Healthy inequalities in the Italian agenda: the case of the National Prevention Plan

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Piedmont Epidemiologic Unit
Collaborating Centre of the Italian CDC for Equity in Prevention and Health in All Policies

Luxembourg, December 1-2, 2007
Summary

- Inequalities in health in the Italian agenda (Health in All Policies, Health Care, Health Prevention)
- Equity in health prevention: towards
  - Equity audit
  - Equity oriented guidelines
- Potentials for reduction of health inequalities
- Implications for research and action
Inequalities in health in the Italian agenda (Health in All Policies, Health Care, Health Prevention)

- Equity in health prevention: towards
  - Equity audit
  - Equity oriented guidelines
- Potentials for reduction of health inequalities
- Implications for research and action
- Recommendations on social determinants of health from the National Commission on Social Exclusion...
- Equity oriented solution for health care organization in the proposal for NHS modernization...
- Health inequalities among the targets of the proposal for the new National Prevention Plan (2009-2011)...

...waiting for decision from the new government
quintiles of age-standardised regional prevalences of chronic diseases (x100 persons)

Italian regional distribution of health is characterized by a North-South gradient

Marinacci, 2004
### age-standardised odds ratios of chronic diseases among Italian women 2000

<table>
<thead>
<tr>
<th>Education (reference: university)</th>
<th>North East</th>
<th>Centre</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>Secondary high</td>
<td>1.3</td>
<td>1.1</td>
<td>1.6</td>
</tr>
<tr>
<td>Secondary low</td>
<td>1.7</td>
<td>1.4</td>
<td>2.0</td>
</tr>
<tr>
<td>Primary</td>
<td>3.5</td>
<td>2.8</td>
<td>4.3</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Geographic area</th>
<th>North East</th>
<th>Centre</th>
<th>South</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td>1.0</td>
<td>0.9</td>
<td>1.2</td>
</tr>
<tr>
<td>Centre</td>
<td>1.0</td>
<td>0.9</td>
<td>1.1</td>
</tr>
</tbody>
</table>

The North-South divide in health is mainly explained by the compositional effect of the distribution of individual poverty.
Regional deviations from the mean effect of low education on chronic diseases. Italian females in 2000 (coeff=1.2, OR=3.5)

The Italian North-South gradient in health, due to compositional differences in individual socioeconomic conditions, is exacerbated by an inability of Southern regions to moderate the effect of individual poverty on health.
HEALTH IN ALL POLICIES:

2007 Report of the National Commission on Social Exclusion recognized the role of social determinants of health (education, income, care)

Waiting for reactions from politics...
Social consequences: social mobility
PARP: low

Context of inequalities
- economy
- labour
- social cohesion
- welfare

Control over distribution of resources and opportunities (material, status, support): e.g., unemployment, income, immigration, lone motherhood...

Exposure to psychosocial lifestyle external access to care
PARP: high high low high

[Adapted from Diderichsen, 2005]

Inequalities in health, vulnerability, consequences, exposure

Impact: 1.4-9.5 % GDP (Mackenbach et al., 2007)

Address distribution of power and money
Improve conditions of everyday life
Measure/evaluate/research/training/public awareness

ACCESS TO CARE

Health care utilization and lifestyles
(2007 National Health Service Report on Health)

Who Commission SDH, 2008, Lancet

Access to care utilization and lifestyles
Use (odds ratios) of different levels of care by the disadvantaged categories compared to the not advantaged ones, adjusted by chronic morbidity. Males 70yrs+, Italy 2005

Positive discrimination toward the more disadvantaged in most of the levels of care: over-equity in health care utilization
Inequalities in different health care indicators by educational level in Turin

<table>
<thead>
<tr>
<th>Education</th>
<th>Mortality in colon cancer</th>
<th>Coronarography in AMI</th>
<th>Revascularization in AMI</th>
<th>Inappropriate hospital admissions</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIGH</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>MEDIUM</td>
<td>1.21 (1.05 - 1.40)</td>
<td>0.93 (0.86 – 1.02)</td>
<td>0.93 (0.85 – 1.02)</td>
<td>1.12 (1.03-1.22)</td>
</tr>
<tr>
<td>LOW</td>
<td>1.33 (1.16 - 1.51)</td>
<td>0.83 (0.76 – 0.90)</td>
<td>0.83 (0.76 – 0.91)</td>
<td>1.19 (1.10-1.29)</td>
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Less educated individuals may be more vulnerable to inappropriate hospitalization.
### Inequalities in different health care indicators by educational level in Turin

