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EXPERT GROUP ON SOCIAL DETERMINANTS AND HEALTH INEQUALITIES

Tackling Health Inequalities - A Case Study from Ireland

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1. National Context

Introduction

Inequalities in health are a problem internationally, including in Ireland. These inequalities are being addressed within the overall context of the Government's policy on social inclusion. In the last number of years and particularly since about the year 2000 Ireland has been addressing health inequalities in a more focused way than heretofore. Around this time increasing statistical evidence on health inequalities became available which in turn gave an impetus to policy development and remedial action. There was already in place at that time institutional mechanisms - the National Social Partnership Agreements¹ and the National Anti-Poverty Strategy² which provided the framework within which both the health specific (care and behaviour) aspects as well as the wider social determinants of health inequalities could be addressed. In addition a new National Health Strategy *Quality and Fairness: A Health System for You* and an associated Primary Care Strategy *Primary Care: A New Direction* were published in 2001.

Demographic situation

Population levels are at their highest since 1861. Preliminary census data for 2006 show a 16.8 % increase in the overall population between 1996 and 2006, from 3.63 million to 4.24 million persons. Net immigration is estimated to have accounted for the vast bulk of this increase with the number of immigrants now estimated at 400,000. Non-nationals now comprise some 10% of the labour force – one of the highest in the European Union (EU).

The Health System

The health system in Ireland has been undergoing a major reform process in recent years. Under the Health Act 2004, a unitary Health Services Executive (HSE) www.hse.ie which replaced 10 regional health boards, was established with responsibility for the management and delivery of health and personal social services in line with national policy. There are 32 Local Health Offices under the HSE's Primary Community and Continuing Care Directorate. Local Health Office Managers have responsibility and authority for the management of all services, other than acute hospital services, in their area. Hospital services are organized on the basis of 4 regions. The Department (Ministry) of Health & Children www.dohc.ie is

¹ National Social Partnership Agreements which have been a key feature of Irish socio-economic development since the late 1980s. These Agreements are negotiated between the Social Partners (Government, Business, Farming Sector, Trade Unions and the Community and Voluntary Pillar). Over time the pay element of these agreements has become increasingly complemented by non-pay elements of which social inclusion is a central part. In particular in relation to the social inclusion elements, the Community and Voluntary Pillar have provided a significant input into the chosen priorities

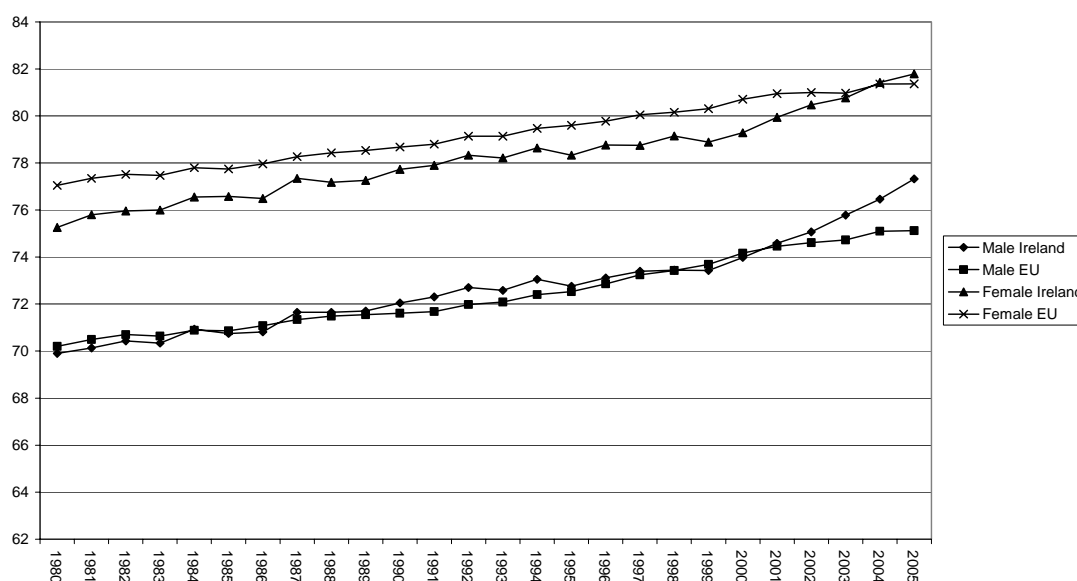
² Ireland's National Anti-Poverty Strategy, commonly known as NAPS, predates the EU National Action Plans. It originated from a Government commitment at the UN Social Summit in Copenhagen in 1995. The National Anti-Poverty Strategy (NAPS), originally published in 1997, is a ten-year Government plan to reduce poverty. Under the leadership of the Department of Social and Family Affairs the NAPS was developed with strong input from the Combat Poverty Agency. Since 2001 the NAPS has been aligned with the Open Method of Coordination (OMC) under the European Union.

