



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

Ursula Karl-Trummer

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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

FP5: Quality of life & management of living resources (1998 – 2002)



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**

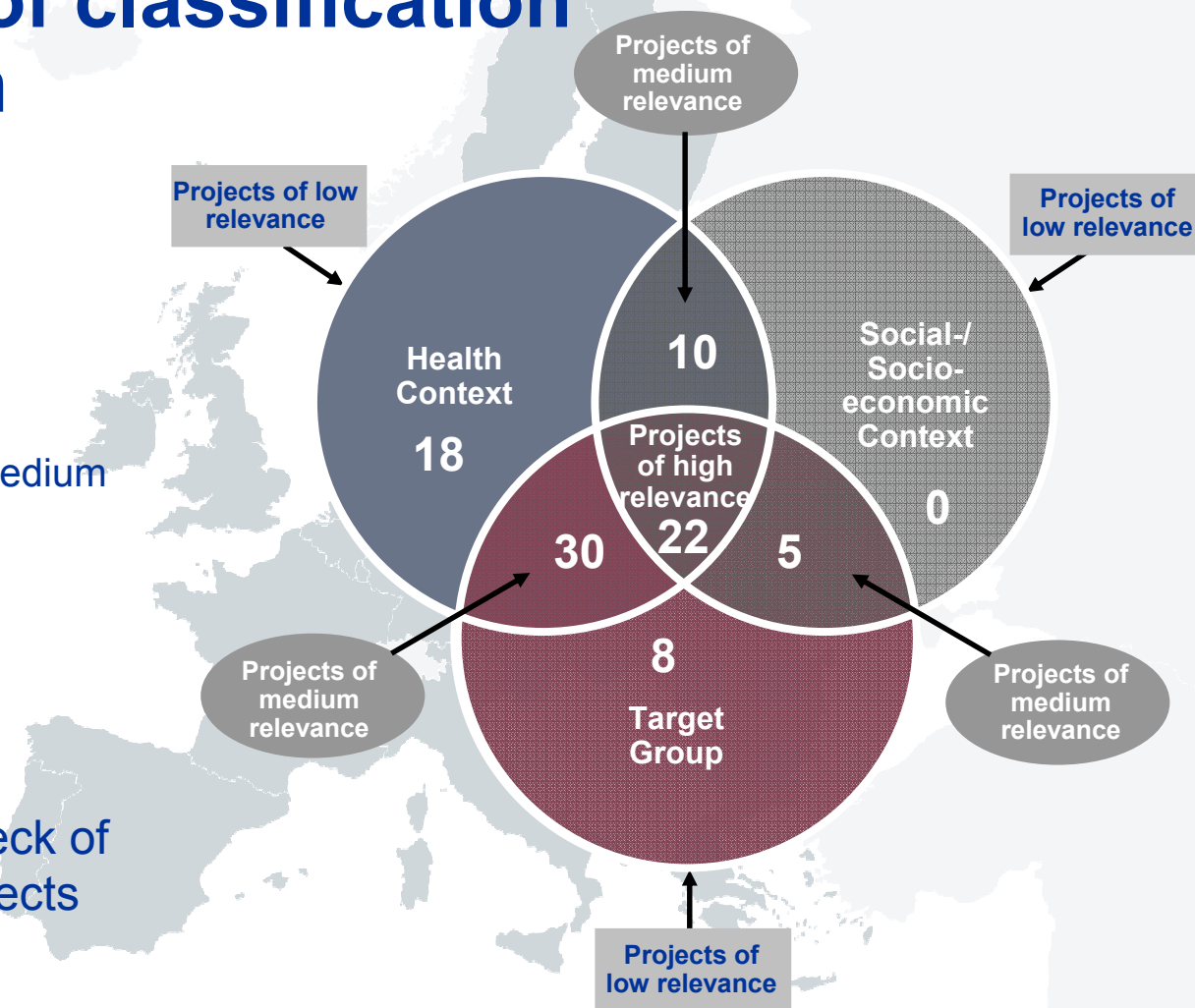
**Area 3.3 – Enhanced health promotion and disease
prevention**

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“ their 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?

