



Equal opportunities for health?!

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Contents

- Magnitude health inequalities
- Causes health inequalities and points of action
- Overview of Dutch policy
- Future policy
- Discussion



Reducing health inequalities

‘A healthy Netherlands

**A country where differences in health
between population groups are small’.**

From ‘Being healthy, staying healthy – a view on health
and prevention’ November 2007

Health inequalities persistent

- Lower socioeconomic groups
- Ethnic minorities
- Inhabitants of deprived neighbourhoods

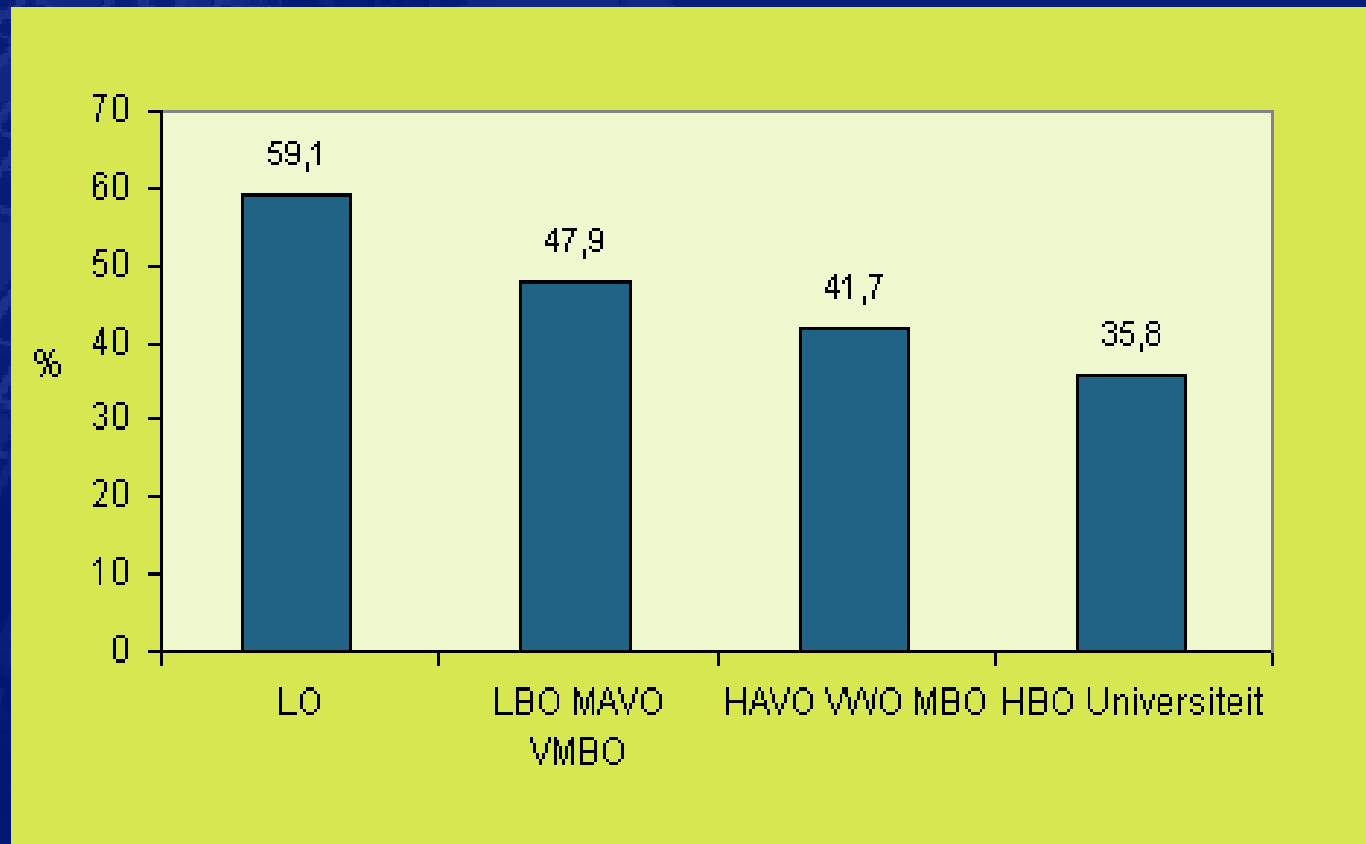
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Lower socioeconomic groups