<table>
<thead>
<tr>
<th>Education</th>
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</tr>
</thead>
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<td>1</td>
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Less educated patients with myocardial infarction may confront more limitations in accessing effective and appropriate care such as coronarography and re-vascularization.
Inequalities in different health care indicators by educational level in Turin

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less educated patients with colon cancer may experience more unfavourable outcomes
ACCESS TO CARE
(National Health Service)
2007 Report on Health, utilization and lifestyles

RECOMMENDATIONS ON:
FUNDING: progressive
ALLOCATING: capitation and resources (adjusted for the most in need)
CONTROL OF DEMAND: level of care and waiting list (priority for the most in need), co-payment (exemptions for the most in needs)
PAYMENT SYSTEM: adjusted for the most in need
PROVISION: efficiency, continuity, comprehensiveness and quality in processes of care (oriented to equity)
Social consequences: social mobility

PARP: low

Context of inequalities
- economy
- labour
- social cohesion
- welfare

Control over distribution of resources and opportunities (material, status, support): e.g., unemployment, income, immigration, lone motherhood...

Exposure to psychosocial lifestyle external access to care

PARP: high high low high

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PARP: high high low high

Adapted from Diderichsen, 2005

Health inequalities in health

Inequality of vulnerability

Consequences
effects

Exposure

Social stratification

Impact: 1.4-9.5 %GDP (Mackenbach et al, 2007)

Address distribution of power and money

Improve conditions of every day life

Measure/evaluate/research/training/public awareness

WHO Commission

HEALTH PREVENTION TARGETS
(National Prevention Plan)
Inequalities in health in the Italian agenda (Health in All Policies, Health care, Health prevention)

- Equity in health prevention, towards:
  - Equity audit
  - Equity oriented guidelines
  - Potentials for reduction of health inequalities
  - Implications for research and action
To agree on common health objectives:

- Primary prevention of emerging or re-emerging health problems (*obesity, accidents*)
- New prevention approaches (*complications of diabetes*)
- Health problems on which re-orient the Health System (*cardiovascular risk*)
- Programs on which line up Regions (*cancer screening, vaccinations*)
The Italian CDC:
a regulated network of responsibilities and competences
- Support to Regions (NPP)
  - Operational lines (strategies and objectives)
  - Monitoring
  - Certification

- Support to government program: Gaining Health, Health in All Policies
Non communicable diseases

2004
- correct nutrition
- physical activity
- heart
- diabetes
- smoke
- work health
- accidents
- screening
- cancer
- registries
- National surveillance system (PASSI)

2005
- Child obesity
- folic acid
- heart

2006
- correct nutrition
- physical activity
- smoke
- work health
- accidents
- screening
- adolescents

2007
- correct nutrition
- physical activity
- smoke
- work health
- folic acid
- iodioprophylaxis
- stroke
- information campaigns

€ 26.005.200
Communicable diseases

€ 7.357.169

<table>
<thead>
<tr>
<th>2004</th>
<th>2005</th>
<th>2006</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>plan for flu pandemics</td>
<td>Food-borne diseases</td>
<td>Invasive bacterial infections hospital infections</td>
<td>legionella rotavirus tuberculosis HIV enteric virus vaccinations hospital infections</td>
</tr>
<tr>
<td>measles and rubella</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>legionellosis poliomyelitis tuberculosis hospital infections</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MICRONET proj. zoonosis antibiotic-resistance</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Health emergencies

€ 5,502,680

2004
syndromic surveillance
heat waves
flu
preparedness
CRI
antidotes

2005
situation room
Turin olimpic games

2006
chikungunya
Campania
garbage
preparedness
CRI e IHR
antidotes
international cooperation

2007
Social issues

€ 5,183,772

2004

- depression
- early diagnosis
- psychosis
- mental health
- promotion
- childhood
- violence

2005

- mental health surveillance
- disability
- mother-infant
- health
- immigrants
- drug addiction

2006

2007

- disability
- mother mortality
- drug addiction
Capacity building

- **2004**: Health reporting EBP, Inequalities, PROFAR master
- **2005**: Information systems
- **2006**: Documentation centres, Cochrane vaccines
- **2007**: Information systems, Health in all policies, International cooperation