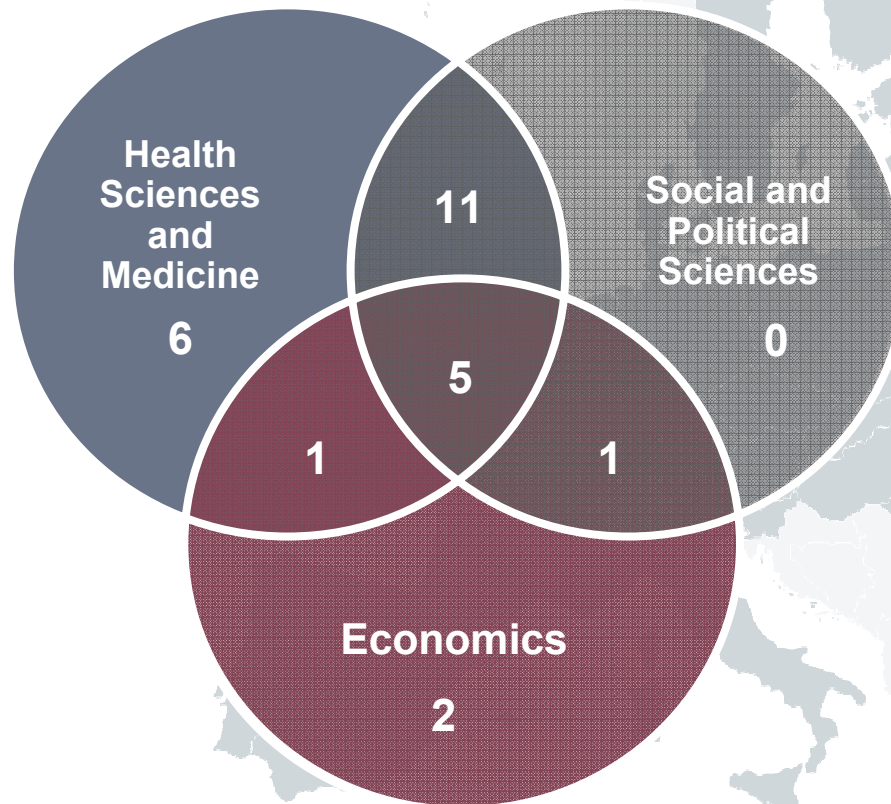
- methods: qualitative/quantitative/mix of methods

