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Gender Gap: Due to Covid, Gender Equality in 132 Years

It is sad to still be here talking about it, but new concerning data reveals the systemic challenges facing women in the global labor market.

In Europe, as in the rest of the world, the effects of the Covid pandemic have contributed significantly to the erosion of women's rights, changing an already critical situation for the worse.

As we head into a period of multi-layered and compounding crises, including the rising cost of living, the ongoing pandemic, the climate emergency and large-scale conflict and displacement, the progress towards gender parity is stalling. According to the World Economic Forum's "Gender Gap Report 2022", the gender gap hasn't bounced back from the enormous damage done during the COVID-19 pandemic. The report benchmarks the evolution of gender-based gaps in four areas: economic participation and opportunity; educational attainment; health and survival; and political empowerment. Scarily, pandemic disruptions and a weak recovery means it's now going to take another 132 years to close the global gender gap. This represents a slight four-year improvement compared to the 2021 estimate (136 years to parity). However, it does not compensate for the generational loss which occurred between 2020 and 2021: according to trends leading up to 2020, the gender gap was set to close within 100 years.

While more women have been moving into paid work over the last decades and, increasingly, into leadership positions in industry, there have been continued headwinds: societal expectations, employer policies, the legal environment, and the availability of care infrastructure. This has continued to limit the educational opportunities women access, as well as the career possibilities they can pur-



sue. The economic and social consequences of the pandemic and geopolitical conflict have paused progress and worsened outcomes for women and girls around the world, risking in creating permanent scarring in the labor market. Not nearly enough employers stepped in to meet them halfway and offer the flexibility they needed.

Clearly, women's careers are more vulnerable to systemic shocks, but schooling and domestic violence are also linked to job opportunities. To cite some world figures: in the first few months of 2020, 250 million women and girls suffered some form of domestic violence, figures which have grown exponentially during lockdowns; 11 million girls did not go to school during the first year of pandemic, and 20 million are not returning to school in 2022, according to estimates.

Another 151 years are needed to achieve workplace equality, the report states. Almost every country and industry in the world has a gender imbalance in leadership roles.

Women are severely under-represented, holding less than a third of leadership positions globally.

Men have a significantly higher chance of being promoted into leadership roles than their female colleagues. Comparing the global average for men and women in 2021, men were 33% more likely to receive an internal leadership promotion than women.

In countries like the Netherlands and Spain, men are 69% and 65% more likely to get promoted internally.

Yet, gender parity can have a significant impact on whether an economy or society will thrive. As leaders tackle a growing series of economic and political shocks, the risk of reversal is intensifying. Not only are millions of women and girls losing out on access and opportunity at present, this halt in progress towards parity is a catastrophe for the future of our economies, societies, and communities. Accelerating parity must be a core part of the public and private agenda. *Infomedix International*, as international media, has the duty, and the tools, to a gender analysis that respects the differences as required by our code of ethic. I hope that this editorial might serve as a reflection, and a call to action to embed gender parity as a central goal to build a sustained and robust recovery. The future of our economies, societies and communities depends on us all.

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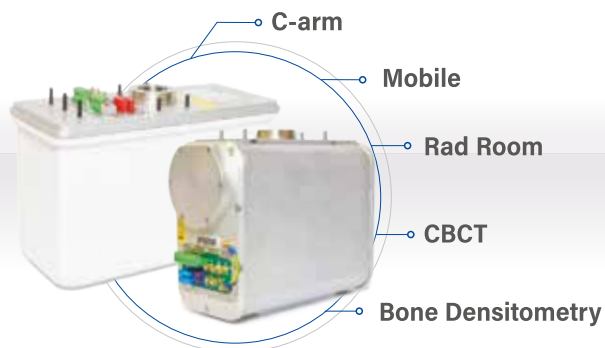
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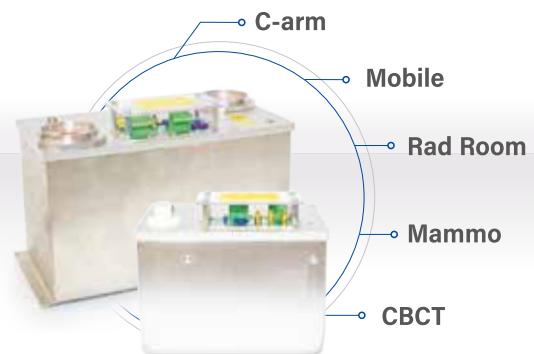
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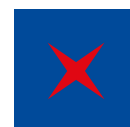
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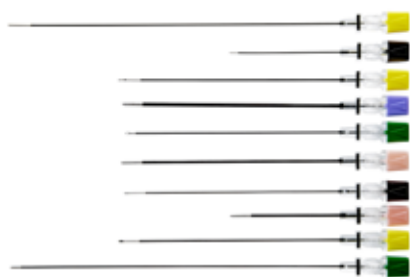
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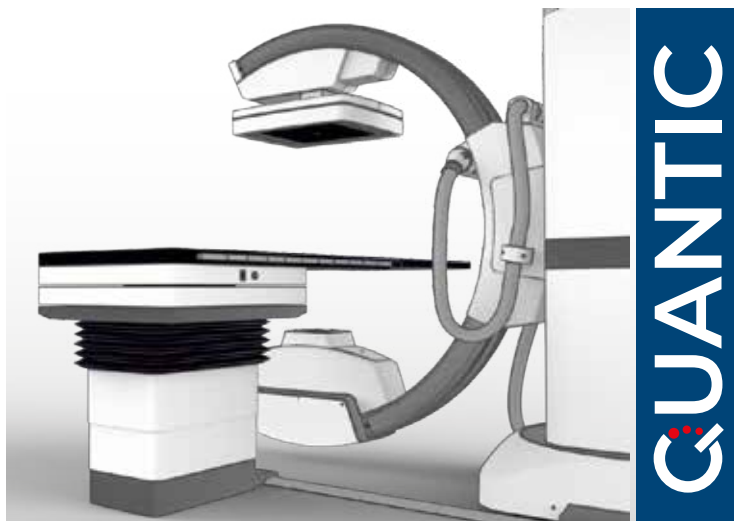


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the medical class, are conducted by tutors specialized in the most modern techniques of aesthetic medicine and consist of a theoretical part, where not only the technical aspects are

focused but also those of relationship and communication with the patient, and a practical part where the aesthetic interventions are carried out step by step on voluntary models.

Naturally, the products of the Be Filler line are used, i.e. resorbable fillers based on cross-linked hyaluronic acid with innovative characteristics to combine efficacy, duration and safety in all interventions for the treatment of facial imperfections. Products for home use will also be illustrated, such as Be Filler Beauty Drink, which is able to prolong the anti-aging effect and strengthen patient loyalty.

The Be Filler Academy is located in the city of Mendrisio in Switzerland, a few kilometers from Chiasso and Lake Lugano and walking distance from FoxTown (the factory store paradise of luxury and elegance).

The training days can be attended in person at the Be Filler ACADEMY in Mendrisio (theoretical session with subsequent direct participation in the practical part), or followed remotely via Webinar (theoretical session and only viewing of the practical part).

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The powerful NNT software provides specific instruments and interfaces for different diagnostic applications: data acquired during scanning can be processed in just a few simple steps to produce 3D images with a resolution among the highest available on

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Focus

970 million people globally were living with a mental disorder in 2019, 52.4% females, 47.6% males

On average 1 in 5 people in settings affected by conflict have a mental disorder

1 in 8 people live with a mental health condition

71% of people with psychosis do not receive mental health services

55 million people had dementia in 2019, and 50 million people had epilepsy in 2015

According to estimates, 283 million people had alcohol use disorders in 2016

Just 2% of health budgets, on average, go to treatment and prevention of mental health

Suicide accounts for 1 in 100 deaths globally

Around half the world's population lives in countries where there is just one psychiatrist to serve 200 000 or more people



Catching-up on Mental Healthcare



Author: Silvia Borriello
Editorial Director
silvia.borriello@infodent.com

Like other aspects of psycho-physical well-being, mental health can be influenced by environmental, socio-economic, and evolutionary factors. Still today, unfortunately, stigma and discrimination are the main causes of marginalization of people with mental health disorders in schools, workplaces, and society. Europe, and the world, have some catching up to do when it comes to addressing unmet needs in mental health. In many places, the surge in demand for mental health care overshadows the available services, with the coronavirus pandemic revealing and exacerbating a critical, and widening, gap in care.

