

GOOD PRACTICE DIRECTORY

EUROPEAN UNION POLICIES

NATIONAL LEVEL POLICIES

WHAT ARE HEALTH INEQUALITIES?

www.health-inequalities.eu



**The new European Health Inequalities Portal is a unique space that provides information on what countries throughout Europe are doing to tackle health inequalities. The Portal includes:**

- Recent examples of what can and is being done at the local, national and supranational level to reduce health inequalities in the EU
- Links to important resources, policy documents and organisations in the field
- Contacts of professionals throughout Europe working on this issue

If you are involved in policy issues related to equity, a public health and health promotion professional working on health inequalities, or simply interested in learning more about this important matter, visit the Portal and discover what it has to offer you!



The information in the Health Inequalities Portal has been made available through the “European Partners for Equity in Health”, a Consortium of Public Health and Health Promotion Ministries and Agencies throughout Europe.

The Consortium was established through the ‘Closing the Gap : Strategies for Action to Tackle Health Inequalities in Europe’ project (2004 – 2007), co-ordinated by EuroHealthNet and the Federal Centre of Health Education in Germany (BZgA). This project is co-funded by the European Commission, DG SANCO.

‘Closing the Gap’ facilitates and encourages the exchange of good practices between European partners on the reduction of health inequalities, both in terms of policy and practice. The Portal presents the initial outcomes of the Consortium’s work, and is its primary tool to communicate key information and take forward efforts to reduce health inequalities in Europe.

CZECH REPUBLIC: National Institute of Public Health, NIPH

DENMARK: National Institute of Public Health, NIPH

ENGLAND: Department of Health

ESTONIA: National Institute for Health Development, NIHD

FINLAND: National Research and Development Centre for Welfare and Health, STAKES.

FRANCE: Institut National de Prévention et d'Education pour la Santé, INPES

GERMANY: Bundeszentrale für gesundheitliche Aufklärung, BZgA

GREECE: Institute of Social and Preventive Medicine, ISPM

HUNGARY: National Institute for Health Development

IRELAND: The Institute of Public Health in Ireland

ITALY: Centro Sperimentale per l'Educazione Sanitaria, CSESI

LATVIA: Health Promotion State Agency

LITHUANIA: National Centre for Health Promotion and Education, NCHPE

NORWAY: The Research Centre for Health Promotion, HEMIL

THE NETHERLANDS: Netherlands Institute for Health Promotion and Disease Prevention, NIGZ

POLAND: Polish Society of Health Education

PORTUGAL: Ministry of Health, Direção Geral da Saúde

SCOTLAND: NHS Health Scotland

SLOVAKIA: Regional Public Health Office in Trnava and Trnava University

SPAIN: Ministerio de Sanidad y Consumo, Direction General de Salud Publica

SWEDEN: National Institute of Public Health, SNIPH

WALES: Wales Centre for Health

# What are health inequalities?

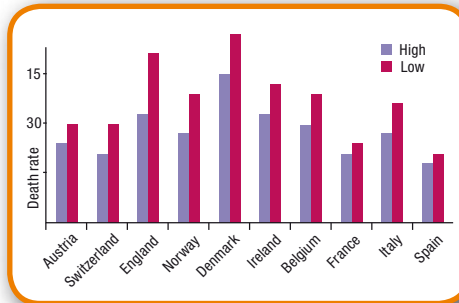
Health inequalities

are commonly understood as:

**The systematic and avoidable differences in health outcomes between social groups such that poorer and/or more disadvantaged people are more likely to have illnesses and disabilities and shorter lives than those who are more affluent.<sup>1</sup>**

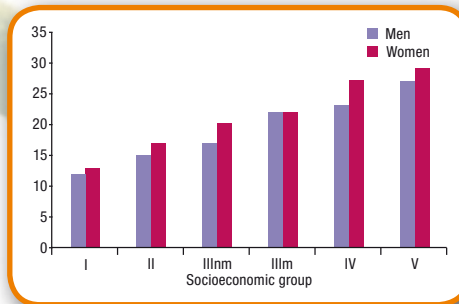
At the start of the 21<sup>st</sup> century, many countries of Europe are richer and healthier than they have ever been. All, nevertheless, face substantial inequalities in health within their populations. People with lower levels of education, a lower occupational class, or a lower level of income tend to die at a younger age, and to have a higher prevalence of most types of health problems. Rates of mortality as well as in morbidity are consistently higher amongst those with a lower socio-economic position.

