUND IMAGING IN THE PROVINCE OF KASTELLI, CRETE GREECE FOR THE YEAR 2017”**

**Authors:** Georgios Tsioulos (Presenting) – Kastelli Health Center, Heraklion, Greece  
Maria Maisi – Kastelli Health Center, Heraklion, Greece  
Emmanouela Maisi - Health Center Heraklion, Heraklion, Greece  
Anna Christoforaki – Kastelli Health Center, Heraklion, Greece

**Key Words:** thyroid gland, ultrasound, nodules, thyroidectomy

**Purpose:** Categorizing and reporting imaging findings of all U/S Thyroid scans performed in the region of Kastelli Primary Health Care Unit.

**Theory:** The U/S Thyroid scan is a specialized examination for the study of the parenchyma echo appearance and the nodule detection. It is a fast, relatively cheap repeatable method of study, with no use of ionizing radiation.

**Methods:** Ultrasonogram data were collected from January to December 2017. The age of patients examined was between 11 and 85 years old. U/S scan device was MINDRAY DC 30. The imaging findings were divided in four categories (A) nodule(s) presence, (B) parenchyma heterogeneity, (C) thyroidectomy (D) no echo pathological findings.

**Findings:** In a total population of 136 patients examined, 110 were female (80,88%) and 51,47% over 50 years old. 40/136 (29,41%) with no echo pathological findings. In 72/136 (52,95%) nodule(s) were found. In 14/136 (10,29%) heterogeneity of parenchyma was detected, indicating possible inflammatory disease. In 10/136 (7,35%) no gland was detected due to thyroidectomy. Echo pathological findings (nodule and heterogeneity) were detected in 86/136 patients (63,23%), of which 70 female (81,40%) and 58 were over 50 years old (67,44%).

**Discussion:** The majority of patients performed a U/S Thyroid scan were female (80,88 %). Echo pathological findings were detected in 63,23% of cases, most of which were over 50 years old (67,44%). The presymptomatic and periodic (annual) U/S imaging examination of Thyroid should be included in an information project, specifically targeting young male group.

**Authors:** Emmanouil Smyrnakis (Presenting) - Laboratory of Primary Health Care, General Practice and Health Services Research, School of Medicine, Faculty of Health Science, Aristotle University of Thessaloniki, Greece, Thessaloniki, Greece  
Efthymia Makridou - Laboratory of Primary Health Care, General Practice and Health Services Research, School of Medicine, Faculty of Health Science, Aristotle University of Thessaloniki, Greece, Thessaloniki, Greece  
Panagiotis Tsalis - Transport Systems Research Group, Division of Transport and Project Management, School of Civil Engineering, Faculty of Engineering, Aristotle University of Thessaloniki, Thessaloniki, Greece  
Julia Tapali - Transport Systems Research Group, Division of Transport and Project Management, School of Civil Engineering, Faculty of Engineering, Aristotle University of Thessaloniki, Thessaloniki, Greece  
Aristotelis Naniopoulos - Transport Systems Research Group, Division of Transport and Project Management, School of Civil Engineering, Faculty of Engineering, Aristotle University of Thessaloniki, Thessaloniki, Greece  
Alexios Benos - Laboratory of Primary Health Care, General Practice and Health Services Research, School of Medicine, Faculty of Health Science, Aristotle University of Thessaloniki, Greece, Thessaloniki, Greece

**Key Words:** Disability, Vulnerability, Access, Training, Primary Health Care Professionals

**Purpose:** The main aim of our project is the development of an educational program focusing on disability issues for Primary Health Care Practitioners (PHCP). Our objective is to offer PHCP the opportunity to improve knowledge on particular needs of disabled persons (visual, hearing, mobility) and to enhance the practitioners' communication skills focusing on the specific needs of each disability.

**Context:** There is a lack of attention on PHCP training in caring of patients with disabilities. Within this context, the creation of a training program for PHCP for first time in Greece is an important effort to overcome discriminations faced by disabled persons. The created program is part of “Strengthening primary Medical care in Isolated and deprived cross-border arEas” - Interreg Greece – Bulgaria project.

**State of the art:** There is a paucity of literature on knowledge, attitudes, behavior and education of healthcare professionals concerning disability issues in Greece. The existing studies highlight both the lack of relevant knowledge, education and the poor attitudes of students and health care professionals towards adults and children with disabilities (Kritsotakis G,2017;Matziou V,2009;Velonakis VS,2015). However, there are some important studies in other countries that examine different teaching modalities, simulation exercises, clinical experience and continuing education (Shakespeare T, 2013; Crotty M,2000; Symons AB,2009) as well as the participation of disabled persons in the educational programs (Iezzoni LI,2012).

**Statements for debate:** Discussion on different perspectives of PHCP and people with disabilities, regarding access to primary health care. Challenges of a training program for PHCP on disability.

**Abstract ID: EFPC201832****“PRESENTING COMPASSIONATE CARE: A COURSE PROVIDED AT THE UNIVERSITY OF CRETE”**

**Authors:** Dimitrios Simopoulos - University of Crete, Heraklion, Greece  
Stavroula Bantra - University of Crete, Heraklion, Greece  
Sofia Pagonaki - University of Crete, Heraklion, Greece  
Aris Michalopoulos (Presenting) - University of Crete, Heraklion, Greece

**Key Words:** compassion, poster, education, medical students, future

**Abstract:** The purpose of this abstract is to present our experience regarding the elective course of Compassionate Care offered at the Medical School of the University of Crete during the second semester. Our aim is to showcase the impact of this human-centered course within the clinically-focused syllabus of the University.

In a world of detached human relations, of inconsiderate use of technology that often degrades doctor-patient relationships and of high rates of burnout healthcare professionals, lack of compassion seems to be a concerning issue. Therefore, in several countries effort is made to reinforce the role of compassion in health care.

In Greece, where the social and economic crisis impedes the quality of life and health services, the introduction of a course related to Compassionate Care, which is completely absent in the other medical schools of Greece, appears vital. This course represents the attempt to promote the role of compassion in medical education through a multidisciplinary approach. Students have the opportunity to attend interactive lectures given by professionals from different fields, both medical and non-medical, or even patients and their families.

Based on our experience from attending the course, we would debate:

- Whether the course will have a positive impact on shaping a new generation of health professionals that focuses on patients and their families.
- If so, how will maximum response to the course be achieved from the students?
- How can this knowledge be applied to our future primary healthcare services and what difference will it make for us and our patients?

**Abstract ID: EFPC201833****“CHILDREN AND YOUNG PEOPLE IN PRIMARY CARE CONTINUE TO REMAIN RELATIVELY INVISIBLE”**

**Authors:** Mitch Blair (Presenting) - Imperial College, London, United Kingdom  
Denise Alexander - Imperial College, London, United Kingdom  
Shalmali Deshpande - Imperial College, London, United Kingdom  
Michael Rigby - Imperial College, London, United Kingdom

**Key Words:** child health, data, primary care quality

**Purpose:** To appraise primary care systems and their strength in optimizing health for children and young people (CYP)

**Context:** The MOCHA project has identified what data is held from multiple sources and how this can be used to assess the quality and outcome of the various models of care for CYP in Europe.

**State of the art:** The project has sought data to underpin knowledge from country representatives, the research literature and available datasets. We have found a paucity of reliable data that are specifically relevant to children in terms of child-specific conditions and experiences: mortality data are of limited use to describe children's outcomes in primary care because of the small numbers involved; data to describe disability and non-communicable disease in CYP are difficult to find in

comparable form. As an example, we found that of a total of 154 identified datasets less than 4% (from only six of 30 countries), were potentially able to describe one tracer condition. Existing data do not sufficiently describe the entire life course of a child- an increasingly important prerequisite for current and future health. Well child care, school and adolescent health data are also noticeable gaps.

**Statements for debate:** Potentially, children may not be cared for optimally because of the lack of data available for effective evaluation of primary care outcomes in this age group; as well as providing inadequate health surveillance throughout the life course.

