



JOINT ACTION

HEALTH EQUITY EUROPE

Work Package 9

Health Equity in All Policies – Governance

Deliverables 9.2 and 9.3

WP9 – Reporting Implementation Action

Report Information

Contributors:	Name/Country
Work Package:	WP9 – Health Equity in All Policies
Deliverables:	D9.2 – WP9-Report on implemented actions D9.3 - Experiences, conclusions and recommendations on governance

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INSTRUCTIONS AND PRINCIPALS

- This questionnaire summaries all the work done in JAHEE WP9. Please feel free to copy your responses from the previous JAHEE questionnaires and Country Assessment that you have sent for different JAHEE purposes before . The Country Assessments are available at: <https://www.wrike.com/workspace.htm?acc=133505#path=folder&id=253301296&p=243716632&a=133505&c=files&so=10&bso=10&sd=1&f=assigned%3Df4Nkqv9UWi5%26status%3Dactive%26between%3Dtoday%252Coverdue&st=nt-1>
- Policy framework for action (PFA) of JAHEE WP9 may help you to fill in this questionnaire. PFA is available at (WP9 PFA_final): <https://www.wrike.com/workspace.htm?acc=133505#path=folder&id=253301295&c=files&p=243716632&a=133505&so=10&bso=10&sd=1&f=status%3Dactive%26assigned%3Df4Nkqv9UWi5%26between%3Dtoday%26keyword%3Doverdue&st=nt-1>
- If you have changed the focus of your Implementation Action, please fill in the new Country Assessment and send it to tuulia.rotko@thl.fi

1. OBJECTIVES

1a. Country and contact person	Lithuania. Contact person Daiva Jakštienė, specialist at Occupational Health Center of Lithuanian institute of Hygiene
1b. Name of the Implementation Action	Recommendations for new Occupational Health Services delivery model development. Establishment of a pilot service
1c. Aim of the Implementation Action	<p>Accessibility of OHS in Lithuania is very low (4%), in comparison with other countries (24,8% in ICOH countries, source http://www.ncbi.nlm.nih.gov/pmc/articles/PMC5629797/).</p> <p>The aim of the Implementation Action is – to clarify the possibilities to increase accessibility of OHS for Lithuanian enterprises.</p>
1d. With whom was the Implementation Action carried out? <p><i>Which non-health policy actors were involved in your IA – for instance, employment, education, social affairs or urban planning?</i></p> <p><i>Who else were involved?</i></p> <p><i>Where these actors the most relevant/adequate to reach the main aims? Should there have been some others? Why were these actors needed?</i></p> <p><i>With whom the collaboration was working well? With whom the</i></p>	<p>In the Lithuanian IA, Ministry of Social Security and Labour, State Labour Inspectorate, Association of Lithuanian Municipalities, Lithuanian Trade Union Confederation, Association of Public Health Bureaus, Association of Occupational Health, State Mental Health Center, Lithuanian Trade Union Alliance, Lithuanian Confederation of Employers, Lithuanian Psychological Union were involved. Representatives of listed organizations were collaborating while preparing “Description of the procedure for increasing mental health competences for employees”.</p> <p>This document describes implementation and execution of the pilot service that is in scope of Lithuanian WP9 IA.</p> <p>As well, representatives of Ministry of Social Security and Labour, State Labour Inspectorate, Ministry of Economy and Innovation, and The State Social Insurance Fund Board were participating in a stakeholders’ roundtable discussion that</p>

<p><i>collaboration was not working well? Why?</i></p>	<p>was part of the survey “The accessibility of occupational health services in Lithuanian enterprises”.</p> <p>Collaboration with all representatives was working quite well.</p>
<p>1e. How did COVID-19 affect on your Implementation Action?</p> <p><i>Were there any challenges?</i></p> <p><i>Were there any advantages like growing general interest toward HI issues?</i></p>	<p>COVID-19 did not significantly affect on our IA. Due to COVID-19, we made changes in OH pilot service implementation, moving from contact activities (surveys, seminars, workshops) to remote ones. This change required additional efforts of Project’s executors, some activities were delayed or took longer than it was planned, and number of pilot project participants has slightly decreased.</p>