responsible for formulating and monitoring the implementation of policy in respect of health and personal social services and works with other sectors to enhance people's health and well-being. In Ireland the remit of the Department of Health and Children and of the Health Service Executive extends to personal social services as well as health services.

2. Situation and Trends in Health Inequalities in Ireland

In 2005 life expectancy at birth in Ireland was 77.3 for a man and 81.8 for a woman – higher than the EU average. For a considerable period Irish life expectancy was lower than the EU average (both the EU 15 and the EU 27) but from 1999 onwards there has been a rapid rise in life expectancy with both men and women closing the gap with EU 15 average and exceeding the EU 27 average in the early years of this century. The All Ireland Study on Mortality 1989-1998 (Balanda K and Wilde J. 2001) published by the Institute of Public Health in Ireland showed that there was a three-fold difference in age-standardised death rates between men in the lowest and highest socio-economic groups during the period 1989-1998. The strong impact of occupational class was evident for nearly all the major causes of death. When the lowest occupational class is compared with the highest there are major differences in mortality.

Life Expectancy at Birth for Males and Females in Ireland and in the EU 1980 -2005



Source: WHO/Europe, European Health for All (HFA) Database, January 2007

While occupation is recorded on death certificates, mortality data is not routinely available by socio-economic group and there are inadequacies in the data which are available. Trend analysis is not available. However some more recent data for 2002 (for methodological reasons not comparable with the above mentioned 1989-1998 data) show persistence of health inequalities particularly in areas such as heart disease, cancer, accidents and injuries and low birth weight.

One group at significant disadvantage in terms of health status is the Traveller community (an indigenous minority). In 1987 (latest data available) the life

expectancy of Travellers compared to the general population is 10 years less for men and 12 years less for women. Three percent (3%) are aged over 65 versus 11% of the general population (2002 Census). A major All Ireland Study of Traveller Health is to commence in 2007 to provide up-to-date data. Smaller scale studies also show higher levels of ill health among homeless people, drug users and prisoners. Mental illness is also a significant cause of morbidity with the burden again falling most heavily on the lowest socio-economic groups.

3. Policies and Action

Health inequalities in Ireland are being addressed within the overall context of the Government's policy on social inclusion. An important impetus for action to address health inequalities came with a commitment in the National Partnership Agreement (*Programme for Prosperity and Fairness*) in 2000 to review the National Anti-Poverty Strategy (NAPS) - a 10 year Government Plan to reduce poverty - which had commenced in 1997 and to examine the inclusion of targets in new areas such as health and housing. Around the same time the Annual Report of the Chief Medical Officer 1999 addressed the issue of health inequalities.

The strategic approach in the NAPS which has, since 2001, been aligned with the Open Method of Coordination (OMC) under the European Union; with Ireland's National Action Plans Against Poverty and Social Exclusion; and more recently with Ireland's National Strategies for Social Protection and Inclusion and its National Action Plan for Social Inclusion 2007-2016, is underpinned by a recognition of the multi-faceted nature of poverty and the need for a co-ordinated multi-policy response across Government. This provides a coherent and integrated framework to address issues of disadvantage across a range of policy domains including health and personal social services.

Targets to reduce health inequalities were included in the Government's Review of the National Anti-Poverty Strategy *Building an Inclusive Society* published in 2002 and were taken on board together with measures to achieve them in the National Health Strategy *Quality and Fairness: A Health System for you*.

In the area of health, the overall aim of social inclusion policy is to reduce the inequalities in the health of the population by:

- making health and health inequalities central to public policy
- acting on the social factors influencing health
- improving access to health and personal social services for those who are poor or socially excluded
- improving the information and research base in respect of the health status and service access for the poor and socially excluded.