### **Abstract ID: EFPC201837**

#### **“SOCIAL CRITICISM AND INTEGRATED DOMICILE MANAGEMENT IN PRIMARY CARE”**

**Authors:** Antonella Galli (Presenting) - FIMMG SIMPeSV, Roma, Italy  
Ivano Mattozzi - Villa delle Querce, Nemi, Italy  
Daniela Livadiotti - FIMMG SIMPeSV, Roma, Italy  
Antonio Verginelli - FIMMG SIMPeSV, Roma, Italy  
Walter Marrocco - FIMMG SIMPeSV, Roma, Italy

**Key Words:** Social criticism, pressure ulcers, prevention, injury skin, bedsores.

**State of the art:** Pressure ulcers resulted in 29,000 deaths worldwide in 2013 up from 14,000 deaths in 1990; they are localized damage to the skin and/or underlying tissue that usually occur over a bony prominence as a result of pressure or pressure in combination with shear and/or friction. The most common sites are the skin overlying the sacrum, coccyx, heels or the hips. Prevention is very important, and treatment requires an holistic approach that affects not only the assessment and local treatment but also the evaluation and assistance to the patient in its entirety.

**Purpose:** In a medical office in the Province of Rome, 10 non-walking patients with social criticality were identified for the project “Prevention and Treatment of Injury Skin ”.

**Context:** Physician and nurse visiting the patients in order to decrease the incidence of bedsores. Among 10 patients, 3 patients had no lesions, six patients had I stage lesions and one patient had an advanced lesion (III-IV stage).

Mr. D.V., a 84-year-old patient suffering from hypertensive heart disease, who after a hospitalization for heart failure had a double ulcer, a sacrum and a heel. Ulcers resolved with 4 months of dressing and counseling managed by the doctor in collaboration with the nurse.

**Conclusion and statement for debate:** The GP / Nurse combined intervention is an excellent cost-effectiveness tool for a home treatment even for critically and socially disadvantaged patients.

### **Abstract ID: EFPC201839**

#### **“PARTICIPATORY APPROACH FOR RAISE AWARENESS AND DISCRIMINATION AGAINST SEXUAL AND GENDER ORIENTATION IN HEALTHCARE SECTOR”**

**Authors:** George Koulierakia (Presenting) - National School of Public Health, Athens, Greece  
Anastasios Mastroyiannakis - CMT Prooptiki, Athens, Greece

**Key Words:** LGBTQI, Discrimination, human rights

PARADISO Project explores existing prejudiced attitudes towards LGBTQI people and discrimination against them in the health sector and aims to create an inclusive and LGBTI culturally competent health sector.

Health professionals' discriminatory attitude along with ignorance on LGBTQI health issues largely contribute to ill health of the LGBTI community violating, at the same time, fundamental human rights, such as the right to health, non-discrimination and equality. According to the Eurobarometer on Discrimination 2015, Greece shows increased rates of discrimination on the basis of sexual orientation (71%) and Gender Identity (73%). Low social acceptance of the LGBT individuals is also indicative of the discriminatory attitudes which are widespread. The EU LGBT survey (2013) also shows that social exclusion is also strongly present in Greece in the field of employment, security and acceptance by the local authorities, healthcare and social services. The low visibility of the LGBT population in Greece affects the quality of healthcare and social services that they receive along with their accessibility to the aforementioned services.

Through a participatory approach that includes members of the LGBTQI community and health care professionals, the PARADISO Project targets at increasing accessibility to health and mental health services for LGBTI individuals by introducing new procedures, processes and policies to health and mental health providers utilizing, at the same time, the recently enacted legislation (4491/2017) which recognizes the gender identity.

### **Abstract ID: EFPC201846**

#### **"THE EXPERIENCE OF THE CASA DELLA SALUTE IN ADMISSION OF SOCIALLY VULNERABLE PATIENTS"**

**Authors:** Antonio Verginelli (Presenting) - FMMIG-SIMPeSV, Rome, Italy  
Daniela Livadiotti - FMMIG-SIMPeSV, Rome, Italy  
Antonella Galli - FMMIG-SIMPeSV, Rome, Italy  
Walter Marocco - FMMIG-SIMPeSV, Rome, Italy

**Key Words:** patient vulnerability, primary care, FMMIG-SIMPeSV

**Introduction:** The 'Casa della Salute' in Zagarolo, Rome, opened in October, 2016, is a structure wherein the responsible GP and professional nurses work in collaboration to manage a 10-bed ward. While these patients do not require hospitalization, they are cases, both clinical and social, where treatment at home may be difficult. Firstly, the GP makes a referral for the patient to be admitted to the 'Casa', the case is then studied by a group consisting of the GP, the nurse coordinator, another doctor from the district and a representative from social services.

**Purpose:** Throughout the stay in the 'Casa', the GP is the person responsible for the treatment of the patient, whilst the nurse is the person that administers and monitors the care given.

**Context:** When improvement in health permits, the patient is discharged and sent home, where the responsible GP will continue to treat, in collaboration with the local structures. Should clinical conditions become unstable or there is a deterioration of wellbeing, then the patient will be hospitalized (district hospital). Statistics: 2016 - 20 admissions; 2 deaths; 2017 - 97 admissions; 4 deaths; 4 transferred to hospital; 2018 - 48 admissions; 2 deaths; 2 transferred to hospital (as at 30 April); Average stay per patient, 16 days.

**Conclusion:** By looking at the statistics to date, we can conclude that this type of collaboration is appreciated by all parties, particularly by the targeted social group, and seen as extremely valid for the cost savings in its management.

**Abstract ID: EFPC201847**

**“CAREGIVER... WOMEN’S”**

**Authors:** Paolo Misericordia (Presenting) - FIMMG - General Practitioners Italian Federation, Sant'Elpidio a Mare, Italy  
Tommasa Maio - FIMMG - General Practitioners Italian Federation, Roma, Italy  
Walter Marrocco - FIMMG - General Practitioners Italian Federation, Roma, Italy

**Key Words:** Women caregiver, Homecare, GPs gender, Gender solidarity

**Purpose:** In 2018, on Women's Day, FIMMG Study Center addressed to GPs members a questionnaire focused on home caregiver position, its role and critical points.

**Context:** In Italy, home caregiver's role is mainly played by foreigner women or women of the same family, who work and, in the meanwhile, are able to manage the necessities of their relatives.

**State of the art:** Questionnaire responders were 511. The presence of female responder GPs was twice that of other surveys by FIMMG Study Center. 69% of responses pointed out that in 80-100% of case caregivers are women.

Several differences appeared between the answers of the two GPs genders: the majority of male doctors reported that women caregivers could rely on family patient network (58% vs 41%). 55% of female and 44% of male GPs noticed that caregivers always, or almost, have some chronic disease; particularly depression was recognized by 64% of female GPs vs 51% of male GPs.

**Statements for debate:** The main result was related to the differences between what was reported by female GPs and their male colleagues on several survey's questions. Talking about "gender homecare burden", data collected by the female GPs highlighted higher levels of criticality. These results seem to show that there is a greater and clearly defined sensibility in women, who perceive better the critical aspects of this issue. Probably this phenomenon is due to a kind of "gender solidarity", which is even underlined by a higher and unusual participation of female GPs in this survey.

**Abstract ID: EFPC201853**

**“IMOSTRENGTHENING PRIMARY CARE IN AUSTRIA: A FIRST ATTEMPT TO POLICY-EVALUATION”**

**Authors:** Timo Fischer (Presenting) - Main Association of Austrian Social Security Institutions, Vienna, Austria  
Matthias Schauppenlehner - Main Association of Austrian Social Security Institutions, Vienna, Austria

**Key Words:** Implementation, Primary Care

**Purpose:** The presentation describes the policy steps to implement primary care in Austria. One of the key findings is that in the course of legislation we have moved away from the idea of a multiprofessional primary care to an approach focusing mainly on general/family practitioners and nursing staff. The presentation will conclude with a first attempt to evaluate the policy steps so far using the framework of the expert panel on effective ways of investing in health „Typology of health policy reforms and framework for evaluating reform effects“.

**Context:** In 2013, a process of rethinking primary care in Austria started since general practitioners and other health-care professionals, policy makers, payers and – most importantly – patients have been perceived to be dissatisfied with the traditional primary care setting. Therefore, one of the core elements in the health care reform was a major project to develop a blueprint for a new approach to primary care – integrating all Austrian stakeholders and international expertise. Several

policy steps (e.g. the Austrian Primary Care Act) have been based on this blueprint and the goal is to implement 75 new primary care units in Austria by 2021.

