Original Research Article

Creating Socially Accountable Health Conferences: Guidance from Around the World

Amy Clithero-Eridon[1], Gary C. Le[2], Jan De Maeseneer[3], Anthony Fleg[1], Robert Woollard[4]

Departments of [1]Family and Community Medicine and [2]University of New Mexico School of Medicine, New Mexico, USA, [3]Department of Public Health and Primary Care, Ghent University, Ghent, Belgium, [4]Department of Family Practice, University of British Columbia, Vancouver, Canada

ABSTRACT

Background: Very little attention has been given to the social accountability of conferences, either in action or in scholarship, in particular, of scientific conferences. Concerns that have been raised include: (1) Local communities and regions suffer from ecological pressure caused by conferences, (2) There is limited value to the local community, (3) International conferences take place at locations irrelevant to the topics discussed; hence there is no connection with locals, and (4) It has been the observation of the authors that <10% of participants may come from the region where the conference is organized, which makes it challenging to make a "positive societal impact" locally. We conducted a natural experiment investigating the interactions between academia, conference organizers, and community leaders. **Methods:** We utilized a case study approach to report on the outcomes of two 2022 annual international conferences that seek to improve community health. We used a mixed-methods approach of surveys and interviews. Thematic analysis was conducted to identify the key themes. **Results:** We obtained 358 responses from all six World Health Organization regions. Results from both conferences were split into two categories: the why and the how. A strong consensus among participants is that bi-directional learning between conference organizers and local communities leads to shared understanding and mutual goals. The data emphasize that including communities in academic conferences helps us progress forward from intentions toward demonstrating accountability and reporting impact. **Discussion:** A diversity of perspectives is needed to advance socially accountable health system transformation. Five best practices from conference participants are laid out as a framework to assist in the change: (1) Build trust, (2) provide funding for community member participation, (3) appreciation of local community knowledge, (4) involve the local community in the planning stages, and (5) make the local community part of the conference and learning.

Keywords: Community engagement, conferences, social accountability

Background

Little has been written about the legacy of scientific conferences[1-3] Findings from these studies correctly identify major concerns with in-person conferences, including (1) Local communities and regions suffer from ecological pressure,[4] (2) there is limited value to the local community, (3) frequently, international conferences take place at locations that are entirely irrelevant for the topics discussed; hence there is no link with the local context, and (4) it has been the observation of the authors that often <10% of participants may come from the region where the conference is organized, which makes it challenging to make a "positive societal impact" locally. Recently, attention has been asked in the broader context of international conferences in different domains for their "legacy" in the country of the conference venue at the macro-, meso-, and micro-level. This legacy could be described

Access this article online

Quick Response Code:

Website: www.educationforhealth.net

DOI: 10.4103/efh.efh_231_23

Address for correspondence:
Dr. Amy Clithero-Eridon,
University of New Mexico School of Medicine, MSC09-50540,
1 UNM Albuquerque, New Mexico 87131, USA.
E-mail: aclithero@salud.unm.edu

How to cite this article: Clithero-Eridon A, Le GC, De Maeseneer J, Fleg A, Woollard R. Creating socially accountable health conferences: Guidance from around the world. Educ Health 2023;36:135-42.

Submitted: 27-Aug-2023 **Revised:** 18-Oct-2023
Accepted: 03-Nov-2023 **Published:** 22-Dec-2023

as the answer to the question: what sustainable difference has this international conference made to relevant features and indicators of the conference topic and how will this influence further equitable developments and actions of the (local, regional, and national) stakeholders involved? While legacy does convey the idea of building something over a long period, it refers to something an organization leaves behind, their "gift" to the world globally and the local community more specifically. The term impact is a complex and transformative concept and a critical dimension of a legacy. It can mean an intention toward social or societal impact, which is, in effect, an intention to generate a positive outcome over time, which yields value to stakeholders and includes economic, social, cultural, ethical, environmental, legal, and political impacts in a given situation, which yields a value for society. Legacy as a construct incorporates impact but also refers to the values visitors are confronted with when participating in an international conference. The examples include developing an open mind, learning contextual reflection, expressing gratefulness, and strengthening a respectful appreciation of diversity.