The three key health status targets contained in *Building an Inclusive Society* (2002) relate to reducing by 10% by 2007 the gap in premature mortality between the lowest and highest socio-economic groups for circulatory diseases, cancers and injuries; to similarly reduce inequalities in low birthweight; and to reduce the gap in life expectancy between the Traveller Community (an indigenous minority) and the whole population. Targets were also set for older people and people with disabilities.

These NAPS targets were developed by the Working Group on NAPS and Health established by the Department of Health and Children with representation from a range of government departments and agencies as well as the Social Partners³. The targets were developed following an extensive public consultation process with poor and marginalised groups. The Institute of Public Health in Ireland www.publichealth.ie provided technical support to the process of target development in the health area.

A similar process took place in other government departments in relation to NAPS targets for issues within their remit. *Building an Inclusive Society* (2002) contains targets across a range of areas including income adequacy, unemployment, educational disadvantage, health inequalities, urban concentrations of poverty and rural poverty.

Measures to support the targets set out in the *Report of the Working Group on the National Anti-Poverty Strategy and Health* include improved access to services and eligibility for them; health impact assessment; inter-sectoral working; and research and information to underpin monitoring and evaluation.

Specific strategies have been developed for major vulnerable groups e.g. Travellers, homeless people, drug misusers, people with a disability, ethnic minorities. Travellers have been trained as primary care workers for their own community. A key requirement identified in all these strategies is better “joined up” working among policy makers and those delivering services.

A key requirement which emerged in the public consultation process for targets in relation to health inequalities was for an improved integrated accessible primary care service with local need assessment and involvement of communities. This approach is being rolled-out over the past number of years in line with the Primary Care Strategy. Under the Framework Social Partnership Agreement *Towards 2016* published in 2006, roll-out is being accelerated considerably (see below). In May 2003, the Department of Health and Children and the Combat Poverty Agency (CPA) www.combatpoverty.ie jointly launched the Agency’s *Building Healthy Communities Programme* which has a special focus on community development approaches to reducing health inequalities. The Health Service Executive National Service Plan for 2007 includes as a target outcome that a community development approach will be embedded as an important approach and an effective tool for marginalised communities.

Recent Developments (2006/ early 2007)

A number of important developments with implications for social inclusion issues, including efforts to reduce health inequalities, took place in Ireland in 2006 and early 2007.

³ Social Partners: Government, Business, Farming Sector, Trade Unions and the Community and Voluntary Pillar.

- A new 10-year Framework Social Partnership Agreement 2006-2015 entitled *Towards 2016*⁴ was published in June 2006.
- Under the leadership of the Office for Social Inclusion, the National Report for Ireland on Strategies for Social Protection and Social Inclusion 2006-2008 was forwarded to the European Commission in September 2006. This document outlines Ireland's key objectives and targets over the period 2006-2008 in relation to social inclusion, pensions, health and long term care.
- A National Development Plan (NDP) 2007-2013⁵ entitled *Transforming Ireland – A Better Quality of Life for All*, was published in January 2007 and contains a specific chapter on social inclusion, unlike the previous NDP where social inclusion was dealt with mainly as a 'horizontal principle'. The NDP includes investment of almost €50 billion in social inclusion.
- Under the leadership of the Office for Social Inclusion, Ireland's National Action Plan for Social Inclusion 2007-2016 (NAPinclusion), was published in February 2007. It expands from an implementation and delivery point of view on certain aspects of *Towards 2016*.

The ten-year framework social partnership agreement, *Towards 2016* provides the overarching backdrop for the above developments. The time frame - 10 years - is longer than that in previous agreements which were for 3 years. There will be a formal review in 2008. The Agreement which outlines a new framework within which to address key social challenges, adopts a life cycle approach, placing the individual at the centre of policy development and delivery, by assessing the risks facing him or her and the supports available to him/her to address those risks, at each stage of his/her life. This means a focus on the needs of children, people of working age (younger adults aged 18-29 and more mature adults aged 30-64), older people and people with disabilities, in a manner intended to strengthen integration of policy and implementation. An agreed vision and key long-term goals for each stage of the lifecycle, together with agreed priority actions for the initial phase (27 months) of the Agreement, are identified.