€ 5,248,622
Promotion of equity in prevention: CCM Equity Program

General objectives of the program

- “equity audit”: to develop capacity to systematically identify eventual health disadvantages in population subgroups within prevention, diagnostic and care pathways
- promote adoption of interventions potentially effective to tackle inequalities, performable at the regional health service level

Technical group: Piedmont Epidemiology Unit in Grugliasco
Expected progress of prevention plans

Objectives NPP-CCM plans

- Running program
- Impact evaluation
- New objectives

Objectives CCM equity program

- Equity audit: monitoring inequalities
- Evaluation of impact on equity degree
- Equity promotion: Guidelines for interventions

Objectives NPP-CCM plans

- Running program
- Impact evaluation
- New objectives
Guidelines for equity oriented interventions: activity steps

- CCM experts advices
- coordinating group
- advices from regional delegates

- literature review
- quality evaluation of studies
- recommendations
- transferability evaluation
- recommendations grading
Considering each NPP field of action, we are searching for the following strategies to:

- Reduce social stratification (CCM Health in All Policies)
- Reduce exposition to risk factors (CCM Equity in Prevention)
- Reduce vulnerability to diseases and to their consequences (CCM Equity in Prevention)
- Reduce economic and social effects of the disease (e.g. catastrophic health care expenditures) (CCM Health in All Policies)
Considering that the external validity of the evidence is much more important than in clinical practice guidelines, we are going to interview local stakeholders in order to evaluate the applicability of each recommendation, as for:

Relevancy for their context
Intervention or policy already implemented in their context
Potential barriers to the implementation of each recommendation
Considering the decentralized organization of the Italian Health System, the collection of evidence from expert/stakeholder opinion is a progressive process, incrementally going on, to give more chances of implementation in practice.
Inequalities in health in the Italian agenda
(Health in All Policies, Health care, Health prevention)

- Equity in health prevention: towards
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  - Equity oriented guidelines

- Potentials for reduction of health inequalities

- Implications for research and action
### Contribution % of avoidable mortality to the difference in life expectancy btw the higher and lower educated in 14 European countries

<table>
<thead>
<tr>
<th>Higher: Slovenia</th>
<th>33%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Italy (Turin)</td>
<td>21%</td>
</tr>
<tr>
<td>Lower: Belgium</td>
<td></td>
</tr>
</tbody>
</table>

Avoidable mortality inequalities contributed about 1/5 to the difference in life expectancy btw high and low educated.

Stirbu et al, Eurothine Final report 2007
<table>
<thead>
<tr>
<th></th>
<th>R1</th>
<th>R2</th>
</tr>
</thead>
<tbody>
<tr>
<td>low vs. high maternal</td>
<td>1.35 (1.06-1.72)</td>
<td>1.26 (1.08-1.47)</td>
</tr>
<tr>
<td>education</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Hard to reach groups may still improve compliance to vaccination**
Percentage of women (50-69 years) without symptoms who performed mammography, by education and geographic area – Italy, 1999-2000 and 2004-2005

<table>
<thead>
<tr>
<th></th>
<th>MAMMOGRAPHY</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1999-2000</td>
<td>2004-2005</td>
<td>% increase</td>
</tr>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>high</td>
<td>70.0</td>
<td>79.3</td>
<td>13.3</td>
</tr>
<tr>
<td>medium</td>
<td>66.7</td>
<td>73.6</td>
<td>10.3</td>
</tr>
<tr>
<td>low</td>
<td>51.8</td>
<td>65.5</td>
<td>26.4</td>
</tr>
<tr>
<td><strong>GEOGRAPHIC AREA</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North-West</td>
<td>63.8</td>
<td>79.5</td>
<td>24.6</td>
</tr>
<tr>
<td>North-East</td>
<td>71.3</td>
<td>85.7</td>
<td>20.2</td>
</tr>
<tr>
<td>Centre</td>
<td>67.4</td>
<td>77.5</td>
<td>15.0</td>
</tr>
<tr>
<td>South</td>
<td>39.8</td>
<td>51.3</td>
<td>28.9</td>
</tr>
<tr>
<td>Islands</td>
<td>38.0</td>
<td>50.7</td>
<td>33.4</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>58.1</td>
<td>71.0</td>
<td>22.2</td>
</tr>
</tbody>
</table>
Percentage of women (50-69 years) who performed mammography, by mode of access to test, education and geographic area – Italy, 2004-2005

