Gesundheit Österreich GmbH

Community (Health) Nursing in Austria

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Australian Hartford Consortium of Gerontological Nursing Excellence

Tuesday, 15th April 2025

COMMUNITY NURSING

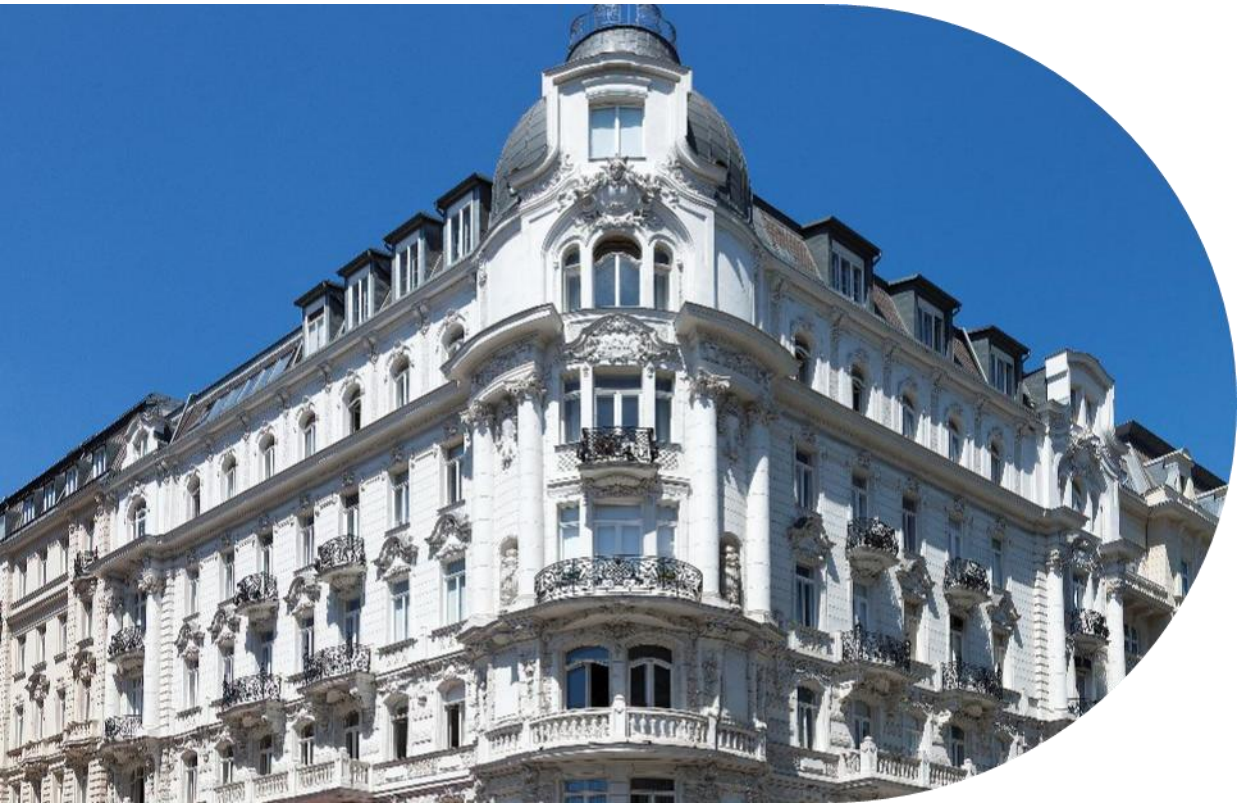
Funded by the European Union
NextGenerationEU

Federal Ministry
Republic of Austria
Social Affairs, Health, Care and Consumer Protection

Agenda

1. Austrian National Public Health Institute
2. Austria basic facts & healthcare overview
3. What is Community Nursing?
4. Community Nursing Pilot Project 2022-2024
5. Findings and Lessons Learned
6. Current Status 2025
7. Q&A and Discussion

Austrian National Public Health Institute



- Austria’s national research and planning institute for public health
- Provides scientific and strategic support for health policy
- Works across health promotion, health economics, quality assurance, and more
- Includes public services (e.g., Bone Marrow Registry, Poisons Centre)
- Collaborates nationally and internationally
- Main “client”: Federal Ministry of Social Affairs, Health, Care and Consumer Protection

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- Project funding
- Networking and capacity building
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- Austrian National Institute for Health Services Research
- Austrian National Institute for Quality in Health Care
- Austrian Health Promotion Fund
- Austrian National Public Health Institute

3 April 2025

Austria

- Parliamentary democracy
  in the heart of Europe
- Inhabitants: 9,198,214 people
  (as of January 1st, 2025)
- Capital: Vienna
- Language: German

(Statistik Austria 2025)