Effective community engagement occurs when the local community or its representatives are active and equitable partners who share decision-making capacity with policymakers or institutions and are involved in every step of the proposed changes within their community.[5] Community engagement that is effective and not superficial has, time and time again, resulted in positive engagement and endorsement by the local community that led to the successful implementation of new programs or policies that otherwise may have been ineffective or limited.[6] A rapid literature review found that building a safe and trusting environment enabled the locals to provide invaluable input early on. In addition, allowing the locals to have shared decision-making, early involvement, and addressing power differentials resulted in the best community engagement outcome.[3]

Defining "community" is complex. On a simple level, it would seem to be the physical community of the conference. But as we know, community participants in research and interventions are infrequently invited to co-present with their team, so "community" should also include attention to this issue. The physical geographic community could mean academics from the community being asked to present and serve on the planning committee. In this paper, we define "community" as explicitly people who are not academics living in the physical community. The purpose of this natural experiment is to (1) Explore the importance of including, and consequences of not including, local community members in conferences and (2) Provide "best practices" for conferences via conference engagement. As new ideas are presented, active community engagement with academics may be core to improving local community outcomes.

Methods

We utilized a case study approach to report on the outcomes of two 2022 annual international conferences that seek to improve community health. For the first case, we used an online survey to gather opinions from community leaders who belong to The Network Toward Unity for Health (Network TUFH).[7] Next, we conducted in-person interviews with attendees at the Network TUFH conference in Vancouver, British Columbia. Table 1 reports for survey and interview questions. For case study 2, The European Forum for Primary Care (EFPC),[8] we documented the process leading to the implementation of an international conference focusing on "legacy," surveyed conference participants, and interviewed key stakeholders about the short-term outcomes of the meeting.

We define legacy, impact, and societal impact in Table 2.

Case study 1

The Network: TUFH is a global consortium of organizations that strive to improve health globally and locally through community-oriented service, research, and education. The Network: TUFH has a rich history of engaging with communities across the globe since 1979.[9] One of the key features is hosting an annual meeting in a different World Health Organization (WHO) region to ensure equity and representation. A typical element of the annual meeting is visiting local community health organizations so conference participants better understand how local care is delivered, facilitating bi-directional learning. However, to our knowledge,

Table 1: Survey and interview questions

What is your home country?
What is your experience with community and academic partnerships?
Are you attending in person the 2022 network TUFH conference in Vancouver?
If yes, what are your expectations for community engagement and/or immersion with conference participants?
What are your "words of wisdom" or ideas for best practices for academic conferences to engage with community members?
Why is this important?

TUFH: Toward Unity for Health

Table 2: Definitions

Term	Definition
Legacy	What has been realized through the conference: A tangible asset produced by and inherited from a specific strategic approach by the action of the conference organizer (perspective of the organizer)
Impact	The expected outcomes and observable (and eventually measurable) effects of what has been accomplished. The impact is the sum of changes (or effects) an organization generates through its actions on the community or ecosystem, which consider the needs of stakeholders, the loco-regional community, and the system targeted (perspective of the end beneficiary)
Societal impact	Describes the positive and lasting change associations can foster in their communities through activities such as international conferences

communities have yet to be asked whether these site visits are helpful or a hindrance. Further, it is rare to invite community members to an academic conference when, in fact, the research presented may have been conducted in the community, or outcomes may have implications for the local community.

Methods

Study population

We identified participants using a stratified purposeful sampling of persons associated with the Network TUFH. We identified persons by their position on either the board of directors or board of advisors or by attending the annual Network TUFH 2022 conference and who registered for the conference before May 2022. We purposefully selected community leaders from this group known to the researchers as experts in their respective fields. We also aimed to have a representative sub-population of regions for heterogeneous characteristics to capture the essence of individual experiences across various contexts and settings. To maintain a balance among regions, if a known expert did not respond to the survey after three invitations spaced out over 2 weeks, we randomly selected participants within a region from the main population using the Excel randomizer function.

The Network TUFH has 1273 active members with 64 board of directors/board of advisors members. At the time of the study, registered conference participants numbered 125. The total eligible pool of participants was 189. We sent 50 surveys and received 25 completed responses for a response rate of 50%. We conducted an additional ten in-person interviews for a total of 35 responses.

