

How Research Innovation Helps Deliver Better Healthcare

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The VulnerABLE project, running over two years, aimed to assess the needs and health issues faced by nine target groups at high risk of experiencing poor health:

- older people,
- at risk children and families (especially single-parent families),
- people living in rural and isolated areas,
- people living with physical and learning disabilities or poor mental health,
- people experiencing long-term unemployment or economic inactivity,
- in-work poor,
- victims of domestic violence and intimate partner violence,
- people in insecure housing situations or experiencing homelessness, and
- prisoners and former inmates.

Turning research into positive action

Healthcare spending accounts for 9.5% of gross domestic product in Europe, and a recent [report](#) suggests that up to one-fifth of these expenses are inefficient. Examples of healthcare inefficiencies include:

- Pressure on resources from unnecessary care, admissions, and unused medicines;
- Poorly prioritized evidence-based research;
- Limited promotion of the most positive outcomes; and
- Difficulty reaching specific target groups with appropriate information and actions.

So, where can European policymakers look for help?

Evidence-based policymaking supports smarter investments and better outcomes. The emerging discipline of "implementation research" offers a way forward. It links expertise in research and analysis with tried and tested ways to implement findings, providing specialist support for actions that promote appropriate health interventions for key users.

Implementation research offers a solution

In the past, implementation was often seen as a distinct step. There are cost, organizational, and efficiency advantages for healthcare policymakers to endorse greater linking from research to actions. When the same organization conducts research and dissemination, it creates seamless continuity—removing the burden of identifying and managing a new agency to implement findings. As a result, implementation research is a concept that is flourishing in clinical settings and offers benefits for wider health research projects.

The VulnerABLE Project

In recent work funded by the European Commission's Directorate for Health and Food Safety, ICF used implementation research to successfully link research conclusions with policy guidance. The VulnerABLE project was designed to improve the health of those in isolated and vulnerable situations. A range of research methods—including a survey, a literature review, interviews, and focus groups—helped validate the efficacy of this innovative approach, which in turn maximized the benefits of the findings. The refined research approaches and techniques delivered better outcomes.

Healthcare in the EU has generally improved in the last 20 years, but, since 2011, the rise in life expectancy has slowed considerably. Even before then, large disparities existed in life expectancy and health among distinct areas of deprivation. These inequalities link to sex and socioeconomic status.

In 2016, there were just under 120 million people—about 23% of the EU population—at risk of poverty and social exclusion.

This figure translates to roughly one in four people in the EU experiencing at least one of the following forms of poverty: monetary poverty, severe material deprivation, or living in households with very low work intensity. Considering that the EU contains some of the world's most developed nations, this is a shockingly high number.

Why bring implementation research to EU health policy?

We chose the VulnerABLE project's nine target groups because their vulnerability and isolation contribute to their health issues and poor access to healthcare. The EU does not have a recognized figure for vulnerable and isolated people, but draws estimates from associated statistics about poverty and social exclusion.

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The project confirmed a key point outlined by the European Commission's 2009 publication, *Solidarity in Health*: health inequalities between populations are due to disparities in a wide range of factors. These include "living conditions; health-related behavior; education, occupation, and income; healthcare, disease prevention, and health promotion services, as well as public policies influencing the quantity, quality, and distribution of these factors."

Some of the project's findings confirmed widely-held assumptions, but they contained surprises as well. Often, society supposes that the best way out of poverty is to get a job. Without employment, poverty appears inevitable, but today a job no longer guarantees an escape route from poverty.

The in-work poor are a significant group. They are featured in this report because of the rise in population size, and because they are struggling.

In 2007, an estimated 8% of EU workers were at risk of poverty. By 2017, that number rose to 10%. Factors such as non-standard forms of work, levels of taxation, single-parent households, and the costs of childcare all contribute to the increase in in-work poverty levels. The difficulties in making ends meet take a major toll on health.

Many vulnerable and isolated EU citizens perceive their health negatively: only 31% of those surveyed as part of VulnerABLE considered their health to be very good, while 28% regarded it as very bad. Senior citizens and those with physical, mental, and learning disabilities are more likely to report very bad health (38% and 39% respectively). Perhaps more surprising is the relationship to having work, even when it does not pay well: the in-work poor were significantly less likely to report very bad health (17%) than the average respondent.