Mental health is an integral part of our general health and well-being and a basic human right. Having good mental health means we are better able to connect, function, cope and thrive. **Mental health conditions are very common in all countries of the world. Yet, most societies and most health and social systems neglect mental health and do not provide the care and support people need and deserve.**

The result is that millions of people around the world suffer in silence, experience human rights violations or are negatively affected in their daily lives. The World Health Organization's World Mental Health Report, published last June, showed that of nearly one billion people living with a mental disorder in 2019, 15% of working-age adults experienced a mental disorder. Work amplifies wider societal issues that negatively affect mental health, including discrimination and inequality. Bullying and psychological violence, also known as "mobbing", is a key complaint of workplace harassment that

has a negative impact on mental health. **Yet discussing or disclosing mental health remains a taboo in work settings globally.** The World Health Organization (WHO) Mental Health Atlas found that only 35% of countries reported having national programs for work-related mental health promotion and prevention.

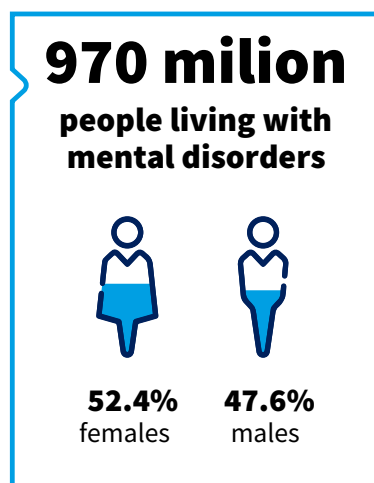
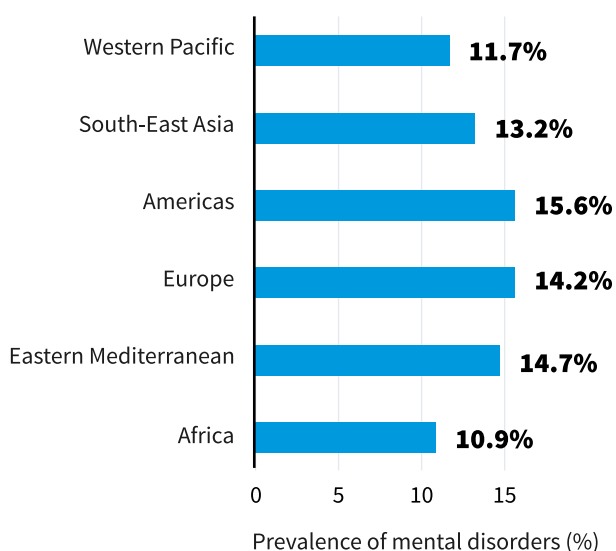
To an already complex situation, the COVID-19 pandemic has created, among its main impacts, a global crisis for mental health, changing everyone's personal and working life, with serious repercussions on psycho-physical well-being, triggering a 25% increase in general anxiety and depression worldwide, exposing how unprepared governments were for its impact on mental health, and revealing a chronic global shortage of mental health resources. In 2020, governments worldwide allocated an average of just 2% of their health budgets to the treatment and prevention of mental health conditions, with lower-middle income countries investing less than 1%.

"We should take better care of each other. And for many who feel anxious and lost, appropriate, accessible, and affordable support can make all the difference," von der Leyen said as she announced the initiative.

Mental healthcare costs to society can be significant, often far outstripping most other healthcare costs. In addition to direct costs of treatment, mental health conditions come with a variety of indirect costs associated with reduced economic productivity, higher rates of unemployment and other economic impacts.

According to a recent report by the WHO and the International Labour Organization, around 12 billion work-days are lost every year around the

PREVALENCE OF MENTAL DISORDERS ACROSS WHO REGIONS, 2019



31.0%
Anxiety disorders

28.9%
Depressive disorders

11.1%
Developmental disorder (idiopathic)

8.8%
Attention-deficit/hyper-activity disorder

4.1%
Bipolar disorder

4.1%
Conduct disorders

2.9%
Autism spectrum disorders

2.5%
Schizophrenia

1.4%
Eating disorders

Source: IHME, 2019 (112). Taken from: WHO, World Mental Health Report 2022

Source: IHME, 2019 (99). Taken from: WHO, World Mental Health Report 2022

” Most people with diagnosed mental health conditions go completely untreated. Several factors stop people from seeking help, including poor quality of services, low levels of health literacy in mental health, and stigma and discrimination. People will often choose to suffer mental distress without relief rather than risk the discrimination and ostracization that comes with accessing mental health services.

world, due to depression and anxiety, costing almost \$1 trillion.

Also, researchers from the World Economic Forum calculated that a broadly defined set of mental health conditions cost the world economy approximately US\$ 2.5 trillion in 2010, combining lost economic productivity (US\$ 1.7 trillion) and direct costs of care (US\$ 0.8 trillion). **This total cost was projected**

to rise to US\$ 6 trillion by 2030 alongside increased social costs. That's more than the researchers projected for the costs of cancer, diabetes and chronic respiratory disease combined. Low- and middle-income countries were predicted to bear 35% of the cost of these mental health conditions.

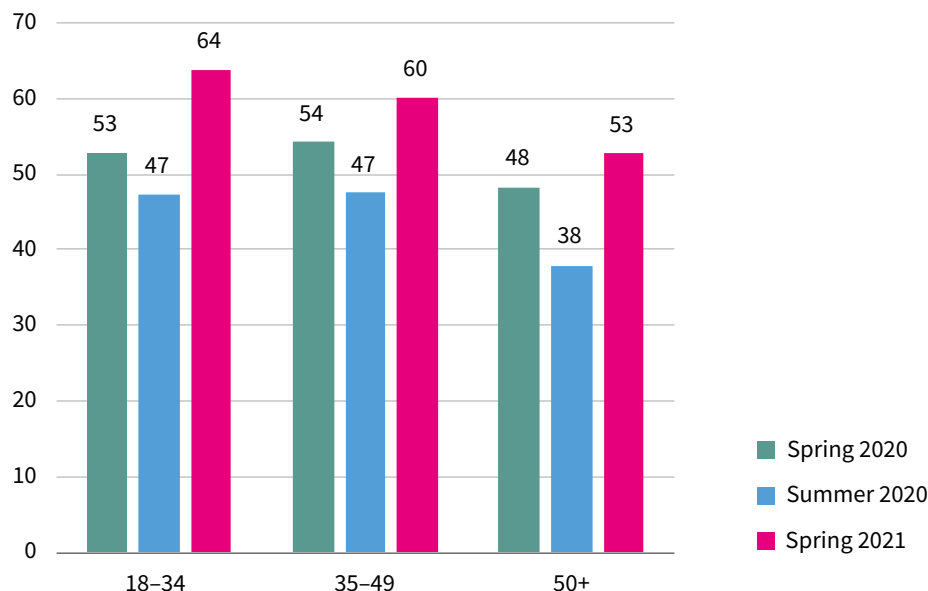
Within the European Union (EU), the employment rate of people with depression is very heterogeneous, with rates ranging from 26.9% in Romania to 68% in Germany. Nonetheless, episodes of absenteeism are frequent, and the cost linked to the loss of productivity is very high (equal to 1.6% of European GDP). There is gap in wages, with people with mental disorders perceiving a 58% lower salary than average, compared to the rest of the population. Workers' health and well-being is thus increasingly recognized as a relevant issue and the urge of further improving the mental well-being of the European population is supported by recent OECD studies which estimate the high total costs employed for the management and care of those suffering from mental illness at more than 4% of GDP (over 600 billion euros). These costs are driven by reduced productivity and participation in

the labor market, as well as direct costs outside of the health system, such as in social security programs. So far, EU-level initiatives on mental health are limited, however, a glimpse of a hope comes from EU Commission President, Ursula von der Leyen, who announced, in her State of the European Union speech last September, a new initiative with a “comprehensive approach” on mental health, to be presented in 2023. In fact, in June 2022, the Commission presented its “*Healthier Together Initiative*”, a strategy to combat non-communicable diseases, which included “mental health and neurological disorders” as a focus point.

While not yet being at the top of policymakers' agenda, psychological wellbeing is increasingly a focus for politicians – in part, due to alarm raised by researchers regarding declining mental health within the EU following the COVID-19 restrictions.

While the trend did not begin during the pandemic, the lockdowns have exacerbated difficulties, particularly for young people, women, and those with pre-existing physical health conditions, more likely to develop symptoms of mental disorders. **The WHO reports that between 10-20%**

RISK OF DEPRESSION BY AGE GROUP AND E-SURVEY ROUND, EU27 (%)



Note: Based on WHO-5 mental well-being index. People with a WHO-5 score of 50 or lower are considered to be at risk of depression. Source: Eurofound

” During the G20 Health Meeting 2021, hosted by Italy in October 2021, for the first time a side event on Mental Health was organized, during which it was stated how “a combined and coordinated action of health and social interventions through a Mental Health in the policies for education, labor, housing and community inclusion approach” is of crucial importance.

of children and young people faced mental health problems prior to the pandemic, a figure that now lies at approximately 20-25% after the multiple lockdowns.

A multidimensional snapshot, containing mental health data available in the 27 EU countries and the UK, was presented last 10th October in Brussels by the “*Headway 2023 – Mental Health Index*” report* on the occasion of World Mental Health Day.