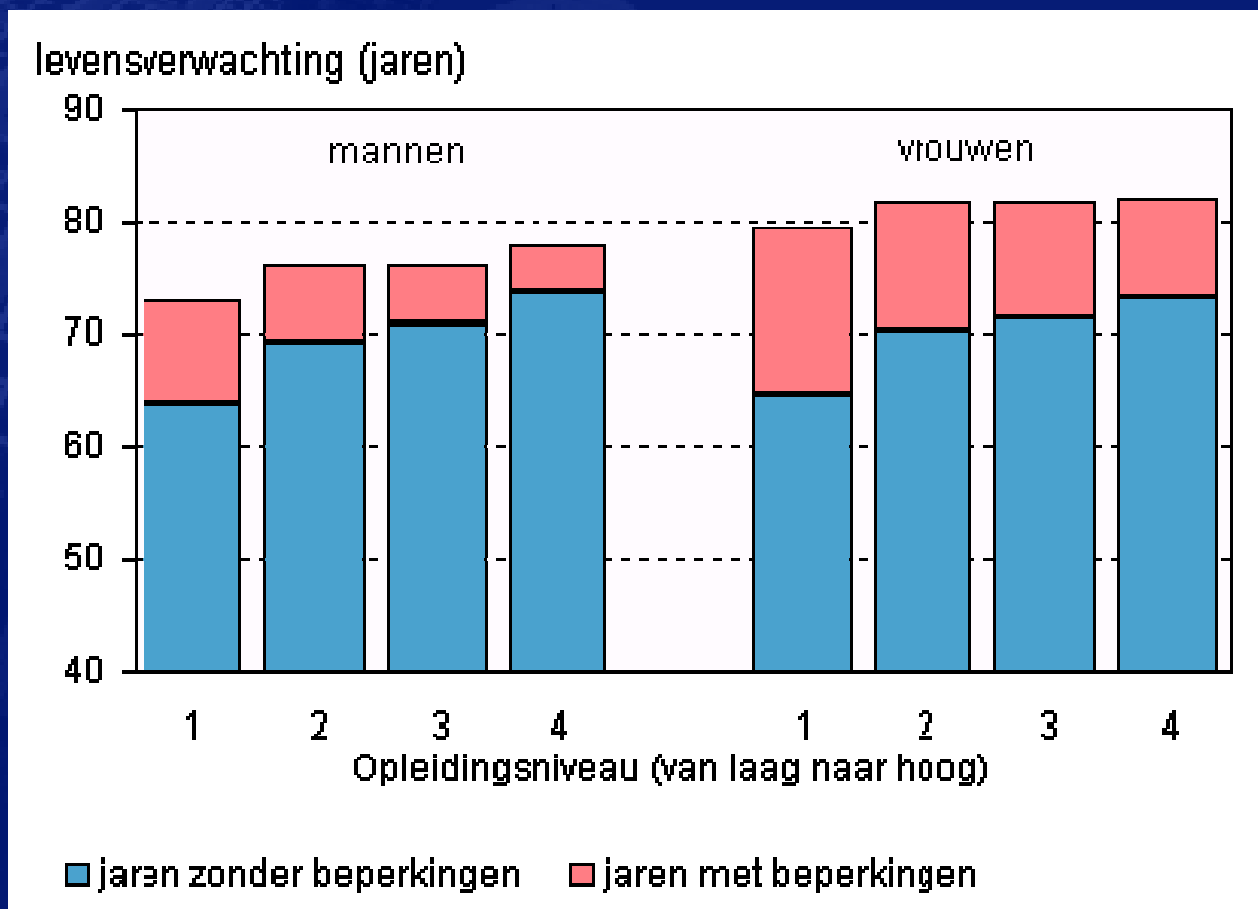
Chronic conditions occur more often among lower socioeconomic groups