Of the nine groups surveyed, lack of money (62%) and feelings of stress (53%) were the most common. Although lack of money might be expected, the significant role of stress is interesting. Survivors of domestic violence and people with unstable housing—along with members of vulnerable families—were most likely to portray other signs of psychological stress. For example, these groups were more likely to feel particularly tense (most or all of the time), lonely, and depressed. Additionally, people with disabilities felt significantly more depressed or downhearted (32%) than the average respondent.

Participants highlighted prohibitive costs as the main reason for not visiting medical practitioners or getting medication. An inability to afford these services was reported most often by members of vulnerable families, and next by those living in isolated or rural areas.

Surprisingly, the in-work poor reported more problems with the costs of dental care.

As another unexpected outcome, people with physical, mental, and learning disabilities were significantly less affected than other groups by the cost of healthcare.

The benefits of implementation research to the VulnerABLE project

Our project sought to reveal the reasons why vulnerable and isolated groups experience poor health. The issues included barriers to access and how respondents perceived both their health and overall access to necessary medical services.

The research set out, in particular, to understand the unmet healthcare needs of the estimated 6.7% of EU citizens experiencing vulnerability and isolation. The various population sub-groups access healthcare at different levels. Those with lower income, less education, the unemployed, or those living in rural areas demonstrated greater unmet healthcare needs than the general population.

The ICF team developed a robust and innovative approach, which included the following efforts.

Building a resilient and compelling evidence base—We gathered as much information as possible to form the basis of the research. We carried out comprehensive reviews of existing literature and conducted an EU-wide survey of the target groups.

Identifying examples of best practice—We took examples from across the EU Member States and showed how specific approaches to improving healthcare access worked successfully among the target groups.

Speaking directly to vulnerable people—By talking directly to affected groups, ICF provided an accurate picture of the representative groups' experiences and helped refine strategies drawn from case studies from across the EU. The resulting report summarized these insights for policymakers.

Running focus groups with medical practitioners and other organizations—Focus groups added key context to the knowledge base. This grassroots information highlighted real, everyday problems at the implementation level that are difficult to ascertain from official literature and policy views.

Surveying a large representative population

Our survey proved instrumental in gathering valuable and detailed intelligence. A sample size of 4,187 people participated across 12 EU Member States and contributed significantly to the evidence base.

Implementing findings through capacity-building workshops and action plans—ICF treated the dissemination stage with equal importance to the initial research, which contributed to the success of the project. Workshops enabled individual regions to focus on the best locality-specific changes to improve healthcare access for their populations. The action plans ultimately became a toolkit report containing the most effective recommendations.

About ICF

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Providing guidelines for policymakers—The final project phase involved publishing Policy Guidance: Framework for Action. This document provided a legacy to carry the learnings forward and encourage future healthcare policy changes. We developed key design principles for effective approaches to improve health and access to services for people in vulnerable situations. The publication showed policymakers how to link the research findings to positive actions, bringing about effective implementation and change.

Constructive Outcomes

The innovative approach by the researchers produced useful findings that traditional methods would have failed to surface. The most significant discoveries came from speaking directly to vulnerable people and providing guidelines for policymakers. For example:

- Talking directly to people representing the nine groups improved insights into their experiences. Among victims of violence from an intimate partner, for example, participants mentioned a concept of 'readiness,' i.e., they need time to consider future options, build self-esteem, and learn to recognize abusive relationships before feeling receptive to supportive information and programs.
- Guidelines for policymakers included key design principles that affect change. Actions must be agreed upon and coordinated across sectors—not just health services—in order to reduce factors that lead to vulnerability, including the environment in which it is perpetuated. By building on existing good practices and facilitating new inter-agency and inter-disciplinary processes, policymakers and front-line staff at all stages of assessment are now better equipped to plan, implement, and evaluate programs.

The project was designed, executed, and delivered to the European Commission's [Directorate for Health and Food Safety](#) using methods to prevent vital research findings and initiatives from getting lost in translation. This helped ensure that research turned into meaningful impact for the target groups. The approach added value to the project and the findings showed that integrated operations addressed the health issues of many vulnerable groups in a cost-effective way.

Conclusion – Going the Extra Mile

The VulnerABLE Project work carried out by ICF and our partners translated research outcomes into tangible results for the client. We produced policy guidance to target the groups' barriers to accessing healthcare. ICF maximized the success of the implementation stage, saving the client time and resources on organizing delivery in the field. ICF also transferred knowledge and strategies for rolling out the community work. This gave research findings a greater chance of success during interventions within the target groups.

The approach of implementation research can be applied to projects beyond healthcare. It allows specialist help to carry over from the research stage to implementation, bringing advantages to all agencies, policymakers, and recipients involved.