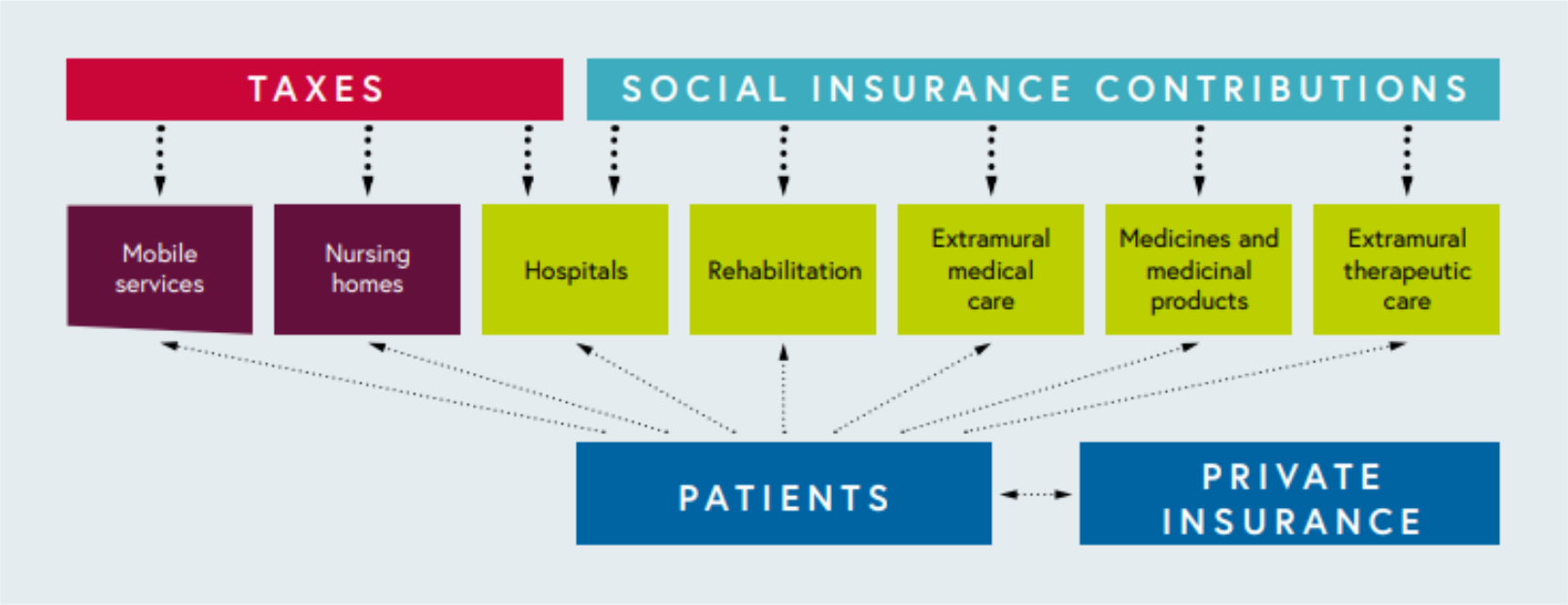
Austrian Healthcare System

- Nine federal provinces, each with their own important roles in health and social care.
- Universal coverage through a compulsory social insurance model
- Guided by the principles of: Solidarity, affordability and universality
- Key characteristics:
  - High health expenditure: 10.9% of GDP (2023)
  - Strong hospital-centered care model

https://www.statistik.at/fileadmin/announcement/2024/06/20240612Gesundheitsausgaben2023EN.pdf?

Healthcare Financing

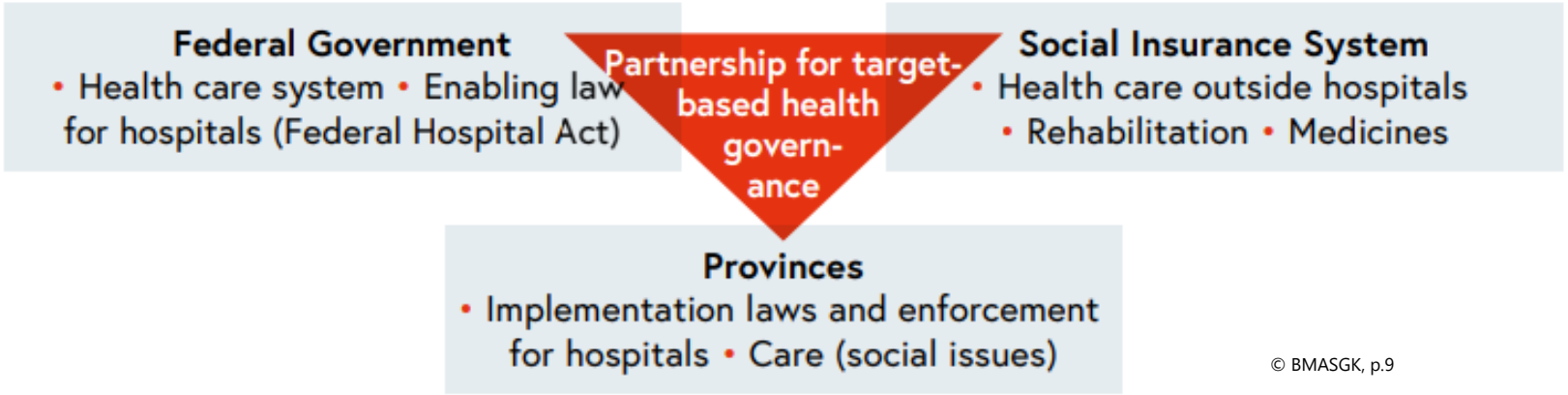
- Combination of income-dependent social insurance contributions, taxpayers' money and private direct and indirect co-payments.



