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EXPERT GROUP ON SOCIAL DETERMINANTS AND HEALTH INEQUALITIES



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Report of the Expert Group on Social Determinants and Health Inequalities, Luxembourg 7-8 November 2006

Introduction

This was the second meeting of the Expert Group on Social Determinants and Health Inequalities. There were 24 participants including representatives of 17 Member States, the World Health Organization, 4 invited experts and 6 staff from the Commission services. The European Commission chaired the meeting.

In welcoming participants Michael Hübel, Head of Unit for Health Determinants DG SANCO, noted the progress that had been made since the last meeting in March. Following the last meeting the High Level Committee on Public Health had reviewed the report of the Expert group and had confirmed the group's mandate as a subcommittee of the High Level Committee on Public Health with three year work plan which is subject for review through regular reporting to the Committee.

The Finland Presidency of the Council had prioritised action on Health in All Policies which had included a focus on health inequalities at the high level conference which took place in Kuopio in September 2006. The forthcoming presidencies of Germany, Portugal and Slovenia also included key aspects relating to social determinants of health. These included a focus on social determinants relating to nutrition and physical activity within the German presidency, the priority on migration and health for the Portuguese presidency and elements of the priority on cancer for the Slovenian presidency.

Agenda

The draft agenda was approved with the addition of an item on statistics and the cancellation of the country report from Denmark which could not be given because due to unforeseen circumstances the Danish representative had had to cancel her participation at the last minute.

Statistics

EUROSTAT' Unit on Health and food safety statistics (ESTAT/F/) is working together with other Commission services and with Member States to develop the data available on socio-economic variables and health. Within this context, there are three main strands to the work:

- life expectancy by socio-economic group (together with Eurostat's Unit on Demographic statistics (ESTAT/F/1))
- health surveys
- core social variables in health and other social surveys.

A 'Taskforce on life expectancy by socio-economic group' has been established by ESTAT/F/1 and last met on 10 October. It will have two further meetings in 2007 and will contribute to finding a methodology for obtaining - at a regular basis - mortality data by socio-economic determinants (such as through linking census data (next census in 2010) to mortality data). The group is keen to obtain experiences from Member States on collection and analysis of mortality data and calculation of life expectancy by socio-economic group (SEG).

*Actions – Members to provide information or contact persons to EUROSTAT with information about experiences in calculating life expectancy by SEG.
Commission to circulate list of Members of the EU Working Group on Public Health Statistics /Technical Group on Health Interview Surveys and the Task force on Life Expectancy by Socio-Economic Status.*

Four modules of the European Health Interview Survey (EHIS) have been prepared. The first EHIS round will be carried out in most Member States in 2007/8; the EHIS will be repeated every 5 years. The interview will include around 120 questions on health status, use of health services, health determinants and background information (including the core social variables - see below).

Work on social statistics in general has resulted in an agreement by the Member States' Directors on Social Statistics (DSS) on core social variables (ie. educational attainment, self-declared labour status, household type, income...) which can be used in a variety of national and EU wide health and other social surveys.

Report from Finland Presidency

Following the very successful meeting on Health in All policies in Kuopio the Finland presidency was looking forward to Council conclusions being agreed. The conclusions would include an emphasis on social determinants and health inequalities. A book 'Health in all policies, prospects and potentials', has been published which can be obtained from www.stm.fi.

Effective working on other policies is essential for tackling social determinants of health. But to do this properly poses a number of challenges. More work is needed within public health on health impact assessment to understand other sectors better and particularly their effects on health. Skills are needed to facilitate joint working. There needs to be mutual understanding by each sector of their respective frameworks. This required investment in time and people as well as political commitment..

Country Reports

United Kingdom

The country of England within the United Kingdom has set a target of a 10% reduction in the relative gap (i.e. percentage difference) in life expectancy at birth between the fifth of areas with the worst health and deprivation indicators (the Spearhead Group) and England as a whole by 2010. The interventions to reduce this gap include: a multisectoral strategy tackling deprivation through investments in economic regeneration, employment, education and social support in deprived areas; targeted action through the national health service particularly on primary and secondary prevention of cardiovascular disease, smoking cessation and on child mortality; and a wide range of interventions which will take a longer time to have an impact including action on obesity and sexual health.