**Mortality rates<sup>2</sup>  
(per 1000 person years)  
of lower & higher educated  
groups, men aged 60-69.**



Some health differences are the result of natural, biological variation, or of health damaging behaviours that are freely chosen, and are therefore not necessarily unfair or unjust. Other health deviations, such as those that result from exposure to unhealthy, stressful living and working conditions, or inadequate access to essential health and other basic services are avoidable, and can be considered unfair.

**England: rates of limiting  
longstanding illness  
by socioeconomic group  
(based on occupation).<sup>3</sup>**



It is not simply the poorest that experience less than optimal health; there is a gradient of risk across the whole population. In other words, there is a systematic correlation between social status, and level of health. The gradient indicates that health differences aren't the result of individual choice and that they are, therefore, inequitable.

### Why should we care?

Health is a basic condition that is necessary to enable people to live a valuable life and to achieve their full potential, and to optimise the contributions that they can make to society. Tackling health inequalities, and ensuring that everybody has an equal opportunity to enjoy good health upholds a policy objective which has long been central to the welfare states of Europe: to promote equality in life chances, living standards and health. It is a social justice issue, and important to economic prosperity.

### Closing the Health Gap

The aim of achieving greater levels of health equity is not to eliminate all health differences so that everyone has the same level and quality of health. Policies and programmes to reduce health inequalities should strive to create equal opportunities for health and to raise health gains equitably. This implies that policies need to have differential effects, securing the greatest relative gains for the poorest groups.

### Improving health determinants at the local, national and supra-national levels

Health inequalities can not be addressed by and through the health sector alone. An individual's health is affected by a wide range of factors relating to living and environmental conditions, known as the social and economic determinants of health. In today's complex world, these determinants are influenced by decisions made and actions taken at a variety of levels: local, national and supranational. The Health Inequalities Portal provides information on Strategies for Action at all of these levels.

**Consult the European Consortium for Partnership in Health's [position paper at www.health-inequalities.eu](http://www.health-inequalities.eu) for a more elaborate definition of health inequalities.**

**1** Whitehead M. The concepts and principles of equity and health. Copenhagen, WHO Regional Office for Europe, 1990.

**2** by courtesy of Dr. Anton Kunst, Erasmus University Rotterdam; find more details in: Huisman M, Kunst AE, Andersen O, Bopp M, Borgan JK, Borrell C, et al. (2004). Socioeconomic inequalities in mortality among elderly people in 11 European populations. *Journal of Epidemiology and Community Health*, 58 (6):468-75.)

**3** General Household Survey, 1998.

# What are governments doing to address How does this compare to the situation

The answers are just a click away!

## National Level Policies

will provide you with an overview of what EU Member States are doing at the national level to tackle health inequalities. This section brings together information from 21 European countries. It includes links to key policy documents, actors, policy tools, other publications and resources relating to health inequalities in each participating country.

This information is based on questionnaires developed by the 'Closing the Gap' project. Most questionnaires were completed by multidisciplinary groups comprising of various stakeholders, such as policy makers from the health and social fields, researchers, representatives of NGO's and practitioners. In a number of countries, this stimulated a first debate in the area.

The analysis of the information available shows that there is no 'simple solution' to reducing health inequalities. Complex cross sectoral approaches are needed. Practical steps with short term gains are however being identified<sup>4</sup>. These involve a clear action plan, based on an integrated cross-governmental strategy, which can be implemented and monitored, with specific targets and realistic timeframes.

The Portal demonstrates that most Member States are committed to tackling health inequalities. There is nevertheless a great variation in the way in which this goal is interpreted and in the actions and strategies that are being employed to achieve it.