Main disciplines on level of organisations involved in projects

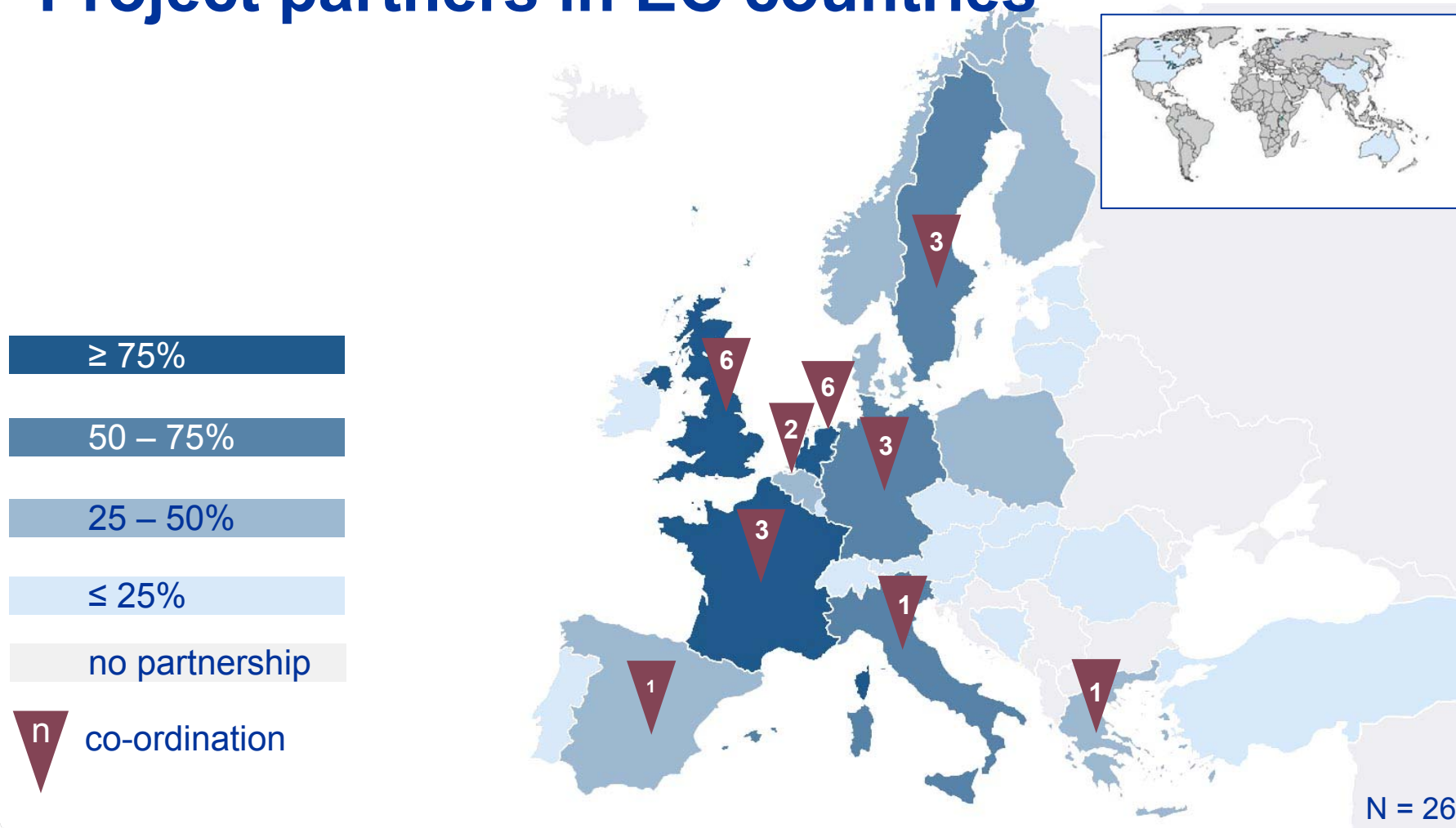
- » 35 different disciplines counted
- » Health sciences and medicine (9/80)
- » Social and political sciences (12/34)
- » Psychology (3/11)
- » Economics (2/9)
- » Others (9/20)

(number of sub-disciplines/number of involvements in project team compositions, more than one within one project possible)