⁴ 2016 will be the centenary of an important event in Irish history

⁵ National Development Plan (NDP 2007-2013). The NDP, a follow up to NDP 2000-2006, sets out the strategic framework for investment in infrastructure (including health infrastructure) and enterprise development over the period 2007-2013. It also addresses in a substantive way social inclusion, regional development and environmental sustainability. An elaborate consultation process on the Plan undertaken by the Department of Finance involved, inter alia, the Social Partners. The Plan particularly focuses on priorities in investment in public and social infrastructure in the research and development, transport, telecommunications, energy, the productive sector, environmental services, housing, education, health, and childcare areas, and on investment in human resources in the education and training fields. The Plan takes account in relevant areas of the high level framework set out in the ten-year Social Partnership agreement *Towards 2016*.

Towards 2016 includes, inter alia, the following commitments of specific relevance to health inequalities for children:

- Increasing the number of Child and Adolescent Community Mental Health Teams
- Intensifying efforts to achieve the WHO target of 95% immunisation for children and actively targeting areas where take-up rates are below this level
- Developing a new strategic Health Promotion policy by the end of 2007 which will address the factors undermining the health of young people
- Launching a National Nutrition Policy to address Children's Food Poverty and Obesity
- Developing a national database to monitor prevalence trends of growth, overweight and obesity
- Developing the School Meals Programme
- Monitoring prevalence trends of smoking and substance use through the National Health and Lifestyle Surveys and the European School Survey Project on Alcohol and other Drugs (ESPAD)
- Publishing a National Recreation Policy for youth and older children to complement the National Play Policy <http://www.nco.ie/publications/27/> already in existence for younger children.

Ireland's *National Action Plan for Social Inclusion 2007-2016 (NAPinclusion)* complements and builds on the commitments and actions agreed by the Government and the social partners under *Towards 2016*. Like that Agreement, the new Plan also adopts the longer-term perspective needed to respond to complex social challenges.

This Plan sets out a series of high-level goals for social inclusion in areas where effective and targeted interventions can help to address long-standing and serious social deficits. These goals are in areas such as early childhood education, employment and activation, health and housing. The social inclusion investment programme under the *National Development Plan 2007-2013 (NDP)* will provide the means to deliver these goals.

In common with *Towards 2016* and the *National Development Plan*, the *National Action Plan for Social Inclusion 2007-2016* also adopts the lifecycle framework.

Of the 12 high level goals two relate specifically to health:

- Develop 500 primary care teams by 2011, which will improve access to services in the community with particular emphasis on meeting the needs of holders of medical cards (i.e. those on low incomes and those over 70 years of age)
- Continue to increase investment in community services for older people, including home care packages and enhanced day care services to support them to live independently in the community for as long as possible

Other Significant Health Commitments in the National Action Plan on Inclusion 2007-2016 include:

- To provide quality, affordable childcare and an increase in the number of childcare places by 100,000 over the period to 2016
- Development of a high-quality community-based mental health service
- Development of specific community and sectoral initiatives to encourage healthy eating and access to healthy food with a focus on people living in areas of disadvantage
- Monitoring of inequalities in cancer risks, cancer occurrence, cancer services and cancer outcomes to maintain a policy focus on cancer inequalities
- Commencement of Part 2 of the Disability Act, 2005 which pertains to assessments of need and service statements for people with disabilities
- Introduction of a new Nursing Home Support Scheme in 2008
- An ethnic identifier, to facilitate more evidence based planning through identification of needs, measurement of uptake of services and evaluation of outcomes, which has been developed, to be rolled out from 2007;
- The Health Service Executive to develop a National Equality Strategy in 2007
- A National Strategy designed to address the unique health and support needs of minority groups, for example, refugees, migrants and Travellers to be developed by the Health Service Executive (HSE) by early 2007.

Wider Social Determinants of Health

Many of the social determinants of health which lie outside the health sector are being addressed under the broad framework of the National Social Partnership Agreement *Towards 2016* and the National Action Plan on Inclusion). This is reflected in the high level goals which address areas such as income support, education, employment and activation, and housing, in addition to health.

The overall poverty goal is to reduce the number of those experiencing consistent poverty to between 2% and 4% by 2102, with the aim of eliminating consistent poverty by 2016. There is a particular focus on child poverty. Data show that children aged up to 14 years experienced the highest levels of consistent poverty in 2004 and 2005, at 9.5% and 10.2% respectively

http://www.cso.ie/releasespublications/pr_EUSILC.htm This is being addressed through a combination of child income supports and removing disincentives to employment of lone parents.

Unemployment is 4.8% (3rd quarter 2006) with long term unemployment at 1.3%. A policy priority over the coming years is to facilitate greater employment participation among those marginalised from the Labour Force through removal of systemic barriers and provision of a range of supports to promote activation.

