



Theoretically informed case study accompanying the film

Santé Communautaire Seclin - France



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**QR-Code to the Homepage and video:
Link to the video: <http://www.inno-serv.eu/seclin>**

This report is part of the research project „Social Platform on innovative Social Services“ (INNOSEV). INNOSEV investigates innovative approaches in three fields of social services: health, education and welfare. The INNOSEV Consortium covers nine European countries and aims to establish a social platform that fosters a europeanwide discussion about innovation in social services between practitioners, policy-makers, researchers and service users. This project is funded by the European Union under the 7th Framework Programme (grant agreement nr. 290542).



1. Short profile: Santé Communautaires Seclin

The project is part of a community well-being initiative involving elected officials, health and social services professionals and the inhabitants of a city neighbourhood which is classified as a sensitive (deprived) urban zone ("Zone Urbaine Sensible"), in the framework of city policies ("Politique de la Ville"). The primary objective is to enhance health and wellness skills and to give beneficiaries the role of fully involved actors. The main activity concerns "self-esteem", which is addressed through theatre, led by an actress trained in "non-violent" communication and in the Theatre of the Oppressed (Forum Theatre).

The theatre work addresses problems and issues (linked to wellness) proposed by the inhabitants. The inhabitants themselves have expressed the need for an approach to community wellbeing based on self-esteem.

Specific innovative elements of this community health initiative

Network approach:

The community health approach creates positive opportunities for the involvement of all stakeholders (residents, professionals, politicians, institutions).

Empowerment:

Community Health aims to empower the inhabitants and to involve them in solving the health issues affecting them. For local government, this way of addressing health problems is relevant in a time of growing tensions over public financial resources (Planète Publique 2011: 4).

Key characteristics of the service

User groups

The "self-esteem" workshop is open to residents, municipal employees, and healthcare professionals.