Source: Monitor Health Inequalities in National Compass Public Health



Healthy life expectancy is shorter among lower socioeconomic groups

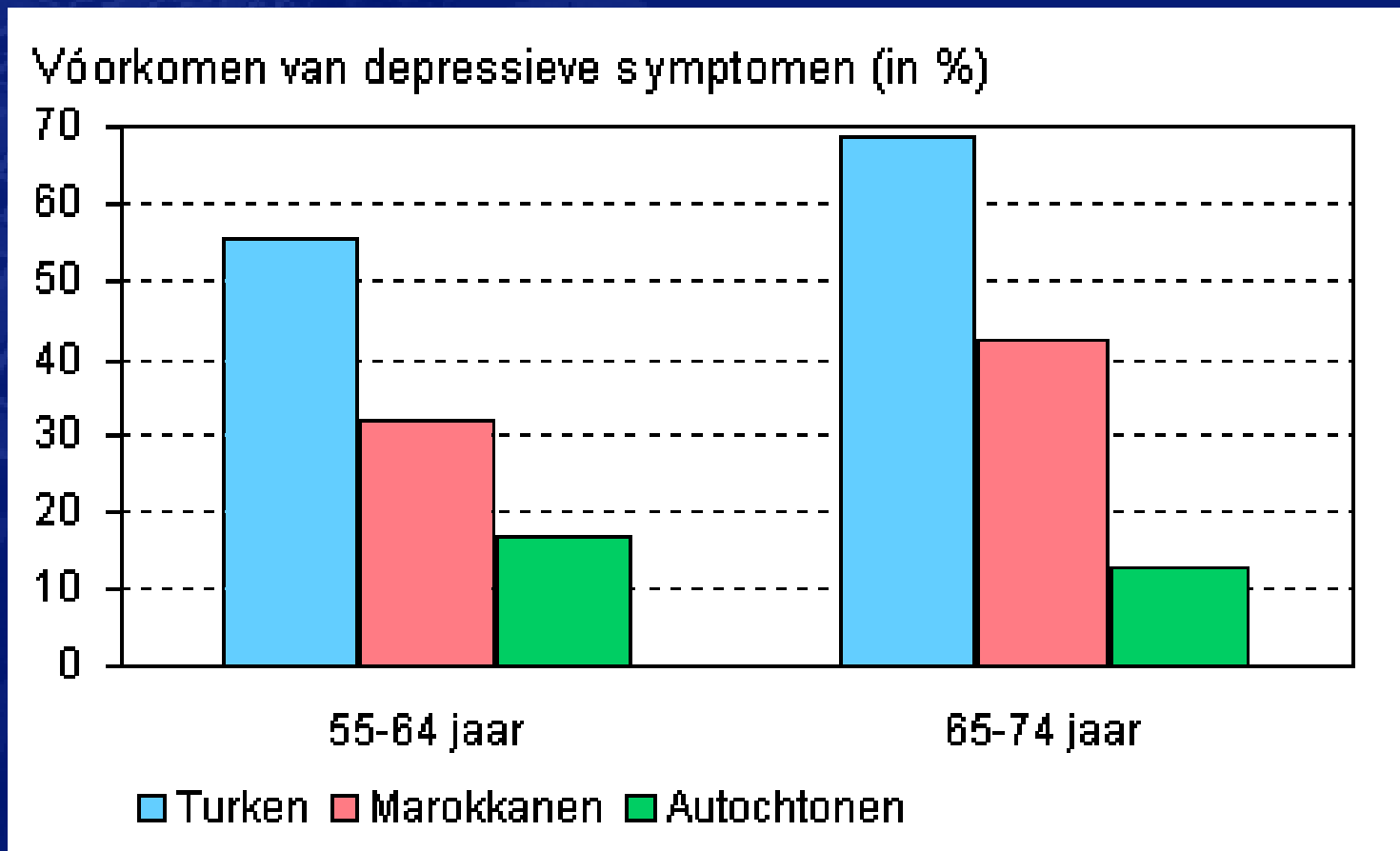


Source: National Compass Public Health

Ethnic minorities



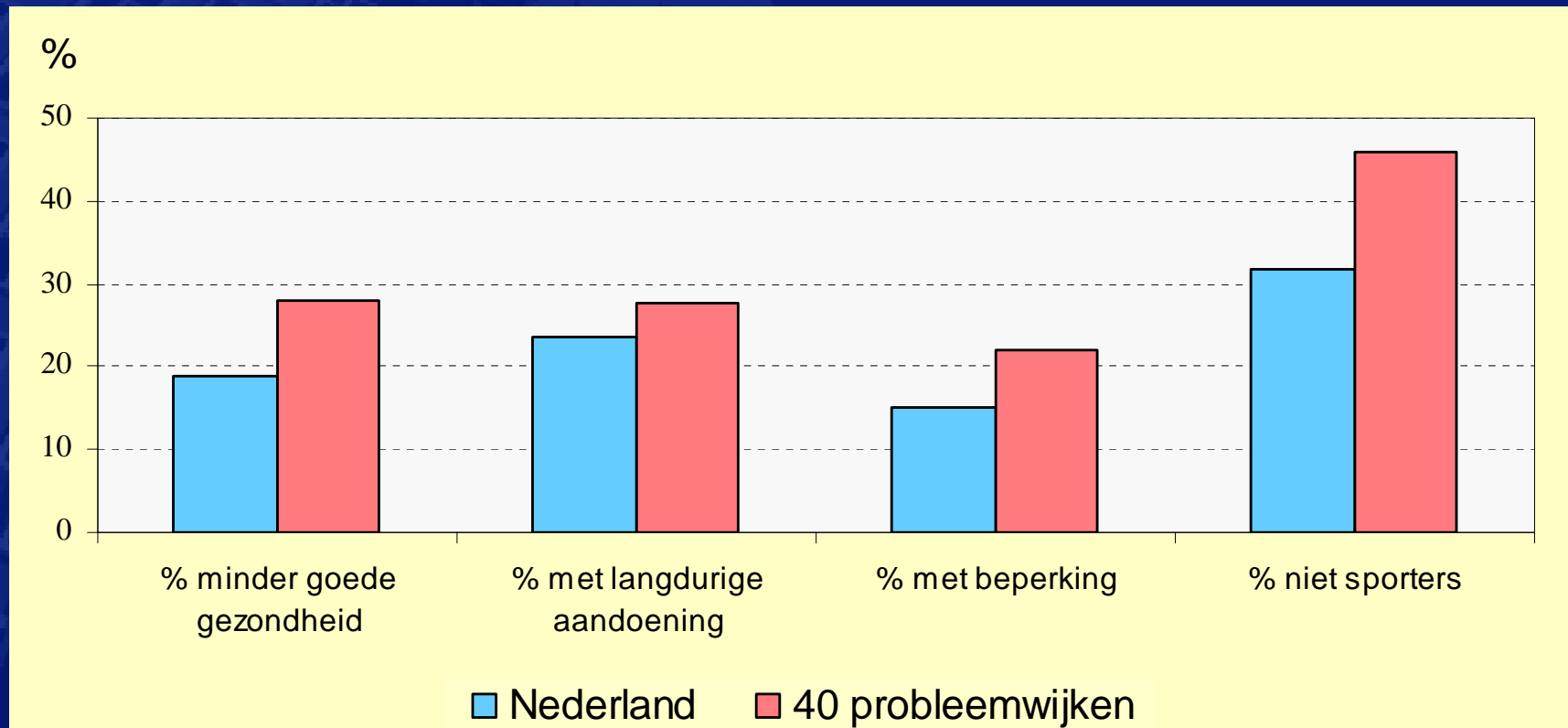
Depressive symptoms occur more often among Turks and Maroccans



