



EUROPEAN COMMISSION  
HEALTH & CONSUMER PROTECTION DIRECTORATE-GENERAL  
Public Health and Risk Assessment Directorate  
Health Determinants Unit

## EXPERT GROUP ON SOCIAL DETERMINANTS AND HEALTH INEQUALITIES



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<b>To:</b> Members of the Expert Group on Social Determinants and Health Inequalities	<b>From:</b> Secretariat
<b>Action:</b> For information and approval at next meeting of the group.	

## **Report of the Expert Group on Social Determinants and Health Inequalities, Luxembourg 2-3 March 2006**

### **Background**

This was the first meeting of the Expert Group on Social Determinants and Health Inequalities. The meeting was held following discussions at the High Level Committee on Public Health, Cardiff December 2005, where it was agreed to establish the group as a subgroup of the High Level Committee on Public Health.

The European Commission convened and chaired the meeting. It took place in Luxembourg 2-3 March 2006. There were 33 participants including people nominated from 19 countries in the High Level Committee on Public Health as well as representatives from the World Health Organization and the Organisation for Economic Cooperation and Development, invited experts from projects and tenders funded through the Public Health Programme and officials from 5 Commission services.

The participants list, agenda, meeting papers, presentations and background papers from the meeting are available from the Commission's web site.<sup>1</sup>

### **Mandate of the Expert Group on Social Determinants and Health Inequalities**

The group considered the mandate which had been drafted to incorporate changes following discussion at the High Level Committee on Public Health in December 2005. One additional change was suggested – to add 'EU' under point 2.3. The revised mandate is at annex 1.

### **Problem of health inequalities**

Wide differences in health between different social groups exist in all Member States. Typical differences within a single country are 5 years difference in life expectancy between the most advantaged and least advantaged. Between Member States there are differences of up to 12 years in life expectancy for males between the best and worst figures. These inequalities also exist for morbidity, prevalence of risk factors such as smoking, obesity and environmental quality and for self perceived health. There is evidence that in some countries the gap is increasing. The background paper 'Health Inequalities: Europe in Profile' produced for the UK Presidency Summit 'Tackling Health Inequalities, Governing For Health' was provided at the meeting and summarises the epidemiological situation on health inequalities.

The EUROTHINE project which is supported through the Public Health Programme reported on the work which it is doing to bring together a picture of health inequalities at the European level. The project is also assessing evidence of effectiveness of interventions on health inequalities and will make a proposal for a clearing house for information on the problem.

The possibility for the Expert Group to have a close connection with the work of EUROTHINE was discussed. This could take the form of future briefings on the project at meetings of the Expert Group, distribution of documents from the project, and the

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<sup>1</sup> [http://europa.eu.int/comm/health/ph\\_determinants/socio\\_economics/ev\\_060302\\_en.htm](http://europa.eu.int/comm/health/ph_determinants/socio_economics/ev_060302_en.htm)

opportunity for the Expert Group to contribute to and receive preliminary versions of some of the outputs of the project - such as the output on the work on evidence of effectiveness – subject to discussion with workpackage leaders.

### **Policies and actions to tackle health inequalities in Member States.**

There is a wide diversity of approaches to policy on social determinants and health inequalities amongst countries in Europe. These are summarised in the report ‘Health Inequalities: a challenge for Europe’ which was provided as a background paper. The project ‘Closing the Gap: Strategies for Action to Tackle Health Inequalities in Europe’ is producing a situation analysis of tackling health inequalities in 22 countries, an online directory of good practice and an analysis of EU policies that impact on the health gap.

Links between the Expert Group and the Closing the Gap project will be strengthened in the following ways:

- members of the Expert Group can directly contact the focal points for the Closing the Gap project via contact details which were supplied to participants.
- exploring the possibility for a presentation on the work of the Expert Group to take place at the concluding event of the project which will take place 7-8 May 2007 in Brussels.
- inviting the Expert Group members to contribute to and comment on products from the project – subject to agreement from the project board.

### **Contribution of EU policies to addressing health inequalities.**

A background paper produced by the European Commission DG SANCO summarised EU actions in this area. Contributions were also made from representatives from the Directorates General for: Employment, Social Policy and Equal Opportunities; Regional Policy; Research and EUROSTAT. A presentation from Regional Policy highlighted the opportunities foreseen in the new programme of the Structural Funds.

#### Employment and Social Policy

The Open Method of Coordination (OMC) on Social Inclusion is an important mechanism which is supporting Member States in the process of developing National Action Plans (NAPs) to address social exclusion. Access to health care is one of the key themes of the OMC and NAPs.

It was agreed to explore further links between the group and the OMC

#### Research

Previous relevant research includes SHARE and ECUITY. There are opportunities for funding through the final call for FP6 which closes March 22<sup>nd</sup>. The Directorate General for Research (RTD) would welcome input from the Expert Group into prioritisation of topics for calls for proposals for the 7<sup>th</sup> Framework programme.

It was agreed to consider organising a longer session on research at a future meeting of the Expert Group.

## EUROSTAT

The development of a System of Health Accounts with close collaboration between the EU, WHO and OECD is a key development. An important aspect of this work is to enable disaggregation of health information by factors such as gender and disease category.

## Regional Policy

Improved health status can potentially contribute to regional economic growth and contribute to achieving the goals of the Lisbon strategy through mechanisms such as reducing premature retirement and sick leave and increasing human capital. The proposed Community Strategic Guidelines on Cohesion Policy, which are currently under discussion within the EU decision making process, include some specific references to investments in health, which can form part of economic development strategies supported by the EU structural funds. National Strategic Frameworks are being developed by Member States which set out how structural funds will be used to meet national and regional priorities within the framework provided by the Community Strategic Guidelines.

