Parallel Forums 3 and 4 were jointly hosted by DG Research and DG Health and Consumers to illustrate how the challenge of inequalities in health between and within EU Member States is taken up by different Commission Services. Each Forum consisted of two sessions, focusing on the policy and research context of health inequalities and social determinants of health.

Session 1: Meeting the challenge of health inequalities in the EU

Discussion on health inequalities took place against the backdrop of the financial crisis, with concerns on its impact on widening inequalities within and between Member States expressed from many sides, including the Commission and the World Health Organization. In his political guidelines for the next Commission, President Barroso had highlighted the need to focus more on the 'Social Europe'. Further EU activities on health inequalities will be announced in the forthcoming Commission Communication on health inequalities, jointly led by Commissioners Vassiliou and Spidla. 2010 will be the European year for combating poverty and social exclusion.

Social inequalities are on the political agenda
Karoline Fernández de la Hoz of the Spanish Ministry of Health and Social Policy highlighted the aim of the Spanish Presidency to give an impulse to a stronger European agenda on health inequalities. This theme, which will impact on the national agenda of the Member States, will also be taken up by the trio of presidencies of Spain, Belgium and Hungary. The focus of the Spanish Presidency will be on monitoring the social determinants of health, evaluating progress, and providing input for research, as well as on supporting the EU in the global action on socially determined health inequalities. Session Chair Robert Madelin added that the emphasis by Spain on health inequalities is a very important development with real potential for synergy with the activities of the European Commission and countries inside and outside the EU, which can create a step change in action to address the problem.

Greater efforts are needed to work with non-health sectors
Health is affected by factors that are largely situated outside the health sector. Socio-economic, cultural and environmental conditions, including living and working conditions, social and community networks, and lifestyle choices, all have an impact on health. At national, regional and local level, these factors are addressed in policies affecting the labour market, educational systems, and social welfare programmes. Tackling health inequalities therefore necessitates the involvement of stakeholders on all levels and in different sectors. Throughout the session there was a consensus that cross-sectoral and multi-disciplinary collaboration is the key to a reduction of inequalities in health. Examples were presented of successful inter-sectoral cooperation on a regional level in Italy and Austria, where health was integrated in social policies and inequalities were addressed through work in communities, workplaces and schools. The panel discussion highlighted the need to renew partnerships with different stakeholders across the board, including non-governmental organisations, non-health agencies, and the private sector. The integration of health into non-health sectors can be facilitated by practical tools, building on the experience with health impact assessment.

Monitoring linked to target setting
Monitoring social determinants of health and evaluating the progress in addressing health inequalities will be a priority of the Spanish Presidency. This point sparked the discussion as to whether the development of indicators and monitoring progress should not be linked to setting specific targets for the reduction of health inequalities. Referring to the target proposed by President Barroso to reduce the burden of cancer by 15% by 2020, it was asked whether the indicators that will be used to monitor the
achievement of this target will enable to differentiate between social groups and strata. Strengthening the link between target setting and monitoring will require co-operation between research and policy making, as well as improved translation of research on health equity into policy.

**Using cost-effectiveness to advocate for public health and health promotion**

Cost-effectiveness provides a strong argument for efforts to reduce health inequalities, particularly in times of economic crisis. As demonstrated by Christoph Hörhan of the Austrian health Foundation, the use of macroeconomic calculations can raise awareness and advocate for work on social inequities, as both the direct and indirect costs of persons who are not socially integrated in society are immense. Health and employment are strongly correlated, in the sense that illness causes a higher risk of unemployment and unemployment causes a higher risk of illness. To quote Sir Michael Marmot, ‘labour market policy is health policy’. Cost-effectiveness analyses are therefore important for prioritization. As there will always be many measures for policy makers to choose from, and limited resources to spend, practical tools for measuring cost-effectiveness of health interventions must be developed and disseminated on a larger scale than today.

**Political will to consider health equity as a value**

The political acceptance to work broadly on the social determinants of health is linked to the specific political context and to the willingness of political leaders to take action. As members of the audience pointed out during the discussion, the economic argument for reducing health inequalities should not be the only argument to be embraced by political leaders, and should be complemented by the value-based political will to consider health equity as a fundamental right. The WHO Commission on the social determinants of health stated that health equity has to do with fairness and empowerment. It is about achieving equity of access to health and resources, fair financing, fair employment policies and social protection systems creating equal opportunities for all.

**Session 2: Research on health inequalities in the EU – Where are we and where do we want to go?**

The idea that there is a political momentum to address health inequalities leads to the question regarding the most effective ways to address them. Session 2 aimed to discuss the way the EU Framework Programme on Research and the Health Programme contributed to improving the knowledge base on the causes of health inequalities and on evidence based approaches to tackle inequalities.