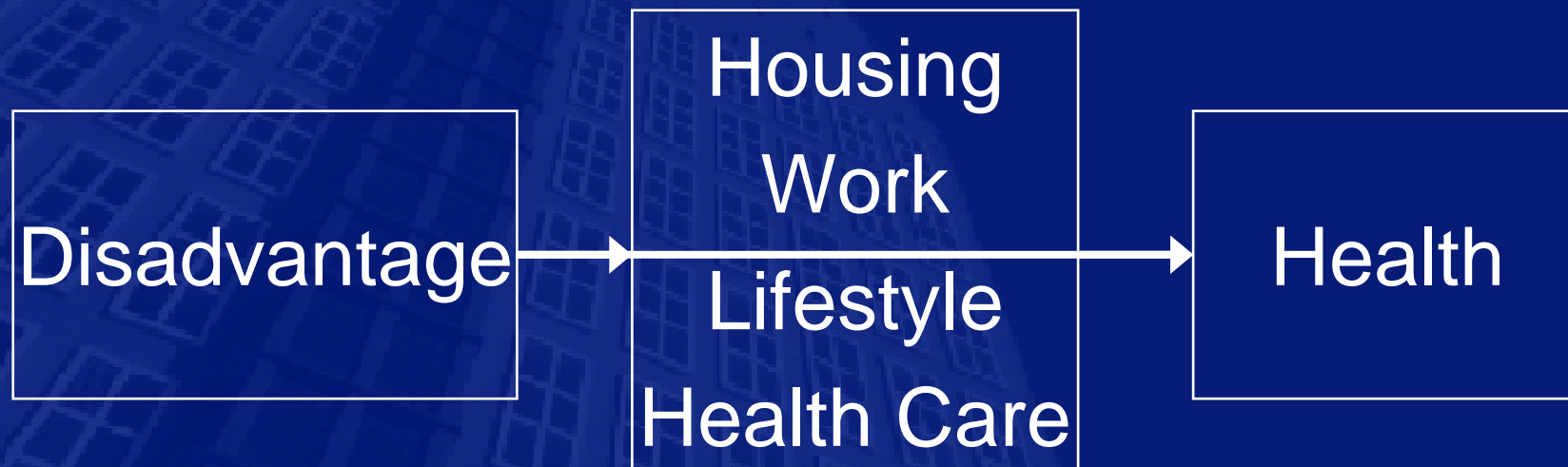
Deprived neighbourhoods



Poorer health among inhabitants of deprived neighbourhoods



Health inequalities disentangled...



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Housing



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Social environment



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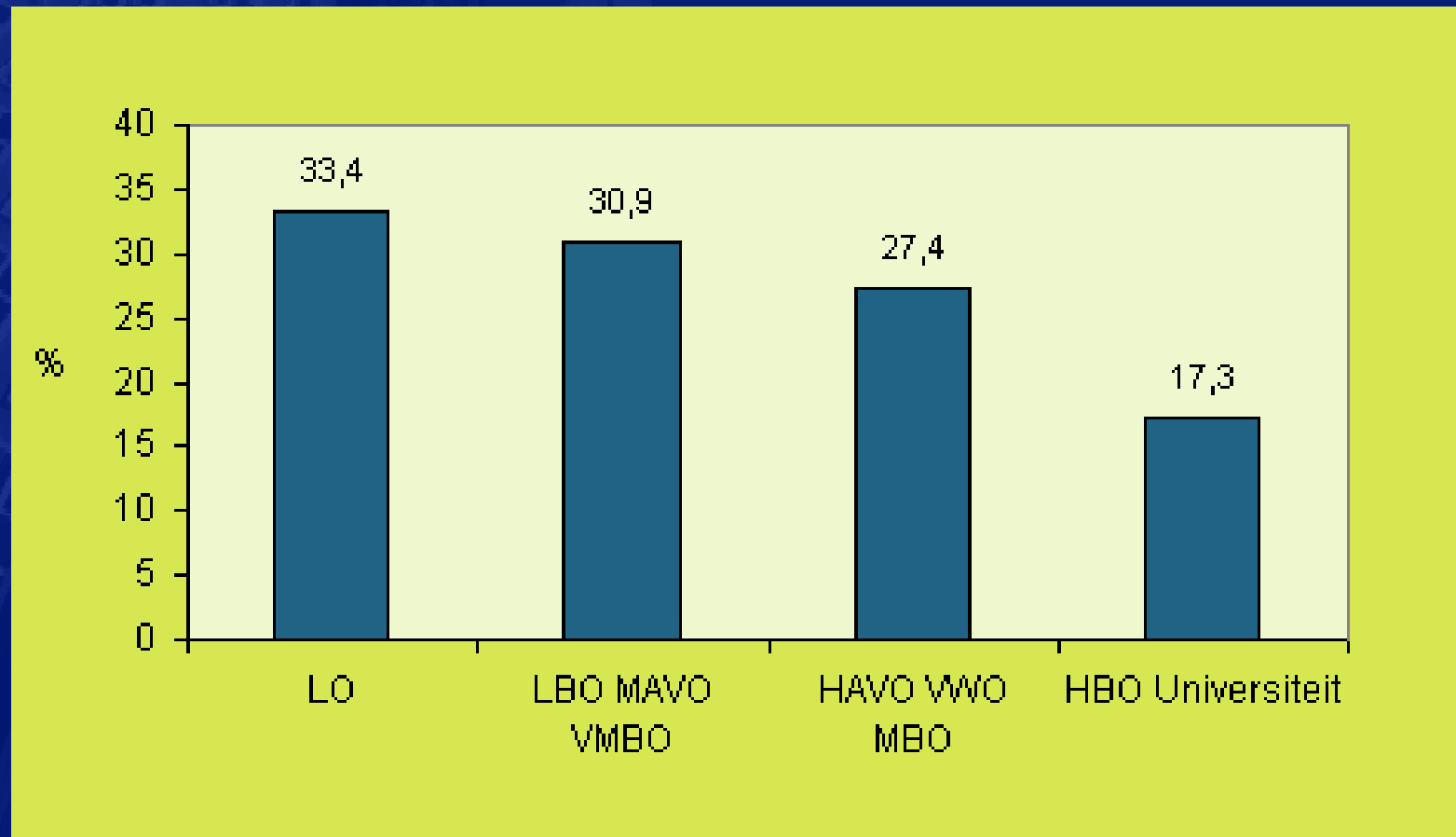
Working environment