Latest data show that 60% of Spearhead areas are making some progress towards the target with 13 on track to deliver both male and female elements and 29 to deliver either male or female.

The strategy is making a major effort to engage the public and to involve both all levels and sectors of government as well as a very wide range of other organizations and actors. Recent

successes include involvement of football clubs. Public information is an important tool. Recent maps of inequalities in health at the local level published by the BBC achieved immense public interest.

Latvia

The Public Health Strategy of 2001 has a target of achieving a 25% reduction in the gap in life expectancy between socio-economic groups by 2010. Currently there is a gap of around 2-3 years in life expectancy between rural and urban areas and around 5 years between highest and lowest educational levels.

Main strategies to achieve the reduction are: Public Health Strategy Implementation Action Programme (2004-2010) and the National Health and Long Term Care Strategy as well as a programme for the development of the Ambulatory and Stationary Health Services.

Monitoring of progress includes mortality, morbidity and disability according to social group and rural/urban residence, poverty risk index, gini coefficient and health service indicators such as number of family doctors per 100,000 inhabitants.

Portugal

Although life expectancy has been increasing in Portugal over the last 2 decades there has not been a corresponding increase in healthy life expectancy which has remained fairly stable. Recent surveys have highlighted important differences in health by social group. For example there is a significant difference in self perceived health by income with a much higher proportion of poorer people feeling that their health is fair or poor. Maternal outcomes are worse in poorer and less well educated sections of the population. Furthermore women with less than 5 years schooling, low incomes or living in rural areas or with manual jobs get less surveillance in pregnancy than more advantaged women. There are similar gaps in the uptake of screening for cancer and contraception.

Amongst men there are a higher proportion of smokers with higher levels of income - in contrast to many other European countries. For alcohol consumption there is a complex picture with poorer groups including both more heavy consumers and more non drinkers.

Portugal has a National Health Plan approved in 2004 and will be carried out up to 2010. This Plan, which has been publicly discussed and has been approved by most political parties in Parliament represents a commitment by the nation to defining strategic guidelines with a view to creating conditions to tackle health inequalities.

Goals of the National Health Plan are:

Achieving health gains by raising the standard of health at the different stages of the lifecycle and by reducing the burden of disease;

Using the necessary tools, in an appropriate organizational context, namely by centering change on the citizen, while equipping the health system for innovation and re-orienting the healthcare system;

Ensuring the right mechanisms for the fulfillment of the Plan are in place, by securing adequate resources, promoting inter-sectorial dialogue, adapting the legal framework and creating mechanisms which will be able follow-up and updating measures to be implemented.

Short Reports

All other Member States present provided a short report on recent activities.

Action - Denmark, Estonia, Norway and Spain to be invited to present at the next meeting.

Case studies

Following discussion of the draft case study provided by the UK at the previous meeting it was agreed that all countries would be invited to provide a case study. The Commission will circulate a template based on the UK example which countries are free to follow or adapt as they wish. Countries may also choose to provide additional case studies on particular specialised topics.

Action Commission to write to all members from Member States inviting presentation of case studies. A discussion of case studies submitted will take place at the next meeting.

Research on social determinants and health inequalities.

The next research framework programme (FP7) will provide additional funding for public health research. Health will be one of 9 themes under the heading of cooperation and collaborative research. The health theme will be divided into 3 pillars. Public health research will come under the third pillar 'Optimizing the delivery of health care to European citizens'. The main elements under this heading will be: enhanced health promotion and disease prevention; translating clinical research into clinical practice; quality, solidarity and sustainability of health systems. The health promotion section will have a main focus on the wider determinants of health and how they interact at the individual and community level – including diet, stress, tobacco and other substances, physical activity, cultural context, socio-economic and environmental factors. The amount of funding available for this section has not yet been finally determined but could be of the order of EUR 40million per year. Actual allocation of funding however will follow calls for proposals and evaluation of the scientific merit of proposals.