**Statements for debate:** The application of the evaluation framework shows that Austria's health policy has taken the right steps so far. The debate should focus on feedback on certain aspects of the evaluation framework (e.g. quality).

**Abstract ID: EFPC201858**

**"REASONS AND IMPACTS OF PHYSICIANS' "BRAIN DRAIN" PHENOMENON IN GREECE: HOW TO ADDRESS IT"**

**Authors:** Nektarios G. Sivaropoulos (Presenting) – University of Crete, Rethymno, Greece  
Konstantinos G. Chliveros – University of Crete, Rethymno, Greece  
Manos Askoxylakis – General Hospital, Rethymno, Greece  
Eftychios Aligizakis – University of Crete, Rethymno, Greece

**Key Words:** General Practitioners, Brain drain, Financial crisis

**Purpose:** To investigate the causes and the impacts of lack of interest in acquiring the specialty of General Practice in Crete, as well as the common reluctance of the young Greek doctors to be trained in Greece and then to work in their country.

**Context:** This occurrence is the consequence of the "Brain Drain" phenomenon, the export of specialized medical human resources which in our country is inseparably linked to the prolonged financial crisis. The main reasons are the lack of career opportunities, the decreasing demand for private services due to austerity, high taxes, low incomes in relation to high cost of living, insufficient funds for research and education, unfavorable working environment, oversupply of private doctors and services.

**State of the Art:** The consequences is the lack of young medical specialist in a staff shortages NHS, young doctors who do not return to serve at their home country while state fund continue to be spent for their pre-graduated education. Statements of Debate: The phenomenon can be halted by adopting international recruitment control agreements. National policies, based to a human-centered approach, will ensure the incentives and conditions for a successful medical career and provide high quality health services for the population.

**Abstract ID: EFPC201864**

**"CARING FOR THE OLD AND THE VULNERABLE: EXPERIENCES GAINED OF COMPASSIONATE CARE PROVIDED OF THE ASSOCIATION OF GENERAL PRACTITIONERS NHS PRIMARY HEALTH CARE, RETHYMNO, CRETE"**

**Authors:** Konstantinos Chliveros (Presenting) - Ag. Fotini Health Center, Rethymno, Greece  
Maria Antonopoulou - Spili Health Center, Rethymno, Greece

**Key Words:** Compassion, older age, vulnerable, primary care

**Purpose:** To highlight the charity activities in the areas of health and care of a group of general practitioners working together in the National Health System of rural Crete.

**Context:** In "Love medicine" as a code name, have been included different activities towards older people living in old age home and vulnerable social groups (e.g. homeless, non-insured, poor and unemployed, mentally ill, people facing problems related to substance use), aiming mainly in health-



related issues, providing primary care, relief and social support, in close collaboration with the local Orthodox Church.

**State of the art:** Primary care physicians, members of SYGENIAR, with the support of local authorities, managed to go beyond their every-day practices, by organizing and executing substantial field work for social deprived groups.

**Abstract ID: EFPC201866**

**“THE LAST DEVELOPMENTS IN PRIMARY CARE OF GREECE FOR VULNERABLE GROUPS”**

**Author:** Christine Assimakopoulou (Presenting)

**Key Words:** information webpages: Newspaper Of Government, Parliament of Greek

The main purpose of the abstract is to present significant developments in policy that affect primary health care about the vulnerable social groups in Greece.

According to law 4486, which has been published at 7 August 2017 and it's the last reformation of primary health care, Local Health Units have to provide health treatment, hospitalization and blood donation at home for old people who can't go to primary health care units. Also, they have to recognize and track people with mental illnesses and addicted people and then refer them to suitable entity (article 5). The social worker has to plan and act programs for child protection, old people protection, disabled and vulnerable social groups.

Moreover, the Health Team of primary health care has to act checkup screening test in purpose of tracking pathogenic in time to refugees, immigrants and Gipsy camps. The net of primary health care services of midwives-obstetricians has to do visits at centers of refugee's hospitality and acts of health information, education and promotion (article 7). According to law 4368/2016 refugees, people that claim political asylum and international protection, and people who are in Greece with regime stay for humanitarian reasons or for special health reasons have the right for free access in the Public Health System (article 33).

In accordance to the Greek Regiment and the last resolution of 27 May 2008, disabled and victims of war, widows or orphans and patients with incurable illness have the right of special treatment from the state. The state takes special measures for the protection of young people, old people, disabled and homeless. The acquirement of residence from homeless or for those who stay in insufficient buildings, it's object of special treatment from the state.

**Abstract ID: EFPC201867**

**“196 PATIENTS OPERATED FOR HIP FRACTURE AND THEIR HEALTH STATUS: A RETROSPECTIVE COHORT STUDY”**

**Authors:** Kalliopi Gkatzoudi (Presenting) - University of Crete, Heraklion, Greece  
Manolis Kampourakis - University Hospital of Heraklion, Heraklion, Greece  
Theodoros Tosounidis - University of Crete, Heraklion, Greece  
Georgios Kontakis - University of Crete, Heraklion, Greece

**Key Words:** Hip fracture, Health status, EQ-D5, mortality

**Purpose:** Purpose of the study is to find the 1-year mortality in patients who were operated after a hip fracture and their health status.

**Theory:** Hip fractures is the leading fracture in older people. Its incidence has been increasing the last decade. In Greece there has been an average annual increase of 7,6%.

**Methods:** The electronic data of the clinic of orthopedics and the electronic data from the surgery room in the year 2016 were collected. All patients who were operated for a hip fracture were registered in a data basis. The data basis contained age, sex, the day of the surgery the chronic diseases, the social security number and a telephone number. After the data collection a telephone research was conducted using the EQ-5D questionnaire. The statistic program which is used is SPSS23.

**Preliminary results:** 210 patients were operated for hip fracture in the year 2016. 75,23% were women, 22,38% men. In the study 196 patients were included. The most common chronic diseases which accompany the hip fractures are high blood pressure, diabetes mellitus, osteoporosis, and depression. Further findings will be ready after the end of the research.

**Discussion:** Hip fractures are associated with mortality and decrease of quality of life and health status. Hip fractures are becoming a major public health problem due to the increasing aged population. Therefore, is important to examine the quality of life and health status in this population.

#### **Abstract ID: EFPC201869**

#### **“MOBBING’S EFFECTS ON MENTAL HEALTH AND QUALITY OF EMPLOYEES’ LIFE IN HERAKLION, CRETE”**

**Authors:** Ilias Meramveliotakis (Presenting) - Business Planning and Information Systems’ Manager, MBA, Heraklion, Crete, Greece  
Social Work Student, T.E.I. of Crete, Department of Social Work, Heraklion, Crete, Greece  
Argyroula Kalaitzaki - Assistant Professor of Clinical Psychology, T.E.I. of Crete, Department of Social Work, Heraklion, Crete, Greece  
Head of the Laboratory of Interdisciplinary Approaches to the Enhancement of Quality of Life, T.E.I. of Crete, Heraklion, Crete, Greece

**Key Words:** mobbing, mental health, employees’ well-being, quality of life, prevention and treatment solutions

Mobbing is a type of psychological violence, in which an individual becomes the target of disrespectful or harmful behavior in his/her workplace. The result of mobbing is employees’ diminished productivity and satisfaction from their job, and potentially mental health problems, such as adjustment disorders, somatic symptoms, psychological trauma, major depression etc. This can be a condition typically referred to various primary care settings with various health and mental health symptoms.

**Purpose:** The aim of this study was to examine the level of mobbing and its effects on mental health and quality of employees’ life. This was carried out as a postgraduate thesis by the senior author.

**Methods:** This was a qualitative study of a convenience sample of 10 employees working in the private sector of services, in Heraklion, Crete, who had been victims of mobbing in their workplace. Data were collected using a semi-structured interview.

**Results:** The results showed that mobbing had impacts on victims’ behavior (e.g., drug abuse, job dissatisfaction), health and mental health (e.g., hypertension, anxiety, depression, social isolation). Suggestions for prevention and treatment may include employees being engaged in creative work and in volunteering, supportive counseling, and a support phone-line for victims of work-related mobbing.

