EC funded research projects tackling health inequalities in Europe
A first landscape

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European Health Forum Gastein
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Roadmap

» Included programmes and material used
» Selection rationale and process
» Leading questions for overview
  ▪ Who / Where / What / How
» First findings for discussion

Key Action 6: The ageing population and disabilities

Action Line 6.3: Demographic & social policy aspects of population ageing
FP6: Specific programme for research, technological development and demonstration (2002 to 2006)

Research Strand: “Providing health, security and opportunity to the people of Europe” Scientific support to policies initiative

Area 2.1 – Health determinants and the provision of high quality and sustainable health care services and pension systems (in particular in the context of ageing and demographic change)

Area 2.4 – Quality of life issues relating to handicapped/disabled people (including equal access facilities)
FP7: Specific programme “cooperation” (2007 to 2013)

Activity 3: optimising the delivery of health care to European citizens

Area 3.1 – Translating clinical research into clinical practice

Area 3.2 – Quality, efficiency and solidarity of health systems

Area 3.3 – Enhanced health promotion and disease prevention
Material used and first classification of projects

» Total number of projects for consideration: \( N = 93 \)
  - 29 FP5, 23 FP6, 41 FP7

» Main criteria of selection: relevance to the discussion on social inequalities in health

» Do projects open the possibility to describe a social gradient in health and address specific vulnerable groups?

» 3 main dimensions
  - Social/socio-economic concepts and indicators
  - Health concepts and/or indicators
  - Population groups, especially vulnerable groups
First results of classification and selection

» Further analysis of **26** projects
  - High relevance (22) + 4 projects first rated as medium relevance
    - 14 FP5
    - 5 FP6
    - 7 FP7

» **Next steps**: further check of medium relevance projects
First result of classification and selection

» projects sometimes „hide“ there relevance for the debate on socio-economic inequalities in health

» not explicitly addressed in short information

» needs some time and resources to realise the importance and possible contribution to the discussion and knowledge base
Leading questions for overview

» Who?
  - involved disciplines
  - involved countries (coordinators, partners)

» Where?
  - countries surveyed

» What?
  - social /socio-economic factors described
  - aspects of health described
  - population group/ target group

» How?
  - methods: qualitative/quantitative/mix of methods
Main disciplines on level of organisations involved in projects

» 35 different disciplines counted

» Health sciences and medicine (9/80)
» Social and political sciences (12/34)
» Psychology (3/11)
» Economics (2/9)
» Others (9/20)

(number of sub-disciplines/number of involvements in project team compositions, more than one within one project possible)
Level of interdisciplinarity on level of organisations
Project partners in EC countries

- ≥ 75%
- 50 – 75%
- 25 – 50%
- ≤ 25%
- no partnership
- co-ordination

N = 26
Surveyed countries

N = 26

- ≥ 75%
- 50 – 75%
- 25 – 50%
- ≤ 25%
Gini index

- 25
25,1 – 30
30,1 - 35
35,1 - 40

≥ 75%
50-75%
25-50%
≤ 25%

Countries surveyed
Socio-economic dimensions and indicators

» SES and selected dimensions
  ▪ education
  ▪ occupational status
  ▪ household income
  ▪ (wealth and consumption)

» Participation

» Social capital
  ▪ social networks and support, power and control, autonomy, local identity
  ▪ peer and family/living relations, relation to colleagues and superiors

» Working life
  ▪ leadership quality, work after retirement, work content, work organisation, working time

» Social inclusion

» Living environments
  ▪ family, school, workplace, drinking environment
  ▪ food supply

» Macro level factors
  ▪ GPD, Gini index, health and prevention budgets, food marketing expenditure
Health dimensions and indicators

» Lifestyle
  ▪ alcohol, drugs, tobacco, nutrition, overweight, physical activity, sexual habits, violent behaviours, risky behaviours

» Physical Health
  ▪ Medical diagnoses, chronic conditions (cancer, diabetes...), injuries, genetic factors, biomarkers

» Mental Health
  ▪ general well being, life-satisfaction, self-esteem, depression, suicidal behaviour, self-harm behaviour, coping strategies, trauma exposure, stressful life events, stigma and discrimination, burnout

» Morbidity and Mortality

» Disability

» Self-assessed health, Quality of life, well being

» Work ability

» Self related health
  ▪ Affect, mobility, sleep and energy, cognition, selfcare

» Use of health care
Population/target groups addressed

- Elderly: 11
- European population: 5
- Children, adolescents (and families): 6
- Obese population: 2
- Nurses: 1
- People with intellectual and physical disabilities: 1
Methods used

» Most projects are using a pure quantitative approach (16 projects)

» 10 projects with mixed methods approach; mainly using qualitative methods to develop quantitative measures

» No project with purely qualitative approach
First findings (1)

» Projects will fuel the debate with their findings on correlations between health status/well being/quality of life and socio-economic life factors

» Are on the way to meet the challenges of the “third wave in global health research”

» But there are gaps:
  - common concept and terminology
  - innovative methodology
  - target groups
First findings (2)

» No common terminology/language on health inequalities/socio-economic inequalities in health
  ▪ emerging, but not defined yet
  ? Need for a glossary on social determinants on health?

» Heterogeneity of socio-economic disadvantaged groups is not acknowledged yet (e.g. migrant status, social capital …)
  ▪ group of low income/poor educated is divers concerning needs and resources

» Projects on service/quality development do not observe the “vulnerability status” of their target groups
  ▪ who will produce knowledge on how to design good/accessible care for a low income/poor educated 3D-worker?
Thank you for your attention!

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### Gini Index

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