

# Findings from the Emilia-Romagna Region: Main learning, priorities, and implications



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# What we achieved (1)

**Local processes for health equity:** re-thinking priorities and strategies together (workshops for Local Health Units – LHUs – with general management and other involved parties)

Defining not only priorities, but also feasible and accountable interventions to be carried out (*equity action plans*)

(Re)designing *equity boards*, starting from priorities and defining how to integrate boards into the organizational processes

# What we achieved (2)

Strengthening the **connection between epidemiology services and equity boards** in LHUs

Summarizing evidence on the **impact of the regional health system reorganisation on hospital access and care** during the COVID-19 pandemic in Emilia-Romagna

Sharing epidemiological findings on **the indirect impact of the COVID-19 pandemic on inequality in hospital access and care** in Emilia-Romagna

Focus group with equity representatives of LHUs about **effective strategies to tackle inequalities** – e.g., continuity/proximity of care, digitalization of services, networking and third sector...

# Lessons learned and priorities

- Connecting different levels of healthcare planning (WHO, Regional Authority, and LHUs): "keeping it real" and "not feeling abandoned"
- Epidemiological research and support to governance for equity must be kept on the same page/track
- Providing the system with regional and local devices for health equity – both on the research and the governance level
- Modular approach to health equity governance
- Keeping processes visible and fostering participation of users
- Focusing on equity not only for users, but also for health care workers



Thank you for your  
attention!

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