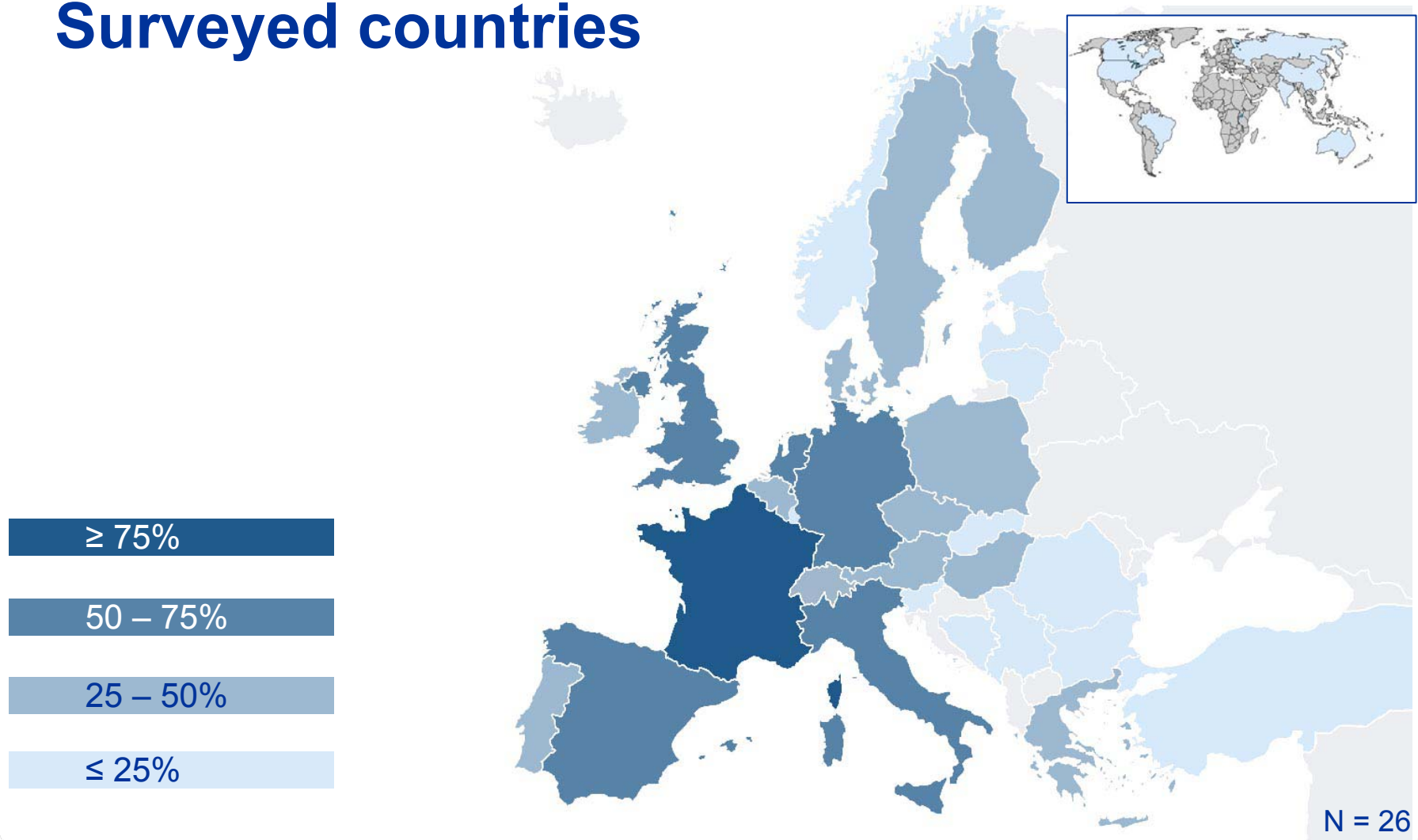
Level of interdisciplinarity on level of organisations