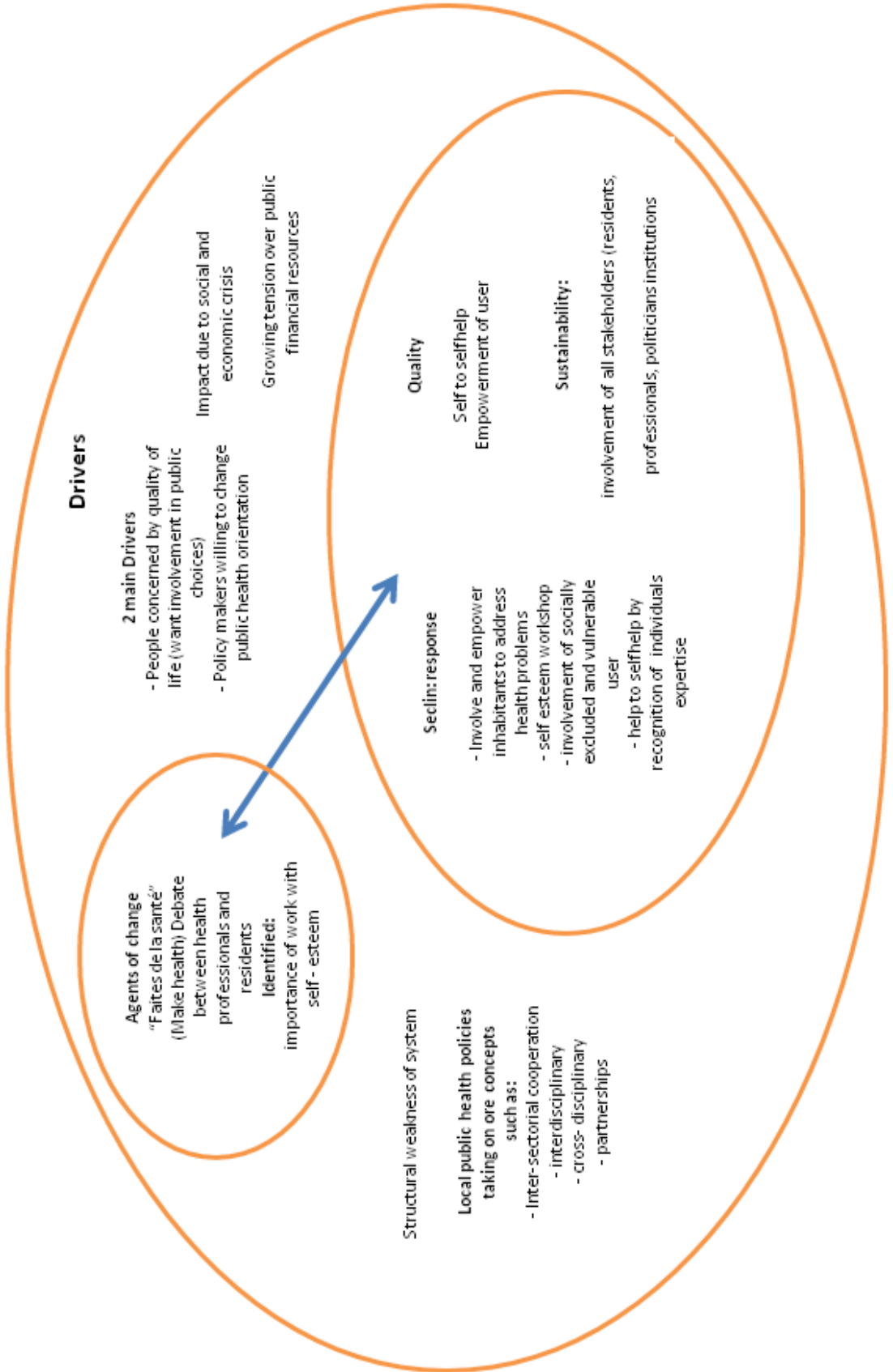
Presence in the public sphere

The theatrical productions of the "self-esteem" workshop (in relation to health) are performed in different public places, in order to educate inhabitants as well as political representatives about these issues. Some themes have allowed political representatives to identify untreated needs and concerns raised at a local level.

Principle

The main idea is the recognition of the individuals' expertise in the management of their quality of life and health. Community health is focused on building the needed personal resources (such as self-confidence and self-esteem) to foster individuals' ability to make their own choices.

Factors influencing Social Services Innovation



2. Policy framework related to community health in France

Principle/ Guidelines	Key organisations and actors	Services provided by government	Expenditure, Resources
<p>Community Health includes:</p> <p>1 A comprehensive approach to health that involves different sectors ;</p> <p>2 Ensuring equal access to quality care;</p> <p>3 The design of democratic practices that aim to involve everyone in maintaining, preserving or improving health;</p> <p>4 A system of social protection and health care accessible to all</p> <p>5 The request for better preventive responses in health. (More information can be found on the Institut Renaudot web site: http://www.institut-renaudot.fr/).</p>	<p>The key actors are:</p> <ul style="list-style-type: none"> - all stakeholders who participate in community health - experts, professionals, civil servants, politicians, and users. <p>The organisational model for community health is based on:</p> <ul style="list-style-type: none"> - a collective approach - the involvement of all stakeholders (inhabitants, professionals, politicians, city representatives) in different stages of the process (diagnosis, taking initiative, decision, assessment and evolution); - a collective identification of problems, needs, and resources (community diagnosis); - a multidisciplinary and inter-sectoral approach; - a partnership; - the sharing of knowledge and power. - a change in the doctor-patient relationship 	<p>In France, there is no specific legislation relating to community health, but there are some legal requirements: The law of March 4, 2002 promoted patients' rights and the quality of the health system by modifying its governance. Service users have become more involved in choice within the health sector.</p> <p>In addition, civil society organisations have organised the health sector on a regional basis and a charter such as:</p> <ul style="list-style-type: none"> - The regional provision of health education, City health workshops, IGAS report 2003; - The Charter developed by the Institut Theophrastus Renaudot in 2000 for promoting community health practices; - The project "OMS-Ville-Santé »; - The documents of the SEPSAC « Secrétariat Européen des pratiques de santé communautaire ». http://www.sepsac.org/ 	<p>The level of health expenditure is high in France:</p> <ul style="list-style-type: none"> - The total medical expenditure in France in 2001 was 131 billion euros (2030 euros per capita) - The amount of current health expenditure is 148 billion euros in 2001 (2437 euros per capita); - The national health expenditure: 140 billion euros (2305 euros per capita). With this amount, France is ranked 11th among OECD countries; - France spends 9.5% of its GDP on health; <p>The health resources depend both on public actors and individuals:</p> <ul style="list-style-type: none"> - Public social security system funds 75,5 % of health expenditure; - Individual households themselves finance 11.3% of health expenditure (Data SEPSAC). - Private insurance companies and mutual health insurance companies fund the remainder