Data collection

There are two parts to this study. The first part consisted of an online survey utilizing the RedCap platform.[10] The second part of the study consisted of in-person interviews of attendees at the Network TUFH annual 2022 conference in Vancouver, British Columbia. We identified persons using convenience and purposeful sampling.

Interviews were captured in real time by G. L. on a personal password-protected laptop. Respondents were allowed to review the transcripts immediately after the interview to verify accuracy. The questions were the same for online and in-person interviews except for the online survey. If the respondents answered "no" to attending the annual meeting, they were not asked about their expectations for community engagement and/or immersion with conference participants. Table 1 reports for survey and interview questions.

Data analysis

For the home country, we grouped countries into WHO regions and divided "America" into North, Central, and South as they have distinct characteristics.[11] If they listed two countries, we opted for the first one listed. G. L., A. C. E., and A. F. individually coded the responses for themes and then met as a team to review the findings and reach a consensus. We report frequencies for descriptive purposes.

Ethics

The University of New Mexico Human Research and Review Committee approved this study (#22–130).

Case study 2

Since its creation in 2005, the main objective of the EFPC[8] has been to improve the population's health by promoting strong primary care. This is done by advocating for primary care, generating data and evidence, and exchanging information among its members. Ghent, Belgium, hosted the EFPC annual meeting in 2022 with a primary motivation to improve primary health care in Flanders, focusing on integrated community care, recognizing people and communities as co-creators of care to improve the quality of care and quality of life for individuals, families, and communities.[1,12] VisitFlanders Convention Bureau actively accompanied the local organizing committee (LOC) and EFPC in engaging in a process to realize a sustainable legacy of the EFPC annual meeting to strengthen primary care in Flanders, integrate it better with other care domains (community care, social care…) and make it more accessible to those who need care.[13] For the annual meeting of EFPC, the local host committee formulated the vision and the impact intention, anchored in the real-life context and situation and emerging from the challenges in Flanders to be addressed. Using the Theory of Change model,[14] a larger group of stakeholders converted this impact intention into more manageable objectives and outcomes, i.e. the substantive changes observed following legacy activities at the conference.

Methods

Study population

As the part of planning the EFPC annual meeting, we laid out a measurement strategy and planned to assess the realization of the conference activities' results and the short-and mid-term outcomes.

We performed brief online surveys for the field trips. During the return journey, we asked participants to complete a short questionnaire about their field trip experience, learnings, and possible immediate implementation. Of the 89 participants in the field trips, 61 (69%) completed the surveys.

We sent a postevent survey to all 323 participants. In total, 87 participants participated in the survey, of which 71 fully completed the survey with a response rate of 22%. We separated Belgium and The Netherlands from the rest of Europe to highlight local participation in Table 3.

We held a series of stakeholder interviews in the weeks after the annual meeting with the LOC, the local host, the EFPC Chairperson, and EFPC's coordinator. Through these structured interviews, we gathered qualitative data on the intentions and expectations for the conference and the delivery of expected outcomes.

Data collection

A series of indicators were formulated per desired output and outcome based on the planned activities in the program. Simultaneously, we determined which forms of data collection would be best suited. Based on the broad impact intention, we selected a series of activities to generate the defined impact. Based on the chain of events (activities), we identified the potential result (output) of these activities and defined indicators and specific measures that can be observed to demonstrate that an outcome is met.

Table 3: Responses from the World Health Organization regions

WHO region	The network TUFH responses (*n*=35), *n* (%)	EFPC responses (*n*=323), *n* (%)
Africa	5 (14)	N/A
Americas		
Central America	0	14 (4)
North America	14 (40)	
South America	2 (6)	
Eastern Mediterranean	5 (14)	N/A
Europe	5 (14)	323 (100)
Belgium		148 (46)
Netherlands		39 (12)
South-East Asia	1 (3)	N/A
Western Pacific	3 (9)	N/A

WHO: World Health Organization, TUFH: Towards Unity for Health, N/A: Not available, EFPC: European Forum for Primary Care

We documented the process of implementing an international conference focusing on "legacy." We focused on two main types of activities: "field trips" to establish new connections between different professions within primary care and improve cross-sectoral collaboration, and "interactive workshops" to learn from existing international models and exchange experiences between workers in the field. The primary purpose of both activities was to put learnings into practice immediately and improve access to health for all. During the event, we collected the data about the results and outputs from the activities using onsite field trip surveys using CheckMarket.[15]

After the completion of the event, a postevent survey, stakeholder interviews, and a survey 6 months after the event was performed to monitor the event's impact against agreed performance criteria.