Lifestyle



Lower educated smoke more often

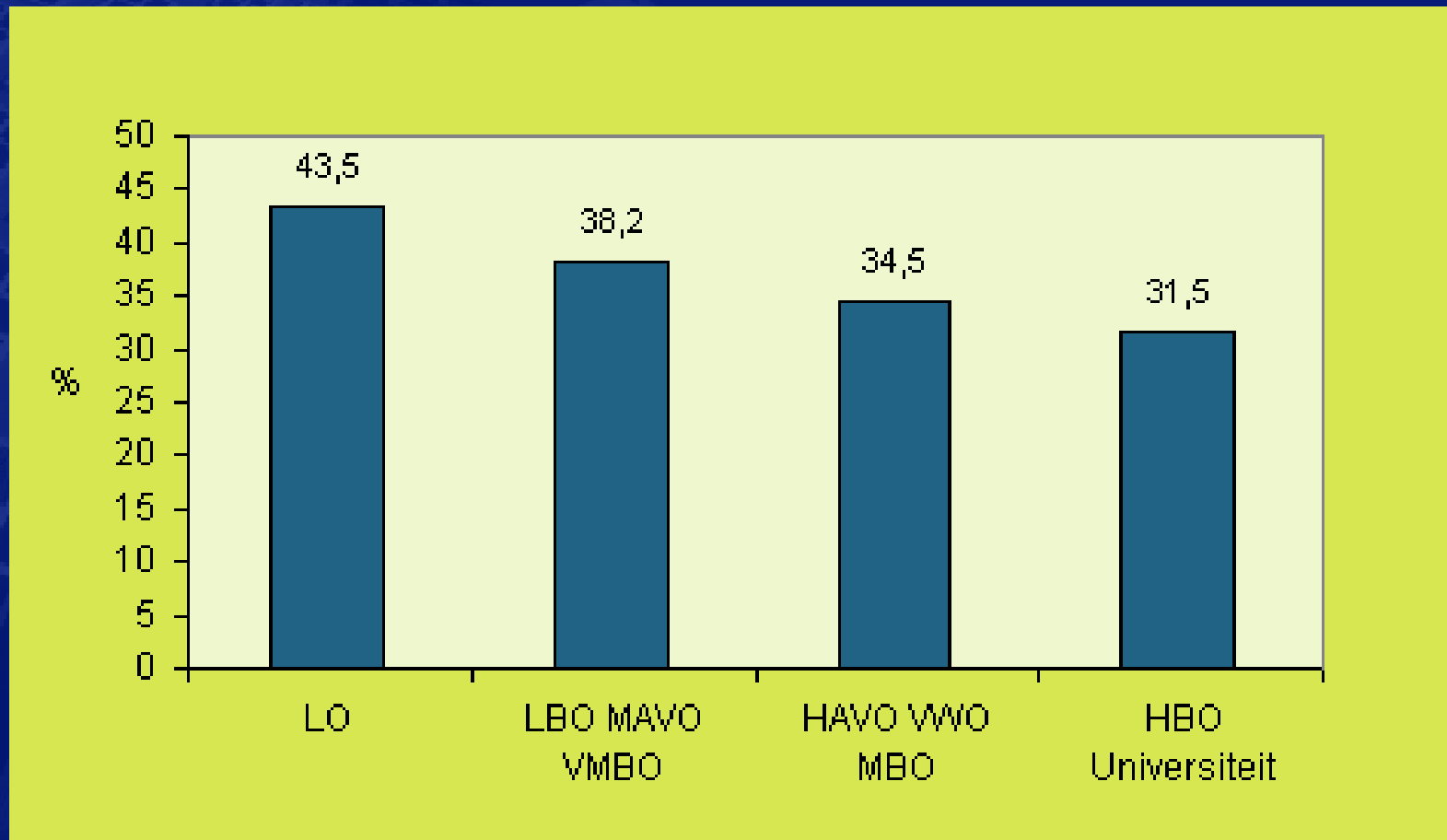


Source: Monitor Health Inequalities in National Compass Public Health

Quality of health care