(BMASGK, 2019)

Tasks and Responsibilities

- Tasks and responsibilities: Fragmented governance and interaction of numerous actors from the different legislative and administrative levels as well as from the self-administration sector (social insurance)



- Long-term care (LTC) is a shared responsibility:
  - Federal government: provides national regulations and funding mechanisms.
  - Provinces: oversee social care and home nursing services.
  - Municipalities: implement and manage local LTC services.

(Bachner et al, 2022; BMASKG, 2022)

Health workforce and nursing training

- Health professions: very high density of practising physicians and nurses. However:
  - Low number of (outpatient) contracted general practitioners.
  - Current workforce is aging → about 60% of the current contracted general practitioners will reach retirement age by 2025.
  - Majority of nurses work in hospitals.
- Efforts to strengthen primary care and to shift more services into the outpatient sector and community settings
  - April 2025: 95 Primary healthcare centres in Austria (60 Primary healthcare centres in February 2024) (https://primaerversorgung.gv.at/standorte-pve-landkarte)
- Startseite | Pflegereporting Österreich

(Griebler et al. 2023; Bachner et al. 2022)

Training of nursing

Job title	Education institution	Duration of training	Specialization	Optional further training	Obligatory further training
Nursing assistant level 1	School for nurses/ Nursing assistance course	1 year/ 1,600 hours	---	---	At least 40 hours every 5 years
Nursing assistant level 2	School for nurses	2 years/ 3,200 hours	---	At least 4 weeks/160 hours), e.g. » Culture- and gender-sensitive nursing » Gerontological nursing » Home nursing » Validation » Palliative nursing » ...	At least 40 hours every 5 years
Nurse	University of applied sciences (Bachelor)	3 years/ 180 ECTS	Setting- and target group-specific specializations such as paediatric nursing, psychiatric nursing, intensive care; Teaching and managerial tasks		At least 60 hours every 5 years

Source: (Weiss 2017), (GuKG)

- Registered Nurse: 3-year Bachelor's degree at a university of applied sciences (180 ECTS)
- Fully qualified to provide professional nursing care
- Can specialize in areas like psychiatric nursing, intensive care, or nursing education
- Must complete 60 hours of further training every 5 years
- All roles are listed in the Austrian Nursing Register. https://goeg.at/JB_Gesundheitsberuferegister

Why Community Nursing: Problems and challenges

Rising number of people in need of care, assistance and nursing

Increase of the intensity of care

Lack of caregivers in nursing and care professions

Decrease of the family care resources

Limitation in Activities of daily living (ADL)

One third of the Austrian population is affected by health-related limitations in everyday life

Growing requirements and challenges on the social state system

Formal home care is largely provided by private non-profit organisations

Highly reliant on family caregivers and other caregivers in private households

(Griebler et al. 2023; Bachner et al, 2022)

Benefits of Community Nursing in Austria!

Aims

- Strengthen **self-care** and **prevention**
- Ease pressure on **hospitals** and **family caregivers**
- Support **early detection** and care **coordination**
- Mobilize **local resources and community assets**

Structural & System Strengths CN Builds On

- **Well-established social and health care infrastructure**
- **Strong network of municipalities and local services**
- Promotes interprofessional collaboration

COMMUNITY NURSING

(Eberle et al. 2025)

What is Community Nursing?

Community Nurses

NAH FÜR DICH.
DA FÜR DICH.

- Registered nurses (DGKP), with at least two years of professional experience, offer local and low-threshold support
- Focus on health promotion and health literacy and completes already existing services
- **Target group:**
  - older people living at home with an imminent or existing need for information, advice, care and/or support, as well as carers/caregiving relatives **and people aged 75** and over before the onset of any need for care
  - the community as a communal setting
- **Community nurses act as** central contact persons in the community, promoting and preventing the health of individuals, families, and communities, and take divers actions, e.g. through preventive home visits

Community (Health) Nursing is not a legally regulated specialization and is therefore not subject to any legally regulated requirements

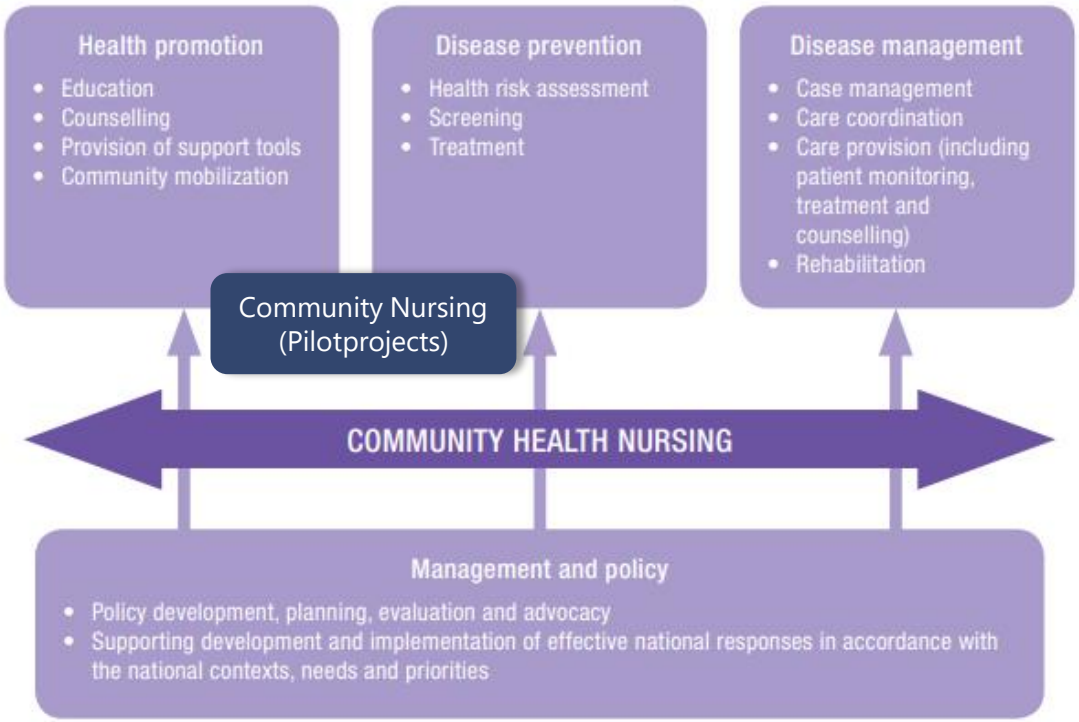
https://cn-oesterreich.at/community_nursing/allgemeine_informationen