**Discussion:** The results of this study will guide prevention and intervention programs focusing on reducing rates of mobbing and improving employees’ well-being, which in turn, may reduce further the rates of probable cases referred to primary care.

**Abstract ID: EFPC201870****“EXPANDING DRAMA THERAPY AS A THERAPEUTIC METHOD FOR AUTISM IN PRIMARY HEALTH CARE”**

**Authors:** Georgia Skokaki (Presenting) - Undergraduate Student, Department of Social Work, School of Health and Social Welfare, Technological Educational Institute of Crete, Heraklion, Greece; MA in Education and Disability. Le dinamiche emotivo-affettive, Scuola IaD, Università degli Studi di Roma Tor Vergata, Rome, Italy  
BA in Greek Literature, School of Philosophy, Aristotle University of Thessaloniki, Thessaloniki, Greece  
Maria Papadakaki - Assistant Professor, Department of Social Work, School of Health and Social Welfare, Technological Educational Institute of Crete, Heraklion, Greece

**Key Words:** Drama therapy, primary health care , children in the autism spectrum

Drama therapy is an individual or group therapeutic-creative method in which the therapeutic effect is achieved through dramatic transport. According to research findings, psycho-pedagogical, therapeutic intervention through drama, seems to widen the possibilities of expression and evolutionary communication of children with autism. However, drama therapy, specifically associated with autism, is a relatively new therapeutic method and not many specialists exist in this field.

Drama therapy, according to the most recent research, is considered to be a method, which is used in medical care rather than in education. It is offered in various health and mental health units across Europe. The purpose of this study is to discuss the feasibility and practicality of this therapeutic method as well as its potential usability in primary health care for the treatment of people with autism.

The Greek primary health care reform introduces speech therapists and occupational therapists as members of the primary care staff, with a significant role in the treatment of people with autism. Drama therapists, after appropriate specialization in the treatment of autism, could greatly enhance the quality of care for people with autism, including the promotion of functional skills of everyday life, psycho-social skills and other important aspects of care. The introduction of this therapeutic method in primary care could greatly improve the quality of life of this group of patients and enhance their integration into the community.

The question for debate is why this useful therapeutic method has not yet been introduced in primary health care and what would this entail?

**Abstract ID: EFPC201871****“OVER THE COUNTER MEDICINES USE, AMONG MOST VULNERABLE PEOPLE IN GREECE: IDENTIFYING THE ROLE FOR PRIMARY CARE”**

**Authors:** Apostolos Kamekis (Presenting) - University of Crete, Heraklion, Greece  
Elena Petelos - University of Crete, Heraklion, Greece  
Nikos Papadakis - University of Crete, Rethymno, Greece  
Maria Papadakaki - Technological Institute of Crete, Heraklion, Greece  
Emmanouil Symvoulakis - University of Crete, Heraklion, Greece  
Odysseas Zoras - University of Crete, Heraklion, Greece  
Christos Lionis - University of Crete, Heraklion, Greece

**Key Words:** Over-the-Counter Medicines, vulnerability, primary care, crisis, self-care

**Purpose:** The purpose of this effort is to discuss the extent of Over-the-Counter medicines (OTCs) use and self-medication practices within socially vulnerable groups, during a period of financial restrictions. It would be based on experiences gained from daily practice in Greece, a country affected by the economic crisis.

**Context:** Health is a recognized human right (UDHR-Resolution 217) and access to high quality health and social services for all citizens should be ensured independently of socioeconomic disparities. Efforts have been made to ensure health systems can support such access through rational resource allocation, with health models evolving to encompass cost-effective interventions and to ensure system sustainability.

**State of the art:** According to Eurostat the average use of OTCs in Europe is 34.6 % and in Greece is 27.5% (Eurostat, 2017). A key finding from our search is that economic crisis affected the accessibility to health services in Greece, especially for low-income and 'vulnerable' socio-economic groups. However, this finding was not systematically correlated to greater use of OTCs, an important subject for primary care.

**Statements for debate:** There are no data for the use of OTCs by 'vulnerable' groups or persons most in need in Greece. Therefore, research is needed to eventually assess the gap between selfcare and medically assisted care/treatment. A debate about the role of primary care in assessing OTCs' use, studying its decisive factors and incorporating this knowledge on quality improvement seems to be an urgent need to highlight benefits and risks of free market medication use.

#### **Abstract ID: EFPC201874**

#### **"MEDICAL EXCLUSION: PEOPLE WITH NO LEGAL PERMITS TO STAY IN GREECE AND THE PRIMARY HEALTH CARE SYSTEM"**

**Authors:** Konstantina Kyriakopoulou (Presenting) - Msc Social Worker, Cultural Mediator, Chania, Greece  
Konstantinos Kountourakis - Undergraduate nurse, Chania, Greece

**Key Words:** social rights, immigrants, Primary Health Care System, Social Exclusion

Our paper is composed by dilemmas that appear in our workplace. Our purpose is to make clear those dilemmas. What happens when the Law of the State is contrary to the Constitution? What if a person with no legal permits comes to the hospital where we work (as a doctor, nurse, social worker, etc) and asks for medical help?

Of course, our deontology says that we must help the patient. However, a few years ago, a law was decreed that prohibited immigrants with no legal papers to receive help from hospitals and other public services. What happens nowadays that people that only have AMKA (Social Security Number) are allowed to visit a doctor in the hospital. How does the State protect those people who have no legal permits to stay in Greece? Is the term Human Right a social construction? We refer to the right of health, welfare, asylum, but do we face social justice to all these sectors?

What do we, as medical and paramedical staff do in order to eliminate medical exclusion?

**Abstract ID: EFPC201875**

**"PEER EDUCATION IN PRACTICE: A VOLUNTARY TEAM ON SEXUAL HEALTH PROMOTION"**

**Authors:** Georgios Tsiritas (Presenting) - Medical School, University of Crete, Heraklion, Greece  
Christina Despina Masti - Medical School, University of Crete, Heraklion, Greece  
Katerina Savvoulidi - Medical School, University of Crete, Heraklion, Greece  
Maria Keramarou - Medical School, University of Crete, Heraklion, Greece  
Andriani Bougadaki - Medical School, University of Crete, Heraklion, Greece  
Michalis Papapanagiotou - Medical School, University of Crete, Heraklion, Greece  
Christos Lionis - Medical School, University of Crete, Heraklion, Greece

**Key Words:** Health literacy, peer to peer education

**Purpose:** We aim to present the actions of The Health Promotion Team (HPT) of Medical School of Crete in the local school community of Heraklion municipality.

**Context:** HPT (constructed in 2007) consists of undergraduate medical students. Its action consists of visits to Secondary Schools across the local municipality of Heraklion, to educate students and keep them up to date as far as transmission and prevention of sexual transmitted diseases and means of contraception are concerned.

**State of the art:** The methodology used is peer to peer education from start to finish. Initially, the members are trained by one another on topics related to team's action, and then they organize visits in Secondary Schools. Subsequently, in an interactive manner, the HPT members train the students as peers, encouraging their participation. This activity is coming to support and reorganize the primary care services which are still on development especially in urban areas in Crete.

**Statements for debate:** The awareness of the community about sexual health is of major importance, as observed by the HPT's action. HTP's paradigm may guide the health literacy process which is gradually incorporated in the new discussion about an effective primary care in Greece. Consequently, the following question arises: Should the state interfere with sexual and reproductive health education by means of exerting control over relevant voluntary teams or should volunteering enthusiasts autotomize acting (collaboratively with the state,) in the absence of hierarchy of authority?