2. IMPLEMENTATION

<p>2a. What did you do in your Implementation Action?</p> <p><i>Please describe in more detailed the steps of your IA.</i></p> <p><i>What was working well? What was not working well? What did we learn? What could we have done better?</i></p>	<p>Background.</p> <p>Building up institutional capacity (infrastructure) to provide occupational health care services in the regions, especially for small and medium-sized enterprises, is foreseen in the National Public Health Care Development Programme for the year 2016-2023.</p> <p>At the governmental level, one of the tasks of the National Occupational Health and Safety Action Plan for the year 2017-2021 one of the tasks foreseen is to increase the availability of occupational health care services, especially for micro and small enterprises.</p> <p>As well, one of the strategic challenges mentioned in the National Public Health Care Development Programme for the year 2016-2023 is “improving the mental health of people of working age” with aim to reduce the impact of</p>
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psychosocial risks on employees' health, drawing attention to the impact of psychosocial stressors and the importance of psychological resilience on workers' health.

Lithuanian WP9 IA connected these strategic tasks and priorities, and consisted of these main steps:

1. Survey and study “The Accessibility of Occupational Health Services in Lithuanian Enterprises” was conducted. The results of the showed that the extent of provision of OHS in Lithuanian enterprises is critically low – 4 percent. During the survey, stakeholders discussed possible ways to increase accessibility of OHS. One of recommendations was, that part of OHS could be provided using public health structures in municipalities level.
2. New OHS delivery concept was developed. Following the new model, part of OHS are delegated to Lithuanian Public Health Bureaus that are established in each municipality (48 in total). These Bureaus will be responsible for execution of long-term programmes of occupational health promotion, organizing of mobile teams of OH specialists by the local needs, dissemination of the OH information, etc.
3. Program to increase mental health competences of employees was created. The Program is called “Increase of mental health competences for employees”. It was created in collaboration with Ministry of Social Security and Labour, State Labour Inspectorate, Association of Lithuanian Municipalities, Lithuanian Trade Union Confederation, Association of Public Health Bureaus, Association of Occupational Health, State Mental Health Center, Lithuanian Trade Union Alliance, Lithuanian

	<p>Confederation of Employers, Lithuanian Psychological Union. To implement the Program, “Description of the procedure how to increase mental health competences of employees” was prepared and approved by the order of Minister of Health.</p> <p>The Program covers recommendations of activities for different size companies, evaluation methods and criteria, topics and guidelines for trainings and discussions, examples of questionnaires to assess psychosocial competences before/after, etc.</p> <p>4. The Program was launched as the pilot service, based on the new OHS delivery concept. The Program was driven by the Lithuanian Institute of Hygiene, executed via Public Health Bureaus in each municipality. Program’s KPIs were constantly measured.</p>
<p>2b. The main challenges in the Implementation Action</p> <p><i>Which were the main challenges/barriers in the process? Why?</i></p> <p><i>Did the challenges change/become clearer/ increase during implementation?</i></p>	<p>As our WP9 IA has numerous partners, sometimes tactical difficulties when coordinating project activities.</p> <p>But, as the IA activities were part of government’s strategic tasks, organizational difficulties did not heavily impact to general IA execution.</p>
<p>2c. Which changes were reached?</p> <p><i>Which changes were reached? E.g. we succeed to open the inter-ministerial discussions, found the common terms, and succeeded to</i></p>	<p>We succeeded to open and moderate inter-ministerial roundtable discussion. With numerous ministries and social partners, we developed common Program that (finally) was dedicated to solve particular inequality in OHS area. This is a great step forward, and we expect that it will help to take</p>

<p><i>open their eyes to see how they could benefit from the inter-ministerial collaboration.</i></p> <p><i>How and why did you succeed / did not succeed, e.g. in networking, sharing results? What factors helped you to reach your aims?</i></p>	<p>other decisions to improve OHS delivery, accessibility and quality.</p> <p>IA activities were part of the strategic tasks at the governmental level – this helped to take relevant decisions, execute the IA, and reach the positive change.</p>
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2d. Please tick the most reasonable HEIAP key components from the list. Which of the following key components did you use in your Implementation Action?