Theoretical Framework

- Theoretical frameworks:
  - Public Health Intervention Wheel (PHIW)
  - Miriam Hirschfeld's Framework of nursing service delivery
  - WHO
  - Peppa
- Community as a communal setting (Activities organized and conducted locally to address community needs).
- Term: Mandate in the government program 2020 – 2024
- It's a "mixture" between (international) concepts
- The Health and Nursing Care Act (GuKG) provides opportunities for innovation and an expanded nursing scope, with a focus on health promotion and prevention.

Enhancing the role of community health nursing for universal health coverage (WHO)

Figure 1. Summary of community health nursing interventions in PHC systems



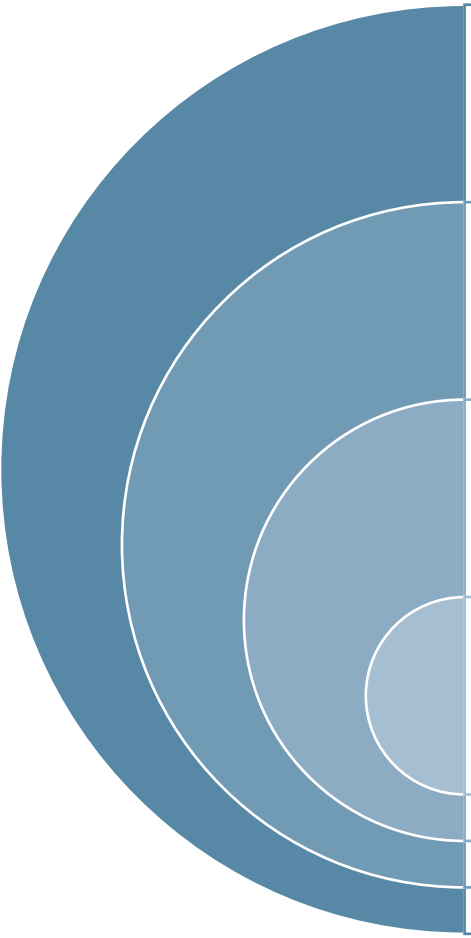
Summary of community health nursing interventions in PHC systems (S. 6) from World Health Organization. (2017). Enhancing the role of community health nursing for universal health coverage. World Health Organization. https://apps.who.int/iris/handle/10665/255047. License: CC BY-NC-SA 3.0 IGO.

Using English terms in the German language: Community Nursing

- Community-based / community-oriented
  = activity that is organized and takes place locally
- Community care / community nursing
  = home care, care at home; nurses working in this field are called „community nurses“ (Kroneman M. 2016, De Pietro C. 2015, WHO 2010)
- Community health nursing as advanced nursing practice
  - “Community health nursing is a specialty in nursing. The primary goal of community health nursing is to help a community protect and preserve the health of its members, while the secondary goal is to promote self-care among individuals and families” (WHO 2010, p. 8).
  - Prerequisite = Master's programme

We use the term “community nurse/community nursing” and our concept is somewhere in between the above mentioned

Aim of community nursing



Promote **health, well-being, empowerment, self-determination, independence, and health literacy**

Improve framework conditions for the health of vulnerable groups (e.g. people at risk of loneliness, relatives)

Identify and connect care and health-related services in the community, city or region

Increase healthy years and **support individuals in remaining in their own homes**

The journey...

Community nursing timeline

2020

Government program+ Task force

Exchange with experts

2021

Submission for the RRF funding

10-12 2021
Funding call

Cities, municipalities, and regional health insurers (SHVs) could apply for funding.