3. The social, political and institutional context

3.1 Population/ Government

	France	EU27
Total Population, (2010)		501.1 million ¹³
Population projections 2035		525 million ¹⁴
Proportion of population aged 65-79 years, (2010):		12.7%
Proportion of population aged 80 years and more (2010):		4.7%
Proportion of population aged 65 and over (2010):		17.4%
Old-age-dependency ratio (2008)		
Projected old-age dependency ratio 2051		
Life expectancy at birth in years: male/female		76.4/82.4 (2009 ¹⁵)
Expenditure on health care (% of GDP, 2009)		10.2 ¹⁶
Number of people with a long term condition		-

3.2 Information about the specific welfare state: France

Social protection/welfare in France is organized on four levels:

- The Public **social security system** provides coverage for basic risks such as "illness / maternity / disability / death / accident / occupational disease/ old age".
- The **Complementary regime (CR)** provides coverage for additional risks. Some CRs are mandatory (supplemental pension plans for private sector employees) and others optional (mutual health insurance institutions).
- The **UNEDIC** (National Union for Employment in Industry and Commerce) manage unemployment benefits.
- **Social Assistance** (managed by the State and departmental public authorities) supports the poorest.

In 2010, 75.8% of Care and Medical services was funded through Social Security, 13.5% by Complementary organizations (mutual insurance companies, pension funds), 9.4% by households, and 1.2% by State and local governments. The Total Health Expenditure puts France in third place in the Member States of the OECD in 2009 (DREES, 2012).

In France, there is a steady increase of expenditure in benefits delivered in kind rather than in cash. The table below presents the social protection expenditure of selected countries

Social protection expenditure: Aggregated benefits and grouped schemes in millions of Euros.

Time	Expenditure for social protection benefits in millions of Euros		Increasing benefits in kind	Part of benefits in kind of social protection benefits	
	1996	2010		1996	2010
EU 27	/	3,605,678.95	/	/	34.07%
France	379,396.42	654,238.65	84.47%	31.94%	34.17%
United Kingdom	262,859.71	478,281.18	124.56%	32.87%	40.56%
Norway	32.512,53	80,833.67	152.74%	40.49%	41.16%

Source: Own calculations based on EUROSTAT 2012

4. Challenges and drivers of innovation

Structural weaknesses of the system:

During the last thirty years in France, local public health policies have become more multidisciplinary. Developments that have been influential in this respect are:

- Particularly in the area of HIV/AIDS, and substance misuse, service user associations and other health institutions have prompted changes in professional practice and an increase in user's involvement.
- The social and economic crisis has an impact on access to care for people who are socially excluded or vulnerable.
- Professional guidelines for intervention (professionals, associations, governments) have been modified.
- New practices have been designated as "Community health" without a clear legislative framework.

Innovation: Ideas, criteria, levels and added values

Driven by the need to broaden the discussion and strengthen community participation in health, agencies have sought to explore different ways of addressing problems. By allowing the active participation of citizens in the definition of the scope of health intervention, Community health provides new opportunities at local level.

Community health programmes are funded by both regional health authorities and local authorities through devices such as « Contrat Urbain de Cohésion Sociale » (Urban Contract for Social Cohesion) and health workshops named "Ateliers Santé Ville" or by foundations such as the "Fondation de France". (Planète Publique, 2011 : 2)

The Directorate of Health (within the Ministry of "Health, Youth and Sport") considers community health as part of public health policy and as a relevant strategy for promoting health. (Planète Publique, 2011 : 1).

Network approach:

The community health approach creates favourable conditions for the involvement of all stakeholders (residents, professionals, politicians, institutions) at several stages:

diagnosis, taking initiative, decision, and evaluation. This process guarantees the recognition of citizens' skills and their ability to interact in a network.

Empowerment:

Community Health aims to empower community members and involve them in solving the health issues affecting them. For local government, this way of addressing health problems is relevant in a time of growing tensions over public financial resources (Planète Publique 2011: 4). Individuals who have attended the self-esteem workshop have created three associations, tackling different issues: nutrition, physical health, and social integration of women.

Spin-off process:

The idea is to develop workshops (see below), which encourage the direct involvement of people in the targeted problems. This has a very interesting long-term effect. People are gathering in collective movements or are creating associations related to health issues. They intervene in the public sphere with other people. They also interact directly with local government to define local priorities for public health.

User groups

The "self-esteem" workshop is open to residents, municipal employees, and healthcare professionals. Promoting "community health" requires involvement of a range of people.

A public presence

The "self-esteem" workshop's theatrical productions are presented in different public places to educate inhabitants as well as political representatives on these issues. Some themes have led political representatives to identify untreated needs and concerns raised on the local level.