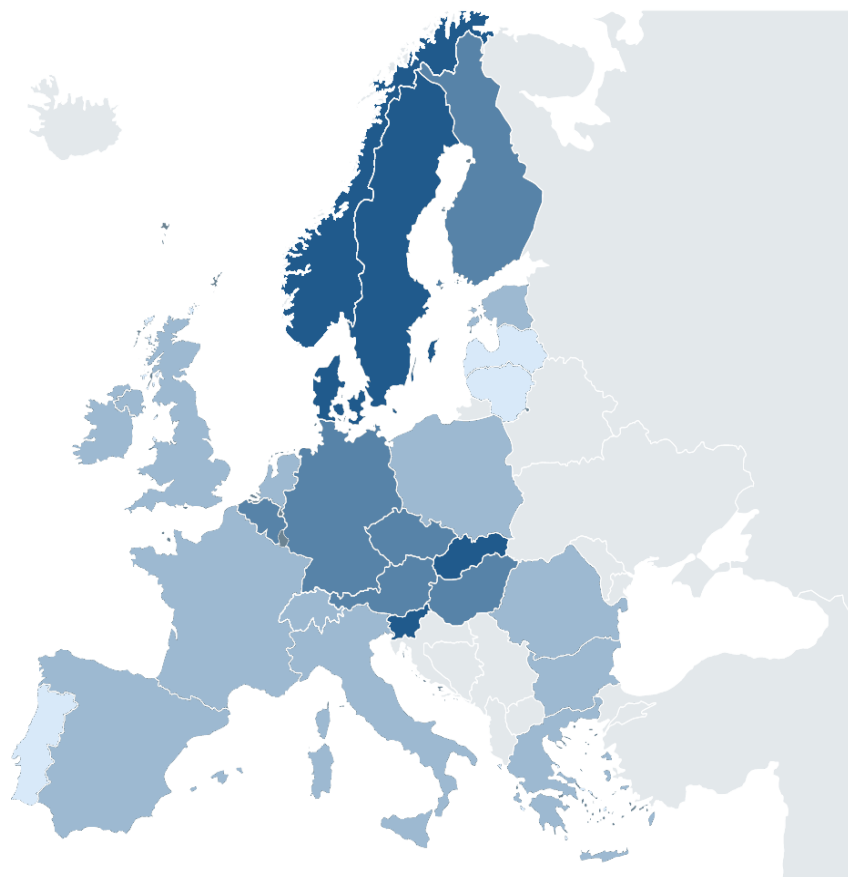
Project partners in EC countries



Surveyed countries



Gini index



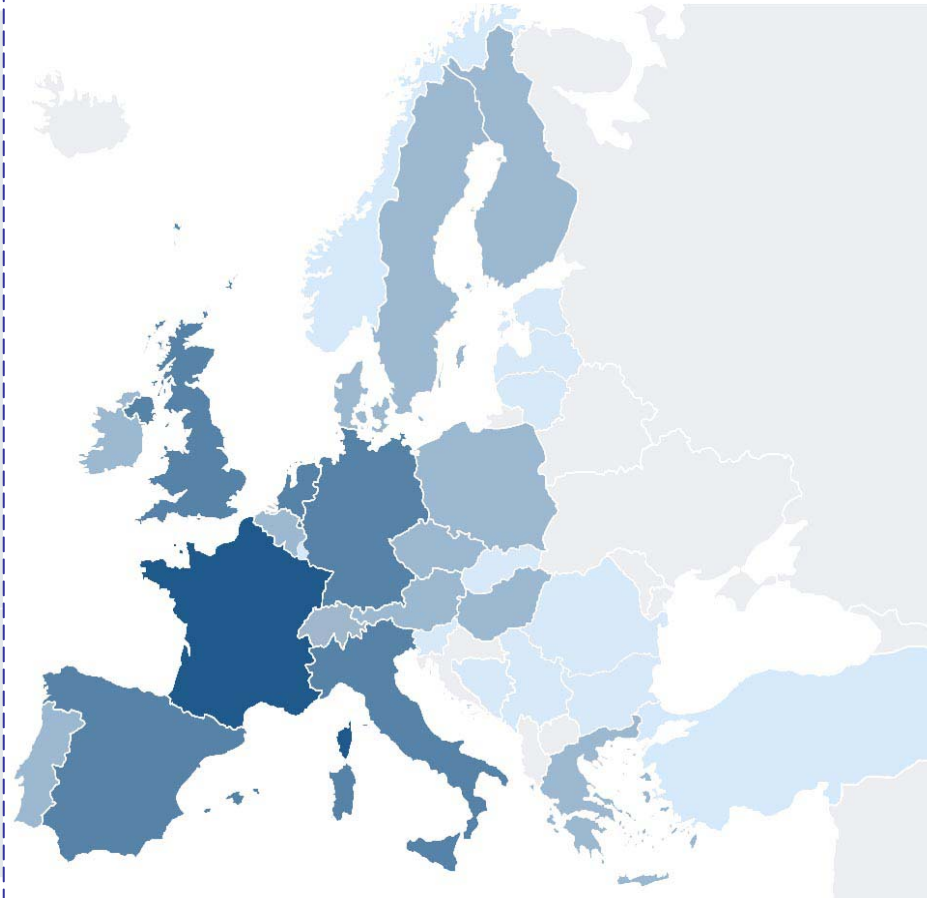
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Countries surveyed