01 2022

Start of the first projects

2022-2024

117projects are being implemented across all provinces

CN is installed as a service under the Care Fund Act

01 2025

Continuation of CN within the competence of the provinces

Pilot Projects Community Nursing

01/01/2022 – 31/12/2024

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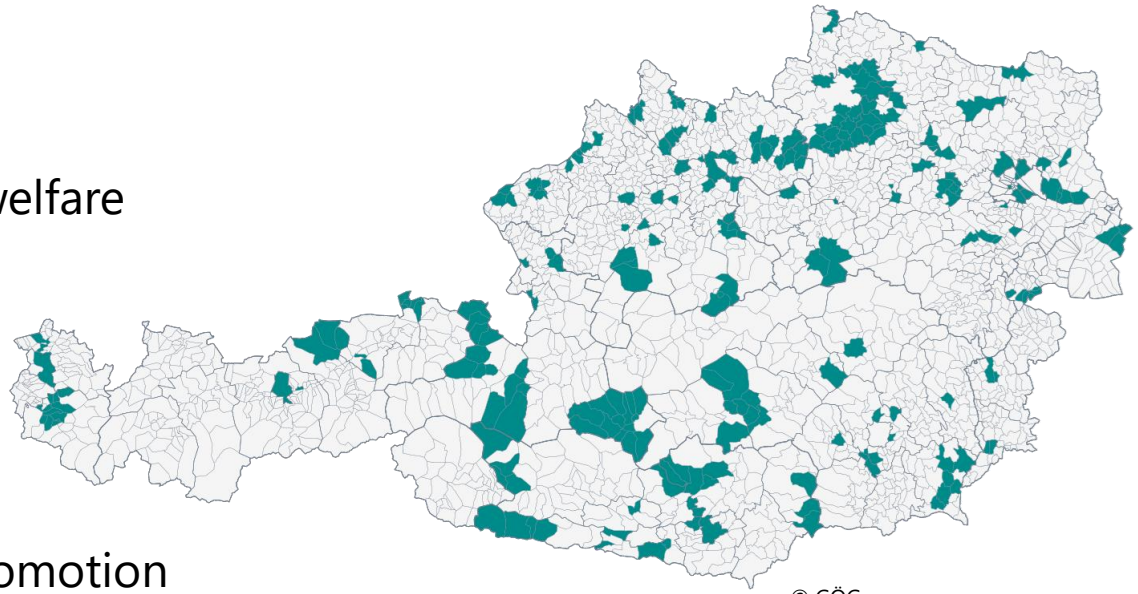
Community nursing – pilot projects

- Project duration: 2022-2024
- Framework of Austria's Recovery and Resilience Plan and funded by the European Union, Next Generation EU (RRF)
- 54,2 M € funding volume
- **117 pilot projects** ⇒ municipalities, cities or social welfare associations are implementing community nursing
- **Diversity of project content and sizes**
  - Highly committed and motivated
  - Creative & Willing to learn
- Funding coordinated through the Austrian Health Promotion Fund
- Evaluation: University of applied sciences in Carinthia



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Funding, Roles and Co-operations

Funded by the European Union
NextGenerationEU

Projects are funded by the Recovery and Resilience Facility (NextGenerationEU)

Federal Ministry
Republic of Austria
Social Affairs, Health, Care and Consumer Protection

Responsible for and administers the pilot projects at the national level is the Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection

Gesundheit Österreich GmbH

Accountable for the coordination, implementation, funding process, networking and educational activities as well as project reporting is the Austrian National Public Health Institute

KÄRNTEN University of Applied Sciences
IARA Institute for Applied Research on Ageing

The evaluation is conducted by the university of applied sciences in Carinthia

Key tasks of community nurses

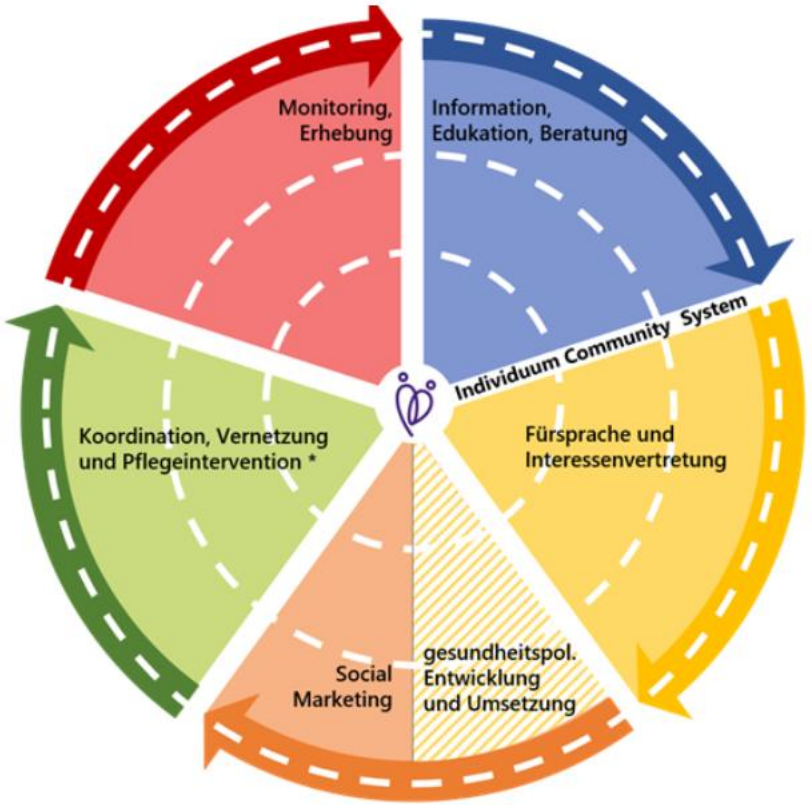
Adapted Public Health Intervention Wheel (PHIW)