According to the report, mental health data in Europe was already very worrying before the pandemic with 84 million people (1 in 6 people) estimated to suffer from mental disorders and 165,000 deaths per year due to mental illness or

suicide, thus placing mental health conditions fifth among the most common and second among the most disabling non-communicable diseases, accounting for 15% of European disability burden.

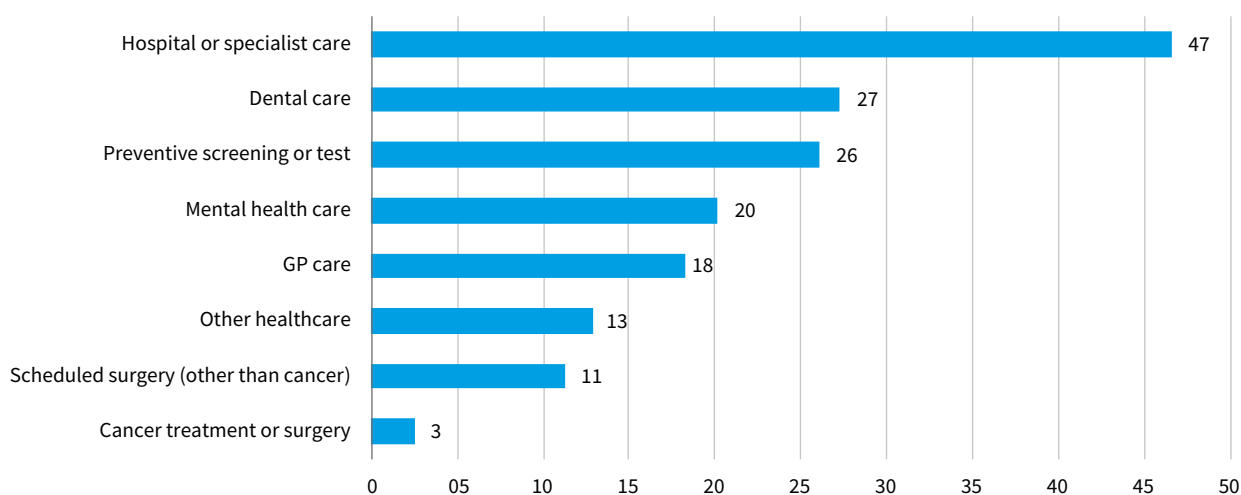
Among the mental pathologies, the most common, within the EU, are anxiety (5,529 cases per 100,000 inhabitants) and depression (4,367 cases per 100,000 inhabitants) followed by bipolar disorder, autism spectrum disorder and schizophrenia (337 per 100,000 inhabitants). Suicide is the sixth cause of death in the EU in the population under the age of 70 and the fourth cause of death in the population under the age of 20. With a European average of 11.7 suicides per 100 000 inhabitants, Lithuania and

Slovenia are the countries with the highest rate (respectively 26 and 19.5 cases per 100 000 inhabitants), while Greece and Cyprus have the lowest rate (respectively 4.5 and 4 cases per 100 000 inhabitants).

Young people across many European countries reported symptoms of depression at rates nearly double those of the general population. Risk of depression in the population aged 18 to 34 has been increasingly high, reaching 64% during the last wave of the pandemic. The number of children in the care of social services due to abuse increased by 15% (compared to 2015); 1 in 6 children under 6 and 1 in 7 between 6 and 18 years experienced behavioral and regression problems.

At least 50% of mental disorders appear before the age of 15, and 80% of these appear before the age of 18. In Europe, on average, 27.4% of children who drop out of school are also affected by a mental or behavioral disorder, with higher rates in Portugal and Spain, respectively 72% and 59%. In Denmark, where prevention and mental health promotion programs in schools are more established, the dropout rate drops to 8.3%. Bullying, affecting thousands of children and adolescents, is another im-

UNMET NEED FOR HEALTHCARE BY TYPE OF HEALTHCARE, SPRING 2021, EU27 (%)



”Mental health. A state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities. Mental health is an integral component of health and well-being and is more than the absence of mental disorder.

portant risk factor for mental disorders. On average, 28.2% of EU youths reported experiencing bullying, with Lithuania having the highest percentage (53.3%). Among 9-16-year-olds, 80% reported being victims of cyber bullying.

One alarming risk factor, for the onset of mental disorders, is alcohol abuse, which is amongst the main public health problems within the EU. In 2020 more than 140 million Europeans, 32.9% of the population, reported having abused alcohol, with Germany and Slovenia on top of the list, with almost half of the popula-

tion admitting an excessive use of it (49.3% and 48.4% respectively), 15% higher than the European average. Italy and Estonia recorded the lowest percentage, at 22%.

As for women, the pandemic has significantly undermined their mental well-being between job loss and home and work management, as well as the increase in episodes of domestic violence: 53%, against 37% of men, reported that the lockdown has had a significant negative impact on their mental health and 83% of them, against 36% of men, report a significant increase in the state of depression.

Italy, the Netherlands, Ireland, and Denmark scored the highest on quality of healthcare for people with a mental disorder, while Latvia, Greece and Romania scoring the lowest. On the other hand, according to the report, a wide variability emerges with reference to economic resources, health services and structures and social and assistance services for patients suffering from mental disorders. Italy, Estonia, and Bulgaria are among the lowest in the percentage of health expenditure destined for mental illnesses: only 3.5% of resources are allocated to mental health in Italy, a modest value compared to Germany (11.3%), Sweden (10%) and the United Kingdom (9.5%), which largely exceed the general EU average.

Among the most vulnerable categories, people with mental disorders are among those who have been mostly affected by the interruption of care services during the pandemic. According to a study by the WHO, 93% of countries reported paralysis of one or more services for mentally ill patients, 78% and



Mental Health Europe (MHE) is a European non-governmental network organisation committed to the promotion of positive mental health, the prevention of mental distress, the improvement of care, advocacy for social inclusion and the protection of the rights of (ex)users of mental health services, persons with psychosocial disabilities, their families and carers.

MHE works closely with the European Institutions and international bodies to mainstream mental health in all policies and end mental health stigma. Mental Health Europe represents associations and individuals in the field of mental health including users of mental health services, professionals, service providers and volunteers. Together with its members, MHE formulates recommendations for policy makers to develop mental health friendly policies. MHE places users of mental services at the centre of its work to ensure the voice of people who have experienced mental ill health is heard across Europe.

www.mhe-sme.org

75% of countries reported complete or partial disruption of mental health services, respectively, in schools and workplaces. The pandemic's impact on mental health services highlighted a double problem: it simultaneously drove up the need for the services, all the while eroding an already short-staffed, burnt-out health workforce. Underinvestment and long wait times for mental health services were already

a significant issue long before the pandemic. According to an April 2021 survey from *Eurofound*, within the bloc, mental healthcare ranks as one of the most unmet health needs.

These data are meant as a reflection, for us all, on the critical issues that still exist in the management of mentally ill patients, and in responding to their health needs. Suf-

fering, stigma, and social exclusion happens in the absence of environments and services that protect and support mental health and that offer affordable, quality care. Transformation in mental health is still possible... investing in and transforming mental health means investing in people. Everyone has a right to mental health. Everyone deserves the chance to thrive.



Among main Sources:

*Note: "Headway" is an initiative on Mental Health that was conceived and launched in 2017 by the Think Tank the European House - Ambrosetti in partnership with Angelini Pharma with the aim of creating a multidisciplinary platform for strategic reflection, analysis, dialogue and comparison between various European experiences in the management of individuals affected by Mental Health disorders. In 2021, the aim of "Headway 2023" has been to continue the work started in 2017 aimed at sharing knowledge and know-how to prevent, diagnose, manage, and find solutions that reduce the burden of mental conditions not only in the healthcare sectors, but also in workplaces, schools, and society in general. The initiative keeps the trajectory of the programs, activities and strategies of Governments and International Organizations such as the WHO and the UN Sustainable Development Goals, as

well as European Institutions with the objective of contributing to reducing the burden of Mental Health disorders in Europe and designing a new roadmap for Mental Health in Europe. In particular, The European House - Ambrosetti in collaboration with Angelini Pharma has elaborated an analysis on the responsiveness of European countries to Mental Health needs ("Headway2023 - Mental Health Index") with particular focus in the areas of Health, Society, School and Work, realized an institutional event to present the "Headway 2023 - Mental Health Index" on the occasion of the Mental Health Day 2021 in Brussels and has reactivated 2 multidisciplinary platforms in Italy and Spain, involving experts of the Mental Health across various sectors. Angelini Pharma www.angelinipharma.it, Media contacts: Daniela Poggio: daniela.poggio@angelinipharma.com, Felicia Ridola: felicia.ridola@angelinipharma.com - +39 345 9782356

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market outlook

Most Americans still receive their coverage from private health insurance, unusually for high-income countries.

