The first year of the AIR project has been an important one. The whole team is working hard to ensure the realization of the deliverables.

Currently, the survey has started. The central point of the project aims to collect the strategies, policies and interventions which contribute to reduce health inequalities in primary care settings in European regions.

After a lot of hard work on the questionnaire, glossary, translation, dissemination strategy, and identification of the target people, the survey was finally ready to begin on November 2010. The questionnaire has been implemented online through the Delphi method.

The participants had time to fill it in until February 2011.

Today, the level of response is very low and it is urgent that all partners of the project react and contact all people who have been identified in the various European regions to answer the questionnaire.

Next meeting will be held in Firenze. Sara Barsanti, leader of WP5 in charge of the survey, will present the results that will serve as a basis for the work of WP6.

A nominal group meeting of WP5 and WP6 will also be held in Firenze, one day before the general assembly. This working group will discuss the criteria of evaluation and selection for the interventions, as well as, the second questionnaire. This second part will allow the collection of detailed information on the selected interventions.

The meeting in Firenze will also be the occasion for our new collaborative partner, the Administração Regional de Saúde do Algarve, I.P. represented by Dr Rui Lourenço, to meet the project’s team.
Since last November, the first questionnaire has been online and is working regularly. The questionnaire is divided into six sections and counts thirty-five questions. It is accessible via a personal login and password. The codes were sent to the regions with invitations to complete the questions.

It is currently possible to answer the questionnaire in 14 different languages: English, Italian, Polish, Spanish, German, French, Portuguese, Estonian, Lithuanian, Slovak, Latvian, Croatian, Romanian and Hungarian. Since January, it has also been possible to partially complete the questionnaire and return to complete it later thanks to the “saving” function.

The completion of the questionnaire has been made easier thanks to a downloadable glossary and the full text of the questionnaire in pdf format.

So far the response rate has not been high, and for this reason it was decided to extend the deadline until the 13th February.

At this stage, it is important that the liaison representatives send reminders through emails and phone calls to the regions for the compilation of the questionnaires.

To date 28 completed questionnaires have been returned and a good number of documents attached have arrived. The analysis of the findings and documents related to the interventions is expected by the meeting in Firenze on the 24th February.

For further information: contact Sara Barsanti (s.barsanti@sssup.it) and Nicola Iacovino (n.iacovino@sssup.it)

WP 6

“ It is time to design the second questionnaire”

WP 6, “Selecting and Analyzing Innovative Interventions” is leaded by Antonio Daponte from the EASP (Escuela Andaluza de Salud Pública, Spain). The EASP team (Inmaculada Mateo, Isabel Ruiz, Julia Bolívar and Antonio Daponte) is working in close collaboration with Soledad Márquez from CSJA (Consejería de Salud de Andalucía, Spain), and González Seco Ingrid from SAS (Servicio Andaluz de Salud) both are collaborative partners. WP 6 is now working on the design of the second questionnaire.

Currently, the Andalusian team is working on the design of a second questionnaire which will focus on the interventions identified by the first questionnaire. This second questionnaire is addressed to the responsible person of each identified intervention in European regions. Its aim is to reach specific information for the evaluation of the interventions. “Once the interventions are evaluated we are going to select and analyze them for a good practice guide. The criteria that we are taking into account for the evaluation of interventions have been established from a conceptual framework. That conceptual framework and the evaluation criteria were discussed in the last meeting in Bordeaux”, explained Antonio Daponte. The main criteria identified were the relevance, the appropriateness of the activities, the applicability, and the usefulness of the results, innovation, quality and the adequacy of resources. “We are also working on the “instructions” that we will give to the participants to fill in the questionnaire and we are organizing the logistics for the evaluation of interventions”, concluded the leader of WP6.

So, the more relevant next step for WP6 is to reach a consensus, on this second questionnaire, carrying out a consensus technique, a modified nominal group, during the next meeting in Firenze, the 24-25th of February. The day before the meeting in Firenze, a group of experts, selected from the different WP’s will participate in the nominal group with the aim of finalizing an advanced draft for the second questionnaire. To maximize the results, participants to the nominal group will receive a document from WP 6 with the necessary instructions to participate in the nominal group.
The following will outline in brief what was discussed and decided at the Bordeaux meeting. The Regional Council of Aquitaine welcomed the AIR team on September 7th and 8th.