Educational Disadvantage is also being addressed including through the *Delivering Equality of Opportunity in Schools* (DEIS), a 5 year Action Plan for Educational Inclusion published by the Department (Ministry) of Education and Science in 2005. Targets include a) insuring targeted pre-school education is provided in urban primary school communities covered by the DEIS programme and b) halving the proportion of children with serious literacy difficulties in primary schools in disadvantaged area to 15% by 2016.

The establishment of the Office for the Minister for Children <http://www.omc.gov.ie/> under a new Minister for Children is a major initiative introduced by the Government at the end of 2005. This Office brings together the key areas of policy for children's services (other than health and school age education services) in one structure. The key areas of policy within the Office are Child Welfare and Protection, Childcare, Early Years Education, Youth Justice and the National Children's Strategy 2000-2010. The co-location of each of these areas within the one Office is intended to bring cohesive approach to the delivery of services based on the recognition that they are fundamentally interlinked and must be responded to on this basis to secure the best outcomes for children and young people.

In September 2004, the Government launched a National Disability Strategy to underpin the participation of people with disabilities in society. One of the key elements of the Strategy is the Disability Act which was enacted in 2005 <http://www.justice.ie/80256E010039C5AF/vWeb/pcJUSQ6M7GLR-ga>. The Disability Act 2005 requires six Government Departments (Ministries) to develop sectoral plans which show how key issues relating to people with disabilities will be addressed and in so doing to consult with people with disabilities or their representatives. The Plans, which were submitted to the Government, at the end of July 2006, include specific targets, where practicable, and timescales against which progress will be measured.

High levels of immigration over the past decade has led to increasing numbers of people from different ethnic groups living and working in Ireland with preliminary census data indicating that almost 10 per cent of Ireland's population in 2006, were immigrants. The *National Action Plan against Racism* was published by Government in 2005 with the objective of mainstreaming intercultural issues into the formulation of public policy, providing strategic direction to combat racism and developing a more inclusive, intercultural society.

Geographically targeted investment

RAPID (Revitalising Areas by Planning, Investment and Development) <http://www.pobail.ie/en/RAPIDandCLR/> is a focused Government initiative to target the 45 most disadvantaged urban areas and provincial towns in the country. RAPID aims to increase the investment made by Government departments and state agencies in the 45 communities, and to improve the delivery of public services through integration and coordination. A somewhat similar programme – CLÁR - targets rural areas of specific population decline.

Poverty Proofing and Impact Assessment

The process of Poverty Proofing, now renamed Poverty Impact Assessment, was re-developed by the Office for Social Inclusion in 2005. The process requires government departments, local authorities and state agencies to assess policies and

programmes at design, implementation and review stages for their likely impact on poverty and on inequalities which are likely to lead to poverty, with a view to poverty reduction. Guidelines for Poverty Impact Assessment

<http://www.socialinclusion.ie/pia.html> have been presented to all government departments and the new process will be implemented during 2007. Some departments have used the new guidelines on a pilot basis and they have also informed the development of this Plan. A training programme for policy makers is being developed. The guidelines will eventually be extended to all areas of Government.

4. Evaluations and Outcome

Over recent years the profile of health inequalities has risen considerably in the political and administrative systems as evidenced in its inclusion explicitly in major national processes such as the national social partnership agreements, the National Development Plan and the National Plan for Social Inclusion which are central to how Ireland does its business in relation to social inclusion issues generally.

The profile of health inequalities has also been raised within the health system itself. Structural reform of the health services which provided for the establishment of the Health Service Executive (HSE) with effect from 1 January, 2005, has allowed the Ministry of Health and Children to reposition itself to concentrate on policy and strategic issues, governance and evaluation. As part of the restructuring of the Ministry, a Social Inclusion Unit was established in late 2005 to co-ordinate the Ministry's work on health inequalities and policies in relation to vulnerable groups. This is mirrored in social inclusion structures established in the Health Service Executive (HSE).

Data issues

Data inadequacies, in particular the absence of routinely available data on health status and health care disaggregated by socio-economic group, has hindered the target setting and monitoring process. A number of developments are underway which will improve this situation. A pilot study on the feasibility of collecting demographic and socio-economic variables to quality standards in the National Cardiac Information System (NCIS) commenced in late 2005 and the findings of the study are currently being compiled. Lifestyle indicators are not routinely collected by health information systems but on a periodic basis (every three to four years) surveys such as the National Health and Lifestyle Surveys (SLÁN) provide data disaggregated by socio-economic group. An ethnic identifier has been successfully piloted in the area of Traveller health and will be rolled out from 2007. Information gained from its use will be applied towards identification of needs, measurement of uptake of services and evaluation of outcomes. (The ethnicity question designed by the project has already Population).