Per capita healthcare spending far exceeds that of any other country, with mixed performance in terms of quality and outcomes.

Between 2018 and 2020, the rate of private health insurance coverage decreased by 0.8 percentage points to 66.5%.

Between 2018 and 2020, the rate of public health insurance coverage increased by 0.4 percentage points to 34.8%.

In 2020, 87.0% of full-time, year-round workers had private insurance coverage.

In contrast, those who worked less than full-time, year-round were less likely to be covered by private insurance in 2020 than in 2018 (68.5% in 2018 and 66.7% in 2020).

More children under the age of 19 in poverty were uninsured in 2020 than in 2018.

Uninsured rates for children under the age of 19 in poverty rose 1.6 percentage points to 9.3%.

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U.S. Healthcare, A Constantly Evolving System



As most healthcare systems, the U.S. is experiencing a continuous process of changes and improvements, fighting the never-ending battle of cost containment, provision of quality services and maintaining and expanding access to healthcare. This goal is one that the country can only hope to attain or come close to. Substantial portions of the economic pie are consumed by the healthcare system and the importance of healthcare is likely to have an even greater significance in the years to come.

The United States (US) has a population of over 330 million people and is supported by one of the most complex healthcare systems in the world, formed by intertwining relationships between providers, payers, and patients receiving care.

Although in a constant state of evolution, the system does not provide universal coverage and can be defined as a mixed system, where publicly financed government Medicare and Medicaid health coverage coexists with privately financed (private health insurance plans) market coverage. Out-of-pocket payments and market provision of coverage predominate as a means of financing and providing healthcare.

In addition, being the US a federal system of government, with substantial authority delegated to its regional governments – the 50 states – and a historical reluctance regarding central planning or control either at federal or state level, its healthcare system reflects this wider context, having developed largely through the private sector, and combining high levels of funding with a distinctively low level of government involvement.

As of 2020, private health insurance coverage continued to be more prevalent than public coverage at 66.5% and 34.8%, respectively. Of the subtypes of health insurance coverage, 54.4% of citizens received private insurance coverage through their employer (group insurance), 10.5% received private insurance through health insurance marketplaces (nongroup insurance), 17.8% of citizens relied on Medicaid, 18.4% on Medicare, TRICARE 2.8%, and around 1% on other public forms of insurance (e.g., Department of Veterans Affairs [VA] or Civilian Health and Medical Program of the Department of Veterans Affairs [CHAMPVA]), leaving 8.6% of Americans uninsured.

How Does Health Coverage Work?

The US stands out from many countries in not offering universal health insurance coverage. **However, according to the US Census Bureau, just over 91% of the population was estimated to have coverage in 2020, leaving 28.0 million people, or 8.6% of the population, uninsured.**

While this does not mean that they go entirely without care, movement toward securing the right to healthcare has been incremental. Its health system is a mix of public and private, for-profit, and nonprofit insurers and healthcare providers.

Employer-sponsored health insurance was introduced during the 1920s. It gained popularity after World War II, when the government imposed wage controls and declared fringe benefits, such as health insurance, tax-exempt. In 1965, the first public insurance programs, Medicare and Medicaid, were enacted through the Social Security Act, and others followed. The different forms of health coverage include:

Private Insurance Plans - There are numerous national private health insurance plans, as well as regional and self-insured plans (organized by large companies). The majority of private insurance (54.4%) is employer-sponsored. In the US, it is common for employers to contribute to private insurance premiums, usually as monthly premiums - to maintain health coverage, either in whole or part for their employees and their dependents (group insurance). Both employers and employees typically contribute to premiums; much less frequently, the employer fully covers premiums. A smaller share of individuals (10.5%) also buys private health insurance for themselves (nongroup insurance) through the health insurance marketplace or “exchange” (from for-profit and nonprofit carriers). Patients seeking nongroup insurance can qualify for tax credits based on household income.

Insurers pay providers (hospital and clinicians) for health services according to contractually agreed-upon amounts. These payments often constitute large proportions of the total cost of service, especially when considering health insurance plans with low deductibles.

Public Insurance Programs - Public health insurance programs (e.g., Medicare, Medicaid, and the Children’s Health Insurance Program [CHIP]) are operated by CMS (Centers for Medicare and Medicaid Services) and are financed primarily by government taxes. The CMS is the

” While this does not mean that they go entirely without care, movement toward securing the right to healthcare has been incremental.

largest governmental source of health coverage funding.

Medicare is the largest single payer in the United States, providing healthcare coverage for those aged 65 years and older, regardless of income or medical history, and those under the age of 65 with permanent disabilities or end-stage renal disease.

Medicaid provides care to individuals, below the poverty level, the blind, individuals with disabilities and to those who cannot afford to pay for healthcare (low-income individuals), given their eligibility, and is jointly funded by both the federal government and individual states. Each state sets its own guidelines regarding eligibility, services, and reimbursement. It is possible to qualify for coverage under both Medicare and Medicaid, and such individuals are considered to have dual eligibility. Today, Medicaid covers 17.8% of Americans.

The **Children’s Health Insurance Program (CHIP)** is a national health insurance program for children up to 18 years of age, created as a public, state-administered program for children in low-income families that earn too much to qualify for Medicaid but that are unlikely to be able to afford private insurance. Today, the program covers about 9.6 million children. In some states, it operates as an extension of Medicaid; in other states, it is a separate program. In addition to CMS, the **Veterans Health Administration (VHA)** and the **Military Health Service (MHS)** are responsible for providing healthcare coverage to veterans and active military.

Individual Financing - At the individual level, healthcare financing by patients with health insurance often includes co-payments (fixed cost for a medical service or product) or co-insurance (a proportion of the total cost of the medical service or product). In addition to co-payments or

” The majority of private insurance (54.4%) is employer-sponsored. In the US, it is common for employers to contribute to private insurance premiums, usually as monthly premiums – to maintain health coverage, either in whole or part for their employees and their dependents.

co-insurance, patients often have a deductible—a specified amount of money that the insured must pay before an insurance plan will pay for healthcare—and premiums. These patient costs are considered “out-of-pocket” spending. Patients without health insurance are forced to pay the complete cost for care, including what insurance companies would normally pay, out-of-pocket. The total out-of-pocket spending in 2019 was \$406.5 billion, which correlates to 2019 estimates of roughly \$1,240 per capita in out-of-pocket spend.

In 2010, the passage of the Patient Protection and Affordable Care Act, or ACA, represented the largest expansion, to date, of the government's role in financing and regulating healthcare. The ACA resulted in an estimated 20 million gaining coverage, reducing the share of uninsured adults aged 19 to 64 from 20% in 2010 to

12% in 2018. **The rates of uninsured Americans reached a low in 2016 and has been increasing in the following years amid changes in the availability and affordability of coverage under the Patient Protection and Affordable Care Act (ACA).** Components of the law's major coverage expansions, implemented in 2014, included:

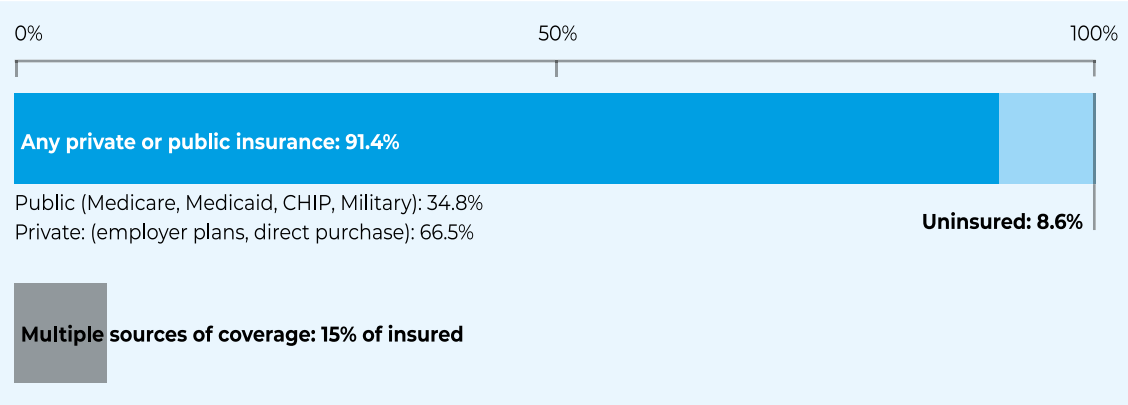
- requiring most Americans to obtain health insurance or pay a penalty (the penalty was later removed)
- extending coverage for young people by allowing them to remain on their parents' private plans until age 26
- opening health insurance marketplaces, or exchanges, which offer premium subsidies to lower- and middle-income individuals
- expanding Medicaid eligibility with the help of federal subsidies (in states that chose this option)

The Affordable Care Act ushered in sweeping insurance and health system reforms aimed at expanding coverage, addressing affordability, improving quality and efficiency, lowering costs, and strengthening primary and preventive care and public health. The most important engine for innovation is the new Center for Medicare and Medicaid Innovation. The ACA allocated \$10 billion over 10 years to the agency with the mandate to conduct research and development that can improve the quality of Medicare and Medicaid services, reduce their costs, or both. The federal government has only

a negligible role in directly owning and supplying providers, except for the Veterans Health Administration and Indian Health Service. The ACA established “shared responsibility” among government, employers, and individuals for ensuring that all Americans have access to affordable and good-quality health insurance. The U.S. Department of Health and Human Services is the federal government's principal agency involved with healthcare services. The states co-fund and administer their CHIP (Children's Health Insurance Program) and Medicaid programs according to federal regulations. States set eligibility thresholds, patient cost-sharing requirements, and much of the benefit package. They also help finance health insurance for state employees, regulate private insurance, and license health professionals. Some states also manage health insurance for low-income residents, in addition to Medicaid.