<table>
<thead>
<tr>
<th>MAMMOGRAPHY</th>
<th>spontaneous access</th>
<th>general practitioner</th>
<th>specialist</th>
<th>screening program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EDUCATION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>high</td>
<td>37.4</td>
<td>12.2</td>
<td>22.0</td>
<td>28.2</td>
</tr>
<tr>
<td>medium</td>
<td>30.1</td>
<td>16.5</td>
<td>20.3</td>
<td>32.6</td>
</tr>
<tr>
<td>low</td>
<td>23.9</td>
<td>20.5</td>
<td>16.4</td>
<td>38.9</td>
</tr>
<tr>
<td><strong>GEOGRAPHIC AREA</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>North-West</td>
<td>28.4</td>
<td>16.4</td>
<td>19.4</td>
<td>35.6</td>
</tr>
<tr>
<td>North-East</td>
<td>24.2</td>
<td>12.7</td>
<td>16.1</td>
<td>46.6</td>
</tr>
<tr>
<td>Centre</td>
<td>23.8</td>
<td>14.4</td>
<td>20.5</td>
<td>41.0</td>
</tr>
<tr>
<td>South</td>
<td>39.0</td>
<td>25.3</td>
<td>21.1</td>
<td>14.2</td>
</tr>
<tr>
<td>Islands</td>
<td>42.4</td>
<td>25.1</td>
<td>18.1</td>
<td>14.2</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>19.0</td>
<td>16.1</td>
<td>20.5</td>
<td>19.4</td>
</tr>
</tbody>
</table>

Population screenings may reduce inequalities in access to effective early detection tests.
Excess mortality in Turin among less educated according to participation to a GPs program of detection of cardiovascular risk factors

<table>
<thead>
<tr>
<th></th>
<th>All causes</th>
<th>CHD</th>
<th>Stroke</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants</strong></td>
<td>1.39</td>
<td>0.56</td>
<td>1.21</td>
</tr>
<tr>
<td></td>
<td>(0.69 - 2.80)</td>
<td>(0.17 - 1.80)</td>
<td>(0.22 - 6.58)</td>
</tr>
<tr>
<td><strong>Not participants</strong></td>
<td>2.22</td>
<td>1.52</td>
<td>1.27</td>
</tr>
<tr>
<td></td>
<td>(1.42 - 3.46)</td>
<td>(0.74 - 3.12)</td>
<td>(0.41 - 3.93)</td>
</tr>
</tbody>
</table>

Pro-active detection of risk factors reduces inequalities in mortality for circulatory causes?
Educational differences in mortality by cause among people with and without diabetes
Turin, 1991-99 - Men

Intensive and pro-active follow up of patients may moderate inequalities in unfavourable outcomes of diabetes
“Environmental” interventions increase smoking cessation (from 21 to 23%), above all among the more educated males (from 15 to 23%)
<table>
<thead>
<tr>
<th><strong>Opportunity</strong></th>
<th><strong>Achievement</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registry of cardiovascular events (managed by Nat. Inst. Health)</td>
<td>Analysis of risk factors by social indicators</td>
</tr>
<tr>
<td>Measuring inequalities through software used by physicians for risk calculation</td>
<td>Utilization of social indicator for data analysis</td>
</tr>
<tr>
<td>Current national databases and sample surveys (PASSI, National Health Interview Survey)</td>
<td>Analysis of risk factors by social indicators</td>
</tr>
</tbody>
</table>
## Activity for cardiovascular risk prevention: opportunities for intervention on inequalities

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training operators for use of risk chart</td>
<td>Inequalities included in training package for operators involved</td>
</tr>
<tr>
<td>Community prevention programs addressed to deprived areas</td>
<td>Underlined operational need of interventions addressed to everybody</td>
</tr>
<tr>
<td>Counterbalance higher underestimate of global risk in deprived individuals</td>
<td>New release of software for risk calculation includes collection of “education” information</td>
</tr>
<tr>
<td>(social condition weight in software for risk calculation)</td>
<td></td>
</tr>
<tr>
<td>Information/education programs in lower social class individuals</td>
<td>Contradictory efficacy evaluations of interventions addressed for social class</td>
</tr>
<tr>
<td>Information/education programs on physical activity in work context with</td>
<td>Proposed introduction of regular programs of physical activity within work contexts and of correct nutrition within work tables</td>
</tr>
<tr>
<td>measurement of risk factors</td>
<td></td>
</tr>
</tbody>
</table>
**Activity for prevention of diabetes complications: opportunities for monitoring inequalities**