It is the intention that the implementation of the National Health Information Strategy (published in 2004) which is mainly the responsibility of the Health Information and Quality Authority (HIQA) www.hiqa.ie currently being established on a statutory basis, will lead to an improvement in the range of data available on health inequalities. The development of Ireland's and Northern Ireland's Population Health Observatory (INISPHO) <http://www.inispho.org/>, launched in 2006, is intended to

provide a portal to a variety of relevant data sets including where appropriate those beyond the health sector.

In relation to targets, the absence of timely data disaggregated by socio economic groups means that little can be concluded about trends about health inequalities. The experience of the past few years would suggest that the social inclusion targets related to reducing inequalities in premature mortality and low birth weight now need to be viewed more as longer-term outcomes than short-term targets. It is envisaged that progress will be achieved through shorter-term actions and targets as set out in *Towards 2016*, the National Development Plan 2007-2013 and Ireland's National Action Plan for Social Inclusion 2007-2016.

Some success has been achieved in terms of implementation measures e.g.

- Improved regional access for cardiac procedures
 - Reduced waiting time for public patients for a wide range of hospital procedures
 - Improved respite for carers
 - Increase in family support projects (e.g. Springboard projects <http://www.dohc.ie/publications/springboard.html> for at risk children and Teen parent support projects)
 - Significant increases have been introduced in the income guidelines for a medical card which gives access to health and personal social services free of charge while a two parent family with two children could have weekly income of some €850 and still qualify for a GP (only) visit card.
 - Considerable increases in the number of opiate users receiving methadone treatment. The Research Outcome Study in Ireland (ROSIE) commissioned by the National Advisory Committee on Drugs (NACD) indicates positive 1-year outcomes from treatment of a cohort of opiate users with reductions in heroin and other drug use and in criminal activity.
 - Some progress has been made with capacity building for Health Impact Assessment (HIA). The Institute of Public Health has been involved in provision of training and the development of HIA methodologies <http://www.publichealth.ie/index.asp?locID=122&docID=-1> on a North / South basis. Although in the early phases, there have been a number of projects including an analysis of transport in Southwest Dublin (HSE), an analysis of the EU Employment Policy and contributions to the EU projects on HIA. The Department of Health and Children, together with the Institute of Public Health has had a number of bilateral meetings with Government Departments to scope areas for HIA. In 2007 an HIA will be undertaken on the Revised Integrated Homelessness Strategy.
- In terms of wider social determinants of health, alongside the achievement of low levels of unemployment, there have been improvements in areas such as consistent poverty, participation of lower socio economic groups in third level education, in school completion rates at 2nd level education and in the number of people experiencing homelessness.
- The rates of consistent poverty have decreased from 15.1% in 1994 to 5.2% in 2001 to 8.8% in 2003* to 7% in 2005. (A changeover in 2003 to the EU Survey of Income and Living Conditions

Surveys (EU SILC) disrupted the comparability of the trend from 2001 onwards).

http://www.cso.ie/releasespublications/pr_EUSILC.htm

- The relative income poverty (or “at risk” of poverty) rate for 2005 was 18.5% (at the 60% income threshold), marginally lower than the 2003 rate of 19.7%. Significant increases in incomes from employment and particularly the growth in two-income households contribute to the proportion at risk of poverty remaining one of the highest in the EU, with elderly people, larger families and lone parents particularly at risk. Incomes for those at work outpaced the significant increases in social welfare rates for those not in the workforce and for some single income families.
- A significant improvement in participation in higher education among lower socio-economic groups but there still room for improvement.
- The number of people experiencing homelessness nationally has reduced from 5,500 in 2002 to just over 3,000 in 2005.