Principle

The main idea is the recognition of the individuals' expertise in the management of their quality of life and health. Community health is focused on building the personal resources (such as self-confidence and self-esteem) to foster an individuals' ability to make their own choices.

Drivers and challenges

Two main reasons explain the growing interest for community health:

- **People** are more **concerned with quality of life** issues and want to be involved in public choices relating to their health.
- **Policy makers** are willing to change public health orientation. Actually, the wellbeing of people is related to four factors: lifestyle, social/economic/ecological environment, human biology, and health care system. The major factor is the first one "**lifestyle**". It means that the improvement of the quality of life is particularly relevant for policy makers within the public health sector.

Agents of change

At the annual event « Faites de la santé » (Make health) in 2007, health professionals and residents together identified the importance of working on self-esteem. In 2008, the workshop was created by local government representatives of the municipality in collaboration with two local associations and the residents of the neighbourhood.

5. Key innovative elements of this example

Field of service	Health and welfare
Establishment of organization	2008
Type of organization	Combination of public organisation and volunteer association
Financing	Originally, the project was funded by the municipalities through the "Contrats urbains de Cohésion sociale » (Urban Contracts for social cohesion). But soon a residents' association took over. Currently, three partners are involved in the implementation of Community health: - « Forme Santé Détente Seclin » - The political department of the municipality - "L'Homme debout"
Size of the organization	Number of staff: 6 Number of users: 105 Number of members: 90 The city's services department has four salaried employees with civil servant status. The FSDS has only one employee (a woman coach for the gym). The actress who leads the self esteem workshop is employed by the association, "L'Homme debout" which is under contract to the city for this service.
Members and participation	-Residents, health professionals, elected representatives, -Association « Forme Santé Détente Seclin » (Relaxation Fitness Health Seclin) which he mobilises the residents; - Political department of the municipality whose role for organization, provision and contact with the public is crucial; - Association "L'Homme debout" is responsible for management of the self-esteem workshop.
Contact Name of the innovative example Homepage	Gautier Delannoy dirpolville@ville-seclin.fr

This project is located in the Seclin district of "Mouchonnaière". This district is classified a "Zone urbaine sensible" (Sensitive Urban Zone). The area is part of a wider local health policy in the "Contrat territorial de santé" (Contract for Health at the local level).

The workshop on "self-esteem" is part of a community health approach, an approach to health issues starting from the perception of people. Different actors (residents, health professionals, elected representatives) are involved in the process to promote a socially responsible approach to health issues:

Originally, the project was only supported by the Municipality as part of its policy, and funded through the "Contrats urbains de Cohésion sociale » (Urban Contracts for social cohesion). The municipality was initially trying to involve residents in participative activities. But soon a residents' association took over. Currently, three partners (local associations, municipality, residents) are involved in the implementation of Community health:

- The association « Forme Santé Détente Seclin » (Relaxation Fitness Health Seclin) which organizes the mobilisation of the residents;

- The political department of the municipality whose role in organization, provision and contact with the public is crucial;
- The association "L'Homme debout" (Man up) manages the self-esteem workshop.

At the annual event « Faites de la santé » (Make health) in 2007, a debate between health professionals and the residents has identified the importance of working on self-esteem. In 2008, the workshop was created. The workshop takes place in an activity room in the heart of Mouchonnière. To encourage the involvement of participants in the process, the self-esteem workshop focuses on an activity of theatrical expression that promotes discussions and public speaking in a pleasant environment. A professional actress trained in non-violent communication, conflict management, and the "Theatre of the Oppressed" directs the participants and the theatrical production. Actually, this actress also has a postgraduate degree in health management and this curriculum is very relevant to ensure the quality and the adequacy of the collective work.

The workshop takes place twice a month (excluding holidays), alternating day and half-day in a safe and private room. The project manager is involved in the activity. The people in the workshop are disadvantaged, often unemployed and far from health centres. The opening of the workshop outside the district facilitates a sociocultural mix that is very interesting. Fifteen participants attend the workshop; mostly women aged 45 to 70 years. The regular sessions of the workshop (1 every 15 days) and the long duration of the community health project in the city of Seclin (10 years) have produced a range of related projects.

Some people attending the workshop were able to create other associations that have more or less direct links with the community health project, including:

- an association named "Epicserie Solidaire » that manages a social grocery store,
- an association to defend the rights of women,
- an association for the promotion of physical activity.

The topics discussed at the workshop and presented publicly through theatrical performances are subject to special attention by the local authorities, which analyse them for signs of emerging needs.

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