## Public Health

Inequalities in health have been an important part of EU public health policy since 1992 when specific competencies for public health were included in the Maastricht treaty. This has been taken forward through the EU Public Health Programme; by facilitating exchange of information and best practice between Member States and other organisations and through a focus on health inequalities on specific issues. An inequalities dimension is an important part of policy development in areas such as alcohol, drugs, mental health, sexual health, and tobacco.

## **Work of International Organizations**

### World Health Organization

A major review of the importance of social determinants of health is currently being carried out by the World Health Organization Commission on Social Determinants. This work is due to report in 2008.

The WHO European Office for Investment for Health and Development, which is based in Venice provides a portfolio of services to Member States to increase capacity to invest for the promotion of health by addressing the social and economic determinants of health. It also supports a major programme of research and analysis on health inequalities. Current priorities include socio economic impacts on adolescent health, women's health and health in economic development.<sup>2</sup>

### Organisation for Economic Cooperation and Development

The OECD has carried out a major study assessing the level of equity in health service utilization. Overall findings were, that after adjusting for higher need amongst poorer

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<sup>2</sup> See website <http://www.euro.who.int/eprise/main/WHO/Progs/SED/Home>

groups, there were significant inequities in many Member States for specialist health service use, but not for primary care. Income inequalities grew during the 1990s and this may explain some of the increase in health inequalities during this period. There are important pieces of work being done by OECD in relation to workplaces, levels of social support and mental health.

### **Reports from Member States**

Germany, Ireland, Slovenia and Sweden made presentations to the group. Norway and the United Kingdom provided background documents. Copies of the slides and background documents are available on the Commission web site.

Overall participants welcomed the establishment of the group and expressed the hope that the work of the group would contribute both to national policy making and provide a contribution to thinking on EU policy and programmes. There was particular interest in: analyses of the economic impact of health inequalities, experience and evaluation of implementation of policies at national and subnational/regional levels, examining inequalities in mental as well as physical health, gender issues, links with employment and workplace health. The opportunity to consider the EU agenda was also welcomed – especially on research, regional policy, social policy and public health but also in relation to agriculture and rural development policy and other areas.

The relevance of the work of the group to the Presidency priorities of Finland on health in other policies was also mentioned as was the hope that the group could contribute to events in future presidencies.

### **Obesity and health inequalities**

In many EU countries there are strong associations between the prevalence of obesity and social group. A piece of work is being considered, with funding provided by the Commission, for a state of the art review of the situation regarding socio-economic group and obesity, including possible reasons for the association, evaluation of interventions targeting less advantaged groups and implications for policy. The Expert Group would be invited to contribute to the review through providing examples and commenting on drafts of the reports.

### **Macroeconomics and health inequalities**

This piece of work which will be carried out by Erasmus Medical Centre aims to provide a first estimate of macroeconomic implications of health inequalities. There will be a high degree of uncertainty, because of data problems and the need to make many assumptions. However it is expected that the results will be of benefit in assessing both the potential losses to economies of the current patterns of health inequalities and the potential gains from policies which address them. It is hoped to have a preliminary report on progress with the work by the time of the next meeting of the Expert Group. The Expert Group will be invited to comment and contribute to this piece of work.

## **Work Plan for the Expert Group**

An initial work plan for the group was presented based on priorities identified by an informal meeting of members of the group which had taken place during the Summit 'Health Inequalities Governing for Health' as well as discussions in the High Level Committee on Public Health. It was agreed that work would start on the following areas which are described in the work plan:

Case studies on country policies

Macroeconomic implications of health inequalities

Socio-economic group and obesity

Contribution of EU policies to reducing health inequalities.

In addition the Expert Group will link into work on relevant projects from the Public Health Work Programme such as EUROTHINE and Closing the Gap.

Suggestions for additional items included:

1. a glossary of terms used in the field of social determinants and health inequalities
2. more detailed discussion on research priorities
3. mental health
4. tobacco
5. processes for implementation of policies on health inequalities
6. evaluation and identification of what works.
7. 'making the case' for policy initiatives on health inequalities.

It was agreed to work on the glossary and to programme a more detailed discussion on research for a future meeting. The group will return to the work plan at its next meeting and consider how additional elements can be addressed depending on the interests of the group and what resources can be identified to do the work.

## **Annex 1**

### **Expert Group on Social Determinants and Health Inequalities – Mandate**

#### **1. Introduction**

1.1 The EU Expert Group on Social Determinants and Health Inequalities is established as a subgroup of the High Level Committee on Public Health (HLCPH).

#### **2. Purpose**

2.1 To provide a forum for the exchange of information and good practice between Member States on social determinants of health and health inequalities.

2.2 To provide an interface between relevant policies, projects and activities at EU level and within countries.

2.3 To evaluate the situation and evidence base concerning health inequalities and social determinants and to provide guidance and advice on the need for further action and joint work and research in this area, including reporting and development of approaches for analysing and reviewing policies at **EU and**<sup>3</sup> member state level.

2.4 To review, comment and advise on elements of the public health programme's annual work plan relating to social determinants and health inequalities and on the projects contributing to this part of the work plan.

#### **3. Membership**

One policy expert for health inequalities and/or for socio economic determinants of health nominated from each country which is in the High Level Committee on Public Health.

Additional experts nominated by the Commission predominantly from projects funded through the public health and related programmes.

World Health Organization and other relevant international organizations.

European Commission Services

#### **4. Working Methods**

The Commission will convene the group and will ensure input and coordination across relevant EU policy areas. These will include public health and social inclusion and other policy areas when required. The group will work to a work plan agreed with the High Level Committee on Public Health.

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<sup>3</sup> The amendment is in bold