The context for the discussion on the contribution of research to addressing health inequalities was given by Sir Michael Marmot, who in his introductory presentation stated three important points: health inequalities are avoidable; health is not equal to health care; and action to reduce health inequalities includes research. This was followed by two presentations giving an overview of projects on health inequalities funded within in the Framework Programmes for Research and in the Health Programme, and illustrated by two EU funded projects, one from the Framework Programme for Research (EURO-PREVFOB) and one from the Health Programme (EHLEIS).

**Coordination and integration of research needed**

While the different presentations of this session attested to the investment already made by the EC to extend the knowledge base on health inequalities, several shortcomings were noted. These included: the lack of a common terminology on socio economic differences and health inequalities, the heterogeneity of disadvantaged groups studied, the geographical imbalance of the partnerships involved in the research, the absence of effective policy implementations, and the lack of explicitly described logic models underpinning the projects. More coordination and integration of research activities were therefore identified as key areas for improvement. A joint database of health inequality related research projects funded by the EU, within the Research Framework and Health Programmes but also within employment and the European Social Fund, was mentioned as a way to facilitate project planning, partner selection, and the creation of cross-sector networks, and to avoid duplication.
**Shift the research focus towards evaluation and impact analysis**

The overview of EU funded research on health inequalities also led to the conclusion that while there is still room for improvement, a significant progress has already been made in developing the evidence base for monitoring social determinants of health and health inequalities. In contrast, little evidence is available regarding the effectiveness of interventions to reduce health inequalities. So, while improvement of indicators and systems to monitor health inequalities should be further developed, the focus of research on inequalities should be shifted towards evaluation and impact analysis, both with regard to policies and with regard to interventions to reduce inequalities. The research question should not only address the question “what is the problem”, but also “what can we do”, so that research can produce a more “actionable” output.

**Reviewing the definition of evidence**

Shifting the focus of research from monitoring social determinants towards evaluating measures to reduce health inequalities requires a different view on what constitutes evidence. As mentioned by Michael Marmot, randomized controlled trials are very appropriate to study the effectiveness of medical interventions, but not of the more upstream approaches. Improving the evidence base on effective ways to tackle inequalities therefore requires openness to different methods of research, including case studies, qualitative studies, comparisons of tax systems, and economic studies on the debt flow between countries. Society is a big “real life” laboratory, and researchers should make better use of it by studying the effects of interventions that are already happening in society.

**Research findings must be translated into policies and practice**

While the research on social determinants of health and health inequalities is of good quality, its results often remain under-used. Along with an improved “actionability”, the research output should also be unpacked to become more easily understandable for users and recognized as relevant by those who make decisions. This requires the development of tools to translate research findings into policy decisions, and the inclusion of dissemination among the selection criteria for funding research projects. There is also a need for more active and participatory ways to disseminate research output. For example, use can be made of wiki-type (as in Wikipedia) dissemination modes, i.e., user maintained and developed repositories of knowledge where everyone has the ability to include and update data, correct mistakes and contribute to developing and updating the knowledge base. In addition to internet based dissemination, radio could also be used in areas lacking internet coverage and population groups without internet access.

**Support for partnerships**

To enable the coordination and integration of research on health inequalities and its translation to a user perspective, it is necessary to invest in partnerships, both within the research community and beyond. The development and strengthening of partnerships can be supported by information tools like a research database, enabling a better identification of prospective partners across specialities, regions and levels of action, and by capacity building and policy alliance tools facilitating cross-sector collaboration and public private partnerships. Collaboration between partners can also be enhanced by providing financial support to second researchers to other projects as observers, thus fostering the creation of wider networks. The provision of “catch-up” funding to extend existing networks towards more countries, especially new EU Member States, can increase the geographical coverage of research projects.

**Session 3: EC Projects contributing to the health inequalities debate**

Building on the overviews discussed in Session 2, Session 3 presented a selection of six projects, highlighting their relevance in contributing to the knowledge base on social determinants of health and health inequalities. There were presentations of 4 projects funded under FP6: EUROCADET - Impact of key determinants on the current and future burden of cancer in Europe, IDEFICS – Identification and prevention of dietary and lifestyle induced health effects in children and infants, HELENA – Healthy lifestyle by nutrition in adolescence, and EARNEST - Early nutrition programming- long term
efficacy and safety trials and integrated epidemiological, genetic, animal, consumer and economic research. One project was funded under FP7: GRADIENT – Tackling the gradient: applying public health policies to effectively reduce health inequalities amongst families and children; and one project under the Public Health Programme: DETERMINE – an EU consortium for action on socio-economic determinants of health. Copies of the presentations can be found at the following web address: http://ec.europa.eu/health/ph_determinants/socio_economics/ev_091003_en.htm.