Policy Co-ordination

A key issue in reducing health inequalities and in wider relevant social inclusion targets is co-ordination and integration at both policy and service delivery level. Under *Towards 2016* existing co-ordination mechanisms are strengthened and streamlined. A Steering Group, chaired by the Department of the Taoiseach (Prime Minister) and representing the Government and each of the Social Partner Pillars, will have overall responsibility for managing implementation of the ten-year framework agreement *Towards 2016*. This Steering Group will periodically review progress in implementing and further developing the key strategies including, in particular, the National Spatial Strategy (NSS), the National Development Plan (NDP), the National Strategy for Social Protection and Inclusion (NSSPI) and the National Action Plan for Social Inclusion (NAPinclusion) 2007-2016.

There is also a more streamlined reporting mechanism whereby the Office for Social Inclusion in the Ministry of Social and Family Affairs will co-ordinate a single Social Inclusion Report on an annual basis for consideration by the Steering Group.

Towards 2016 states that, in recognition of the special relationship that encompasses social partnership, Government, and Departments (Ministries) on its behalf, are committed to consulting with the social partners on policy proposals and the design of implementation arrangements. In this context there is a commitment for the Ministry of Health and the Health Service Executive to consult with the Community and Voluntary Pillar on a quarterly basis in relation to health commitments in *Towards 2016* and for the Pillar to provide its perspective on the ongoing health reform programme. The practice of consultation within the health sector was given legislative underpinning in the Health Act, 2004, section 43(1) of which empowers the Health Service Executive to take such steps as it considers necessary to consult with local communities or other groups about health and personal social services.

The existing mechanism of the Cabinet Committee on Social Inclusion chaired by the Taoiseach (Prime Minister) will provide the overall direction for all social strategies while the Senior Officials Group on Social Inclusion will coordinate policy development and prepare reports to the Cabinet Committee.

Better Integrated Implementation at Local Level

The existing framework of the County and City Development Boards (CDBs) with their broad representation of State, local development agencies and local social partners, enables partnership and collaboration across statutory agencies and the community and voluntary sector at local level. Local Offices of the Health Services Executive are represented on these boards. *Towards 2016* includes a commitment that the CDB structure will be developed and strengthened to ensure that it can operate effectively as a vehicle for supporting a more integrated approach to service delivery at local level. There is also a commitment that the Community and Voluntary Sector's participation in local social partnership structures will be resourced appropriately.

Social Inclusion Monitoring (SIM) groups, representative of local public agencies and local development groups (Area Partnerships, Community Development Programmes) have been established by each CDB to improve co-ordination of social inclusion activities at local level. *Towards 2016* includes a commitment that the work of the SIM groups, including implementation at local level of the commitments contained in the Framework Agreement where appropriate, will be prioritised by the CDBs and supported by relevant Government Departments and national agencies.

5. Next Steps

The year 2006 has been a year of enhancing strategic processes by a streamlined and comprehensive approach to tackling poverty and social exclusion. The overarching framework set out in the national partnership agreement, *Towards 2016* is supported through the implementation of the actions in Ireland's National Action Plan on Social Inclusion 2007-2016 and by the social inclusion elements of the National Development Plan 2007-2013. The challenge now in relation to health inequalities, as indeed in relation to all aspects, is delivery.

The approach in relation to health inequalities is to:

- Mainstream social inclusion into existing/ upcoming health strategies/ policies e.g. Primary Care Strategy, Cardiovascular Health Strategy, Cancer Strategy, Obesity, Food and Nutrition (upcoming 2007), Mental Health, Health Promotion Strategy
- Secure better integration of policy and implementation both within health sector and across other sectors
- Work in partnership e.g. involve the community and voluntary sector
- Build capacity for Health Impact Assessment
- Address the inadequacies of socio-economic data for monitoring

- Work with the technical support of statutory agencies such as the Institute of Public Health in Ireland, the Combat Poverty Agency, the Equality Authority and key research institutes.

Conclusion

While access to quality health services remains important in relation to the diagnosis of illness and the treatment of illness once it occurs, it is considered that the situation of health inequalities within the broader social inclusion agenda provides the best framework for addressing the wide range of health determinants which impact on health inequalities.

Useful Websites

- Institute of Public Health www.publichealth.ie
- Ireland and Northern Ireland's Population Health Observatory <http://www.inispho.org/>
- Office for Social Inclusion www.socialinclusion.ie
- The Combat Poverty Agency www.combatpoverty.ie
- Department (Ministry) of Health and Children www.dohc.ie
- Health Service Executive www.hse.ie
- Department of An Taoiseach (Prime Minister) www.taoiseach.gov.ie
- Central Statistics Office <http://www.cso.ie/>
- The Equality Authority <http://www.equality.ie/>

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