“The coming years will be about engaging these elements for specific targets, while strengthening their foundations.”

It was an inspiring year. In 2016, we put in another great effort to address major health inequalities. There is more and more attention for the issues on which Pharos focuses. Socially, politically and economically, the need for participation by all society is becoming increasingly evident, with health and vitality being key factors.

From the standpoint of ‘health and quality care for everybody’, Pharos mobilises expertise to reduce major health disparities and improve the quality, effectiveness and accessibility of health care for the low-educated and migrants in a sustainable way.

In both areas, there is already a lot of knowledge about effective elements. The coming years will be about engaging these elements for specific targets, while strengthening their foundations. Our annual plan summarised this ambition in the motto ‘doen, doen, doen met een duurzame insteek’ (action, action, action with a sustainable approach).
As an expertise centre on health disparities we have become an obvious partner at the national and local level. Our strength lies in seven expertise programmes, implemented with a range of partners, which seek to reduce health inequalities with an integrated approach and a lot of input from these groups. Last year, we successfully highlighted the importance of this type of input. We had many discussions with policymakers and administrators and partnered with other expertise centres. We developed several practical tools which were quickly picked up by professionals. We also provided speakers for various conferences and meetings. We trained more than 1,500 professionals and policy officers, received thousands of visitors on our websites, with many downloading our fact sheets. We kicked off the year with a working visit by Minister Asscher of Social Affairs and Employment, organised working visits to GIDS (Gezond in de Stad, Healthy in the City) municipalities for politicians, the Parliamentary State Secretary and the Secretary General of the ministry of Health, Welfare and Sports (VWS), and wrapped up the year with a working visit by HRH King Willem-Alexander to one of our projects. We are pleased about our achievements in 2016 and our contributions to creating an inclusive society.

**CURRENT AFFAIRS**

Even though the influx of refugees slowed down in 2016, many municipalities had questions about prevention, care, and support for newcomers. Early 2016 Pharos presented to VWS and the VNG (Association of Netherlands Municipalities) with two knowledge syntheses, in which we map the health and pointers for healthcare demands among refugees. We also indicated how health risks among refugees can be identified and prevented as early as possible. Our advice about these issues was included in the Detailed Agreement on the Increased Influx of Asylum Seekers (Uitwerkingsakkoord Verhoogde Asielinstroom), an agreement between the State and municipalities, and has led to the launch of a support programme, ‘Health of Status Holders’ (Gezondheid statushouders), for municipalities and professionals. Since 2016, this programme is being implemented by VNG/OTAV (Support Team Asylum Seekers and Status Holders) and Pharos, in close collaboration with GGD GHOR Nederland and other expertise centres. Pharos coordinates the knowledge sharing on health issues within this programme. Together, we want to ensure that in 2018 professionals and municipalities will be better equipped to support the health and vitality of refugees. This helps prevent these refugees from becoming a new group with health disparities.

Participation is important for health, so the programme ‘Let’s get started’ (Aan de Slag) stimulated the participation of refugees in regular volunteering in several municipalities.

In addition to refugee health, topics such as health disparities, social division and poverty also claimed an increasingly important position on the social agenda in 2016. The realisation that health disparities among the low-educated may increase if we don’t intervene, raised a lot of concern. There is a growing conviction that we sure can do something about this. In 2016, we continued to focus on this topic, mainly through the Gezond in..., programme, but also via the six other Pharos programmes.

eHealth has become part and parcel of our healthcare. This is an interesting development that offers new opportunities. Most of the currently available eHealth applications are, however, not accessible for all. Many users are unable to find information on websites and in apps or they don’t understand them, while eHealth could be the perfect tool to also support these people’s health and self-management. In 2016, we tried to put ‘eHealth4all’ higher on the agenda to ensure that eHealth applications will also be accessible to people with a low education level or a migrant background. Pharos shared knowledge about this issue with policymakers, healthcare and welfare organisations and developers. We are committed to giving low-educated users a voice and an active role in the development of eHealth. We challenged developers by launching a competition to develop the most suitable health app. Early 2017 the Director-General of Public health of WWS awarded the prize.
Below, we present some programme highlights in 2016.

**STIMULATION PROGRAMME HEALTHY IN... (STIMULERINGSPROGRAMMA GEZOND IN...)**

In 2016, the GIDS municipalities have made a lot of progress. Many municipalities have adopted a broader approach to tackling health disparities. Many have stopped focusing only on lifestyle issues, by also starting to look at the root causes of health disparities. The Healthy in ...programme has put a lot of energy in this broader approach. We note a lot of interest and positive energy among the several parties involved. This impression is confirmed by the results of the annual VWS survey among GIDS municipalities. A number of municipalities was initially inclined to opt for a too narrow approach. We put a lot of effort in showing them the importance of a broad sustainable approach along multiple tracks in 2016. In addition, together with the municipalities, we adopted an in-depth focus to strengthen the approach. Knowledge, support, best practices and practical tools were shared to shape the broad approach. In 2016, many municipalities investigated and piloted combined approaches, like debt and health, loneliness and health, and helping people into work and health.

**PREVENTION AND CARE FOR CHRONICALLY ILL PROGRAMME / SAFE USE OF MEDICATION PROGRAMME**

Prevention and Care for Chronically Ill Programme / Safe Use of Medication Programme

One of the highlights within this programme in 2016 was the launch of the book ‘Zorg voor laaggeletterden, migranten en sociaal kwetsbaren in de huisartsenpraktijk’ (Healthcare for migrants, semi-literates and socially vulnerable people at GP centres). This book, published jointly by Pharos and NHG (The Dutch College of General Practitioners), offers all the available knowledge about this topic, with lots of inspiring examples and hands-on tips. It can be used to train GPs and nurse practitioners. We hope it will help them to provide low-educated patients and migrants with people-centred health care, as part of a broader population-focused approach. There is a strong need for more knowledge about this issue. We also noticed this during the congress we organised to launch the book, which attracted 250 participants (including an unexpected high number of GPs, nurse practitioners and teachers). The first edition has since sold out.