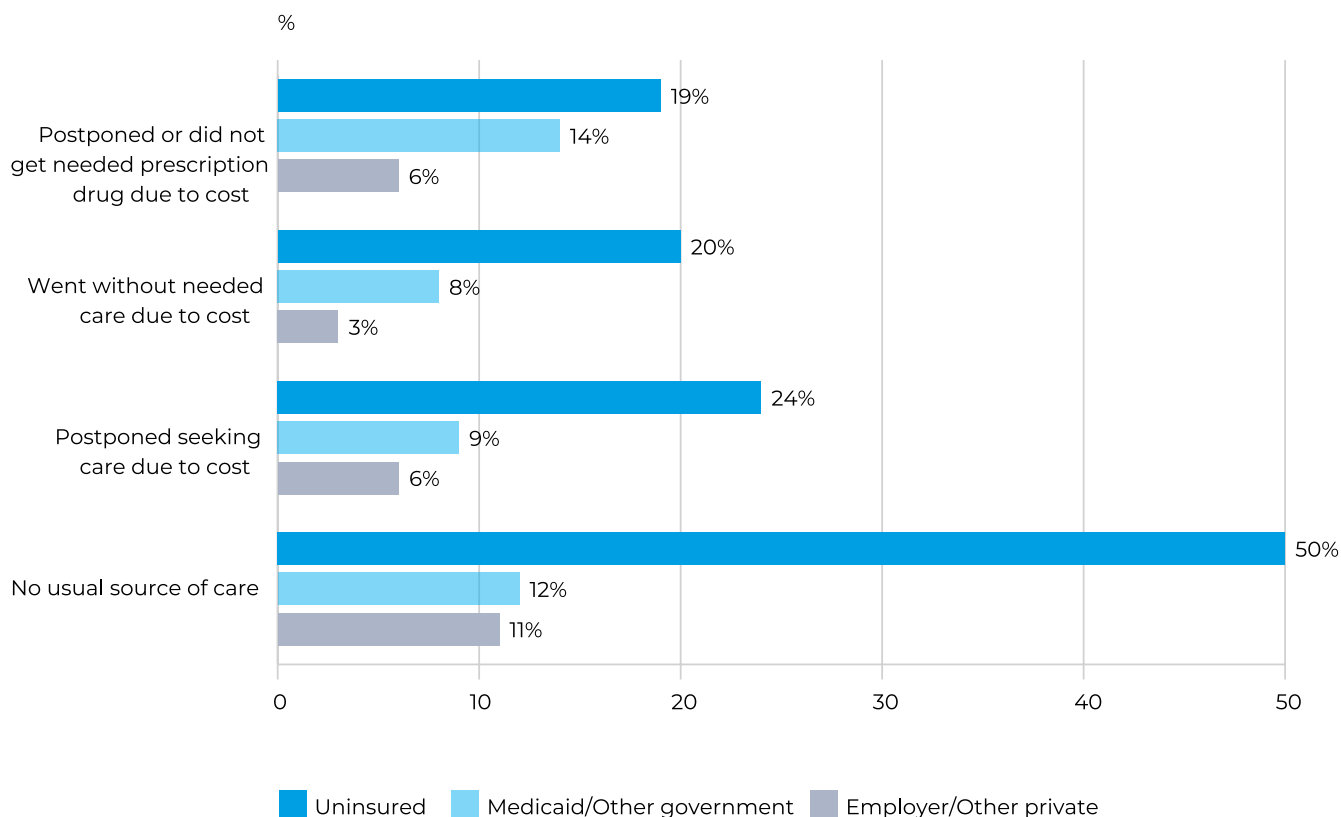
The US spends far more money on healthcare per head than any other country – 30% more than the second-highest country, Switzerland, with USD \$11,172, on average, in 2018 annual per capita health expenditures (with national averages varying from about USD 6,000 per head in Utah to more than USD 12,000 in the District of Colombia), with healthcare costs growing between 4.2% and 5.8% annually over the past five years. **In 2017, public spending accounted for 45% of total healthcare spending, or ap-**

INSURANCE COVERAGE (% OF POPULATION)



Source: U.S. Census Bureau, 2020

BARRIERS TO HEALTHCARE AMONG ADULTS AGED 18–64 BY INSURANCE STATUS, 2017



Note: Includes individuals aged 18 to 64. Includes barriers experienced in past 12 months. Respondents who said that their usual source of care was the emergency room were included among those not having a usual source of care. All differences between uninsured and insurance groups are statistically significant ($p < 0.05$)

Source: Kaiser Family Foundation, 2017. Taken from: Health Systems in Transition, Vol.22 No. 4 2020

“ The ACA allocated \$10 billion over 10 years to the agency with the mandate to conduct research and development that can improve the quality of Medicare and Medicaid services, reduce their costs, or both.

The ACA established “shared responsibility” among government, employers, and individuals for ensuring that all Americans have access to affordable and good-quality health insurance.

proximately 8% of GDP. Federal spending represented 28% of total healthcare spending. Federal taxes fund public insurance programs, such as Medicare, Medicaid, CHIP, and military health insurance programs (Veteran’s Health Administration, TRICARE [uniformed service members, managed by Defense Health Agency]).

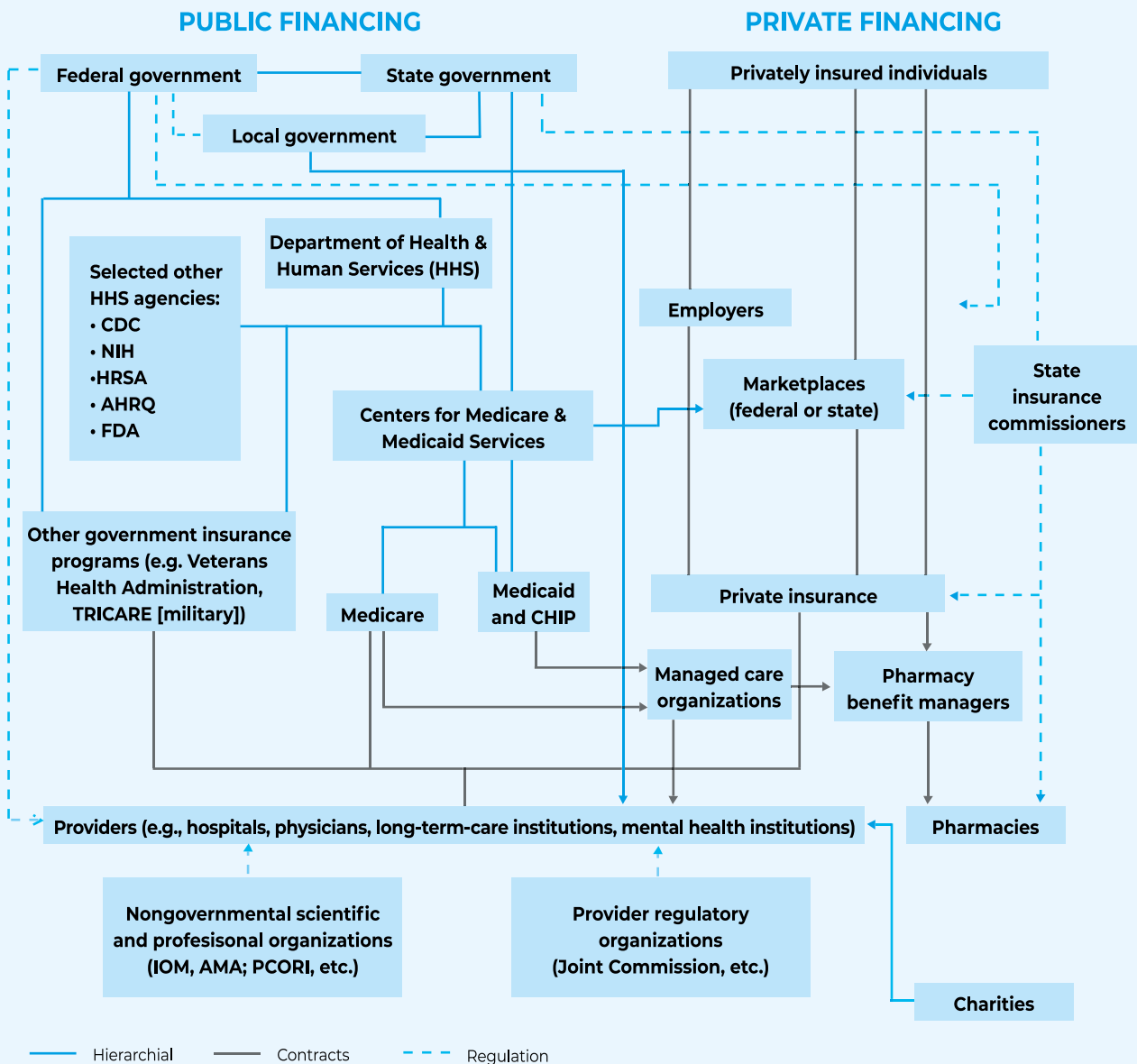
Spending on private health insurance accounted for one-third (34%) of total health expenditures in 2018. Private insurance is the primary health coverage for two-thirds of Americans (65%). In 2018, households financed, through cost-sharing and out-of-pocket spending, roughly the same share of total health care costs (28%) as the federal government. Out-of-pocket spending represented approximately one-third of this, or 10%

