Nobody Left Outside: practical guidance and policy solutions to promote equity of access for vulnerable and underserved communities to integrated health and social services, including addiction care

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NOBODY LEFT OUTSIDE

Improving healthcare access for marginalised people

INTRODUCTION

- Many marginalized communities at high risk of poor health require multifaceted care – often including harm reduction and drug/substance use interventions – and yet face various barriers, together with stigma and discrimination.
- Policy and service design responses, informed by user communities, are needed to address this common but under-recognised source of inequity.
- The Nobody Left Outside initiative (NLO) is a unique collaboration between organisations representing people who use drugs (PWUD), homeless people, LGBTI people, prisoners, sex workers and undocumented migrants.
- The NLO Service Design Checklist has been developed to help service providers and policymakers design and deliver services accessible to underserved, marginalized people, and for community advocacy use.

METHODS

- The Checklist was devised via: NLO platform meetings, a literature review, a policy laboratory at the European Health Forum Gastein 2017; and a concept paper.[1]
- Feedback was obtained from stakeholder organisations via a European Commission-led Thematic Network webinar and a presentation at the International Conference on Integrated Care.[3]

RESULTS

- The Checklist comprises a series of questions for consideration, structured into six sections according to the WHO Health Systems Framework (see figure).[2]
- It promotes integrated (co-located or linked) care that includes harm reduction services (e.g. opioid substitution therapy, needle and syringe exchange, and alcohol and substance abuse interventions), testing and linked care for infectious diseases, plus sexual health, mental health, maternal health, housing and social services.

DISCUSSION

- The NLO initiative aims to incubate practical guidance and policy solutions toward equity of access to integrated health and social services for vulnerable and underserved groups.
- The NLO Service Design Checklist is intended for use both at the policy and local implementation levels to improve access to such services, in alignment with the Sustainable Development Goals and equity principles.
- It is freely available online at www.nobodyleftoutside.eu.
- The NLO initiative is currently a 2019 Thematic Network under the Health Policy Platform of the European Commission. It will publish a Joint Statement via the Platform and the NLO website in October

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A. Service delivery **Aim: Design and deliver an easily accessible service that meets the needs of the communities for whom it is intended.** Relevance: **Providers** ✓✓ **Policymakers** ✓	Yes	No	Not relevant / Comments
DESIGN STAGE			
A1. Were community representatives involved in the design of the service?			
Has the design of the service taken into account the:			
A2. Health and social care needs of the community?			
A3. Existing barriers to service access for the community, identified by the community and/or service users?			
A4. Existing barriers identified by healthcare staff in delivering services to the community?			
A5. Existing resources and skills within the community?			
A6. Relevant clinical practice guidelines and/or best practices?			
SERVICES PROVIDED			
A7. Does the service provide integrated access (co-located or linked) to the range of health services (including testing, treatment, prevention and supportive care), social services and legal services needed by the community?			
A8. Are the physical and psychological needs of each service user systematically assessed on an individualized basis and in an appropriate manner?			
ACCESSIBILITY AND ADAPTATION			
Is the service made easy to access and use by the community			
A9. Providing community-based and/or mobile clinics?			
A10. Having convenient opening hours?			
A11. Providing child-friendly waiting areas?			
A12. Providing physical accessibility for people with reduced mobility?			
A13. Providing sex- or gender-segregated spaces and services that are safe and accessible for trans, nonbinary, and intersex persons?			
A14. Being provided on an anonymous or confidential basis?			
A15. Not requiring users to provide formal identification to access the service?			
A16. Being free-of-charge to users?			
A17. Providing user-friendly information in plain language on the available health, social and legal services and users' rights to access these, translated into relevant languages and sufficient for them to make informed choices?			
A18. Being suitably tailored to be sensitive to users' culture, faith, gender, housing status and lifestyle?			
A19. Offering users the option to choose which gender of staff member they see.			