3 levels:

1. Individual
2. Groups / communities
3. System

5 sectors:

- Survey and monitoring
- Interventions, education and counselling
- Advocacy and representation of interests
- Coordination and networking
- Social marketing



Key tasks of community nurses

- **Survey and monitoring**
  - conducted health assessments and surveys to monitor the health status of the elderly population. Usage of different assessment tools (e.g. clinical frailty scale, quality of life, geriatric basic assessment or windshield surveyor)
- **Interventions, education and counselling**
  - organized different kind of events e.g. educational workshops, counselling sessions, get-togethers, hikes, intergenerational meetings on (health) topics such as nutrition, sports, brain health, digitalisation, diabetes prevention, cardiovascular health, or mental well-being as well as trainings (for caregivers)
  - provided preventive home visits with the focus on maintaining the functional capacity and intrinsic capacity of older people.
- **Coordination and networking**
  - Connecting, promoting networking and communication with various healthcare services/providers and local organizations
    - e.g. doctors, social workers, therapists) and social support networks.
    - community health circles or with local organizations, schools, police, and businesses to create a network of support for community health initiatives
  - Networking with local/regional stakeholders
- **Advocacy and representation of interests**
  - acted as advocates for patients by representing their needs and interests in discussions with healthcare providers and policymakers (e.g. better access to healthcare services and resources for the elderly).

(Eberle et al. 2025)

Best Practice #1: Preventive Home Visits

- Proactive service designed to provide personalized information, advice and guidance to individuals within their home environment.
- Focus on promoting independence, early detection, and preventing care dependency
- Additionnaly, these visits focus on supporting the functional ability of older adults and building their intrinsic capacity, helping them to live independently for as long as possible.
- Core element of Community Nursing and is particularly successful in reaching older populations, allowing early detection of potential health issues before they require more intensive care.
- Personalized, proactive supports in the home
- Topics include e.g. mobility, nutrition, self-care, cognitive health, daily living
- Especially for adults aged 75+

(Eberle et al. 2025)

Best Practice Examples

#2: Health Literacy and Community Activities

- Educational workshops and group sessions (e.g. nutrition, brain training, digital literacy, dementia awareness)
- Activities include senior cafés, intergenerational walks, memory training, and peer groups
- Aims to improve understanding of health issues
- Encourages participation, reduces isolation, builds trust and strengthens local networks as well as visibility, and access for vulnerable populations

#3: Cross-Sector Coordination & Networking

- Community Nurses act as care coordinators in their communities
- Build bridges between clients and health professionals (e,g, doctos, social workers, therapists)
- Examples:
  - Joint care planning with GPs and social workers
  - Involvement in community health circles
  - Creation of interprofessional networks

#4: Support for Informal Caregivers

- Community Nurses provide support and training to family caregivers
- Topics: physical assistance, stress management, mental health and also health topics („looking after yourself")
- Tools: workshops, brochures, one-on-one consultations
- Relieves burden on families and improves at-home care

#5: Mental Health and Social Participation

- Focus on preventing loneliness and promoting mental well-being
- Activities: community walks, creative groups, telephone check-ins
- Community Nurses build trustful relationships and safe spaces
- Positive impact on mood, health, and social inclusion

#6: Digital Empowerment for Older Adults

- CNs introduce digital tools and health technology
- Trainings on using tablets, video calls, ELGA, and e-health apps
- Helps older adults stay connected and informed
- Increases independence and access to services

(Eberle et al. 2025)

Evaluation Highlights (2022–2024)

Key Metrics

- **Total Contacts:** 486,919 documented interactions
  - 51.8% with clients
  - 48.2% for networking and coordination
- 8,817 conducted **Preventive Home Visits**
- over 423,600 km travelled (46% by electric vehicles)

Client Demographics

- Majority of clients were aged 70 and above, with a significant portion living in rural areas.

Regional Variations

- Urban: more group activities
- Rural: more home visits and individual care

Impact Areas

- Increased self-care & prevention behaviour
- Fewer hospital admissions due to early intervention
- Strengthened local healthcare and social networks
- Improved health literacy among older adults
- Strengthened independence of elderly persons
- Better coordination across care/health systems

Sustainability & Recommendations

- High satisfaction among clients and stakeholders
- Integration into regular healthcare structures suggested
- Continued funding required for long-term impact

Source: Evaluation Community Nursing Österreich – Final Report (2024) https://cn-oesterreich.at/das-pilotprojekt/evaluation

Analysis of contacts: 2022 and 2023

month	preventive home visits < 75 yrs.	preventive home visits ≧ 75 yrs.	contacts consultation	home visits	phone contacts	∑ contacts
2023_01	401	294	594	969	5092	7350
2023_02	190	294	775	953	4794	7006
2023_03	231	455	1016	1177	5674	8553
2023_04	231	355	698	1138	4975	7397
2023_05	248	418	672	994	5299	7631
2023_06	313	492	707	1328	5206	8046
2023_07	236	560	776	1401	5813	8786
2023_08	252	556	918	1436	6303	9465
2023_09	208	492	1235	1698	6083	9716
2023_10	278	554	1553	1870	7058	11313
2023_11	316	626	1610	1824	7430	11806
2023_12	284	533	1031	1551	5625	9024
∑ 2023	**3.188**	**5.629**	**11.585**	**16.339**	**69.352**	**106.093**
∑ 2022	1.780	739	2.872	7.810	22.366	35.567
∑ all yrs.	**4.968**	**6.368**	**14.457**	**24.149**	**91.718**	**141.660**