Table 4 shows for EFPC indicators and data collection methods.

Results

We obtained responses from all the six WHO regions. Table 3 shows for the demographics. At both meetings, participants' backgrounds varied, and various professions were represented, including medical practitioners, policy officers, researchers, and medical students. Respondents had a wide range of community and academic experience in research, engagement, and service delivery. We combined findings from the two conferences to demonstrate the consequences when community members do not participate in conferences and why inclusion is important. The combined responses summarize how incorporating communities into conferences can be achieved.

Table 4: European Forum for Primary Care indicators of interest and data collection methods

Indicators of interest

1. How participants (health and care professionals) intend to implement learnings immediately to benefit the communities they serve
2. How the local involvement in Ghent helped international and local participants
3. How the community should be involved in developing an integrated community
4. How we have seen that it is not easy to involve the end beneficiary (in the case of EFPC, each person with a need for care). The next best thing is to ensure professionals and academics are motivated and inspired to maintain at all times a focus on the end beneficiaries

Data collection method	Type of indicators	Type of data	Topics	Implementation
Field-trip survey	Short-term	Quantitative and qualitative	Satisfaction, learnings, ideas	Online survey accessed through QR code right after the end of the field-trips and on paper
Miro-board	Short-term	Qualitative	Learnings, ideas, emotions	Students addressed participants and collected data via tablets
Postevent survey	Short-term	Quantitative and qualitative	Characteristics, contacts, learnings, satisfaction, evaluation of destination	Online survey link sent to participants via e-mail by the LOC
Stakeholder interviews	Short-term	Qualitative	Satisfaction, evaluation, impressions	Live and digital structured interviews
6-month survey	Medium-term	Quantitative and qualitative	Follow-up on learnings, implementation, contacts	Online survey link sent to participants via e-mail by LOC
Online focus group	Medium-term	Qualitative	Follow-up on learnings, implementation, contacts	May 2023
Stakeholder interviews after 6 months	Medium term	Qualitative	Follow-up on learnings, implementation, contacts	May 2023

EFPC: European Forum for Primary Care, LOC: Local organizing committee

The why: Bi-directional learning leads to shared understanding

Practitioners genuinely want to help communities via reciprocal learning. One respondent remarked that it is important *…to align community with science in healthcare approaches. Believes that the community shouldn't only be restricted to medicine but allowed a voice in all of healthcare… seen the value that the community brings… community members could share with us their own experiences, which can enrich our practices…believes that we could show them that we change can happen with their active participation in their community health (Brazil).*

Community voices need to be heard, and participation in conferences allows for this. *"To allow the community members to participate within the community and allow them to have free rule over their presentation allows for great sharing of experiences and allows for the community members' voices to be heard.… referenced how impactful and how positive the response was from the conference when five indigenous members were allotted a time slot … during this year's conference (Canada).* Another Canadian mentions that *it is important for the people who are affected by the conferences to attend to give inputs into the matter at hand. Not only will they be the best people to ask, but they can help us think from a different perspective or understand the true issues from their own perspective. Schools must work collaboratively and in partnership with local communities to effectively respond to community health priorities and eliminate health inequities*. This sentiment is similar in the United States *For community-engaged academics and academic programs, it is important to get diverse community perspectives on all our work… I believe we should walk the talk and throughout our work… (United States of America).* By introducing important topics and new information to the community, viewpoints and opinions can change. *Many of the topics are beneficial for the people, and many facts and information gained can help change the people's opinions (Sudan).* Integration of community members *Promotes better understanding for both sides for the community to understand what is going on … and for the academic community to understand and appreciate community involvement (Australia).* It also *"Opens the doors for future engagement. Break social barriers. May broaden their understanding about potential asks new concepts (United States of America).*