<table>
<thead>
<tr>
<th>Opportunity</th>
<th>Achievement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Diabetes occurrence</strong></td>
<td>• registries with indicator of social conditions;</td>
</tr>
<tr>
<td></td>
<td>• current national databases and sample surveys (PASSI, National Health Interview Survey)</td>
</tr>
<tr>
<td></td>
<td>• social position indicator in electronic clinical chart (90 diabetic centres);</td>
</tr>
<tr>
<td><strong>Diabetic patients care</strong></td>
<td>• registries with indicator of social conditions;</td>
</tr>
<tr>
<td></td>
<td>• current national databases and sample surveys (PASSI, National Health Interview Survey)</td>
</tr>
<tr>
<td></td>
<td>• data on quality of health care (QUADRI study) (National Inst. Health)</td>
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## Activity for prevention of diabetes complications: opportunities for intervention on inequalities

<table>
<thead>
<tr>
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<tr>
<td>• training operators of IGEA project, towards development of integrated management of patients</td>
<td>equity package for disease management, proposing monitoring and tackling tools</td>
</tr>
<tr>
<td>• specific initiatives for immigrants:</td>
<td></td>
</tr>
<tr>
<td>• patient education for disease management;</td>
<td></td>
</tr>
<tr>
<td>• screening of pregnant women for gestational diabetes</td>
<td>some regions prepared information materials</td>
</tr>
<tr>
<td>• questionnaires for collection of patient satisfaction information</td>
<td>expected collection of socioeconomic information to analyse social differences</td>
</tr>
</tbody>
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## Cancer screening activities: opportunities for monitoring inequalities

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<th>Achievement</th>
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<tr>
<td>• Current national databases and sample surveys (PASSI, National Health Interview Survey)</td>
<td>analysis of data by social conditions</td>
</tr>
<tr>
<td>• 2005 National Health Interview Survey: included item on screening test performed after invitation</td>
<td>analysis of social conditions of non compliant individuals</td>
</tr>
<tr>
<td>Presence of complete data on pathway screening-diagnosis-treatments and social indicators (individuals or at small area level) (TO, FI, RO, BO)</td>
<td>Identification of critical points of pathway</td>
</tr>
<tr>
<td>linkage with outpatient care information systems and social indicators</td>
<td>analysis of social conditions of screening over-using women</td>
</tr>
</tbody>
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## Cancer screening activities: opportunities for intervention on inequalities

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<tr>
<td>census of ongoing initiatives to improve compliance among immigrant women</td>
<td>initiatives for &quot;hard-to-reach&quot;, particularly for immigrants</td>
</tr>
<tr>
<td>identification of socioeconomic clusters of population through “direct marketing” techniques, writing and sending invitation letter based on socioeconomic conditions of target cluster</td>
<td>initiative started in Lazio region</td>
</tr>
<tr>
<td>Piedmont: linkage SQTM (quality of diagnosis and therapy charts for breast cancer) with TLS</td>
<td>ongoing implementation</td>
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Possible equity objectives for the upcoming National Prevention Plan 2009-2011

- Contextualising interventions with specific attention to deprived areas
- Pointing to inter-sector policies aimed at changing environmental conditions for easier access to services and products
- Choosing interventions on the basis of higher probability of reaching disadvantaged classes
- Promoting pro-active interventions by physicians or case managers
- Adapting information/education interventions to socially disadvantaged targets
- Including socioeconomic indicators within surveillance systems and project monitoring
Summary

- Inequalities in health in the Italian agenda (Health in All Policies, Health care, Health prevention)
- Equity in health prevention: towards
  - Equity audit
  - Equity oriented guidelines
- Potentials for reduction of health inequalities
- Implications for research and action
Conclusions

- Progresses towards mainstreaming equity in health in all policies
  - Equity oriented health impact assessment in Health in All Policies strategy
  - Equity oriented processes of care
  - Equity oriented health prevention

- However an integrated and comprehensive national action still missing...

- However ... which is the contribution of each approach to health inequalities now and in the future?

- However evidence based interventions?

- However ... targets?
  - most focused on improving the worst off...
  - a few interested in reducing the gap (but...)
  - none addressing the gradient ... (HiAP?)
Health inequalities in the Italian agenda: the case of the National Prevention Plan

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