≥ 75%

50-75%

25-50%

≤ 25%

Socio-economic dimensions and indicators



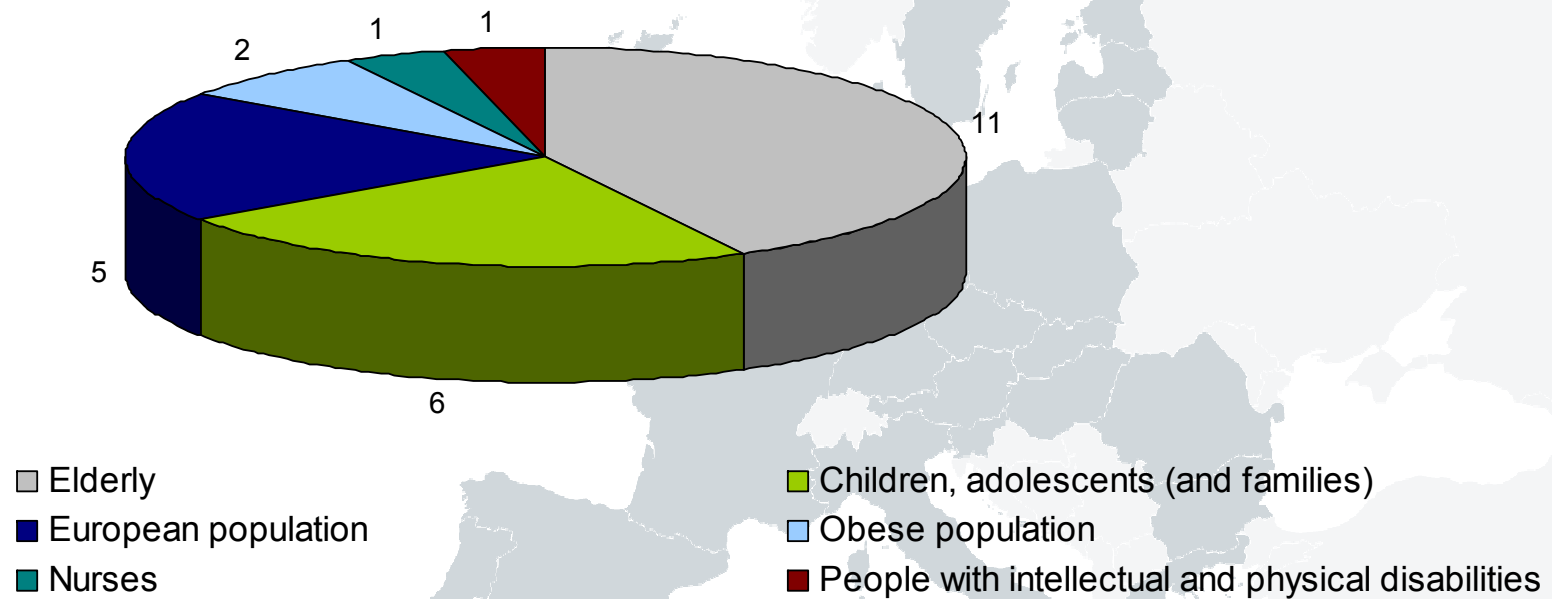
- » SES and selected dimensions
 - education
 - occupational status
 - household income
 - (wealth and consumption)
- » Participation
- » Social capital
 - social networks and support, power and control, autonomy, local identity
 - peer and family/living relations, relation to colleagues and superiors
- » 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



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?