Explore this section to find out whether governments are developing concerted strategies and what can be done to support these!

The information and graphs in the boxes convey some of the outcomes of the Situation Analysis that were completed by 21 EU Member States reflecting their efforts to tackle health inequalities in Europe.

Governments across the EU recognise the problems associated with health inequalities, subscribe to the equity principles and values articulated by the World Health Organisation, and have indicated some form of policy commitment to health equity. Many countries have in one way or another established the reduction of health inequalities as a key objective in their Public Health Policy, as reflected in their Public Health Programmes.

Examples:

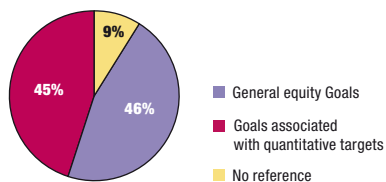
Sweden's Public Health Objective's Bill (2003) aims 'to create societal conditions to ensure good health, on equal terms, for the entire population'.

The overall strategic goal of Poland's National Health Programme (1996-2005) was to 'improve the health status of the population and enhance health-related quality of life'. One of the three sets of underpinning activities was to 'reduce inequalities in health and access to health services.'

<sup>4</sup> Ken Judge, Stephen Platt, Caroline Costongs and Kasia Jurczak. Health Inequalities: A Challenge for Europe. Independent expert report commissioned by and published under the auspices of the UK Presidency of the EU, February 2006.

# health inequalities? in other European countries?

Different approaches in EU Members States to tackling health inequalities



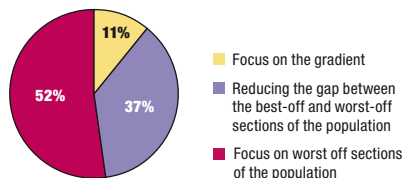
Distinctions can be made between:

- Countries with explicit goals or principles to promote health equity that are articulated in national policy documents.
- Countries where these objectives are associated with quantitative targets. This means that they have identified specific

aspects of the problem of health inequality as a priority and made a commitment to reducing these by a specified amount, by a particular date.

- Countries that were not able to identify any explicit goals or principles to address health inequalities.

Focus of policies addressing health inequalities

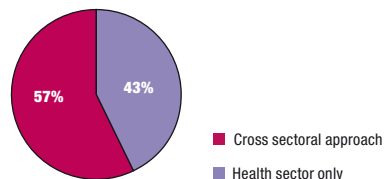


- Ten countries presented health inequalities policies that focus on disadvantaged groups of the population, thereby acknowledging their vulnerable position without addressing the gap that exists between different socio-economic status groups of the population.

► Seven countries mentioned health inequalities policies that focus on reducing the gap between better-off and worst-off sections of the population.

- Only two countries presented health inequalities policies to address the gradient.

Departments and units responsible for influencing action to address health inequalities



- 12 of 21 countries indicated that they have a wide variety of departments belonging to different ministries, responsible for influencing and coordinating action to address health inequalities, and that there is some established form of cooperation between these bodies.



# How do EU rules and regulations affect

Find out through the

## EU Policy

section of the Portal.

A core objective of the EU is to improve economic prosperity while strengthening social development. Tackling health inequalities is consistent with and key to achieving these goals. EU policies and programmes should therefore help to reduce health inequalities, rather than make them worse. But do they?

Many EU level policies such as those relating to the internal market, the common agricultural policy or regional policy, can affect health and social conditions in EU Member States. While some measures assist Member States in their efforts to tackle health inequalities, other laws and regulations can inadvertently undermine these.

National and regional governments across Europe influence EU legislation, policies and programmes. Ensuring that these indeed support efforts to address health inequalities is therefore a shared responsibility.

The EU Treaty states that “A high level of human health protection must be ensured in the definition and implementation of all Community policies and activities.”

The EU Public Health Programme aims “to contribute towards the attainment of ... greater equality in health matters throughout the Community”. Actions funded by the Programme “...should be guided by the need to increase quality of life and minimise the economic and social consequences of ill health, thus reducing health inequalities.”