of total health expenditures. Out-of-pocket spending is considerable for dental care (40% of total spending) and prescribed medicines (14% of total spending).

What is covered?

There is no nationally defined benefit package; covered services depend on insurance type:

Medicare. People enrolled in Medicare are entitled to hospital inpatient care (Part A), which includes hospice and short-term skilled nursing facility care. Medicare Part B covers physician services, durable medical equipment, and home health services. Medicare covers short-term post-acute care, such as rehabilitation services in skilled nursing facilities or in the home, but not long-term care. Part B covers only limited outpatient



Note: CDC = Centers for Disease Control and Prevention; NIH = National Institutes of Health; HRSA = Health Resources and Services Administration; AHRQ = Agency for Healthcare Research and Quality; FDA = Food and Drug Administration; CHIP = Children's Health Insurance Program; IOM = Institute of Medicine; AMA = American Medical Association; PCORI = Patient-Centered Outcomes Research Institute.
Source: Adapted from T. Rice et al., "United States of America: Health System Review". Health System in Transition, vol. 15, no. 3, 2013, p. 27.

Source: The Commonwealth Fund <https://www.commonwealthfund.org/international-health-policy-center/countries/united-states>

” In 2018, households financed, through cost-sharing and out-of-pocket spending, roughly the same share of total health care costs (28%) as the federal government.

prescription drug benefits, including injectables or infused drugs that need to be administered by a medical professional in an office setting. Individuals can purchase private prescription drug coverage (Part D). Coverage for dental and vision services is limited, with most beneficiaries lacking dental coverage. The ACA introduced a federal marketplace, HealthCare.gov, for purchasing individual primary health insurance or dental coverage

through private plans. States can also set up their own marketplaces. More than one in three Medicare beneficiaries in 2019 opted to receive their coverage through a private Medicare Advantage health plan.

Medicaid. Under federal guidelines, Medicaid covers a broad range of services, including inpatient and outpatient hospital services, long-term care, laboratory and diagnostic services,

| Percentage reported | Australia | Canada | France | Germany | Netherlands | New Zealand | Norway | Sweden | Switzerland | U.K. | USA |
|---|-----------|--------|--------|---------|-------------|-------------|--------|--------|-------------|------|-----------|
| Had any cost-related access problem to receiving care from a doctor this year | 14 | 16 | 17 | 7 | 8 | 18 | 10 | 8 | 22 | 7 | 33 |
| Skipped dental care or check up because of cost in the past year | 21 | 28 | 2 | 14 | 11 | 22 | 20 | 19 | 21 | 11 | 32 |
| Had serious problems paying or was unable to pay medical bills | 5 | 6 | 23 | 4 | 7 | 5 | 8 | 5 | 11 | 1 | 20 |

Source: Schneider et al., 2017. Taken from: *Health Systems in Transition*, Vol.22 No. 4 2020

DISTRIBUTION OF (PUBLIC) HEALTH EXPENDITURE BY TYPE OF EXPENDITURE

| | 1980 | 2000 | 2010 | 2018 |
|---|------|------|------|------|
| Hospital care (%) | 39 | 30 | 31 | 33 |
| Physician and clinical services (%) | 19 | 21 | 20 | 20 |
| Other professional and personal healthcare services (%) | 5 | 7 | 8 | 8 |
| Dental services (%) | 5 | 5 | 4 | 4 |
| Nursing home and home healthcare (%) | 7 | 8 | 8 | 7 |
| Prescription drugs (%) | 5 | 9 | 10 | 9 |
| Other medical products (%) | 5 | 4 | 4 | 2 |
| Administration (%) | 5 | 6 | 7 | 8 |
| Government public health activities (%) | 3 | 3 | 3 | 3 |
| Investment (%) | 8 | 6 | 6 | 5 |

Source: CMS, 2018c. Taken from: *Health Systems in Transition*, Vol.22 No. 4 2020

family planning, nurse midwives, free-standing birth centers, and transportation to medical appointments. **States may choose to offer additional benefits, including physical therapy, dental, and vision services. Most states (39, as of 2018) provide dental coverage.** Outpatient prescription drugs are an optional benefit under federal law; however, currently all states provide drug coverage. Medicaid beneficiaries may receive their benefits through a

private managed care organization, which receives capitated, typically risk-adjusted payments from state Medicaid departments. More than two-thirds of Medicaid beneficiaries are enrolled in managed care.

Private insurance. Benefits in private health plans vary. **Employer health coverage usually does not cover dental or vision benefits.**

The ACA requires individual market-

place and small-group market plans (for firms with 50 or fewer employees) to cover 10 categories of “essential health benefits”:

- ambulatory patient services (doctor visits)
- emergency services
- hospitalization
- maternity and newborn care
- mental health services and substance use disorder treatment
- prescription drugs



NUMBER OF SELECTED TYPES OF HEALTHCARE FACILITIES IN THE UNITED STATES

| | 2005 | 2015 |
|---|---------|---------|
| Ambulatory care (all facilities) | 454,025 | 483,522 |
| Doctors' offices* | 189,562 | 178,123 |
| Dentists' offices* | 118,163 | 125,904 |
| Ambulatory surgical centres (Medicare certified)* | 4,445 | 5,470 |
| Rural health clinics (Medicare certified)* | 3,661 | 4,104 |
| Hospitals, all | 5,756 | 5,564 |
| Hospitals, community | 4,936 | 4,862 |
| Nursing homes (Medicare certified) | 15,006 | 15,656 |
| Home health agencies (Medicare certified) | 8,090 | 12,149 |
| Hospices (Medicare certified) | 2,872 | 4,302 |
| End-stage renal disease facilities (Medicare certified) | 4,755 | 6,558 |

Note: * Selected subsets of ambulatory care services. Sum of subsets does not equal total ambulatory care services

Sources: NCHS, 2014, 2015, 2016, 2017. Taken from: Health Systems in Transition, Vol.22 No. 4 2020

| | Canada | France | Germany | Japan | United Kingdom | United States |
|---|--------|--------|---------|-------|----------------|---------------|
| Acute-care hospital beds per 1000 pop., 2016 | 2.6 | 6.1 | 8.1 | 13.2 | 2.6 | 2.8 |
| Numbers of CT scanners per million pop., 2017 | 15.3 | 17.3 | - | - | - | 42.6 |
| Numbers of MRI units per million pop., 2017 | 10.0 | 14.2 | - | - | - | 37.6 |

Source: OECD, 2018a. Taken from: *Health Systems in Transition*, Vol.22 No. 4 2020 Sources: NCHS, 2014, 2015, 2016, 2017. Taken from: *Health Systems in Transition*, Vol.22 No. 4 2020



Principal Health Reform

- The Patient Protection and Affordable Care Act (ACA) of 2010 is generally thought to be the most significant health reform in the US since Medicare. Over the years since its adoption, it has come to be accepted by a small majority in the USA.
- The Trump Administration adopted measures, mainly through executive action, to weaken the ACA, although it has not been successful in keeping its promise to repeal it in its entirety.
- The courts, including the Supreme Court, have been called to rule on several point within the ACA and new legal challenges are likely to emerge in the future.
- The absence of a robust public insurance plan to compete with the private sector insurers may have contributed to less than adequate competition in the health insurance market.
- The number of individuals remaining uninsured – about 9% of the US population – may require attention in the future as premiums rise and more people take advantage of the repeal of the penalty attached to the individual mandate

EMPLOYED US HEALTHCARE PERSONNEL PER 100 000 POPULATION, 2017

| | |
|--|-------|
| Physicians, including surgeons | 205.0 |
| Chiropractors | 10.3 |
| Dentists | 38.5 |
| Optometrists | 11.5 |
| Podiatrists | 3.0 |
| Pharmacists | 95.1 |
| Registered nurses | 894.1 |
| Physician assistants | 33.6 |
| Occupational therapists | 38.8 |
| Physical therapists | 69.3 |
| Respiratory therapists | 39.4 |
| Speech-language therapists and pathologists | 43.8 |
| Other therapists | 16.6 |
| Clinical lab technologists and technicians | 99.2 |
| Dental hygienists | 65.1 |
| Licensed practical/vocational nurses | 216.1 |
| Medical records and health information techs | 62.8 |

Sources: Data from Current Population Survey (CPS), Bureau of Labor Statistics, HRSA, DHHS; US Census Bureau, Census 2017 and population estimates for those year. Taken from: *Health Systems in Transition*, Vol.22 No. 4 2020

- rehabilitative services and devices
- laboratory services
- preventive and wellness services and chronic disease management
- pediatric services, including dental and vision care.