**Abstract ID: EFPC201877**

**"THE ROLE OF PRIMARY CARE IN EUROPE: A "VEHICLE" FOR THE CONSOLIDATION OF SOCIAL JUSTICE AND HEALTH EQUALITY IN THE AUSTERITY PERIOD?"**

**Authors:** Angeliki Moisidou (Presenting) - Democritus University, Komotini, Greece

**Key Words:** primary care, health inequalities, austerity

The presentation focuses on the influence of Primary Care on achieving a sound social policy. It is argued that the content of Primary Care can be a "vehicle" for the consolidation of social justice and health equality. At the same time, it is proven that European Health-Systems, which have been developed around the field of Primary Care (as traditionally Sweden, Finland and the United Kingdom-in contrast with Greece), usually implement policy strategies with the declared goal of reducing inequalities in the health sector. This fact has a positive impact (a) on improving the health status of the population and especially of the vulnerable social groups and (b) on ensuring equal and universal access to healthcare. In addition, it is noted that Health Prevention and Promotion services have a potential impact on improving access and economic protection from the presence of illness

for the European citizens. However, in the austerity period it is confirmed that the Primary Care sector has been characterized as "Cinderella" of the European Health Systems, compared to secondary and tertiary level of care. It is highlighted that it would be extremely useful to record and investigate systematically the changes in the use of Primary Care services. These data could contribute decisively to the understanding of causative factors in health, the mapping of the epidemiological profile and further research on health inequalities.

**Abstract ID: EFPC201881**

**"ASSESSMENT OF THE FREQUENCY OF ANTIBIOTIC PRESCRIPTION DURING DENTAL PRACTICE IN THE HERAKLION HEALTH CENTER, CRETE, GREECE"**

**Authors:** Maria Maisi (Presenting) – Kastelli Health Center, Heraklion, Greece  
Georgios Tsioulos – Kastelli Health Center, Heraklion, Greece  
Emmanouela Maisi - Health Center Heraklion, Heraklion, Greece  
Maria Alexaki – Heraklion Health Center, Heraklion, Greece  
Evangelia Kefalogianni - Heraklion Health Center, Heraklion, Greece

**Key Words:** antibiotics, dental practice, frequency, etiology, prescription

**Purpose:** Assessing the frequency and etiology of the prescription of antibiotic drugs in the Dental Department of the Heraklion Health Center, Crete, Greece.

**Theory:** The value of antibiotic medicines in dentistry is indisputable. Some of the oral diseases or dental methods, for which antibiotics are appropriate, are periapical abscess with or without a fistula, periodontal abscess, surgical tooth extraction, etc.

**Methods:** All electronic prescriptions of antibiotic medications issued to patients who arrived at the Dental Department of the Heraklion Health Center, from October 2017 to March 2018, were recorded. The reason for their administration was also examined in accordance with the completion of the ICD-10 Diagnosis in the online prescription.

**Findings:** Overall, 4584 incidents were treated, 248 of which (5.41%) with antibiotics. Out of these 248 cases, 84 (33.86%) were diagnosed with periapical abscess without a fistula, 20 (8.1%) with periapical abscess with a fistula, 20 (8%) with periodontal abscess, 48 (19.34%) with pulpitis and 24 (9.67%) with pulp necrosis. In addition, 8 cases (3.22%) received chemoprophylaxis before a bloody intervention due to health problems, while 44 (17.73%) received antibiotic medication after tooth extraction.

**Discussion:** Only 5.41% of the dental incidents that were treated during these 6 months in Heraklion Health Center were treated with antibiotics. The usefulness of antibiotics in everyday clinical practice is great, but each case should be appropriately assessed, and antibiotic medication should be wisely used, in order to avoid the emergence of resistant microorganisms.

**Abstract ID: EFPC201884****“CONNECTA’T. CONNECTING PEOPLE LIVING IN LONELINESS”**

**Authors:** Alba Brugués Brugués (Presenting) - CASAP, Castelldefels, Spain  
Antoni Peris Grao - CASAP, Castelldefels, Spain  
Lorena Villa Gutiérrez - CASAP, Castelldefels, Spain  
Jordi Gascón Ferret - CASAP, Castelldefels, Spain  
Oscar Garcia Gimeno - CASAP, Castelldefels, Spain  
Alex Trejo - UPC, Barcelona, Spain  
Vanessa Martínez Salas - CASAP, Castelldefels, Spain

**Key Words:** Connecting, loneliness, isolation, community

**Purpose:** The risk of social isolation of people with chronic fragile health is an endemic problem, it will be magnified by the demographic tendencies, and all local agents must work together on a solution in a coordinated way. Connecta’t proposes a participatory and multi-agent model to fight against social isolation.

**Context:** Castelldefels, close to Barcelona, 80,000 inhabitants, has been working, since 2014, in the design, development and validation of the Connecta’t model. All the local agents have been involved: health, social, political and economic. The model has been built from the consensus to maximize all agent’s commitment.

On one hand, it is the responsibility of the community to create links that connect socially people at risk of isolation, but on the other the resources that already exist in the community themselves are a relevant part of the solution. It is a matter of a right coordinating and alignment of these resources.

**State of art:** Currently, they are being carried out, in multiple places, projects of preventive nature to deal with this type of situation. Identification of people in general is done in health centres, but coordination and sharing of information of the different local agents and resources is essential to help people.

**Statements for debate:** Two relevant aspects revealed by our own experience with Connecta’t:

- Shared leadership of actions.
- Engagement and motivation of city agents.

We will propose a debate using a “Real Time Delphi” method that we have created to discuss and involve the local agents in the project.

**Abstract ID: EFPC201892****“BIG DATA: A THREAT OR AN OPPORTUNITY FOR PRIMARY CARE”**

**Authors:** Alessandro Mereu (Presenting) - AUSL Toscana Centro, Sesto Fiorentino, Italy;  
Movimento Giotto, Sesto Fiorentino, Italy; Csermeg, Sesto Fiorentino, Italy  
Giorgio Visentin - Csermeg, Vicenza, Italy

**Key Words:** BigData; PrimaryCare

**Purpose:** In this session we will discuss the role of the PHC professionals in the debate to use of artificial intelligence information and the strategies to influence policies inside the "health for all" framework of the WHO

**Context:** Data processing with artificial intelligence is a tool that probably will change much of our reality in the future. In medicine, benefits have already been seen, such as the design of new drugs for certain oncological diseases, or for obtaining epidemiological information that allows timely preventive action.



**State of the art:** In 2012, a report from Symantec estimated the expenses incurred by companies worldwide for data management and processing at 887 billion euros, and it seems that 87% of Big Data ownership is held by private companies. Such a capital movement cannot be underestimated as it is likely to strongly influence decisions on health planning that will be based more on economic interests rather than on the needs of populations.

**Statements for debate:** We need to pay a special attention to BigData issues because it bring very important benefits but it can also become a threat to democracy and the ability to plan health policy decisions in the future.

On the other hand, it is important to ask who owns such a powerful tool as the artificial data processing of big data. Probably, therefore, the poorest and most vulnerable populations that produce little income will have fewer opportunities to take advantage of new health services than the more affluent populations.

### **Abstract ID: EFPC201898**

**“DOES A CAPITATION FEE SERVICE HAVE ITS PLACE IN A MOSTLY FEE-FOR-SERVICE COUNTRY? CROSS READING OF TWO STUDIES (ONE PUBLIC, ONE PRIVATE). BOTH GIVES US A POSITIVE RESPONSE AND SHOW A HIGHER RESULT IN TACKING IN CHARGE MORE VULNERABLE POPULATIONS: MAYBE A SOLUTION TO OVERCOME THE AUSTERITY PERIOD.”**

**Authors:** Hubert Jamart (Presenting) - FMM, Brussels, Belgium  
Pierre Drielsma - FMM, Brussels, Belgium  
Jan De Maeseneer - VWGC, Brussels, Belgium  
Evy Lenaerts - VWGC, Brussels, Belgium  
Veerle Vyncke - VWGC, Brussels, Belgium  
Roger van Cutsem - FMM, Brussels, Belgium  
Hélène Dispas - FMM, Brussels, Belgium

**Key Words:** capitation-fee; primary health care; politics;

**Purpose:** Does a capitation fee service have its place in a mostly fee-for-service country? Cross reading of two studies (one public, one private). Both gives us a positive response and show a higher result in tacking in charge more vulnerable populations: maybe a solution to overcome the austerity period.

