Inclusive Promotion of Health and Wellbeing (PROMEQ)

Professor Marja Vaarama, Professor emeritus Richard Pieper & Adjunct professor Tomi Mäki-Opas

World Social Marketing Conference, Washington, 16-17 May 2017
PROMEQ explores and tests inclusive methods for promotion of equity in health and wellbeing. The collaboration involves 4 population groups with less resources, service professionals, NGO’s and policy makers.
PROMEQ

• Value proposition
  – More equity in health and wellbeing

• Objective
  – More responsive & connected services and policies focusing on creating capabilities

• Means
  – 3 years research project with real-life explorative interventions involving the 4 groups, service professionals, NGO’s and policy makers

Expected results

– Improved QoL in 4 population groups
– Improved service culture
– Improved focus on equity and capability building in policies
– Evidence-based models and indicators for practice & policy
Central thesis and key concepts

• **Social inequalities in health and wellbeing** are persistent as they are “wicked problems”, intertwined with multiple individual and societal factors.

• Trying only to change individual behavior is not enough, but more **structure-agency-orientated and empowering methods** are needed.

• **PRMEQ-study** is guided by a systemic model combining the models of (Vaarama & Pieper):
  
  – **Quality of Life: Individual evaluation** in 4 domains - physical, psychological, social, environmental (WHO; Veenhoven)
  
  – **Capability**: Person’s actual (real) possibilities to run a life he/she values (Sen; Nussbaum)
  
  – **Social Quality**: 4 societal factors (re-)producing Societal Quality: social security, social inclusion, social empowerment, social cohesion (v.d. Maesen & Walker), these describe **structural factors**
Model of Quality of Life and Social Quality (Vaarama & Pieper 2014)

Action levels
- national/regional policy
- community and services
- individual lifeworld

The COM-B system - a framework for understanding behavior
- Michie et al 2011
PROMEQ focuses on the interaction between the key actors in production of QoL

➢ In the case of vulnerable groups, services and policies have an important role to play, and an enduring change is co-created by engaging all partners
➢ Social Marketing used to facilitate the interaction process
Multi-method evaluation of effects

a) 3 levels: macro (national/regional), mezzo (community/services) and micro (individual/lifeworld)

b) Quantitative data (population level registers & surveys)

c) Qualitative data (focus groups interviews, project interventions, policy documents)

d) RCT, experimental and quasi-experimental designs

e) Multivariate analyses, SEM, qualitative content and process analyses, cost-effectiveness analyses, policy analyses

• Before/after –measurements, common instruments to enable comparisons between the groups and with population level data
The 11 interventions

• 10 different interventions with the target population groups, including interventions with social and health care professionals and NGO’s
  – Duration/intervention 3-6 months, follow-up intervals 6 months
• 1 intervention with policy makers in the study regions and cities
• In fact, the entire PROMEQ-project is an overarching intervention with regular interaction between research and practice
  – Societal Advisory Board consisting of key policy makers at national, regional and local levels
  – Round Tables with policy makers
  – Regional and local interaction groups
### Intervention with NEETs

- Digital online group discussion forum
- Anonymous, pre-defined duration, youth social workers as moderators
- Empowerment, sharing, peer-counseling

### Intervention with Refugees

- Increasing work ability in working aged refugees (i1)
- Access to higher education for skilled refugees (i2)
- Int3: Language acquisition for women at home with small children (i3)
- Int4: Prevention of social exclusion in young men using art as method (i4)

### Social Marketing

- **Negotiations and informing** the professionals and NEETs of the study
- **Scoping** NEETs experiences, encounters, needs, quality of life
- **Co-planning and co-creation** in PPP-partnership
- Main marketing method social media

- **Negotiations and informing** stakeholders, professionals and asylum seekers of the study
- **Scoping** asylum seekers needs, quality of life, and segmenting various asylum groups
- **Co-planning and co-creating** language, educational, art and employment interventions in PPP-partnership
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<th><strong>Long-term unemployed</strong></th>
<th><strong>Social Marketing</strong></th>
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<tr>
<td><strong>Supported Employment in Home Care for Older People (i1)</strong></td>
<td>- <em>Scoping the needs, experiences, quality of life among the long-term unemployed</em></td>
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<td><strong>Multi-professional case management and employment counselling (i2)</strong></td>
<td>- <em>Co-planning and co-designing</em> of multiprofessional case management intervention and refining the pre-defined trial plan</td>
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<td><strong>Long-term unemployed helping older Home Care clients in IADL-tasks (i1)</strong></td>
<td>- <em>Scoping</em> the needs and quality of life of older people</td>
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<td><strong>Participatory group based care management (i2)</strong></td>
<td>- <em>Co-planning and co-design</em> of the participatory groups based care management in PPP-partnerships</td>
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<td>- <em>Recruitment</em> of older people to the study using different SM methods (media, diverse networks etc.)</td>
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Intervention with local, regional and national decision makers

- Evidence based, participatory policy making

- New ways of gathering and using information in policy formulation, implementation and follow-up

Social marketing

- will be used as a method and as an approach (or process) that has in public administration its core links to co-creation, co-planning and deliberation, strategy-as-practice and co-production
Social Marketing Process, applied in PROMEQ Project Phases

➢ Phases 1&3: pre-defined in research plan due to the experimental designs
➢ Phases 2 & 4: Interviews and focus group sessions, refinement and tailoring of interventions and segmentation (9-12/2016)
➢ Phases 5-6: The interventions are tested in PPP-partnership in 4 regions/8 cities, analyzed and modelled (2017-2018)
➢ Phase 7: Results are consolidated into HWP recommendations and intervention models with effectiveness indicators, and accepted for implementation in consensus meetings (End 2018-early 2019)
Preliminary experiences

1. Not surprisingly, our study population seem to have poor resources and actual capabilities to run the life in a way they like. Especially the long-term unemployed feel social exclusion and otherness. But all groups appreciate the opportunity to get their voice heard.

2. Very rewarding co-planning in focus groups! Resulted also into new interventions in addition to refinement of those pre-planned RCTs.

3. Various challenges with target groups
   1. Refugees – heterogeneous group: cognitive, language, cultural issues, mistrust
   2. NEETs not easy to keep along – small monetary vouchers have been helpful
   3. Older people with multiple needs sometimes too frail to participate
   4. Unemployed - we do not know yet whether we get enough cases for RCT, and whether we can motivate any control group (see below)

4. Experiences with services and policy- Administrations co-operate, but services with unemployed are now a problem. Also the entire legislation on unemployment services is in change. We are taking actions to clarify the situation.
Thank you!

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