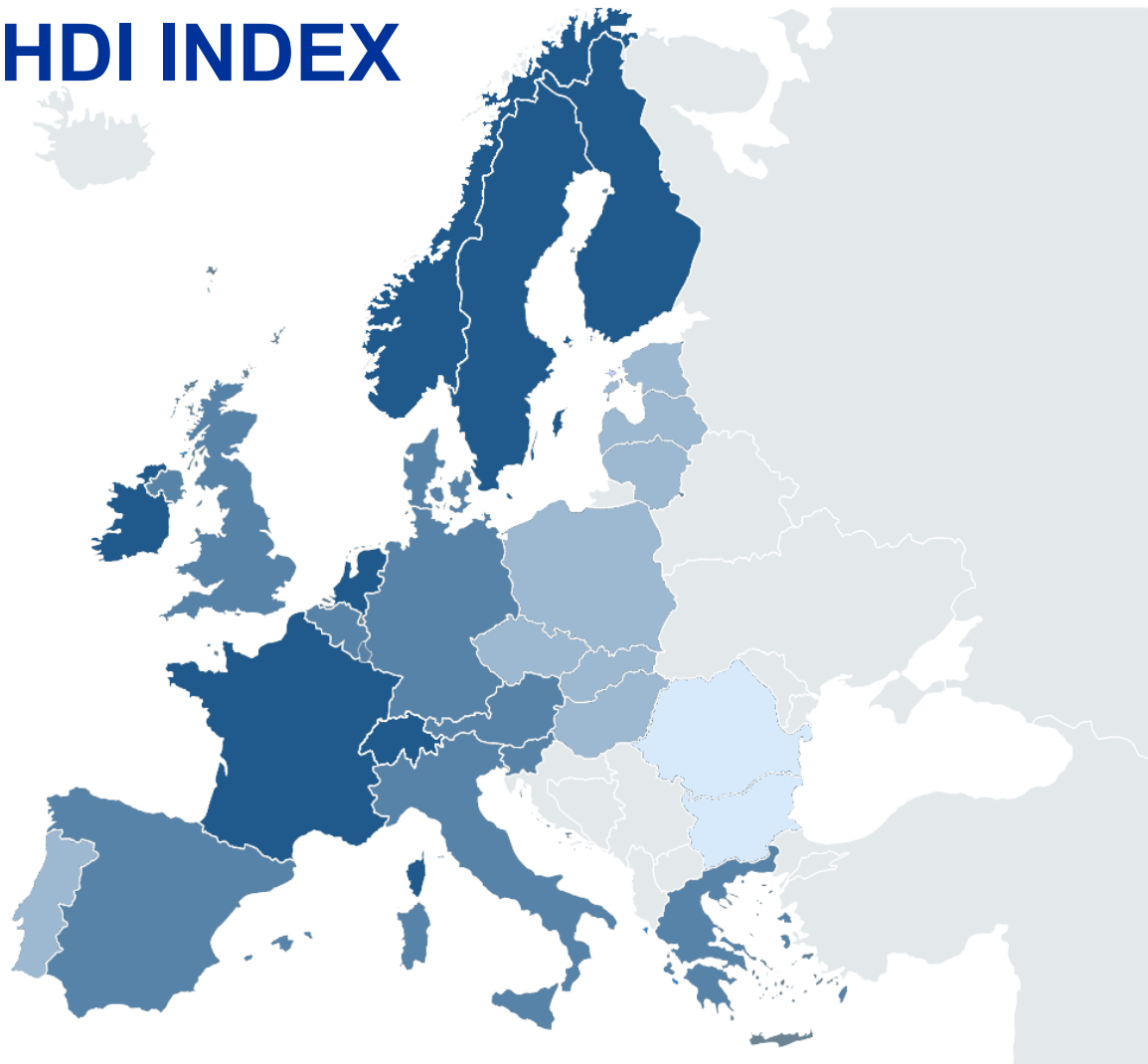
Thank you for your attention!

Contact

Uschi.trummer@univie.ac.at

Ursula.karl-trummer@donau-uni.ac.at

HDI INDEX



<u>Country</u>	<u>HDI</u>
Norway	0,968
Ireland	0,959
Sweden	0,956
Switzerland	0,955
Netherlands	0,953
France	0,952
Finland	0,952
Spain	0,949
Denmark	0,949
Austria	0,948
United Kingdom	0,946
Belgium	0,946
Luxembourg	0,944
Italy	0,941
Germany	0,941
Greece	0,926
Slovenia	0,917
Cyprus	0,903
Portugal	0,897
Czech Republic	0,891
Malta	0,878
Hungary	0,874
Poland	0,870
Slovakia	0,863
Lithuania	0,862
Estonia	0,860
Latvia	0,855
Bulgaria	0,824
Rumania	0,813