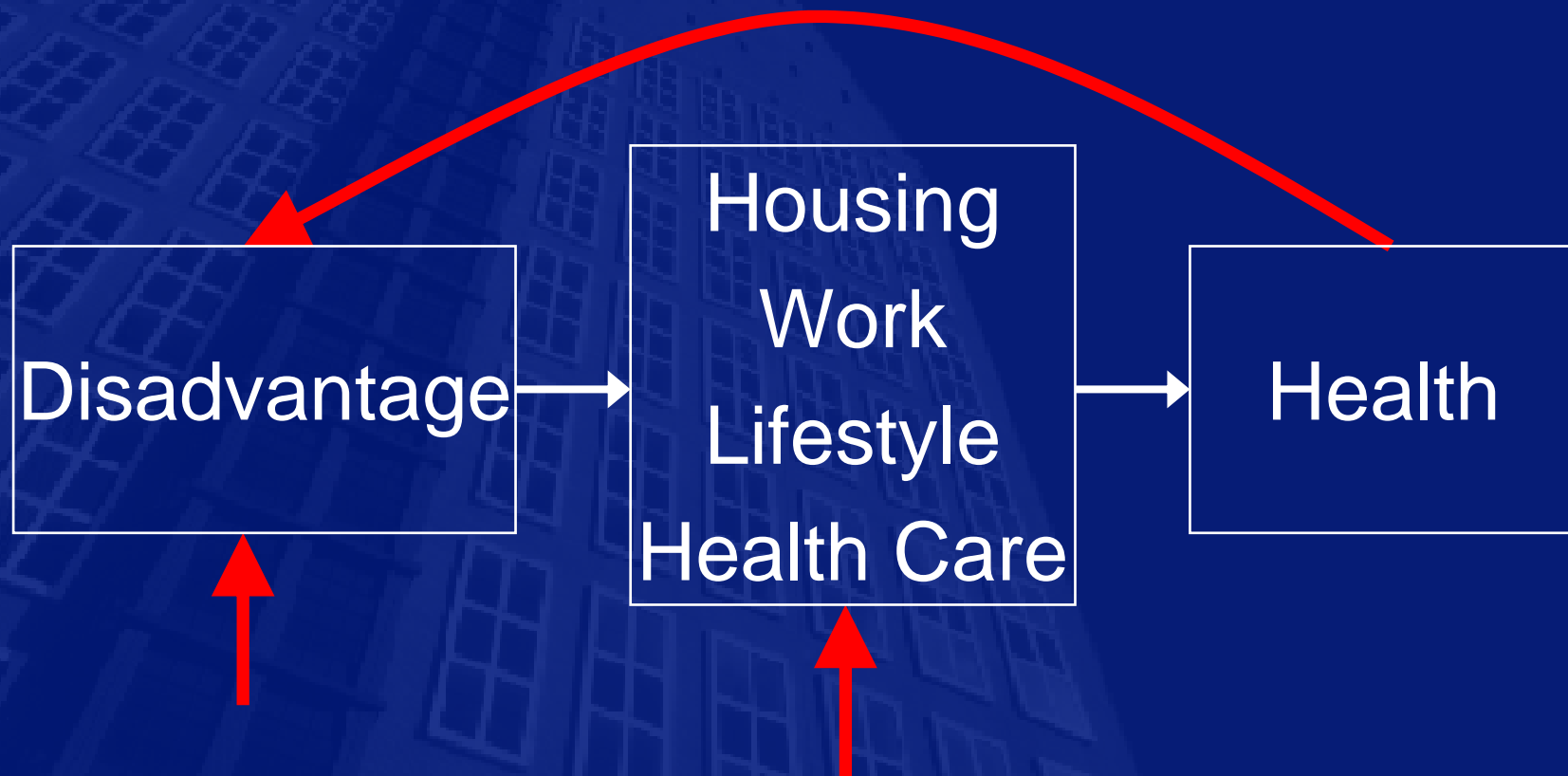


Lower educated visit the GP more often



Source: Monitor Health Inequalities in National Compass Public Health

Health inequalities tackled...