Although the US is renowned for its leadership in biomedical research and cutting-edge medical technology, its medical system faces significant issues. Among them are high costs of care, which prevents many Americans from accessing quality healthcare services. Patients with below-average incomes are much more affected, since visiting a physician when sick, getting a recommended test, or follow-up care is unaffordable. Furthermore, health insurance coverage is often uneven, as premiums are rising, and the quality of the in-

surance policies is falling. Lack of transparency is another issue, as fraud and cover-ups are widespread. For example, the providers “upcode” a procedure to get more money from insurance companies, but insurance charges higher premiums from employers. Hence, health consumers get stuck in the middle without any control over health outcomes and pricing.

Among main sources:

- Extracts from *The Commonwealth Fund* (Roosa Tikkanen, Robin Osborn, Elias Mossialos, Ana Djordjevic, George A. Wharton), June 5, 2020: <https://www.commonwealthfund.org/international-health-policy-center/countries/united-states>
- Health Systems in Transition*, Vol.22 No. 4 2020, *United States*, Health system review. North American Observatory on Health Systems and Policies and the European Observatory

on *Health Systems and Policies*, a partnership hosted by WHO

- United States Census Bureau: <https://www.census.gov/library/publications/2021/demo/p60-274.html>
- ISPOR -<https://www.ispor.org/heor-resources/more-heor-resources/us-healthcare-system-overview/us-healthcare-system-overview-background-page-1> <https://www.ispor.org/heor-resources/more-heor-resources/us-healthcare-system-overview/us-healthcare-system-overview-background-page-2/>
- The U.S. Healthcare System is Broken: A National Perspective, July 27, 2021
- By Johonniuss Chemweno: <https://www.managedhealthcareexecutive.com/view/medicaid-programs-start-to-embrace-respite-care-for-unhoused>
- *Comparisons of Health Care Systems in the United States, Germany and Canada*, by Goran Ridic, Suzanne Gleason, and Ognjen Ridic: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3633404/>

MEDICA and COMPAMED

present themselves as
extremely vital platforms
in turbulent times

COMPAMED



When it comes to searching for business alternatives and reliable partnerships, the international healthcare industry is particularly active

MEDICA and COMPAMED continue to develop in an extremely vital manner. The world's leading medical trade fair and the international No. 1 for the medical technology supply sector once again impressively underscored their positive results from the previous year with strong numbers – despite continuing adverse conditions. A significant increase in bookings on the part of the exhibiting companies was followed after four days by a marked increase in the number of trade visitors attending the event. More than 81,000 visitors from various sectors of the global healthcare industry came to Düsseldorf, Germany, to attend MEDICA 2022 and COMPAMED 2022 from 14 - 17 November 2022. Here, a total of more than 5,000 exhibitors from 70 nations offered them a variety of innovations for modern outpatient and clinical care – including all components, products and processes for their development and production. The share of international trade visitors was 75 percent. After the European countries, trade visitors from South Korea, the USA and groups of visitors from India and North African countries were also represented in large numbers.

"Flying your flag, presenting convincing innovations, intensifying

networking: These are the means of choice for companies to demonstrate strength in a challenging market environment. MEDICA and COMPAMED, with their international appeal and the visitor's high degree of decision-making authority, offered the best opportunities for this", says Erhard Wienkamp, Managing Director of Messe Düsseldorf, underlining the prominent role of both events as platforms for the global healthcare business. More than 80 percent of all trade visitors are significantly involved in important business decisions in their companies and institutions.

Among the top decision-makers who visited MEDICA 2022 was, for example, German Federal Minister of Health Prof. Dr. Karl Lauterbach. He took part in the opening event of the 45th German Hospital Day and outlined the key points of the planned hospital reform. Also among the MEDICA guests were H.E. Prof. Ron Prosor, Ambassador of Israel, Mona



Infomedix International, Silfradent, TAG Grup and TUENDA companies at Medica 2022

”

MEDICA is an important platform for us and the companies in our network to expand contacts and find partners for joint projects.



“MEDICA, with the participation of numerous international exhibitors, offers a good opportunity for GHA member companies to meet international cooperation partners, whether as visitors or while participating as exhibitors.

Neubaur, Minister of Economics of North Rhine-Westphalia and, among others, the Consuls General of Japan and the USA, Setsuko Kawahara and Pauline Kao.

“Cooperation and communication are drivers of the industry”

In a dynamically changing market environment, medical technology companies are relying more than ever on cooperative ventures – both in terms of production, marketing, sales and after-sales services – in order to be able to reliably offer customised solutions for hospitals and outpatient care across national

borders. For these reasons, MEDICA is virtually predestined as a starting point for international business, as Yvonne Glienke, Managing Director of the medical technology network Medical Mountains, emphasises: “MEDICA is an important platform for us and the companies in our network to expand contacts and find partners for joint projects. Both aspects come together at the MEDICA TECH FORUM. Here, for the first time, we were able to contribute our expertise alongside the industry association SPECTARIS and also organise a networking evening. Cooperation and communication are the driving forces to advance the medical technology industry.”



Infomedix International booth during Medica 2022

The forum, jointly organised by the industry association SPECTARIS and Medical Mountains, provided an overview of medical technology topics that are of particular relevance today. Among others, the sessions on aspects of product approval, certification issues or market peculiarities in relation to selected country markets such as the UK, Norway or China were very well received by the MEDICA audience.

The strong interest in this is not surprising. According to the latest SPECTARIS figures, the German medical technology industry generates two-thirds of its sales in the

export business. The German Health Alliance (GHA), a broad-based initiative with members from industry, logistics, research, the banking sector and NGOs, has also set itself the goal of boosting this business. Heike Lange, member of the GHA management board, points out that MEDICA offers the best conditions for achieving these objectives: "MEDICA, with the participation of numerous international exhibitors, offers a good opportunity for GHA member companies to meet international cooperation partners, whether as visitors or while participating as exhibitors. This combination often results in expanded opportunities for cooperation, especially with regard to the export-oriented companies among our members."

Focus on digitalisation – innovations for smart processes

The following can be summarised with regard to the abundance of innovations presented and the topics intensively discussed in the specialist forums or accompanying conferences: Covid is an unchanged "perennial" topic. Not least as a result, the digitalisation of healthcare has become an even greater focus in almost all countries. And a strained personnel and cost situation among service providers is driving product development toward innovative solutions for smart processes.

In the context of the Covid pandemic and the increasing trend towards outpatient treatments in healthcare, products and services for the point of care, i.e. for patient-oriented diagnosis and treatment, remain in high demand. With the title "COVID-19: The Challenge Remains", the MEDICA LABMED FORUM provided a fitting medical perspective and bridged the gap in terms of content. Current challenges were discussed, based on ever new virus variants, and the need to improve both diagnostics and therapy (keyword: vaccine development) to be adjusted accordingly. Detection of new viral variants, immunity testing using antibody and T-cell assays and approaches to developing a universal COVID-19 vaccine were among the

” As a sought-after brand ambassador in the medical sector, Riedel knows MEDICA well: “It’s always exciting here to see how products and technology evolve.

topics the contributions focused on.

Meanwhile, the “booster” for the digitalisation of healthcare and the demand for smart processes benefits the (digitally driven) start-up scene. During the days of the trade fair, they were offered a variety of options to present themselves. The MEDICA CONNECTED HEALTHCARE FORUM as a dialogue platform on digital health trends with integrated pitch competitions especially for start-ups as well as the MEDICA START-UP PARK as a large joint booth with again about 40 companies are worth mentioning. The competition for the 11th MEDICA START-UP COMPETITION, which annually focuses on outstanding digital innovations, was won in the final pitch by the start-up IDOVEN from Spain with a cloud-based, AI-supported platform for ECG analysis.