The presentations were followed by a panel debate aimed at identifying elements for consideration in the 3rd Pillar of the Health Theme of the next Call for Proposals of FP7. The panel discussion led to the following suggestions.

**Move towards the solutions stage**
The ongoing research efforts aimed at developing and refining indicators to map the social determinants of health and health inequalities and at monitoring the problem within and between countries in Europe are bearing fruit. The evidence is not yet as good as we would like it to be, but we begin to understand the size and causes of health inequalities with increasing granularity. In contrast, the effective ways to address inequalities are far less well understood. As demonstrated in the DETERMINE project, measures to address health inequalities are often based on behaviour change in vulnerable groups, rather than on structural changes addressing the social gradient. It is therefore time to move towards the solutions stage. The next Call for Proposals of FP7 should aim to investigate new ways to tackle health inequalities by integrating structural changes and behaviour change, and examine their effectiveness.

**More systematic use of change models**
One of the striking findings in the analysis of projects to tackle health inequalities is the absence of explicitly described logic models underpinning the interventions. Logic models outlining the proposed pathways to reduce inequalities enable a better identification of the specific entry points for change, a more systematic management of the change processes, and a more detailed evaluation of the effective components. As such, the use of such models would facilitate the accumulation of knowledge on what works and under which circumstances. In the next Call for Proposals of FP7, the explicit mentioning of the underlying models could be introduced as a criterion for the selection of research projects for funding.

**From participation to empowerment**
Addressing health inequalities not only requires the establishment of partnerships with other sectors based upon common interests, but health workers can also learn from other sectors, as the mechanisms to bring about change are often very similar in different sectors. In addition, genuine participation assumes shared ownership and power. Research therefore should not only serve to obtain information and expand the knowledge base, but also to share the knowledge and to empower stakeholders to address problems themselves. In this regard, the next Call for Proposals of FP7 should allow for the application of emancipatory research paradigms.

**From Health in All Policies to Health Research in All Policies**
As health is affected by factors that are largely situated outside the health sector, it is necessary to frame research on health inequalities across sectors in society. Research carried out in different sectors can be compiled and compared to find common mechanisms through which society impacts on health and health inequalities, thus providing an evidence base to inform policies and practices in all sectors.

**Capacity building within and outside the health sector**
Strengthening the evidence base on effective ways to tackle health inequalities requires a re-orientation of the training of health researchers and health workers, as the methods used in medical research, with randomized controlled trials as the proverbial gold standard, are not suitable to study the effectiveness of upstream approaches. Health workers will need to become acquainted with new and innovative research methods, including case studies, qualitative studies, and emancipatory research. In addition, they need to strengthen their skills to translate research into policy
recommendations. On the other hand, training of actors and policy makers outside the health sectors to achieve a better understanding of health, of the mechanisms leading to health inequalities, and of the ways they can help to address them, should also be increased, in order to bring health inequalities on the agenda of other policy makers.

Session 4: Tackling health inequalities – Europe in Action on Food, Farming, Physical Activity and Nutrition

Session 4 of the parallel sessions on Tackling Health Inequalities focused on a particular issue of the health inequalities debate, namely food, farming, physical activity and nutrition, illustrating policy and research in action. This final session showed how concrete measures in a particular policy area derive from different Commission Services - DG Health and Consumers, DG Agriculture and DG Research - and link to WHO for the global perspective.

Health inequalities are influenced by global changes

In a globalising world, factors which impact on health are increasingly affected by global changes. As a result, health inequalities are also determined by what happens globally. This is well illustrated by the impact of the financial and economic crisis on the social economic differences in nutrition, physical activity and psychological well-being. As pointed out by Cécile Knai of the LSHTM, the price increase due to the economic crisis has been more drastic for quality food products than for saturated foodstuffs, thus limiting the access of disadvantaged groups to healthy food choices. Similarly, the environment in disadvantaged communities is typically less inviting to physical activity than in affluent neighbourhoods. This differential impact of global changes on the social and physical environment of advantaged and disadvantaged groups in society and the way in which they impact on health related lifestyles needs to be acknowledged when tackling health inequalities.