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Source: DokCN: 31-12-2023

Findings on the systematic impact

- Bridging the gap between social and healthcare sectors.
- Expanding access to extramural service and fostering innovation in long-term care.
- Use of e-mobility to reduce carbon footprint.
- Advancing care through partnerships and training.
- Networking and cooperation were key to the project's success, including building and maintaining relationships with various stakeholders.
- The project emphasized fostering intersectoral cooperation and leveraging resources and synergies for more efficient care delivery.
- Advocacy for the development of new nursing roles was encouraged, along with the need for continued education and adaptation to evolving care models.

(Eberle et al. 2025)

Initial findings and learnings

Implementers' level:

- Target group engagement: identifying and engaging the right target group can be challenging due to demographic and cultural differences.
- Broadening focus: adapting from a purely nursing focus to a broader healthcare perspective is often difficult.
- Adapting to new conditions: transitioning from a busy hospital setting to working in the community requires adjustments in time management and autonomy.
- Fear of mistakes: working in a less structured environment can make people nervous about making errors.
- Networking importance: building connections with other professionals is key to making community nursing successful

(Eberle et al. 2025)

Initial findings and learnings

Coordination office level

- Project diversity in scope, content, roles, and personnel, necessitating tailored approaches.
- Need for additional education and training identified.
- More support is needed when implementing new roles in nursing.
- Continuous evaluation and monitoring are crucial to ensure quality and effectiveness.
- Supporting Structures and Coordination are necessary (with the right balance) .
- Dependencies: active participation of the population is necessary.
- Strategy development with stakeholder involvement.
- Expanding awareness campaigns for broader visibility.
- Networking and cooperation were key to the project's success, including building and maintaining relationships with various stakeholders.
- CN=bridging the gap between social and healthcare sectors.

(Eberle et al. 2025)

Current Status

Current Situation 2025

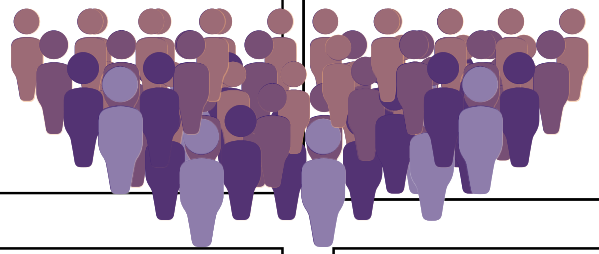
Different implementation strategies of the provinces

- Transitional funding – (temporary) continuation of support/funding

  Vorarlberg, Styria, Salzburg, Lower Austria

- Integration into excisting structures

  Carinthia, Vienna
  Tyrol (Partial services of Community Nursing)