During the European Councils in Lisbon and in Nice, EU Member States pledged “to work together to make a decisive impact on the eradication of poverty by 2010.” Funding has been made available to stimulate and support Member State’s efforts in this area.

National health agencies and all those with an interest in promoting health and social justice should be aware of national as well as EU policy developments, and help ensure they have a health equity focus, and that all opportunities are taken to reduce health inequalities.

The EU Policy section of the Portal supports this by providing:

- ▶ Information on four key EU Policy areas: the Common Agricultural Policy, Structural Funds, Internal Market and Social Policy.
- ▶ Links to other key policy areas that could affect health inequalities in EU Member States.
- ▶ Examples that reflect how selected policy areas can have an impact on health inequalities at the national and local level.

A list of key words, and a brief guide to EU policy making is also provided to assist those who are less familiar with EU Institutions and law making processes.

# health on your doorstep ?

## Key areas of Social and Economic Policy

A single market of 450 million people can lead to a reduction in health inequalities by encouraging mobility and stimulating economic growth, lowering prices, generating employment opportunities and thereby improving general standards of living.

It can also however, aggravate health inequalities if people from disadvantaged socio-economic-groups are less able to benefit from its provisions (such as access to goods and services including health or social care) or if it leads to the market driven operation of certain services and utilities (gas, electricity, water), generating higher prices or restricting access.

In addition, harmonisation of duties on certain goods or of technical and regulatory standards can have positive as well as negative effects on health inequalities. In some cases EU regulations, such as those determining the size of health-warnings on cigarette packages or associated with tobacco or food advertising, have raised public health related standards in certain EU Member States. In other countries, standards established through EU regulations have been lower than those that previously existed, and could therefore undermine national measures that were established to protect human health.

## Regional Policy

EU Regional, or 'cohesion', policy is perhaps one of the most important areas in which the EU can provide support to EU Member States in their efforts to tackle health inequalities. Using approximately a third of the EU budget it explicitly addresses economic and structural inequalities by a transfer of resources between Member States for the purpose of supporting economic growth and sustainable development through investment in people and infrastructures.

The funds can be used to invest in key health determinants like the improvement of living conditions such as the provision of water and sanitation or certain health care services, while work opportunities are increased by measures such as better transport, education and technologies. Investments in these areas can raise the health status of people living in deprived areas, and contribute to a reduction in health inequalities.

## Example: Structural Funding in Wales

In Wales, two projects that have been funded by the Structural Funds are "Healthy Minds at Work" and "Want2work". Both commenced this year, so have no definite outputs to report yet. It is expected, however, that they will have a positive impact on the distribution of health determinants.



# What is happening in communities across Europe Find out through the Good Practice Directory

The

## Good Practice Directory

provides access to a range of exemplary interventions to illustrate what is being done across Europe to tackle health inequalities.

The Directory contains local interventions that are considered to be good practice in addressing health inequalities. The entries were selected by participating countries on the basis of a set of good practice criteria.



*A low cost, participatory approach to promote physical activity in low-income, multi-ethnic districts (Norway)*



*Support for families with small children in disadvantaged neighbourhoods (Germany)*

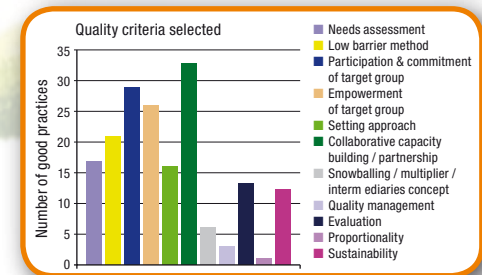
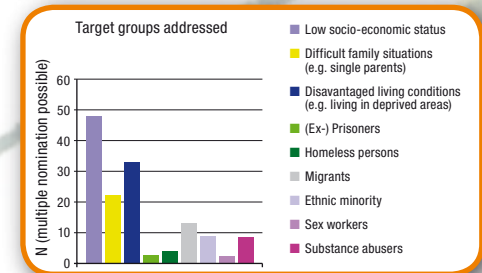
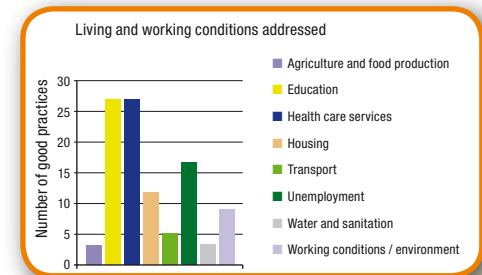


