
POSTER ABSTRACT

Putting proportionate universalism into practice: challenges and tools

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Leen Van Brussel¹

1: Vlaams Instituut Gezond Leven, Brussels, Belgium

Proportionate universalism is a well-known strategy in the effort of reducing social health inequalities. It refers to the resourcing and delivering of universal services and interventions at a scale and intensity proportionate to the degree of the need of the target group. However, putting the principle of proportionate universalism into practice, is highly challenging. Applying proportionate universalism demands for a systematic thinking exercise about similarities, unique characteristics and differences of and between different subgroups, especially those most at risk, that are part of the broader target group (e.g. inhabitants of Flanders).

Developing a well thought out strategy of proportionate universalism requires an answer to the following questions:

- What are the high-risk subgroups that require special attention?
- Can the needs, interests, concerns, barriers, ... of the high-risk groups be integrated in a universal approach that serves the entire target group?
- What 'proportionalities' need to be added to the universal approach so that high-risk groups are definitely served?
- Are there particular needs, barriers, concerns, ... of high-risk groups that are very specific and different from those of other subgroups, which requires the development of a 'categorical' service, intervention, ... targeting one specific subgroup?

We developed a user guideline, 'Determining your proportionate universalism strategy', which supports professionals in the field of prevention and health promotion to reflect upon these questions and formulate answers to them.

In addition to this guideline, we developed an inspirational guide including 10 methods that help professionals putting proportionate universalism into practice: 'Health promotion for and with socially vulnerable populations: 10 methods for an inclusive approach'. These methods are well known for their potential in health promotion for and with underserved and socially vulnerable groups. The methods are visually presented and clustered in a 'cake' and divided into four categories: 1/ 'getting to know', 2/ reach, 3/work together and 4/empower and advocate. Each method is furnished with good practices from the field. During the months to come, focus will go to the implementation of both tools (the user guideline and the inspiration guide) in the sector of prevention and health promotion in Flanders.

In this presentation, we will present both tools and focus on how they can be used to support the development and implementation of inclusive health promoting interventions that follow the principle of proportionate universalism. We will refer to multiple good practices to illustrate the tool's added value for professionals and policy makers.