Roisin Rooney from the Executive Agency for Health and Consumers, the associated partners and some collaborative ones assisted to the reporting of the different Work Packages. The members of WP5 “Survey” and WP6 “Analyzing and Selection” worked together to finalize the questionnaire and dissemination strategy of the survey, as well as, to present the criteria for evaluation and selection of interventions.

**WP5 “Survey”**

The partners discussed the questionnaire in detail, commented and validated the contents of each question. Sara Barsanti from the Scuola Superiore Santa’ Anna di Pisa, also presented the strengths of the CAWI method. She explained how the questionnaire would be implemented online and how it would be analyzed. All the partners agreed with the necessity of having a dynamic cooperation of all members of the project in the dissemination strategy. The date for the implementation of the survey was chosen.

**WP6 “Analysing and Selection”**

The WP6’s team is headed by Antonio Daponte Codina from EASP (Escuela Andaluza de Salud Publica). They work in close collaboration with the Consejera de Salud – Junta de Andalucia and the Servicio Andaluz de Salud. Together, they presented the criteria to evaluate the interventions which will be collected through the first questionnaire of the survey. This debate will be examined at the nominal group assembly in Firenze.

**WP4 “Bibliography and Exchange”**

Florence Jusot from IRDES reminded us of the final results of WP4 “Bibliography and Exchange”. 94 evaluated interventions were identified and classified in 3 groups (improving financial access to health care, providing health promotion in the community and modifying health care provision). The final report of WP4 was presented at the EAHC at the end of October 2010.

**WP 3 “Evaluation of the project”**

Zsuzanna Szabo from DEKUT presented the periodical evaluation. Three points must be improved. The deadlines have to be respected, the content and the design of the AIR website have to be improved and the participation of the partners must be increased during the survey preparation and when the survey will be launched.
Meet our new partner
The ARS Algarve

The team from ARS Algarve: Rui Lourenço- Chairman of the Board, Mariana Almeida Technical Officer at the Departamento de Estudos e Planeamento, Eusébio Pacheco- Member of the Board

The ARS Algarve

ARS Algarve (Administração Regional de Saúde do Algarve, IP meaning Regional Health Administration of Algarve) is the public body that pursues at the regional level the competences of the Ministry of Health. Its activities and responsibilities include, among others: regional implementation of national health policy; strategic management of population health and coordination of health care provision; direct management responsibilities for primary care/NHS health centres; supervision of hospitals; development of long-term/continuous care network; agreements, protocols, partnerships with private bodies, private non-profit-making bodies, government bodies, and municipal councils. It should be noted that Portugal is in the midst of a Primary Health Care Reform and of the definition of a new 5 year National Health Plan (where equity and access to care is one of the central issues) – which makes the participation in the AIR project all the more timely and interesting for ARS Algarve!
The AIR project counts a new collaborative partner. In November 2010, the ARS Algarve (Administração Regional de Saúde do Algarve, IP) joined the team. Mariana F. Almeida, Technical Officer at the Departamento de Estudos e Planeamento of ARS Algarve, IP will be the contact person during the project. She speaks about the ARS Algarve and the role of the institution in the project.

Why did ARS Algarve choose to participate in AIR?

Mariana F. Almeida: ARS Algarve is a member of the ENRICH Network since 2009 and takes part in the network’s Health Inequalities Working Group. So it was a natural extension of our interest in this subject to get involved in the AIR Project. Nevertheless, when we joined ENRICH, the submission of the project proposal was already underway and that is why we were not part of the initial group of partners. Only recently, in November 2010, we formally became a collaborative partner of AIR.

What will be the role of ARS Algarve in the project? In which WP are you involved?

M.F.A.: We are involved in WP5 – Survey and will also be collaborating in WP2 - Dissemination of results. We are the only AIR partner from Portugal, and so we have been supporting the project’s activities in our country. We took care of the questionnaire translation in Portuguese, identified national respondents for the survey and facilitated the contact between them and the AIR team. We expect we will also be facilitating national contacts in the dissemination phase.