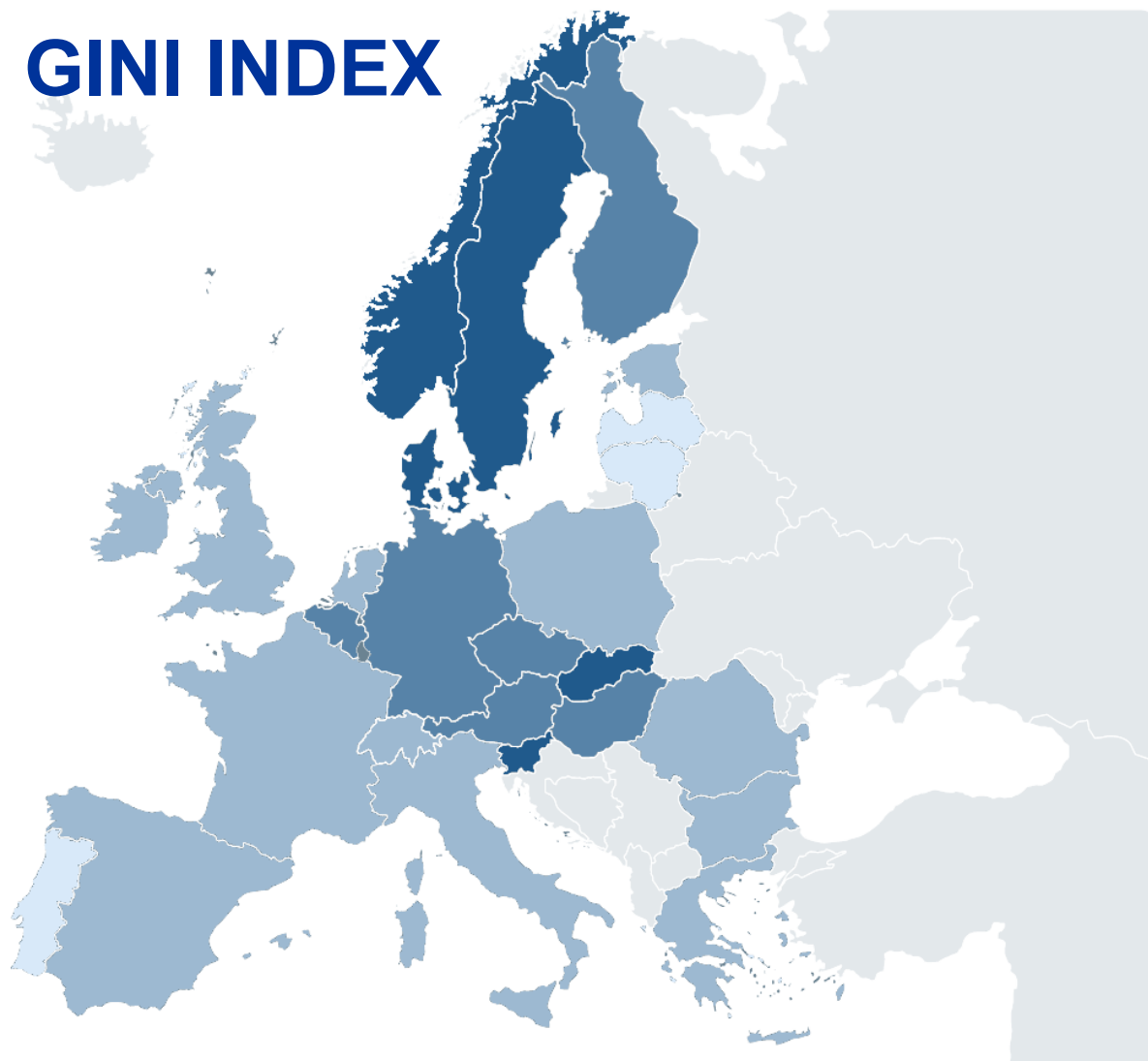
1,00 – 0,95

0,94 – 0,85

0,89 – 0,85

0,84 – 0,80

GINI INDEX



<u>Country</u>	<u>Gini-Index (%)</u>	<u>Year</u>
Sweden	23	2005
Denmark	24	2005
Slovenia	24	2005
Norway	25	2008
Slovakia	25	2005
Malta	26	2007
Czech Rep.	26	2005
Austria	26	2007
Germany	27	2006
Belgium	28	2005
Hungary	28	2005
Cyprus	29	2005
Finland	29,5	2007
Bulgaria	30,7	2007
Netherlands	30,9	2007
Romania	32	2008
Spain	32	2005
Ireland	32	2005
Italy	32	2006
France	32,7	2008
Greece	33	2005
Switzerland	33,7	2008
UK	34	2005
Estonia	34	2008
Poland	34,9	2005
Lithuania	36	2005
Latvia	36	2005
Portugal	38,5	2007

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25,1 - 30

30,1 - 35

35,1 - 40

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