This leads to a shared understanding and mutual goals. The inclusion of communities into academic conferences moves schools from intentions to address health priorities to adding a layer of accountability through demonstrating and reporting impact. Further, a variety of perspectives is needed to advance socially accountable health system transformation. A conceptualization of the perspectives at the rural scale that can be adopted for the urban scale is provided in Figure 1.[16]

Expectations of conference attendees included learning from concrete examples. For EFPC participants, this expectation centered around the organization of primary care and new forms of collaboration with peers. In the postevent survey, field trip participants reported this activity as one of the most important moments for learning (*N*, 249, 77%) and 82% (*N*, 265) shared that informal conversations and networking moments were the most important source for new learning. Local community health centers commented on the interesting

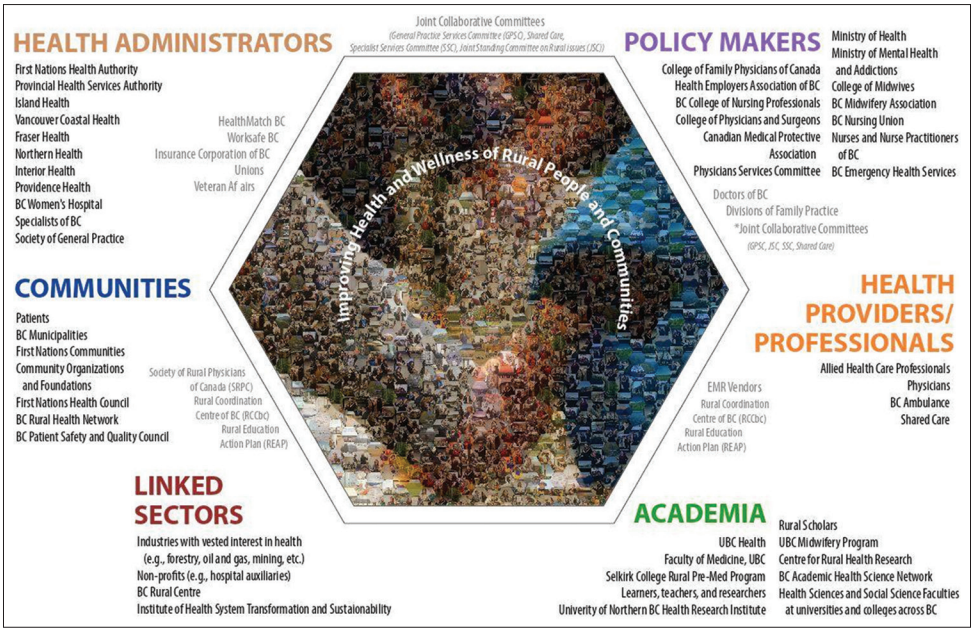

Figure 1: Pentagram partnership plus.[17] Reproduced with permission from Dr. Ray Markham, Rural Coordination Center of British Columbia, on April 12, 2023

group of people that participated and how the interaction included relevant questions and interesting information on participants' challenges in the field. The integration of community and conference was an overwhelming success, as evidenced by this quote, *At the EFPC annual meeting, it was very important to involve local community people for a specific workshop on Integrated Community Care; locals who play a crucial role in the neighborhood-oriented work, but who are not primary care professionals. We made an exception for these people to allow them to participate without paying the registration fee. We should make it possible for local community caregivers, who typically do not participate, to join the conference free of charge. And the scientific committee should be less 'scientific' because our meetings are not just about scientific presentations, but also practical presentations.*

The how: Successful implementation of change within conferences is achievable

There are two steps to identify who is influencing, being affected by, or is interested in the activities of your organization, and specifically anyone linked to the needs and gaps that have been identified: (1) List all possible stakeholders with their interests. This is a nonexclusive list of stakeholders you want to consider, and (2) Place them on an interest/impact/champion quadrant to prioritize which ones you want to engage. The clear identification of the social impact project will have to be validated by starting a dialog with the primary clients and their local representatives and identifying groups representing the target population. Which stakeholders must you manage closely when developing and implementing your legacy project? Which ones should you only keep informed occasionally? Have you thought of everyone affected by the outcomes of this event? How can we best engage each of them? Any social impact approach must first benefit individuals or groups who feel the need, challenge, or gap. Once a first impact intention statement has been formulated for the conference, it needs to be validated with the target population and stakeholders to ensure that it fulfills a real (and not presupposed) need and will not create adverse side effects. The following best practices are offered by the respondents:

Pearl 1: Build trust

One way to build trust with community members is to share experiences so. *We could show them that change can happen with their active participation in their community health (Brazil).*

Pearl 2: Conference funding should reflect value on community engagement

All researchers should be encouraged to cover the costs of community participants. (Australia).

Conferences should offer grants to cover the costs for a community member to travel to conferences. (Australia).

Take advantage of the experience of local communities by international participants should be compensated with measurable, sustainable impact…for local communities at the micro, meso and macro level. This reciprocity is essential for the ethical underpinning of the environmental and other harm (that such conferences cause). (Ethiopia).

Pearl 3: Conferences should reflect an appreciation of local/community knowledge

We need to reflect our intentions…Community leaders and members should be given the opportunity to tell their stories. (United States).

Sessions where the presentations are just community members (Australia).

I would like to involve more 'end-users' in our research. So far, our research is very much practice-based, and I think it would be an added value to start from the needs of the 'end-users' and teach them to become a co-researcher (Belgium).

Pearl 4: Involve the community in the planning stages of the conference

It would be good to have community members on the steering group for the conference and (after the fact) get feedback from them about the conference (United States).

Pearl 5: Make the community part of the conference and learning

It is important that delegates have the opportunity to be immersed in the locality during conferences and not just in a 'sterile' generic conference environment (United Kingdom).

Get participants out of conference venue into community when in community, each participant given a task which engages them with community members. Tasks should be one in which asset/strength *of the community is revealed* (United States).

I now know more community health centres in the city that I did not know yet or even not knew existed. Organising the field trips was a perfect way to get to know new people in the community health centres, in the city, in the region… (Belgium).

Interpretation

Community engagement is a critical component in addressing social determinants of health and health disparities.[18] Yet, universities, in general, and the sciences, in particular, are often disconnected from the communities where their activities occur. Academic training facilities owe it to their communities to embrace community participation. This viewpoint aligns with the WHO's definition of social accountability for Universities to "Orient education, research, and service activities towards priority health concerns of the local community, the region and/or nation one has the

mandate to serve…"[18] Our results found concordance with this mandate when asked why community engagement in conferences is important to the community and health professional education.

The critical first step is for conference organizers to bring local and nonacademic voices to the table for the initial planning stages, as described in Theme 4 above. Second, the organizers need to spend time understanding the legacy and impact of their event from the vantage point of the host city/region. Broadly speaking, the goal should be to maximize the host community's benefit while doing as little harm as possible. From there, the remaining themes identified in our study provide some guidance for operationalizing the concept of socially responsible conferences into a reality.

As our two case studies found, conference participants from around the world value hearing from local community members and having a bi-directional exchange of ideas and information. The Network TUFH and the EFPC excel at continuously striving for unique ways of doing this. We know other conferences include community site visits as part of their program, but this is not enough for a conference to be socially accountable. The pearls provided by our respondents serve as a guideline for others to follow.

A limitation of this study is the authors are affiliated, as noted in the conflict of interest statement, with the two organizations hosting the conferences. However, the data was collected by two unaffiliated researchers.

Conclusions

The pandemic crises and global climate change have reinforced the importance of our coming together as global citizens. Health professionals are responsible for expressing our citizenship through service to advance the health of all-from our patients to our communities (local and global). Our conferences need to reflect this commitment. In both their content and conduct, health conferences need to move toward a more profound connection to the locale in which they occur by increasing their relevance and impact on local stakeholders. This relevance should pertain to the ecological, educational, economic, and other opportunities for the conference to leave a positive legacy.