Mariana, you will be the contact person for the AIR project but you are not the only one from your institution to be involved in the project. Could you tell us more about your work and introduce the other members part of the team?

M.F.A.: I was appointed as the contact person for the AIR project in our organisation. I work in the Department of Studies and Planning, the unit within ARS Algarve that takes responsibility for applications to co-funded projects. My functions have to do with international projects, on top of which I have a particular interest in health inequities issues - so I was an obvious choice to be the focal point for the project. I centralize everything that has to do with AIR – but other people, from different departments in our organisation, can be called to collaborate as well, depending on what needs to be done. Also, the Board of Administration of ARS Algarve has taken an interest in the project, and so they are following the activities quite closely.

The next meeting in Firenze

The next meeting will take place at the Presidenzia della Regione Toscana in Firenze on February 24th and 25th. The results of the survey will be discussed and evaluated. A debate will take place on the second questionnaire.

On February 23rd, a group of experts selected from the different work packages will participate in a nominal group with the aim of finalizing an advanced draft of the second questionnaire. This document will be discussed and analyzed at the workshops of the following days.
On October 21st 2010 ENRICH, the European Network of Regions Improving Citizen’s Health organized the conference “Health Network in Europe: the ENRICH experience” at the Committee of the Regions of the European Union in Brussels.

Experiences of three ENRICH working groups (health inequalities, patient safety and healthy weight) were shared with all participants (members of other European Networks as well as members of the European organizations).

The first session was dedicated to Health Inequalities and was chaired by Solange Ménival, Vice President of the Regional Council of Aquitaine in charge of Health and Sanitary and Social Careers. Guy D’Argent from EAHC (Executive Agency of Health and Consumers) presented the main axis on this issue and showed examples of several European projects, as well as the work carried out by EuroHealthNet. During this session the AIR project was presented by Solange Ménival.

Other regions (Algarve, Andalusia, Sachsen–Anhalt) also presented their different experiences and results. European Patient’s Forum, EuroHealthNet, Landmark Europe /WFA and DG SANCO shared their work, strategies and plans for actions as well as results with the audience.

The importance of enhancing co-operation in the field of health through the use of regional networks such as ENRICH was highlighted by the representative of the Committee of the Regions. All participants agreed on the need of exchanging results and practices among the European regions to improve European citizen’s health.

AIR at the final conference of I2sare in Budapest

The final conference of the I2sare- Health Inequalities Indicators in Regions of Europe– project was held in Budapest on September 30th and October 1st 2010.

The meeting presented the results and the products of the project but it was also an opportunity to discuss about the means to reduce health inequalities in the regions of Europe. The objectives and methodology of several European projects focusing on health inequalities or regional indicators were displayed. Rachid Salmi from Isped- Bordeaux-France presented the AIR project, the objectives, the team and the methodology of AIR.

The European project I2sare has produced 265 regional health profiles, a European database of 37 indicators, a European directory of regional institutions and typologies at regional and sub regional levels.

More information on the project at www.i2sare.eu
The collaborative partners and their participation in the WP

During the investigation phase and the dissemination of results, the group of collaborative partners, which comprises 15 members, should facilitate the processing of information requests with European Regions.