*Household budgeting and nutritional courses for people with financial problems (Netherlands)*



*Providing positive alternatives to addictions through theatre (Latvia)*

### What kinds of interventions have been included in the Good Practices Directory?



# Europe to close the health gap? Directory!

Each good practice file contains a wide range of information such as the intervention's main aims, the target group, its scale, the way in which it addresses health inequalities and why it is considered to be a good practice.

The good practices are entered by the participating agencies.

The information in the Directory can be searched in three different ways:

- Full Text Search ▶
- Search for interventions by country ▶
- Detailed Search by key terms ▶

The identification of good practices is an ongoing process that is in full swing. 78 projects from approximately 15 countries have been collected as of Autumn 2006 and are currently available on-line.

Before being made available for public viewing, each good practice entry undergoes a two-step quality check procedure to ensure that they are complete and that they fulfil the established quality criteria.

*Making good examples visible and traceable gives others the opportunity to reproduce successful interventions, or elements of these, in their own contexts.*



## **BEAM - Vocational integration and work measure**

### **Provider**

Theresia-Albers-Stiftung/Haus Theresia

### **Brief profile**

Occupational reintegration for adults with multiple problems (mental health, substance abuse, debts etc.)

### **Summary of the intervention**

Unemployment is a problem in the rural area of Ennepe-Ruhr-Kreis. Among the long term unemployed are many persons that face a range of different problems (mental health, drugs, debts, social isolation). They are 'resistant' to occupational reintegration measures since they lack 'structure'. Unemployment is associated with poor health and health behaviour. People facing a variety of problems are less likely to take part in unemployment programmes, due to lack of engagement, shame or stigma.

BEAM aims to improve the target group's employability, which begins by providing them with the structure and the resources that they need to manage themselves. A health module was integrated into the vocational programme with the help of the Federal Association of Health Insurance Companies.

### **Activities include:**

- Assessment of the labour market situation in area and identification of participant's needs;
- Occupational training;
- Systematic therapy approach, in combination with social work;
- Integration of modules addressing health related behaviours.

This model project (2003 – 2004) was one of five labour market-related interventions in an EU funded (EQUAL) "Development" Network.

### **Age group**

Young adults (19-29 years), Adults (30-59 years)

### **Duration / Timeframe**

Start: 8 / 2003; End: 8 / 2004

### **Coverage**

Regional

**BZgA**

Bundeszentrale  
für  
gesundheitliche  
Aufklärung

**BZgA**  
Ostmerheimer Str. 220  
D-51109 Cologne  
Germany  
Tel: +49 (0)221 8992-380  
Fax: +49 (0)221 8992-359  
www.bzga.de

**Helene Reemann**  
**Simone Weyers**  
**Dr. Monica Meyer Nuenberger**  
**Dr. Frank Lehmann**



**EuroHealthNet**  
6 Rue Philippe le Bon  
B-1000, Brussels  
Belgium  
Tel: +32 (0)2 235 0320  
Fax: +32 (0)2 235 0339  
www.eurohealthnet.org

**Clive Needle**  
**Caroline Costongs**  
**Ingrid Stegeman**  
**Sara Bensaude de Castro Freire**



'Closing the Gap' has received valuable advice from leading experts in the field:  
Prof. Ken Judge (University of Bath); Prof. Hilary Graham (University of York);  
Prof. Margaret Whitehead (University of Liverpool);  
Dr. Andreas Mielck (Institute of Health Economics and Health Care Management Neuherberg);  
Chris Brown (WHO European Office for Investment in Health Development).