While the incidence of chronic diseases is higher among the low-educated and migrants, they benefit less from prevention and care, which are often not suitable enough for their situation and health skills. So, we are very proud about the handbook ‘Ik heb diabetes, wat kan ik doen?’ (‘I have diabetes, what can I do?’), which came out late 2016. The book helps nurse practitioners and diabetes nurses to educate low health literate diabetes patients and to strengthen their self-management. This publication also sold out quickly and has since been reprinted.
SEMI-LITERATE PEOPLE AND HEALTH SKILLS

There is growing attention in society for limited health literacy (semi-literacy and limited health skills). In all its programmes Pharos addressed the issue of how professionals can work more effectively with semi-literate people and people with limited health literacy. In 2016, we offered training to many professionals. Since late 2015, Pharos has been coordinating the Health Literacy Alliance (Alliantie Gezondheidsvaardigheden). In 2016, the Alliance attracted 35 new members, bringing the total membership to 60. The website of the Alliance has been visited almost 17,000 times. Meanwhile, 15 videos have been made available to professionals, which help them to better understand the issues many health illiterate people face in terms of care and support.

Limited literacy also plays an important role in the pharmaceutical sector. In 2016, the Safe Use of Medication Programme (Verantwoord medicijngewoon bij migranten en laaggeletterden), recorded a ten-minute explanation of health literacy and medication use which reached 2,444 pharmacy assistants and 121 pharmacists. The KNMP’s (Royal Dutch Pharmacists Association) communications campaign ‘Can you please explain that?’ (Kunt u dat even uitleggen?) toured the Netherlands in 2016. The campaign raised awareness about medicine users with reading difficulties.

PARTICIPATION AND SELF-MANAGEMENT PROGRAMME, AND THE CARE FOR THE ELDERLY PROGRAMME

Migrant groups have a knowledge deficit with regard to dementia, cancer, and palliative care. Regular information does not fully reach them and there is a taboo on discussing these topics. In 2016, Pharos tested and adapted existing information materials. Pharos also trained migrants on how to give group information sessions and how to break the taboo on talking about topics like dementia, cancer, and palliative care within their own community. The programme also collected best practices which municipalities can use if they wish to involve low-educated citizens and migrants in health and care issues. These best practices have been shared via, among other channels, Gezond in...

The Care for the Elderly Programme shared knowledge about how to enable elderly migrants to live at home as long as possible. We developed solutions for topics such as loneliness, family care, suitable care in case of dementia, and new forms of housing for elderly migrants.
YOUTH AND HEALTH PROGRAMME

Children of parents with a low socioeconomic status or a migrant background have a higher risk of an unhealthy lifestyle and bad health outcomes. In 2016, this programme shared knowledge about how these children, aged between 10 months and 23 years, can grow up healthily. We focused on ‘healthy pregnancy’, ‘smoke-free birth’, a ‘healthy preschool’ and ‘wellbeing in school’. In the transition and transformation of care for youth, reaching out to and effectively supporting families with a low socioeconomic status or a migrant background remains a challenge. We supported professionals in this by sharing best practices, offering easily accessible information materials, and practical tools. Together with the Trimbos Institute and the CGL (Centre for Healthy Living), we supported schools in adopting practical measures to improve children’s wellbeing and socio-emotional development.

FEMALE GENITAL MUTILATION (FGM) PROGRAMME

Pharos is the National Expertise Centre on FGM prevention. 2016 was another year in which current affairs had a big impact on the programme. Research for the knowledge syntheses about refugees and health revealed that Eritrean girls were a risk group and that prevalence of FGM is probably high among this group. In response, we conducted an exploratory study into sexual and reproductive health of Eritrean newcomers. The results are used to educate this group and professionals. In 2016 Member of Parliament Marith Volp demanded more attention for the FGM prevention policy. This resulted in State Secretary Van Rijn promising to invest in the consolidation of the network of key persons, to strive to continue offering a consultation service to circumcised women and to have Pharos conduct a new, earlier-than-planned, prevalence study into FGM in 2017.

COLLABORATION WITH RIVM CGL (NATIONAL INSTITUTE FOR PUBLIC HEALTH AND THE ENVIRONMENT; CENTRE FOR HEALTH LIVING) AND THEMATIC INSTITUTES

In 2016, we put more focus on our collaboration with other thematic institutes and the CGL. For example, by setting up a new working group, SEGV (Social and Economic Health Disparities), in which we jointly ensure that interventions by the various institutes are adapted or expanded for groups with a low socioeconomic status. A lot of energy and enthusiasm has gone into this initiative. The collaboration in the field of Gezonde School (Healthy School), highlighting effective elements during interventions and health promotion among refugees, provided added value.
HEALTH DISPARITIES
There are health inequalities in the Netherlands. Quality and accessibility of care and prevention differs significantly between groups. Pharos is the national centre of expertise on health disparities. Our expertise focuses on: Sustainable improvement of the quality, effectiveness and accessibility of care and prevention for people with limited health literacy, non-western migrants and refugees. Reduce existing health disparities between different groups of people. Our expertise focuses on the entire health care system and on all areas that are important for health. We are also the national knowledge centre for the prevention of female genital mutilation. The work of Pharos takes shape within a number of programmes and themes.