**Context:** In Belgium two mechanisms of payment co-exist in primary care. Either fee-for-service (96,8% of the population coverage); either capitation-fee (3,2%). The right-winged government wanted to challenge us to sort out some questions around financial issues in the PHC's working on a capitation-based payment. They ordered a study to *KPMG*, considered as one of the international firms that best promote privatization in health systems world-wide. The topic was: “a study to analyze the organization, operational issues and structuration of the costs”. On another hand, the study board of our Sick-funds did a parallel study on: “comparing costs and quality in both systems in the Belgium context: updating process”

**State of the art:** In Belgium since 1982, doctors, nurses and physiotherapists can choose in working as fee-for-service practitioners or as a team and opting for a capitation-fee payment. The average growth of this sector is around 10% a year, totaling 360 000 patients nowadays. Despite the fact that the growth is considered as a shift from citizens choosing this system instead of fee-for-service, the government considered this as an unsustainable inflation of the costs and ordered a moratorium and audit during the year 2017. On another hand the capitation-fee commission in our National Insurance for health and disability institute (NIHDI) had decided to up-date a study driven by the KCE in 2008 and showing no difference between total cost expenditures in either system. This study has been taken in charge by all the sick-funds in Belgium.

**Statements for debate:** Considering the total costs per citizen per year, there is no differences between these systems. Considering the outcomes, they are usually better, or the same than in a fee-for-service practice. On the other hand, the conclusion of KPMG study never uses once the word of 'over financing'. So, what is so hard in implementing more this system and spreading it to the whole country? What issues are bothering our government since the efficiency is still proven, year after year? Never the less, a working group made different proposals for our Minister to improve ourselves in different topics such as:

- Legal framework
- Transparency
- Better financial distribution between the PHC's
- Quality driven PHC's

We will be glad to argue these issues with the audience and discuss over the advantages and risks of this sort of system; general guidelines will be discussed in order to implement safely capitation-fee based services which realizes many goals for a sustainable health system: cost control, accessibility, quality of care and, last but not least, tackle inequities in health care.

### **Abstract ID: EFPC2018101**

#### **"OT-EUROPE INTEREST GROUP DISPLACED PERSONS: CURRENT PRACTICES AND IMPLICATIONS FOR THE FUTURE"**

**Authors:** Nadine Blankvoort, MOT MSc. GH Amsterdam University of Applied Sciences  
Temple Moore, OT, National Health System, London, UK  
Kim Roos, MSc OT, University of Applied Science, Zürich, Switzerland  
Sandra Schiller, PhD, University of Applied Sciences and Arts  
Hildesheim/Holzminden/Göttingen, Germany

**Abstract:** In the last three years, Europe received an unprecedented number of asylum seekers creating an urgent need for new ways to respond. In Europe, OT is not commonly involved in the service of displaced persons, but in other areas of the world it is more established, and selective European examples are showing convincing results of their positive role. An OT-Europe special interest group was created to explore the situation. The group has compiled and created a report of current practice examples and future implications, a position paper and an interactive map of current practice examples.

### **Abstract ID: EFPC2018102**

#### **"IMPACT OF THE ECONOMIC CRISIS ON THE HEALTH OF THE ELDERLY"**

**Authors:** Aligizakis Eftychios – Chania, Greece  
Gryllaki Nikoletta (Presenting)- Chania, Greece  
Sivaropoulos G. Nektarios- Rethimno, Greece  
Chliveros G. Konstantinos - Rethimno, Greece

**Key Words:** Economic crisis, Primary Health Care, General Practitioner, Elderly

**Purpose:** For the last decade the economic crisis has been a new global reality that has mainly affected the elderly who constitute the largest population group with particularities. The aim of this work to highlight the effort made by General Practitioners in Greece in order to improve the health of this vulnerable group.

**Context:** The economic crisis affects health indicators and life expectancy. Infectious diseases and cardiovascular episodes are exacerbated. People struggling with unemployment have anxiety, insecurity and psychological problems. Older people's health may dramatically deteriorate because they lack the ability to meet their essential needs with respect to food and health care. Unfortunately, there is an increase in the demand for health services, while public spending on health is constantly decreasing.

**State of the art:** The presence and availability of a general practitioner in all Primary Health Care structures is indispensable for the assessment of elderly patients and for the creation of targeted therapeutic approaches. Measures to improve the living and eating conditions of vulnerable groups such as the elderly are a priority. There must be state support for the elderly with low income. The General Practitioner's role is crucial for the community, as preventive examination and intervention are a primary factor for early diagnosis and treatment.

The collaboration of authorities and services for the proper treatment of the elderly population in the Greek Territory is indispensable. The objective is to reduce the health costs of the elderly population through proper management of their diseases and appropriate allocation of resources, while increasing the level of health services.

## Multimedia Abstracts

### **Abstract ID: EFPC20185**

#### **“URGENT CARE IN HIP TRAUMA AT THE HEALTH CENTER”**

**Authors:** Iker Sierra-Martinez - Traumatology, Hospital Comarcal, Valladolid, Spain  
Leticia Sierra-Martinez - Valladolid Este Primary Assistance Gerency, Valladolid, Spain  
Rosario Martínez-Fuerte (Presenting) - Valladolid Este Primary Assistance Gerency, Valladolid, Spain  
Luis-Alfonso Díe-Súarez - Traumatology, Hospital Comarcal, Valladolid, Spain  
Natalia Sanz-González - Parquesol Senior Center, JCYL Social Services Gerency, Valladolid, Spain

**Key Words:** Musculoskeletal problems, Clinical Action, Primary Attention Care, Traumatism of the Hip

**Purpose:** Develop a clinical action protocol in primary care. Attention to hip trauma.

**Context:** Both the accidents (of labor traffic, falls, etc.) and the practice of sports sometimes lead to hip injuries. Although many of them, especially bone fractures or affections will articulate, they need hospital treatment. and a follow-up by an orthopedic surgeon, it is necessary that the primary care physician knows the semiology of the most serious and frequent traumatic disease, as well as the different therapeutic options. In addition, often, the patient turns to his family doctor for advice and information in reference to his recovery, secu, not forgetting the follow-up of the work disability that often accompanies the injury. But, undoubtedly, it is in soft tissue injuries where the role of the family doctor plays a more important role, not because it is serious trauma in general, but because they are injuries that, if not resolved properly, can seriously concern the quality of patient's life.

**The last:** The authors propose this protocol with the intention of focusing primary care professionals on the management of hip trauma of greatest demand in consultations, through "keys" or "keys" for proper diagnosis, necessary complementary tests , signs of alarm of complications, initial care, how and when to refer to the specialist, treatment of choice, time of immobilization and type of subsequent rehabilitation, as well as the expected time of work incapacity of his patients with trauma in the anatomical area of the hip.

### **Abstract ID: EFPC201855**

#### **“ELDER-FRIENDLY COMMUNITIES. IMPLICATIONS TO AN URBAN REGION OF GREECE”**

**Authors:** Loukas Sparos- TEI of Crete, Department of Social Work, Heraklion Crete, Greece  
Kosmas Tabakis (Presenting) - TEI of Crete, Department of Social Work, Heraklion Crete, Greece  
Kleio Koutra - TEI of Crete, Department of Social Work, Heraklion Crete, Greece  
Tsampika Kiottou - TEI of Crete, Department of Social Work, Heraklion Crete, Greece  
Konstantina Kakouli - TEI of Crete, Department of Social Work, Heraklion Crete, Greece  
Nikoleta Ratsika - TEI of Crete, Department of Social Work, Heraklion Crete, Greece

**Key Words:** Elder-friendly communities, Social capital

**Purpose:** This study aims to explore the degree of friendliness to the elders of the Edessa community. The research case was set as the degree of community friendliness is positively related to its high social capital. It's a cross sectional quantitative research. The research tools used are Elder Friendly Communities and the Social Capital Questionnaire. The survey was conducted in the city of Edessa with a sample of 200 individuals aged 20 to 40 and the respondent to be permanent residents of the city. Sampling was done randomly through stratified sampling.

**Context:** With a rapidly aging population, the present infrastructure for healthcare will prove even more inadequate to meet seniors' physical and mental health needs. "Elder friendly communities" are places that actively involve, value, and support older adults, both active and frail, with infrastructure and services that effectively accommodate their changing needs.

**State of the art:** The elderly are treated with a low degree of friendliness to a number of features as transportation, housing, health care, safety, and respect for older community members. The opportunities for participation of the elderly are limited and that people are not interested in learning about the needs and problems of the elderly. Social workers and other health and social service providers can reap professional rewards from creating new relationships with planners and policymakers to prepare communities for the future and to develop elder-friendly communities.