Research needs to acknowledge complexity

Nutrition science has evolved from the prevention of diseases caused by nutrient deficiencies to the optimization of nutrition to prevent chronic disease and promote the overall health and well-being of citizens, while correctly managing the available biological resources for the sustainable production of safe, healthy and diversified food. This requires an understanding of the complex interrelationship of biological, dietary, psychological, behavioural, social, and economic factors that are related to food, nutrition and health. To capture this complexity, new models and methodologies must be developed. Antonio Di Giulio of DG Research in this regard referred to the emergence of a “knowledge based bio-economy”, which links health and biotechnology with a better understanding of consumer choice and behaviour to achieve a better understanding of the complexity of nutrition and health.

Understanding complexity requires multidisciplinary approaches

Innovative research into the relationship between food, nutrition and health cannot be done from one perspective alone; it requires a convergence of different disciplines, methodologies and technologies. Research collaboration between different disciplines such as nutrition scientists, food technologists, cognitive scientists and health scientists can provide the scientific basis for innovation and optimization of nutrition, contributing to the promotion of the health and well-being of citizens. However, the current research environment does not favour multidisciplinary research in public health. A comment from the audience was that “public health research at best has an impact factor of 1.2, whereas if you slice up mice you get an impact factor 4”. It is important that such barriers are removed and that multidisciplinary and applied research is better valued.

Public health must be mainstreamed in the agricultural policy

Changing nutritional habits and reducing differences in nutrition in the population cannot be achieved without changing the agricultural policy. While health education leads to better knowledge about healthy nutrition but does not lead to a change of eating habits, there is a need for a joined up approach whereby public health and attention for inequalities in health is mainstreamed in the agricultural
policy. Currently, health and social inequalities do not have legitimacy in the agricultural policy, as was illustrated by the fact that food aid to deprived persons was criticized by the Court of Auditors and some Member States as being “not agriculture”. To change this view, the Common Agricultural Policy must shift towards a Common Sustainable Food Policy, which links health, environment, infrastructure and agriculture and puts obesity alongside climate change on the agricultural policy agenda.

**Healthy nutrition and physical activity promotion must pay attention to the hard-to-reach.**

Most of the interventions to promote healthy nutrition and physical activity are directed towards the ‘already enlightened’. Hard-to-reach populations such as disadvantaged or marginalized groups feel that these interventions are not adapted to their reality. More bottom-up and integrated approaches, designed to accommodate for hard-to-reach groups, need to be elaborated. An example is the Pro Children – Promoting and sustaining health through increased vegetables and fruit consumption project that was presented. The Pro Children project used an integrated model addressing the personal, social and physical determinants of fruit and vegetables intake in children to develop and test an intervention, allowing DG Agriculture to build focused initiatives to improve diet. Projects like these are examples of research serving policies.

**Conclusions**

The presentations and discussions on the policy and research context of health inequalities and social determinants of health in Parallel Forums 3 and 4 lead to the following conclusions:

- Social inequalities are on the political agenda.
- The impact of the financial and economic crisis on health illustrates that health inequalities are influenced by global changes.
- Specific targets for the reduction of health inequalities can be formulated to complement the development of indicators and monitoring progress in addressing health inequalities.
- Cost-effectiveness can be used as an argument for efforts to reduce health inequalities, but the economic argument for reducing health inequalities should be complemented by the value-based political will to consider health equity as a fundamental right.
- More coordination and integration of research on health inequalities is needed. Research carried out in different sectors can be compiled to find common mechanisms through which society impacts on health and health inequalities, acknowledging the complexity of these mechanisms.
- Indicators and systems to monitor health inequalities should be further developed, but the focus of research on inequalities should be shifted towards evaluation and impact analysis. New ways to tackle health inequalities must be investigated, integrating structural changes and behaviour change.
- More bottom-up and integrated approaches need to be elaborated, designed to accommodate for hard-to-reach groups. Emancipatory research paradigms should empower stakeholders to address problems themselves, in addition to expanding the knowledge base.
- Logic models outlining the proposed pathways to reduce inequalities should be stated more explicitly in projects.
- Improving the evidence base on effective ways to tackle health inequalities requires a different view on what constitutes evidence, and an openness to different methods of research. Barriers to multidisciplinary research should be removed, and applied research should be more valued.
- More efforts must be made to translate research findings into policies and practice.
- Strengthening the evidence base on effective ways to tackle health inequalities requires capacity building both within and outside the health sector.
- Partnerships are needed beyond the research community, and greater efforts must be made to work with non-health sectors. Public health must be mainstreamed in the agricultural policy.

Copies of all the presentations given at the EHFG parallel forums 3 & 4 - EC Tackling health inequalities in Europe: EU policy and research – closing the gap, can be found at following web address: http://ec.europa.eu/health/ph_determinants/socio_economics/ev_091003_en.htm.