EU social policy addressing health inequalities

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Health inequalities in the EU

- Many studies (e.g. DG EMPL studies such as SSR 2003, JRSI 2004, JRSISP 2006, SSObservatory 2005) show that if look at mortality and morbidity/disability indicators:
  - Countries are faced with substantial inequalities in health: people with lower education, lower occupational class, lower income, die younger and have a higher prevalence of disease/disability
    - Socio-economic status behind differences,
    - Social gradient of disease and mortality
- Health inequalities have widened during the last decades of the 20th century.
Health inequalities in the EU

Causes behind differences in health status across socio-economic groups:

- health-related behaviours
- take up of effective health care interventions = access to care has a role
- socio-economic inequalities: poverty and material deprivation, exclusion and marginalisation (JRSI 2004, JRSISP 2006)
Health inequalities and access to care

- Studies identify inequities in access to care due to various barriers to access that result in differences in care utilisation across socio-economic groups. The fact that can explain some of the observed inequalities in health status.

- Improvements in the health care system – in access to effective preventive and curative care – thus may help tackling health inequalities.
In 2005 Member States submitted national preliminary statements on health care and long-term care:
- to understand common challenges and goals
- and thus help defining common objectives under the Open Method of Coordination

A review was conducted = 2005 Social Protection Committee Memorandum
Open Method of Coordination

- EU tool to help Member States reforming their healthcare and long-term care systems as well as pension and social inclusion systems
- subsidiarity and voluntary cooperation
- common objectives
- translate into national policy and plan
- common indicators to see progress
- periodic monitoring and peer review
- cooperation with various actors in the field
Open Method of Coordination

- **Aim**: learn from each other, exchange experiences, good practices
- **September 2006**: 1 report for social inclusion, pensions and healthcare and long-term care
- **27 reports**
- **Outcomes**: joint report on social inclusion and social protection with country fiches, 1 supporting document
**Paradox**: Universal rights to care found in all Member States but do not translate into universal access and there are differences in the individual ability to benefit from care according to socio-economic status, age, gender among others.

- Health inequalities identified as major issue of great concern for a significant number of Member States (as in other EU level documents)
- Egalitarian policy but in-egalitarian outcomes
Access to care still remains an issue.

Long-term care is a social risk: insufficient capacity, distribution and insufficient and inequitable funding.

Barriers to access stem from factors such as service availability, distribution and location, individual financial costs and income, waiting times, knowledge, beliefs, information, preferences...
Tackling Barriers to Access:

- Reductions or exemptions co-payments, more favourable reimbursement to disadvantaged groups, financial aid, free primary care including preventive care – but too complex rules?
- Better geographical distribution primary care, smaller units
- Compilation waiting times, pooling cases, definition max waiting time
- Internet services, access guide,
- Increase provision home medical and non-medical services and day care services
- Support to informal carers: services and financial, training
- Training, interdisciplinary teams
2005 National Preliminary Statements - findings

- Reducing Health inequalities
  - Ensure equitable access to care: including preventive care
    - Free screening and free immunisation of risk/ target groups
  - Promote active life styles & healthy ageing.
  - Multisectoral approach

- Issue on the policy table in our field of work: how can social protection systems (organisation and funding) contribute to reducing health inequalities
2006 reporting exercise

- Ongoing analysis but so far not different:
  - Barriers to access exist: population covered by insurance, care coverage, high individual financial costs of care, geographical disparities of care provision, long waiting times for some urgent conditions, lack of information…
  - Health inequalities highlighted by some countries (e.g. UK, IE, PT, FI, SI)
  - To address these: tackle barriers to access for more vulnerable/disadvantaged groups, improve disease prevention (free preventive care for all) and improve health promotion, focusing on disease specific and risk factors, in many settings, some countries highlight a whole sector approach (FI, PT, SI)
2006 reporting exercise

- Section on health inequalities
- November 2006: in-depth review of national strategy reports health inequalities is a topic
- January 2007: peer review on access to care and health inequalities = how can social protection systems (organisation and funding) contribute to reducing health inequalities by improving access to care
Inclusion

- Fighting poverty and discrimination
  - Efforts and some but not significant improvement
  - Still considerable challenges: slow economic growth, high unemployment, disadvantages in education and training, child poverty and high risk of poverty in general, poor housing, discrimination of people with disabilities, ethnic minorities and immigrants, multiple disadvantages in certain urban and rural communities

- Access to services: employment, education, training, healthcare, social security
  - Especially at risk people: People with disabilities, Homeless, Addicts, Mentally ill, Migrants and Ethnic minorities (including the Roma), Isolated older people, Ex-prisoners.
Inclusion

- challenges linked to: increasing immigration; rising health and insurance costs; and the need for affordable care provision for children, disabled and elderly dependants in the light of both demographic change and increasing female labour force participation

- Goal: mainstream provision, coordinate measures, and where necessary, implement targeted measures
  - Incentives to take up work
  - Increase integration of migrants and other disadvantaged
  - Improve access to education, housing and health care
Pensions

- Health inequalities increase in old age, hence:
  - Adequate retirement incomes
    - Maintain public pension
    - Ensuring and increasing the level of guaranteed minimum pensions;
    - Recognising periods of care for the calculation of pension entitlements.
    - reviewing policy responses regarding unequal access to private pensions
  - Active ageing
  - Higher employment rates of older people
OMC – common objective 1

- **Ensure access for all** to adequate health and long-term care **and that** the need for care does not lead to poverty and financial dependency; and that inequities in access to care and **inequalities in health outcomes are addressed**;

- Agreed by the European Council
Common indicators

- Effort to measure access to care and inequalities in health status
ESF
2007-2013 programming period

- Health important and related to employment:
  - Health necessary to meet Lisbon goals
  - Health key to productivity and growth
- Need Healthy and safe work environment
  - Cooperation and exchange of best practices
  - Directives setting minimum requirements
  - Campaigns: e.g. Safe start
- Public Health (notably health information, health threats and health determinants)
- Health sector (e.g. operational programmes of PT and EL) one important area of support especially in convergence regions.
ESF
2007-2013 programming period

- Healthcare and long-term care sector support: preventing health risks, filling the gaps in health infrastructure, promoting efficient provision

- in areas of:
  - Health promotion, disease prevention, transfer of knowledge, availability of skilled staff and infrastructure in convergence and cohesion regions.
Examples:

- Information campaigns (including promoting screening),
- Training of staff and updating of skills of personnel in the health sector in view of new technologies and practices,
- Technology (e-health and telemedicine),
- Health and safety at work (information campaigns, introducing standards and inspection, development of work methods that improve health and safety at work, actions to promote rehabilitation and counselling),
- Health aspects in education and training (changes in curricula to promote healthy lifestyles and awareness of prevention mechanisms in schools),
- Services targeted to excluded groups in view of reintegration in employment (tobacco, alcohol, mental health),
- Promoting partnership between private and social sector,
- Design, monitoring and evaluation of health policies.
Useful websites

  - See 2003 which was specifically on health
- http://ec.europa.eu/employment_social/social_inclusion/jrep_en.htm#implementation
- http://ec.europa.eu/employment_social/social_protection/health_en.htm#commdocs
- http://ec.europa.eu/employment_social/social_protection/pensions_en.htm#adequacy
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