#### **Abstract ID: EFPC201856**

#### **"G.I.S. A NECESSITY FOR TODAY'S SOCIAL AND HEALTH SERVICES"**

**Authors:** Kleio Koutra (Presenting) – TEI of Crete, Department of Social Work, Heraklion Crete, Greece  
Chrysoula Katsapi - TEI of Crete, Department of Social Work, Heraklion Crete, Greece  
Loukas Sparos - TEI of Crete, Department of Social Work, Heraklion Crete, Greece  
Kosmas Tabakis - TEI of Crete, Department of Social Work, Heraklion Crete, Greece

**Key Words:** Geographical Information Systems about health and social care

**Purpose:** This study will present the necessity of using Geographical Information Systems (GIS) in mapping the needs of health and social care in today's social services. The study highlights the need for health and social providers to link and promote the creation of networks of cooperation between educational bodies, practitioners, citizens and actors to contribute to the development and operation of structures that focus on the real needs of the population.

**Context:** Social work, a science that is interested in and studies the impact of various environmental factors on human behavior, has a long tradition of mapping human relationships. Since the last century, pioneering social workers have used the mapping method to capture poverty in local societies. GIS can support a step forward to document disparity, to take the next step and plan more effective and efficient services

**State of the art:** GIS is a digital mapping method (computerized) that can show specific faces, events, or situations. Interactive mapping systems can help social care providers point clients to resources—or allow clients to identify nearby resources on their own. GIS technology has been used for a variety of purposes, such as accessibility to maternity care as a tool for assessing gaps in childcare services. It has also been used to demarcate and revitalize urban districts.

**Abstract ID: EFPC201861**

**"COMMUNITY BASED INTEGRATED APPROACH FOR COPD"**

**Authors:** Konstantinos Chliveros (Presenting) - Ag. Fotini Health Center, Rethymno, Greece,  
University of Crete, Heraklion, Greece  
Maria Antonopoulou - Spili Health Center, Rethymno, Greece

**Key Words:** Health promotion, remote, integrated, spirometry, smoking, primary care team

**Purpose:** To improve COPD diagnosis and management in one rural and remote community of Crete and to promote patient education concerning health behavior e.g. smoking cessation.

**Context:** COPD is often underdiagnosed in rural and remote communities. Limitations concerning patient information, physician awareness and access to health care have been proposed as possible reasons. In order to overcome those issues, we designed a study in rural communities involving both local primary care and state authorities, working together for COPD management.

**State of the art:** A targeting presentation about the effects of smoking, delivered together with very brief advice for smoking cessation by local GPs was applied at the beginning. Our efforts to identify patients with undiagnosed or not well controlled COPD in a remote area were focusing on methods that include spirometry, in patients who scored high in self-scored screening questionnaires for COPD in primary care. Evidence based COPD therapy according to GOLD 2018 was offered for all patients. Furthermore, to investigate whether a change in lung function or smoking ratio could be detected the population was re-examined.

**Abstract ID: EFPC201862**

**"ASSESSMENT OF FRAILTY IN THE ELDERLY: A REPORT FROM RETHYMNO, CRETE"**

**Authors:** Chrissi Daskalaki (Presenting) - Perama Health Center, Rethymno, Greece  
Maria Antonopoulou - Spili Health Center, Rethymno, Greece  
Konstantinos Chliveros - Ag. Fotini Health Center, Rethymno, Greece  
Tiberius Sonea - Perama Health Center, Rethymno, Greece

**Key Words:** Frailty, Elderly

**Purpose:** This report gives an overview of the measurement of frailty of the elderly in the area of Rethymno, Crete.

**Context:** Frailty is a primary gerontology health condition, commonly coexists with aging, having severe consequences. The Simple "FRAIL" Questionnaire Screening Tool was applied to the population aged > 65 years old, from Retirement Homes and from Daily Care homes for aged people at the area of the city of Rethymno.

**State of the art:** Frailty is associated with vulnerability to poor health outcomes. Frail older people have increased risk of morbidity and hospitalization, resulting in burden to them, their families and care givers, health care services and the society. Assessment and care of the frail individual contain many challenges to health professionals working with older people, in a time of austerity and social crisis, especially in times of important changes to the Greek traditional family that in the past took care of its own elderly. The objective was the early detection and measurement of frailty, in order to describe and further analyze their health and social needs.

**Abstract ID: EFPC201863****“PATIENT’S SATISFACTION WITH PRIMARY CARE SERVICES IN RURAL CRETE”**

**Authors:** Maria Antonopoulou - Spili Health Center, Rethymno, Greece  
Dimitra Voyiatzi (Presenting) - Spili Health Center, Rethymno, Greece  
Konstantinos Chliveros - Ag. Fotini Health Center, Rethymno, Greece

**Key Words:** Primary care, patients, satisfaction, rural

**Purpose:** To assess the level of patients’ satisfaction with the primary care services provided in two rural Primary Care Health Centers of Crete, by using self-administered questionnaires and interviews.

**Context:** Patients’ satisfaction has been considered as an important component when measuring health outcome and quality of care. Identification of patient’ needs and assessment of the health services provided is an essential element of a patient-oriented approach in primary care, affecting both compliance and utilization of health services.

**State of the art:** The specific self-reported as important health needs, barriers and complains of a rural population in Crete may influence further the planning and implementation of the care provided, both in local and regional setting. This concerns an ongoing process, focusing in ways to improve communication, especially with difficult to handle patients.

**Abstract ID: EFPC201872****“HEALING SPACES: RE-IMAGINING DEMENTIA CARE THROUGH PLAYFUL, MULTI-SENSORY EXPERIENCES”**

**Authors:** Gabriela Gomes - University of Southern California, Los Angeles, USA  
Donna Benton - University of Southern California, Los Angeles, USA  
Leah Stein Duker - University of Southern California, Los Angeles, USA  
Andreas Kratky - University of Southern California, Los Angeles, USA  
Awu Chen - University of Southern California, Los Angeles, USA  
Sydney Rubin - University of Southern California, Los Angeles, USA  
Winnie Lai - University of Southern California, Los Angeles, USA  
Maryalice Jordan-Marsh - University of Southern California, Los Angeles, USA  
Dennis Wixon - University of Southern California, Los Angeles, USA  
Megan Park - Front Porch Center for Innovation and Wellbeing, Los Angeles, USA  
Davis Park - Front Porch Center for Innovation and Wellbeing, Los Angeles, USA  
Marientina Gotsis (Presenting) - University of Southern California, Los Angeles, USA

**Key Words:** dementia, multi-sensory environment, sensory experience, interactive media

**Abstract:** Healing Spaces is a smart platform through which caregivers can transform spaces through light, color, sounds, and visuals, turning any environment into a place where older adults living with advanced dementia can focus, engage and relax. Inspired by the research legacy of Multisensory Environments (MSEs) and existing therapeutic activity-based interventions, this project focuses on the design of sensory experiences that may address the behavioral and psychological symptoms of dementia, and also serve as a toolkit for caregivers to better manage and conduct sensory-based activities. Although research in this area is limited, studies and anecdotal evidence suggest that these environments may be an equally appropriate intervention for managing the behavioral and psychological symptoms of dementia, especially in the later stages where there is severe cognitive impairment. This video presentation is a short documentary of the pilot usability study of the project installed at a Front Porch community in collaboration with the Front Porch Center for Innovation and



Wellbeing, the USC Family Caregiver Support Center and the Creative Media & Behavioral Health Center.

**Abstract ID: EFPC201873**

**“DEAL WITH VULNERABILITY IN PRIMARY CARE: AN EDUCATIONAL EXPERIENCE IN VOCATIONAL TRAINING IN GENERAL PRACTICE”**

**Authors:** Norma Sartori (Presenting) - CLIPSALAB-IT, Trento, Italy  
Fabrizio Valcanover - CLIPSLAB-IT, Trento, Italy

**Key Words:** Vulnerable Patients, Primary Care, Patient Safety, Simulated Patient Methodology, Teaching Complexity, Vocational Training in General Practice,

**Purpose:** To describe an example of the training – using the Simulated Patient (SP) methodology – for trainees of vocational training (VT) in General Practice (GP) to learn the management of clinical-social-relational complexity, when the patient is vulnerable (poor, seriously ill, alcoholic, with mild cognitive impairment and with social problems).