Artificial intelligence and robotics with practical benefits

The portfolio of other innovations presented by start-ups at MEDICA 2022 ranged from a palm-sized system for wireless monitoring of the unborn, ultrasound heads with special contour-fitting capabilities, to other numerous solutions based on artificial intelligence (AI), such as for the precise diagnosis of neurocognitive disorders based on eye movements or the simplified keeping of electronic medical records.

Speaking of help for medical personnel: During MEDICA 2022, researchers at Fraunhofer IPA presented a system for patient anamnesis during admission to clinics that will no longer require the immediate presence of medical staff. Sophisticated sensor technology ensures the automatic recording of vital data, and an avatar assists in questioning the patient. The trend toward automated processes is also confirmed by Axel Weber, Vice President Sales Medical



Infomedix International team at Medica 2022

Robotics, KUKA Deutschland GmbH (Robotics Division): "MEDICA is the largest medical technology trade fair in the world. We participate in the fair because it is the ideal platform for us to present our innovative technologies. With our robotics, we are shaping the medical technology of tomorrow. One trend is the increase of more autonomy in systems in medical technology. In the future, these will be able to perform more and more tasks independently thanks to numerous sensors and supported by artificial intelligence. This is already the case in rehab, for example. In the future, though, we'll see it more and more in surgery."

Golden health tips from winning Olympians

During all fair days, visitors were able to meet victorious Olympians – not only in the form of virtual avatars but also live: Heike Henkel, Olym-

pic high-jump champion, and Lars Riedel, Olympic discus throw champion, were the focus of lively interest at the MEDICA SPORTS HUB – a new action area in the middle of the physiotherapy theme segment. In short presentations and supplemented by small exercises to participate in, the focus was on tips & tricks for healthy training, proper nutrition, team success or aspects of mental health.

On these topics, Heike Henkel and Lars Riedel were able to report not only from their wealth of experience as sports professionals, but also from their current active lives. As a certified mental coach, Henkel advises competitive athletes, while Riedel is a passionate golfer. On every day of the trade fair, he invited visitors to participate in a special golfer's warm-up with regard to establishing the perfect rotation of the body. As a sought-after brand ambassador in the medical sector, Riedel knows MEDICA well: "It's always exciting here to see how products and technology evolve."



Subcontracting: Cutting-edge know-how for cutting-edge technologies

In many cases, an important foundation for top performance using cutting-edge technologies (e.g., for vital data acquisition) is provided by the approximately 700 companies presenting themselves at COMPAMED in Halls 8a and 8b. They provide the medical technology industry with a complete range of high-performance components and digitalised solutions, such

as sensors, batteries, chips, biocompatible and ultra-tight coatings and radio modules for mobile diagnostic devices (including wearables), implants and laboratory equipment. Microfluidics is currently a particularly popular topic and was therefore the subject of two well-attended program sessions at the COMPAMED HIGH-TECH FORUM held by the IVAM trade association. The handling of liquids in the smallest of installation spaces is significant for laboratory medical test procedures and, as a result of the Covid pandemic, has been the focus of sustained attention.

Date of the next MEDICA and COMPAMED in Düsseldorf:
13 –16 November 2023

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The 5th World Happiness Summit (WOHASU) will take place, for its first time, in Italy, and Como will turn to the capital of happiness. The main WOHASU 2023 theme will be connection, which represents the key to relational, social, and environmental well-being. The World Happiness Summit® is a 3-day event that will unite the world's most accredited experts in the science of happiness and well-being, motivational speakers, and a global audience willing to share their experiences and learn the practical tools for a happier life.

WOHASU® aims to bring awareness about the benefits behind the science of happiness and well-being. It strives to educate individuals, businesses, and civic leaders about the importance of learning and implementing data-driven tools and policies that can make people, organizations, and communities happier.

"We are thrilled to host WOHASU in Europe, and are honored by our partnership with DHL Express, which was ranked No. 1 in the World's Best Workplace™ by Great Place to Work™ in 2021 and 2022. As the venue for WOHASU 2023, we have chosen Lake Como, a UNESCO World Heritage Site, a place of connection, nature, and beauty in which we want to immerse ourselves totally, both within the place and with the population, precisely following WOHASU 2023 main theme: the connection that, for us, represents

the key to well-being," states Karen Guggenheim, CEO/Founder, WOHASU® & World Happiness Summit®, Wellbeing Advocate & Post Traumatic Growth Speaker. "In fact, the biggest indicator of happiness is the quality of our social connections. The connection satisfies our needs as social beings, but we are not referring only to the relational sphere. We are referring to a broader approach, as we can connect with ourselves and our surroundings in different and important ways. It's important to establish a healthy connection with ourselves before pursuing positive connections with others. WOHASU is an invitation to come together and build together the foundations of a happier, healthier, and more satisfying personal and professional life!"

The Summit in Italy will also be an opportunity to launch the Think Tank Wellbeing at Work meeting, dedicated to increasing wellbeing in workplace. The relevance and actuality of this initiative is supported by research, indicating that people have emerged from the global crisis with a clear mission: to prioritize happiness and purpose in their lives, especially in the workplace. WOHASU LLC was founded by Karen Guggenheim in 2016 and the last World Happiness Summit took place in March 2022 in Miami, Florida with over 40 speakers and 100+ coaches addressing an audience of over 1,000 attendees from 40 different countries.



For more info:

www.worldhappinesssummit.com

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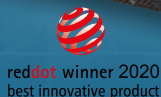
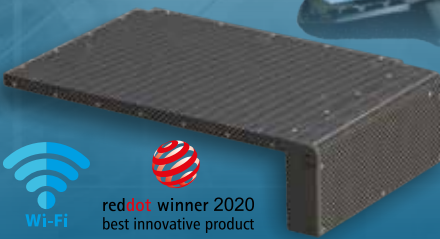
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Henry Schein UK partners with The Hygiene Bank to help tackle hygiene poverty



Emma Thomas (Hygiene Bank) and Team Schein Members.



Team Schein Member packing the car with the boxes of items to be delivered to the local organisations.

Henry Schein Dental and Henry Schein Medical UK have teamed up with The Hygiene Bank, a nationwide organisation that provides people in need with hygiene products across the UK, to help tackle hygiene poverty. Hygiene necessities were donated, sorted, packed, and delivered to three local organisations by Henry Schein UK.

More than one in five people in the UK live in poverty – 14.5 million people according to the Joseph Rowntree Foundation. Access to basic hygiene items such as toothbrushes, toothpaste, and soap, is limited for many of these individuals. Therefore, Team Schein Members (TSMs) at Henry Schein UK came together to donate 723.34kg personal and household products for people who need it most.

Members of Henry Schein UK's Corporate Social Responsibility Committee at its Gillingham Head Office stockpiled the products, creating packages tailored for different members of the community. Once sorted and packed, committee members along with Emma Thomas, Project Coordinator at The Hygiene Bank Medway, delivered the range of items (toothbrushes and toothpaste, shampoo, conditioner, deodorant, soap, laundry detergent, and more) to The Nigerian Community Association (Kent and Medway), Warren

Wood Primary Academy (Rochester), and a voluntary organisation in Medway. The hygiene items are set to be given to refugees, domestic abuse victims, and local underserved families who need immediate support.

"The Hygiene Bank Medway is based on community involvement and collaboration. Working with the Henry Schein UK team highlights just how amazing things can happen when we all pull together," said Ms. Thomas. "Hygiene poverty is often described as a hidden crisis in today's society, but by working locally in partnership with Henry Schein UK, we hope to strengthen community cohesion by raising awareness that although hygiene poverty is close to home, it is also a problem that we can tackle together. Thanks again to the Henry Schein UK team for their support, and we sincerely hope it is just the start of our amazing partnership."

This initiative aligns with Henry Schein Cares, Henry Schein's corporate social responsibility programme. Henry Schein Cares stands on five pillars: empowering Team Schein to reach their potential, advancing health equity and expanding access to care for underserved communities, accelerating environmental sustainability, strengthening, and diversifying our supply chain, and maintaining strong

ethical governance. Health care activities supported by Henry Schein Cares focus on four main areas: (1) wellness, treatment, prevention, and education; (2) capacity building; (3) emergency preparedness and disaster response; and (4) health system strengthening.

"Henry Schein UK is pleased to join forces with The Hygiene Bank to help make a difference in the lives of individuals in our local community," said Vikki Goodall, Senior Director and General Manager, Henry Schein Dental UK. "The reality is that millions of people across the UK are lacking access to basic human necessities – something that many of us take for granted. Team Schein is grateful to the Hygiene Bank for giving us the opportunity to provide much needed items to very deserving people and families, and we look forward to continuing our partnership."

Other Henry Schein offices also collected hygiene products and donated to them local banks, including locations in Cardiff, Derby, Ireland, and Ilkley.

www.thehygienebank.com

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