- Integration into Structures Still to be Developed

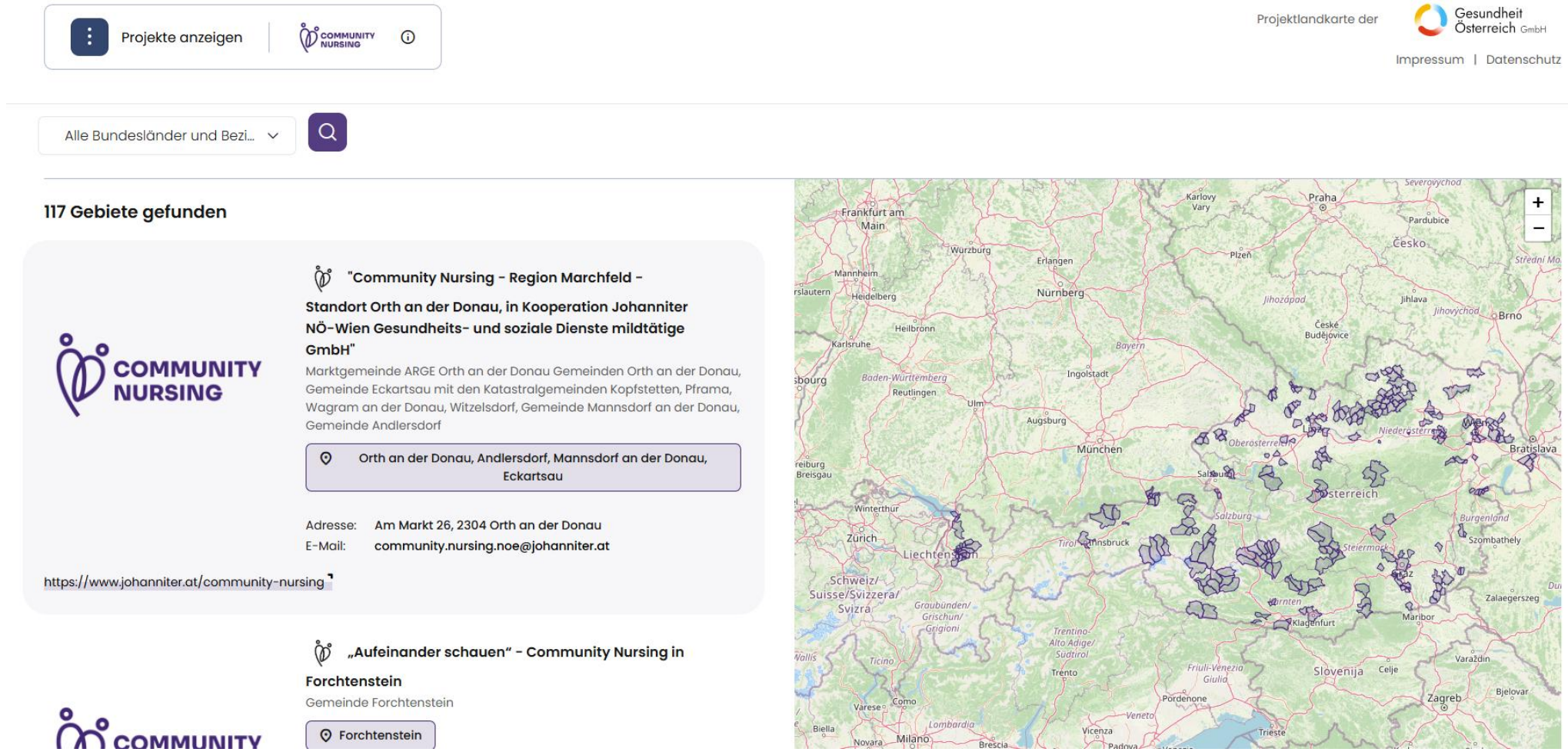
  Burgenland

- Continuation Option Through Existing Structures

  Upper Austria

(Eberle et al. 2024)

Project map



© Screenshot GÖG Projektlandkarte 13.04.2026: https://maps.goeg.at/community-nursing

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Finanziert von der Europäischen Union
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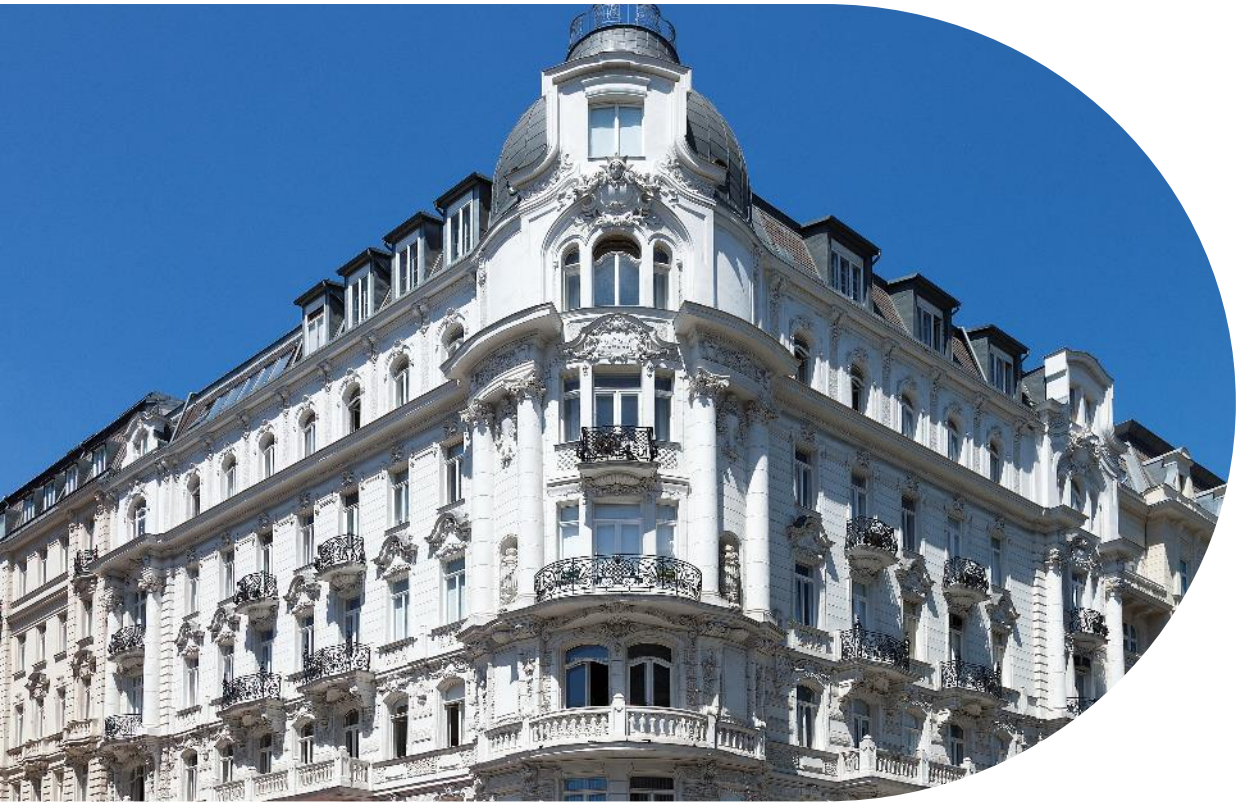
Contact



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