- Establish the need and priorities for action across sectors
- Identify supportive structures and processes
- Frame planned actions
- Facilitate assessment and engagement
- Build institutional capacity
- Establish a monitoring and evaluation mechanism
- Putting the action across sectors into practice

While analyzing your Implementation Action, were those choices right? Why / why not? Please reflect your replies to the WP9 Country Assessment (CA).

Yes, the choices were right.

- The need and priorities for action across sectors established. The IA's topic was actual for different sectors (Health, Economy, Social affairs, Labour, etc.), the Ministries and stakeholders from different sectors were involved.
- Network of Public Health Bureaus, as potential OHS delivery infrastructure, was identified.
- Processes, procedures, monitoring and evaluation mechanism to launch pilot OH service, which is Program to increase mental health competences for employees, via Public Health

2e. Please tick the most reasonable Governance actions from the lists. Which of the following actions did you use in your Implementation Action?

- Evidence support
- Setting goals & targets
- Coordination
- Advocacy
- Monitoring & Evaluation
- Policy Guidance
- Financial support
- Providing legal mandate
- Implementation & Management

While analyzing your Implementation Action, were those choices right? Why / why not? Please reflect your replies to the WP9 Country Assessment (CA).

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Yes, the choices were right, and they helped to implement planned activities of the IA. Goals and targets of the IA answer strategic tasks at the governmental level. Coordination, monitoring and evaluation of the IA have been provided in a national level.

- Information

- Ideologies
- Interests
- Institutions
- Implementation

2g. While analyzing your Implementation Action, were the selected “I’s” the right ones? Why / why not? Please reflect your replies to the WP9 Country Assessment (CA).

Yes, the choices were right.

Information. The study that helped to discover inequalities of OHS accessibility among Lithuanian enterprises was conducted.

Ideologies – reducing inequalities of OHS delivery is a political agreement foreseen in the national strategies, action plans and the government regulations.

Interests – enterprises, potential OHS providers, government, representatives of different sectors were interested parties of the IA.

Institutions – in the WP9 IA different institutions (Ministry of Social Security and Labour, State Labour Inspectorate, Association of Lithuanian Municipalities, Lithuanian Trade Union Confederation, Association of Public Health Bureaus, Association of Occupational Health, State Mental Health Center, Lithuanian Trade Union Alliance, Lithuanian Confederation of Employers, Lithuanian Psychological Union) were involved.

Implementation – the scale and target of implementation were selected appropriate to the national legislation requirements.

3. EQUITY AND PARTICIPATION

<p>3a. Equity</p> <p>How socioeconomic equity was taken into account within the Implementation Action?</p> <p>How the Implementation Action reduced health inequalities?</p>	<p>The research (that was part of the WP9 IA) showed that the extent of provision of occupational health services in Lithuanian enterprises is 4%. The least frequently provided occupational health services are related to health protection and mental health, adapting work processes to the workers’ capabilities, etc.</p>
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	<p>Results of the pilot OH service (Program to increase mental health competences of employees) show that the Program has positive impact into mental health literacy of employees' mental health.</p> <p>The direct link between established service and general increase of accessibility of OHS is difficult to measure yet. Nevertheless, positive results of Pilot service's launch let assume that selected model has great potential and could be developed in the future.</p>
<p>3b. Participation</p> <p>Did you involve civil society in your Implementation Action?</p> <p><i>Was civil society involved in Implementation Action? Were migrants/vulnerable groups involved in IA? What mechanisms existed to involve these groups?</i></p>	<p>Enterprises/employees that do not have or have a lack access to occupational health services were considered as vulnerable groups. They were the biggest group of respondents in the survey "The Accessibility of Occupational Health Services in Lithuanian Enterprises". And, they were participating in workshops and seminars' that were part of the Pilot service launch.</p>