- **County Council Gävleborg**: Sweden, Hultgren Eva. County Council Gävleborg is involved in WP1.
- **EUPHA**: European Public Health Association, Netherlands, Barnhoorn Floris. EUPHA is involved WP 1 and WP2.
- **L’Agence Régionale de Santé d’Aquitaine**: France, Klein Nicole. L’Agence Régionale de Santé is involved in WP 1.
- **Lincolnshire Primary Care Trust**: England, Mc Shane Martin. Lincolnshire Primary Care Trust is involved in WP 1.
- **SAS**: Servicio Andaluz de Salud, Spain, Fernandez Santiago Eloisa. SAS is involved in WP 1.
- **URMLA**: Union Régionale des Médecins Libéraux d’Aquitaine, France, Guerin Dany. URMLA is involved in WP 1.
- **Leicestershire County and Rutland PCT**: England, Mc Hugh Mike. Leicestershire County and Rutland PCT is involved in WP 1.
- **Leicester County Council**: England, Mchugh Mike. Leicester County Council is involved in WP 1.
- **Debrecen University**: Hungary, Sandor Janos, Debrecen University is involved in WP 1, WP 4, WP 5 and WP 6.
- **MS-LSA**: Ministry of Health and Social Affairs Saxony-Anhalt, Germany, Theren Gabriele. MS-LSA is involved WP1, WP 2, WP 3, WP 4, WP 5 and WP 6.
- **UOMS**: University of Applied Sciences Magdeburg-Stendal, Germany, Hofmeister Arnd. UOMS is involved in WP 1, WP 2, WP 3, WP 4, WP 5 and WP 6.
- **CSJA**: Consejería de Salud – Junta de Andalucia, Spain, Carriazo Ana. CSJA is involved in WP 1, WP 2, WP 5 and WP 6.
- **RUBSI**: Research center in behaviour and social issues, Cyprus, Loizou Christina. RUBSI is involved in WP1, WP 2, WP 3, WP 5 and WP 6.
- **JPII**: John Paul II Hospital in Krakow, Poland, Krawczyk Erytwa. JP II Hospital in Krakow is involved in WP1, WP 2, WP 3 and WP 6.
- **MSP**: Ministry for Social Policy - Health, Elderly, Community Care, Malta, Calleja Neville. MSP is involved in WP1, WP 2, WP 4, WP 5 and WP 6.
- **ARS**: Administração Regional de Saúde do Algarve- IP, Portugal, Rui Lourenço, Mariana Almeida. ARS is involved in WP2 and WP5.
The associated partners and their collaboration in each work package

- **CRA**: Council Regional of Aquitaine; France; Ménival Solange, Piznal Ewelina, Aline Destribats. CRA is involved in all the WP.
- **IRDES**: Institut de recherche et de documentation en économie de la santé. France; Bourgueil Yann, Jusot Florence, Leleu Henri. IRDES is involved in all the WP.
- **MeS**: Scuola Superiore Sant’Anna di Pisa; Italy; Sabina Nuti, Barsanti Sara. MeS is involved in all the WP.
- **EASP**: Escuela Andaluza de Salud Pública, Spain; Antonio Daponte. EASP is involved in all the WP.
- **HS**: Hainaut Santé; Belgium; Berghmans Luc, Janzynk Veronique, Harlet Julie, Latour Dominique. HS is involved in all the WP.
- **DEKUT**: Dekut Debreceni Kutatasfejlesztesi Debrecen Hungary; Kovacs Zoltan, Szabó Zsuzsanna. DEKUT is involved in all the WP.
- **UVSB2**: Université Victor Segalen Bordeaux 2 France; Salmi Rachid, Mouillet Evelyne. UVSB2 is involved in WP 1,2,3,4 and 6.
- **DPHEM**: Department of Health Nottingham, United Kingdom; Salfield Nick. DPHEM is involved in WP 1, 2, 3 and 6.
- **UCY**: University of Cyprus, Cyprus; Cleanthous Paris. UCY is involved in all the WP.
- **ResearchLink**: ResearchLink sprl, Belgium; Heijmans Stephane. Research Link is involved in WP 1, 2, 4 and 5.
- **DUNEA**: Dubrovnik Neretva County Regional Development Agency, Croatia; Novakovic Andrea. DUNEA is involved in all the WP.
- **PEHRG**: Poverty, Equity and Health Research GroupTerni, Italy; Ismail Zahara. PEHRG is involved in WP 1,2,4,5 and 6.
- **URIT**: Umbria Region Perugia, Italy; Di Loreto Paulo. URIT is involved in WP 1, 2, 4 and 5.
- **RT**: Tuscany Region Florence, Italy; Benedetta Ammannati. RT is involved in WP 1, 2, 5 and 6.
- **GEORAMA**: Georama NGO, Greece; Kostas Poulas, Kordas Gregory. Georama is involved in WP 1 and 2.