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A20. Providing trained interpreters for relevant languages during consultations?			
A21. Offering users assistance with completing forms or other documents?			
A22. Being promoted and signposted effectively within the community?			
A23. Providing incentives for users to use the service?			
A24. Using digital tools to help link people to care?			
PEER SUPPORT			
A25. Does the service use peer care and support by community members?			
A26. Are peer support workers adequately compensated for their services?			
B. Health workforce **Aim: Prevent and address discrimination and ensure workforce is enabled to deliver the service.** Relevance: **Providers** ✓✓ **Policymakers** ~			
Do *all* staff members receive education and training on:			
B1. Health and social care needs and challenges among underserved communities?			
B2. Users' rights to health and social services, and principles of non-discriminatory equal access?			
B3. Sensitivity regarding relevant cultural, faith, gender and lifestyle matters among user communities?			
B4. Communication skills (including appropriate terminology)?			
B5. Stress management?			
B6. Conflict management?			
B7. Do healthcare staff receive suitable training to deliver the necessary services according to current evidence-based guidelines and best practices?			
B8. Is the training provided to healthcare staff accredited for continuing medical education (CME)?			
B9. Are peer support workers given suitable training to fulfil their roles?			
B10. Are healthcare staff and peer support workers given peer-to-peer support, supervision or psychological aid, if necessary?			
Do workforce training programmes include contributions fro			
B11. Community representatives?			
B12. Professional peers ('champions')?			
C. Health information systems **Aim: Check that the service is used by the community and meets users' needs.** **Relevance**: **Providers** ✓✓ **Policymakers** ✓			
C1. Are community representatives involved in how the service is assessed?			
Are suitable systems in place to monitor the:			
C2. Usage of the service by the communities?			
C3. Quality and impact of the service provided?			

NLO

C4. Is there a formal process to capture users' feedback on the service, including complaints?			
C5. Are feedback loops in place to ensure that monitoring and user feedback help to improve the service?			
C6. Are data gathered (with consent and in a data protection-compliant manner) for research and advocacy purposes?			
C7. Does the service apply quality standards?			
D. Medical products & technologies **Aim: Ensure that all service users have equitable access to care.** Relevance: **Providers** ✓✓ **Policymakers** ✓✓	Yes	No	Not relevant / Comments
D1. Do care protocols, guidelines and policies provide all service users with equitable and barrier-free access to medical products and technologies according to the best possible standard of care that is locally available?			
E. Financing **Aim: Ensure the service is adequately and sustainably resourced.** Relevance: **Providers** ✓ **Policymakers** ✓✓	Yes	No	Not relevant / Comments
E1. Are services adequately financed based on an accurate, up-to-date local needs assessment?			
E2. Is the service sustainably financed for a suitable timeframe?			
E3. Does service financing take an intersectoral perspective based on the needs of the community?			
F. Leadership & governance **Aim: Ensure service is suitably led and governed, with community involvement** Relevance: **Providers** ~ **Policymakers** ✓✓	Yes	No	Not relevant / Comments
F1. Are community representatives involved in the leadership and governance of the service?			
F2. Does the service reflect international standards regarding human rights, equity, non-discrimination and confidentiality?			
F3. Is there a supportive legal framework and policy environment?			
F4. Is there a National Action Plan regarding health and social care for the community, developed with involvement of the community?			
F5. Is the service operated under the Health authorities (rather than the Interior or Justice authorities)?			
F6. Do Health and Social Services authorities, and relevant government agencies, collaborate in the delivery of the service?			
F7. Does the service have accountable, transparent leadership and governance?			

REFERENCES

1. Onyango D, et al. Eurohealth 2017;23:23–7
2. World Health Organization. Everybody business: strengthening health systems to improve health outcomes: WHO's framework for action. 2007
3. Lazarus JV, et al. Nobody Left Outside (NLO) Checklist: Improving access to healthcare for vulnerable and underserved groups. International Journal of Integrated Care 2019;19(4):507

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