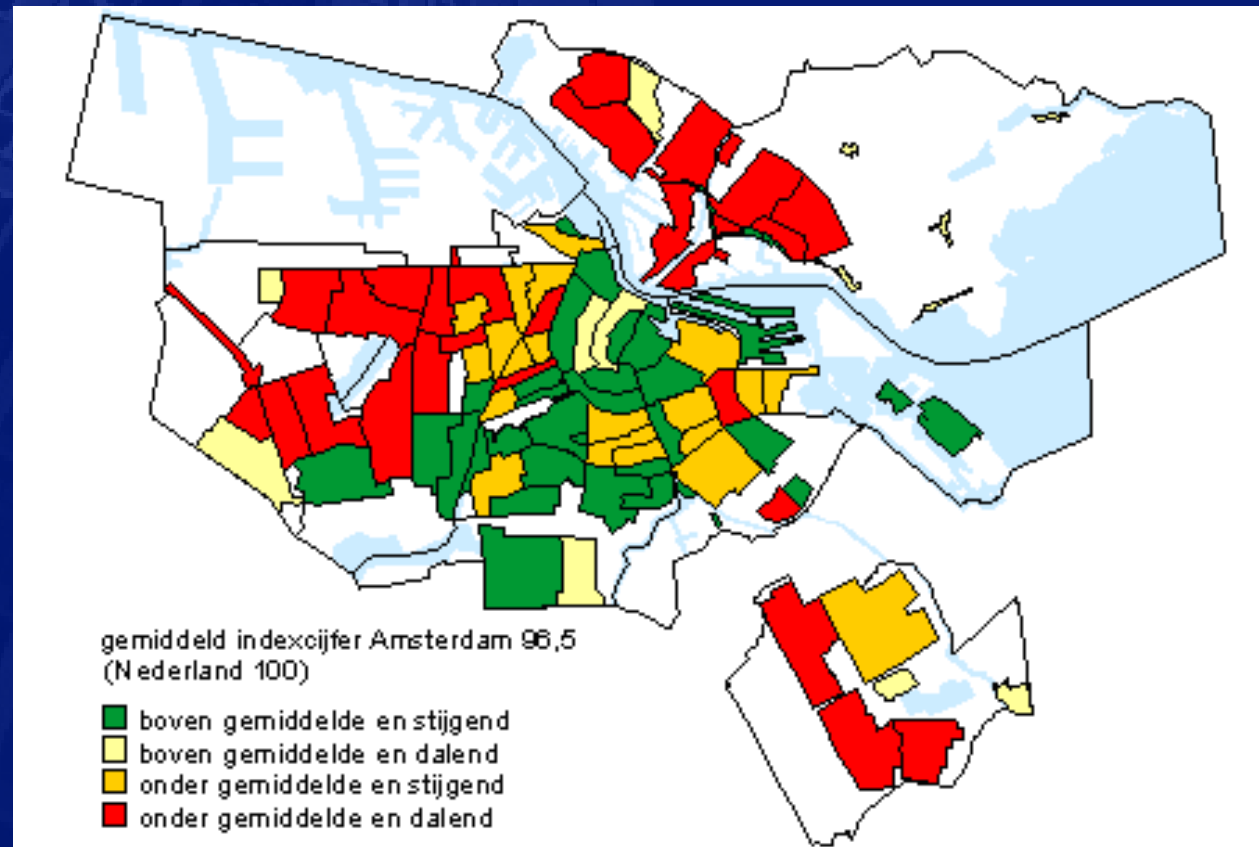
Health inequalities are of all times, but vary...

- Small in 1950s and 1960s
- Strong increase in 1970s and 1980s
- More or less stable ever since

➔ Room for improvement !

Dutch policy on health inequalities: the Eighties

Mortality differences between neighbourhoods in Amsterdam





Dutch policy on health inequalities: the Eighties

- **1985** The Dutch government adopted the WHO Health for All policy targets.
- **1986** Publication of the Health 2000 Report by the Ministry of Welfare, Health and Cultural Affairs, including a paragraph on socioeconomic inequalities in health.
- **1987** National conference on socioeconomic inequalities in health, organized under the aegis of the Scientific Council for Government Policy, resulting in a proposal for a national research programme (1989-1993) funded by the Ministry of Welfare, Health and Cultural Affairs.



Dutch policy on health inequalities: the Nineties

- **1989** Start of the first Programme Committee on socioeconomic health inequalities to generate more knowledge about the size and nature of socioeconomic differences in health and their determinants.
- **1991** National conferences resulting in an agreement among several parties involved to implement activities to reduce inequalities in health.
- **1994** Results of the first national research programme were reported to the Minister of Public Health.
- **1995** Publication of a policy document 'Health and Wellbeing' by the Ministry of Public Health, Welfare and Sports in which reduction of socioeconomic inequalities in health was mentioned as one of the policy goals



Dutch policy on health inequalities: the Nineties

- **1995** Initiation of second national research programme (1995-2000) pursuing a systematic, research based approach to develop a strategy for reducing socioeconomic inequalities in health.
- **1996** Publication of the second document on Public Health Forecasts by the National Institute of Public Health and the Environment (RIVM). Socioeconomic inequalities in health were stressed as a major public health problem.
- **2000** Report of the Lemstra committee on the enforcement of public health. The reduction of socioeconomic inequalities was mentioned as a major public health aim.
- **2001** Results of the second national research programme were reported to the Minister of Health.