4. MONITORING AND EVALUATION

What were the results? How will the improvement be noticed? How can the impact of the interventions be measured? What are the key performance indicators (health-related outcomes and process indicators)? How did you collect evaluation data e.g. interviews/questionnaires etc. and from whom?

<p>Outputs reached:</p> <ol style="list-style-type: none"> 1. Report of the survey "The Accessibility of Occupational Health Services in Lithuanian Enterprises". 2. Description of new concept of OHS delivery model. 3. Description of the Program "Increase of psychosocial competencies of employees" that includes recommendations on activities for different size companies, evaluation methods and criteria, key topics for trainings and discussions, examples of questionnaires to assess psychosocial
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competencies before/after, etc.

4. Order of the Minister of Health on “Approval of the description of the procedure for increase mental health competences for the employees of enterprises”.
5. Half-year reports about Program (i.e. IA pilot service) implementation progress and reached KPIs (see 2.1). The reports were delivered to the Ministry of Health.
6. Recommendations on Program’s execution improvement were created and delivered to the Ministry of Health.

Outcomes reached:

1. # of the Pilot service participants (enterprises and employees who participated in the Program “Increase of psychosocial competencies of employees”):
 - 1.1. 125 enterprises (65 out of them are micro and small)
 - 1.2. 2513 employees.
 - 1.3. Increase participants’ literacy of mental health - 30% (55% before, 85% after). The KPIs were measured using questionnaires filled-in by Program’s participants before and after the Program).

Conclusion: The Pilot service has accomplished its’ objectives.

2. 2 practical conferences to share best practices and insights on Program’s development were organized. The output of both conferences – recommendations on Program’s execution improvement.

Evaluation data were collected **organizing** interviews with pilot service providers (specialists of Public Health Bureaus), and questionnaires of pilot service participants.

5. NEXT STEPS

What did you learn from your Implementation Action? How can you spread the results in your country? What should be done next in your country concerning Health Equity in All Policies – Governance? What is possible in the future?

The IA gives practical insights for the new OHS delivery model development. However, the direct link between established service and increase of accessibility of OHS is difficult to measure. All partners agree that it helps to reduce inequality, and the coaching from Institute of Hygiene side is valuable and needed.

While implementing our IA, we learned that collaboration between different sectors is possible and valuable. It has great potential to initiate and implement long-term programs and short-term activities that can make positive changes to Health Equity in all Policies-Governance.

Possible future steps concerning our IA:

- Expand number of OH services delivered via Public Health Bureaus.
- Improve and establish new OHS delivery model making it part of Lithuanian Occupational Health Policy.

6. RECOMMENDATIONS

Based on learnings from your Implementation Action, what do you recommend for the other EU countries? Please mention 1-3 of the most important concrete policy actions on health equity at national/regional/local level from your point of view. (WP9 recommendations will be collected from these answers).

1. RESEARCH that involves vulnerable groups, helps to better understand situation and is a good starting point to identify pains, set priorities, develop programs, action plans and policies to solve particular health inequality.
2. COOPERATION WITH OTHER GROUPS OF INTEREST. Purposeful partnerships with other sectors can influence right improvements in health. This cooperation is an opportunity better to address the drivers that can help to reduce particular inequality.
3. CLEAR PROGRAM AND ACTION PLAN helps keep focus, execute activities, and reach the goals. Program should be described in a document that covers background situation, goals, methods, rules, processes and procedures, monitoring, KPIs sets, reporting – all content that is necessary for successful program’s implementation in all levels.

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