In the discussion there was a strong feeling that more research was needed on interventions to tackle social determinants of health and health inequalities. However further improvements in understanding of the basic mechanisms through which social determinants influenced health are also needed. Research needs span a wide variety of areas. These range from including a social dimension in the effectiveness of health care delivery for almost all health care and health promotion interventions to evaluations of mechanisms for developing and implementing multisectoral programmes. A particular need is to review the outcome of established health and other policies, which could be at local, national or European level, to examine the contribution to both diminishing and in some cases increases in inequalities in health. Research on tackling health inequalities in settings such as schools, workplace and through the health care system is also needed.

It is hoped that the first call for proposals under FP7 will be published in January 2007 and evaluated in the autumn of 2007. There will be further calls after this.

Action - Members of the group are invited to send written comments to the Commission on their priorities for FP7 research. It would be helpful if these could focus particularly on the needs of policy advisers in relation to the following questions: What are the knowledge needs for taking action on health inequalities? What research should be done at European level? How can the question of transferability of research findings and interventions be addressed?

Macroeconomics and Health Inequalities

A draft interim report was available to participants. Recent data has reaffirmed that socioeconomic inequalities in health are large in each European country, including the new member states of the EU. A review of the literature showed that the occurrence of health problems at middle age may have important effects on labour participation, labour productivity, earnings, and uptake of unemployment and disability benefits. These effects are demonstrated in studies from different countries, using different types of study designs.

Using the European Community Household Panel, the project has made quantitative estimates of the effects of general health on labour participation, labour productivity, earnings, and uptake of unemployment and disability benefits for Europe at large. The effects of health on these economic outcomes were generally larger (in relative terms) among persons with lower educational level.

Macro-economic models have been developed to estimate the extent to which improvement of health of lower socioeconomic groups would increase the GDP of European nations. Preliminary results suggest that, if lower socioeconomic groups would have the same level of health as the upper groups, the national GDP would increase by 1.50% to 2.25%. This is probably a conservative estimate of the total macro-economic impact of health inequalities.

The example of smoking demonstrated that there is a substantial potential to reduce health inequalities. It was estimated that an important part, probably more than 50%, of smoking-related inequalities in health could in principle be reduced by ensuring full reach and implementation of available effective tobacco control measures among lower socioeconomic groups.

Action Comments from participants on the draft report on Macroeconomic implications of health inequalities should be sent to Professor Johan Mackenbach directly – or via the Commission.

Project Updates

Closing the Gap

The Closing the Gap website has reports and overviews on action on National level policies to tackle health inequalities from most of the Member States represented in the Expert Group. It would be useful if members could go onto the website and check their country reports and provide any additional information either through their country focal point or directly to EuroHealthNet. The address of the website is: <http://www.health-inequalities.org/>

The good practice directory on the website has over 80 examples of interventions across Europe that address health inequalities..

A policy tool kit has been drafted to assist policy advisers to develop strategies. This was circulated in advance to participants. Seminars are taking place around 13-15 February 2007 in most MS. It would be valuable if members of the Expert Group could participate in these. Over half the participating countries in Closing the Gap are indicating that the project has initiated new action on health inequalities and reports are awaited from several other countries. The closing event for the project will take place in Brussels on 8 May 2007. All members of the expert group are invited to attend.

***Action** Those members of the group who are not already involved in the Closing the Gap project at national level are encouraged to do so. Participants from countries participating in the project are requested to check the sections for their country on the Closing the Gap Website and provide any updates and corrections.*

Capacity Building for Improving Health Across Europe

The project involves national health promotion and public health agencies from 6 new Member States plus Bulgaria, Romania and Greece. The main partner is the Health Promotion State Agency of Latvia which is supported by EuroHealthNet. The project runs from January 2006 to June 2007.

The aim of the project is to improve the capacity of public health agencies to respond to health needs in their countries. Deliverables include: - an assessment tool, website, newsletter, reports on capacity to address wider socio-economic determinants of health, training programme, mobilisation of national platforms for public health.

Needs assessments for capacity building are being carried out using the assessment tool. A first training event took place in Ljubljana 22-24 May 2006 and a second event in 25-27 September in Brussels, third training will take place in Bratislava 29-31 January 2006. Pages about the project are on the EuroHealthNet website at <http://www.eurohealthnet.eu/content/view/89/127/>.