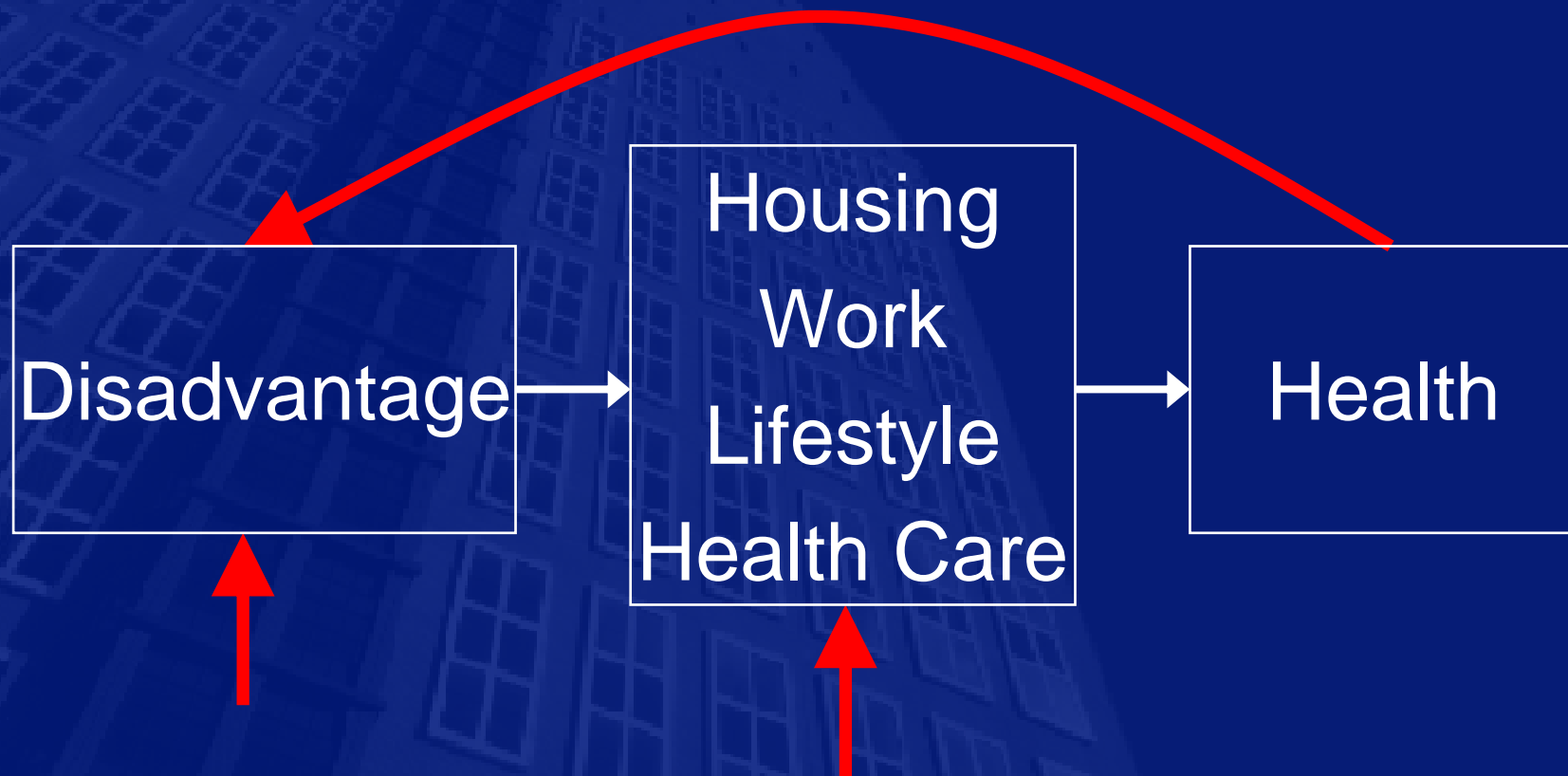
Dutch policy on health inequalities: 2001

Recommendations of Second national research programme

Integrated approach:

- Reduce socioeconomic inequalities
- Reduce negative effects of illness on socioeconomic status
- Reduce negative effects of socioeconomic status on health
- Improve accessibility and effectiveness of health care for lower socioeconomic groups

Health inequalities tackled...





Dutch policy on health inequalities: 2001

The government adopted following policy target:

The healthy life expectancy of the lowest socioeconomic group needs to be raised by 2020 with at least 25% of the current difference in healthy life expectancy i.e. 3 years

in reaction to:

- results and recommendations of the second national research programme and
- report 'Health in the cities' of the National Institute of Public Health and the Environment (RIVM).



Dutch policy on health inequalities: twenty first century

- **2003** The Netherlands Court of Audit report 'Preventive Health Care' concludes that the government failed to establish policy instruments to implement the above mentioned policy goal.
The Auditor further reports that interventions and programmes to improve the lifestyle of people are not specifically targeting lower socioeconomic groups and that effectiveness of these interventions on the lowest socioeconomic end of society is not known or investigated.



Dutch policy on health inequalities: twenty first century

- **2004** The Public Health document 'Living longer in good health' moves the responsibility for interventions to tackle health inequalities to the municipalities as part of the Urban Policy Framework.
- **2005** The Ministry of Health, Welfare and Sport signed a formal agreement with 31 urban areas to reduce overweight among youngsters with the intention to reduce health arrears of vulnerable groups.



Dutch policy on health inequalities: twenty first century

- **2006** The Netherlands Court of Audit once again summoned the Ministry of Health to state more clearly in the coming budget what actions will be taken to increase in life expectancy of the lowest socioeconomic groups
- **2006** The public health document 'Choosing health living' strives for 'less differences between people', but fails to come up with concrete action.



Future Dutch policy: towards a national strategy

- Targets: what is our goal?
- Action plan: how do we want to achieve this?
- Actors: who are our partners in achieving this?
- Monitoring: are we on track?

Future Dutch policy: towards a national strategy

Method:

1. Knowledge on (ways to tackle) health inequalities
2. Processes and actors
3. Formulate draft strategy

Knowledge

- Effective interventions
- Good local practices
- Good international practices

Processes and actors

Who can be partners?

What can be their role?

- Other Ministries
- Municipalities
- Local health services
- National health promotion organisations
- GPs
- Schools
- Housing corporations
- etc.....



Open for discussion...

- Health inequalities should be the criterion of all activities of the Ministry of Health.
- The Ministry of Health is responsible for other Ministries including health inequalities in their policy.
- Not the Ministry of Health should take the lead in tackling health inequalities, since the causes are the domain of other Ministries

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