Acknowledgments

Rural Coordination Centre of British Columbia, First Nations Health Authority, UBC Health, Quality and Safety Council of BC, Metis Nation of BC, Department of FP UBC Milo Vergucht, Visit Flanders Convention Bureau, International Association Expert Fiorella Farje De la Torre, M. P. H. International Centre for Reproductive Health, Department of Public Health and Primary Care and Academic Network for Sexual and Reproductive Health and Rights Policy, Ghent University, Ghent, Belgium.

Financial support and sponsorship

This project is supported by an award from the National Center for Advancing Translational Sciences, National Institutes of Health, under grant number UL1TR001449.

Conflicts of interest

Author A. C. E. is on the board of directors of The Network towards Unity for Health. Author J. M is a past chairman of the European Forum for Primary Care and a past Secretary General for The network towards unity for health.

References

1. Achakulvisut T, Ruangrong T, Bilgin I, Van Den Bossche S, Wyble B, Goodman DF, *et al.* Improving on legacy conferences by moving online. Elife 2020;9:e57892.
2. MIX. Future of Meetings: It's About Legacies. Mix Meetings. Available from: https://mixmeetings.com/voice/expertise/future-of-meetings-its-about-legacies/. [Last accessed on 2023 Mar 16].
3. Skiles M, Yang E, Reshef O, Muñoz DR, Cintron D, Lind ML, *et al.* Conference demographics and footprint changed by virtual platforms. Nat Sustain 2022;5:149-56.
4. Leochico CF, Giusto ML, Mitre R. Impact of scientific conferences on climate change and how to make them eco-friendly and inclusive: A scoping review. J Clim Chang Health 2021;4:100042.
5. Talib Z, Palsdottir B, Briggs M, Clithero A, Cobb NM, Marjadi B, *et al*. Defining Community-Engaged Health Professional Education: A Step Toward Building the Evidence. NAM Perspect; 2017.
6. Aguilar-Gaxiola S, Ahmed SM, Anise A, Azzahir A, Baker KE, Cupito A, *et al.* Assessing meaningful community engagement: A conceptual model to advance health equity through transformed systems for health: Organizing committee for assessing meaningful community engagement in health and health care programs and policies. NAM Perspect 2022;2022. [doi: 10.31478/202202c].
7. The Network: Towards Unity for Health. The Network: Towards Unity for Health, Available from: https://thenetworktufh.org/. [Last accessed on 2020 Nov 21].
8. Home. European Forum for Primary Care. Available from: https://euprimarycare.org/. [Last accessed on 2023 Mar 16].
9. De Maeseneer J, Clithero-Eridon AR, DeKempeneer A, Kaufman A, Bor D, Cameron I, *et al*. A network of networks: 40 years of uniting global agendas toward universal health and equitable care. Educ Health (Abingdon) 2019;32:36-40.
10. Harris PA, Taylor R, Thielke R, Payne J, Gonzalez N, Conde JG. Research electronic data capture (REDCap) – A metadata-driven methodology and workflow process for providing translational research informatics support. J Biomed Inform 2009;42:377-81.
11. World Health Organization Regions. Our World in Data. Available from: https://ourworldindata.org/grapher/who-regions. [Last accessed on 2022 May 30].
12. Vandensande T. Starting the transition towards integrated community care 4all. Int J Integr Care 2020;20:18.
13. Meet in Flanders. Available from: https://www.meetinflanders.com/homepage. [Last accessed on 2023 Mar 16].
14. TOC Background. Theory of Change Community. Available from: https://www.theoryofchange.org/what-is-theory-of-change/toc-background/. [Last accessed on 2023 Mar 16].

15. Survey Software and Services | CheckMarket Survey Tool. CheckMarket. Available from: https://www.checkmarket.com/. [Last accessed on 2023 Apr 11].
16. Smitherman HC Jr., Baker RS, Wilson MR. Socially accountable academic health centers: Pursuing a quadripartite mission. Acad Med 2019;94:176-81.
17. Markham R, Hunt M, Woollard R, Oelke N, Snadden D, Strasser R, *et al*. Addressing rural and indigenous health inequities in Canada through socially accountable health partnerships. BMJ Open 2021;11:e048053.
18. Boelen C. Global consensus on social accountability of medical schools. Sante Publique 2011;23:247-50.