EU Social Policy and Health Inequalities

Analyses carried out by the Directorate General for Employment and published in the EU Social Situation Reports have highlighted the problem of health inequalities in less advantaged groups. The issue is being addressed as one aspect of work on social inclusion, pensions and long term care through the Open Method of Coordination (OMC).

In the OMC Member States have agreed a number of common objectives and common indicators as well as a process of action by each Member State together with periodic monitoring and review. An overarching objective is to promote 'social cohesion, equality between men and women and equal opportunities for all through adequate, accessible, financially sustainable, adaptable and efficient social protection systems and social inclusion policies.'

A specific objective relating to health is to 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 in health outcomes are addressed ‘

Each Member State is translating the common objectives into national policies and plans. Peer reviews enable countries to get comments and contributions on their plans from other countries. All the National Plans are reviewed by the Commission. The 2006 national reports contain a section on health inequalities.

Forthcoming activities will include:

- A review by the EU Social Protection Committee of national strategy reports including health inequalities as a topic.
- a peer review on access to care and health inequalities which will take place in Budapest in January 2007.

The European Social Fund (ESF) is an important source of funding for action on social determinants of health. In its next programming period (2007-2013) the importance of health is highlighted in relation to economic productivity and growth and to achieving the Lisbon goals. There are opportunities for using the funds for health promotion, disease prevention and design, monitoring and evaluation of health policies.

Action. *Members to liaise with MS representatives on the Social Protection Committee and the High Level Group on Health Services and Medical Care regarding their input into national plans and reporting under the OMC for Social Protection and Social Inclusion.*

European Input into WHO Commission on Social Determinants

The WHO Commission on Social Determinants of Health was established by the World Health Assembly on request of the former Director General of WHO Dr Lee. Its goal is to stimulate action to tackle social determinants of health and to strengthen health equity. The Commission itself is chaired by Sir Michael Marmot. There are 23 Commissioners including 3 from Europe one of whom is a Member of the European Parliament. Linked to the Commission are 9 knowledge networks, country work involving 21 country partners and input from civil society with a particular emphasis on representatives from developing countries. The Commission will report in 2008. In addition to the report there will be case studies of national action and policy recommendations for global level action.

There is an active programme of work within Europe in support of the Commission. This will include a country consultation which will take place 1-2 March 2007 in London. This consultation will address the question of what countries need to systematically address SDH and health inequalities. This work is being supported by the European Office of WHO particularly through the WHO EURO Centre for Investment in Health and Development in Venice.

Members of the group identified a number of opportunities for collaboration with the work of the WHO Commission including in forthcoming presidency priorities on HIV/AIDS,

migration and cancer. It was hoped that the Commission would produce arguments for influencing the allocation of resources at national and EU level for tackling SDH.

Action –to keep members of the group informed about preparations for the March meeting. (WHO, European Commission)

-to develop further areas of ongoing collaboration in areas such as: an EU input into the work of the Commission, indicators.

Glossary of terms

Following the discussion at the March 2006 meeting on the need for a glossary the United Kingdom had produced a draft glossary for discussion. The aim was to draw together definitions from other authoritative sources, not to reinvent definitions, which could be used by the Expert Group to assist it in its work. The glossary would there remain as a work in progress, with the opportunity of adding to it in future.

There were a number of valuable contributions on definitions and additional terms which could be considered for adding to the glossary.

Action

Comments on the glossary should be sent in writing by 15 December. A revised glossary would be produced early in 2007 for inclusion on the Expert Group web site.

Next Steps.

All Members are invited to provide a draft written case study according to guidance which will be sent out by the Commission by the end of the year.

2007 will see the finalization of the report on Macroeconomic Implications of Health Inequalities. Work is also planned to start on a review of the links between obesity and social determinants of health and implications for action.

Communication will be sent to members of the group about collaboration with the WHO Commission on Social Determinants early in 2007.

Two meetings of the group are envisaged in 2007. The next meeting of the group is provisionally planned to take place on May 7th in Brussels (the day before the Closing the Gap meeting which will take place in Brussels the next day 8th May).