**Context:** We are teachers in VT for GP in Trento (Italy). We use interactive methodologies, mostly the SP. The SP offers us some advantages, for instance:

- learn a holistic approach (typical of the primary care) to the patient
- learn the management of vulnerable patients
- apply and discuss the guideline not in theory, but in a real person, who can be disagree about some prescriptions
- have the voice of the patient in classroom
- recreate the patient-doctor encounter in high fidelity way
- put in the scene a (complex) real case happened to one trainee, to have some advice from the group of colleagues

**State of the art:** The training of doctors in Italy takes place through the use of traditional teaching methods. To learn how to manage a complex and fragile patient as Guglielmo we use the SP method that can reproduce the real patient-doctor encounter and allows students to practice in a safe and secure environment without risks for the patient.

**Abstract ID: EFPC201882**

**“EVIDENCE ON A COMMUNITY-BASED NEEDLE EXCHANGE PILOT IN GHENT, BELGIUM”**

**Authors:** Caroline Spildooren (Presenting) - Community Health Centre Brugse Poort, Ghent, Belgium & member of Vereniging van Wijkgezondheidscentra, Brussels, Belgium  
Anna Buysens - Community Health Centre Brugse Poort, Ghent, Belgium, & member of Vereniging van Wijkgezondheidscentra, Brussels, Belgium

**Key Words:** community-based; needle-exchange; pharmacists; community health centre; Brugse Poort

**Purpose:** To provide practice-based evidence about community-based support for needle-exchange by pharmacists and community health centres.

**Context:** The Brugse Poort is a lively diverse yet vulnerable neighborhood in Ghent, Belgium. As a result of drug tourism, sporadic police action and drifting needles, the area struggles with a drug problem that is visible for both local residents and merchants. At a number of places in Ghent, drug users can call upon a coordinator and a number of pharmacists for needle-exchange. However, until

the presented initiative was set up, no pharmacist in the Brugse Poort region has ever participated in needle-exchange.

**State of the art:** Needle-exchange PLUS was set up in an inclusive trajectory. Local residents and service users in the forefront were setting up a trajectory integrating other residents, community organizations as well as pharmacists, to contribute to keeping the public domain free of needles. In that trajectory, we brought together local pharmacists with experienced pharmacist to make an analysis of the possible bottle-necks and required steps related to the context.

After positive yet cautious pharmacists' initial reactions, it was decided to shift towards 'Needle-exchange PLUS', whereby the 'plus' stands for support by local residents and community organizations. Two pharmacists agreed to participate in a six-month pilot phase. After a positive evaluation they were joined by a third pharmacist as well as by the local community health centre Brugse Poort. Also, during that same period, a 'drop box' for needles was installed in the neighborhood.

### **Abstract ID: EFPC201891**

**“‘I KNOW HOW DIFFICULT QUITTING CAN BE AND I AM HERE TO HELP’: A NEW APPROACH TO ADDRESSING NICOTINE ADDICTION WITH OUR PATIENTS – THE TiTAN GREECE & CYPRUS PRIMARY CARE TOBACCO TREATMENT TRAINING NETWORK”**

**Authors:** Sophia Papadakis (Presenting) - University of Crete, Heraklion, Greece, University of Ottawa Heart Institute, Ottawa, Greece  
Constantine Vardavas - University of Crete, Heraklion, Greece  
Pareskevi Katsaounou - University of Athens, Athens, Greece  
Andrew Pipe - University of Ottawa Heart Institute, Ottawa, Greece  
Emmanouil Smyrnakis - Aristotle University of Thessaloniki, Thessaloniki, Greece  
Elefteria Lintovoi - General practitioner, Kerkira, Greece  
Sotiria Makaroni - pronoi, Athens, Greece  
Ioanna Tsiligianni - University of Crete, Heraklion, Greece  
George Samoutis - University of Nicosia, Nicosia, Cyprus  
Elefterios Thireos - Athens Academy of Medicine, Athens, Greece  
Pavlos Sklavounos - Athens Academy of Medicine, Athens, Greece  
Athina Tatsioni - University of Ioannina, Ioannina, Greece  
Christos Lionis - University of Crete, Heraklion, Greece

**Key Words:** smoking, primary care, compassion, evidence-based guidelines, training

**Purpose:** The TiTAN Primary Care Tobacco Treatment Training Network is an initiative which aims to equip primary care providers with the knowledge, techniques, and perhaps most importantly the compassion with which to address nicotine addiction and support patients with quitting using evidence-based techniques.

**Theory:** The theory of planned behaviour has been used to guide the TiTAN intervention design. The majority of smokers are addicted and do not believe they are capable of quitting. Many patients also suffer from anxiety, depression or stress. Changing our patient's behaviours, first requires that the medical community change our own behaviours and perspectives.

**Methods:** Primary care providers are exposed to a 1-day training which covers the pathophysiology of nicotine addiction, the importance and role of primary care providers in addressing tobacco use with their patients as well as evidence-based treatments (counselling and pharmacotherapy) to support patients ready and not ready to quit with moving closer to cessation. Training in techniques

such as motivational interviewing, and brief counselling to increase patient confidence are addressed as part of the training. Local leaders and national experts have served as champions.

**Findings:** Across Greece and Cyprus more than 300 primary care providers have been trained via the TITAN network. Significant increases in both provider knowledge, confidence, and rates of evidence-based tobacco treatment delivery were documented following exposure to the intervention.

**Conclusions:** Addressing tobacco use is a fundamental responsibility of primary care providers and simple interventions can be effective in increasing rates of treatment delivery.

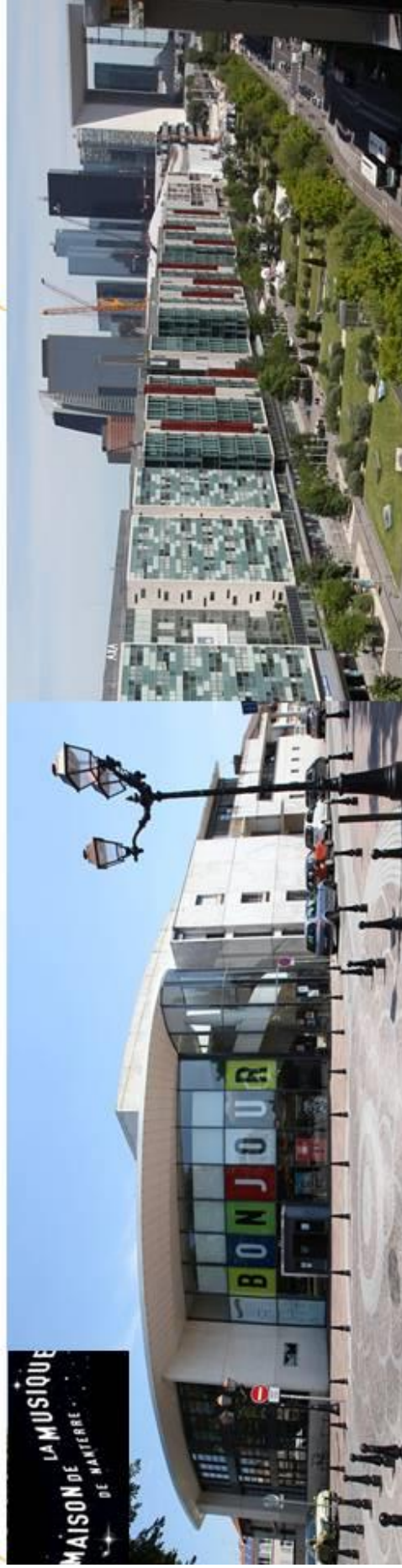


Nanterre – FRANCE - September 29<sup>th</sup> – 30<sup>th</sup> & October 1<sup>st</sup>, 2019

European forum  
for primary care

European forum  
for primary care

## Primary Care and local communities: Health Equity for Everyone, Everywhere



Nanterre, a city turned toward the future, the healthcare at the heart of concerns.



© Claire Mabel / Mairie de Nanterre



[www.fncs.org](http://www.fncs.org)



[www.nanterre.fr](http://www.nanterre.fr)