Workshop 1

Health Inequalities as a Multisectoral Challenge

Background and suggestions for future action

Introduction
Health inequalities have been found in all European countries. By health inequalities we refer here specifically to socioeconomic health differences, i.e. differences that occur between population groups according to their occupation, level of education or income. People with a higher educational level, occupational class and income level are healthier, have better functional capacity, and live longer than those people with lower levels of education and income. For example, life expectancy has grown in all social groups, but the improvement has been slower among manual than upper non-manual workers. Differences in mortality are especially growing fast. Health inequalities start early in life and persist into old age and tend to be larger among men than women. The magnitude of health inequalities at the global level is clearly very much greater than among or within Western European countries and highlights the need to take account of health inequalities beyond national and EU levels.

Reducing health inequalities can be justified on ethical, social, political, and economic grounds. Health inequalities should be tackled because:

1) *Socio-economic inequalities in health are not inevitable or ethically acceptable:* citizens' equality in terms of health should also be a basic value in society.

2) *Public health will improve more effectively when the health of the groups with accumulating health-related problems is promoted:* most of the health problems in the whole population occur among groups with a low socioeconomic level.

3) *Health inequalities are of considerable significance for labour market policy:* it is important to ensure the adequacy of working conditions and the labour force, particularly if the retirement age is to be raised among the ageing European populations, e.g. by improving work ability and encouraging remaining at work.

4) *Reducing inequalities will help to secure sufficient services as the population ages:* increases in the need for services can be alleviated if functional capacity can be improved especially among less-educated ageing and old people.

5) *Health inequalities have negative economic effects:* the poor health of large population groups leads to significant costs and income losses for the state and regional/local administration.

6) *Poor health is also a factor in social exclusion:* the current level of health inequalities between social groups and between regions of the EU is lessening the ability of huge numbers of EU citizens to achieve their health potential and lowering their standard of living and quality of life. Thus it represents a major challenge of Member States and the EU to promote social cohesion by reducing health inequalities.
Many European countries have a relative abundance of data on socio-economic inequalities in health, while many other EU member states have only a scarce knowledge base. There are important gaps, for example, in reliable inequality survey data on self-reported morbidity, health-related behaviours, and other determinants of health problems. There is also a serious lack of internationally comparable data on socio-economic inequalities in health. However, a knowledge base concerning health inequalities is essential for reducing these inequalities, and therefore systematic data collection is needed in each country. In addition to data on health inequalities, information about the effectiveness of policies and programmes is also needed. There is a severe lack of knowledge on how to tackle these inequalities in terms of policies and interventions. These are necessary to offer responses to growing inequalities in health on many levels: global, EU, national, regional, and local.

This workshop pushes ahead the work of the UK presidency "Tackling Health Inequalities" Summit and concentrates on the Health in All Policies strategy. The aim of the workshop is to discuss and analyse policies, programmes and projects that strive to reduce health inequalities. An introduction to the topic explores health inequalities, determinants and distribution, and is followed by discussion of the themes "Health, equity and globalisation" and "Links between health inequalities and social exclusion". The second part of the workshop focuses on the means and methods of reducing health inequalities by discussing previous and ongoing policies of member states and possible actions for reducing social inequalities in health, and will be followed by a critical comment about what works and what does not work in terms of actions and policies.

**HiAP and Determinants of Health Inequalities**

Health in All Policies (HiAP) has been defined as a horizontal, complementary policy-related strategy contributing to improved population health. The core of HiAP is to examine determinants of health that can be altered to improve health but are mainly controlled by the policies of sectors other than health. A parallel term healthy public policy (HPP) underlines that the solutions to health problems are social rather than individual by nature. The WHO definition (1988) states that: "healthy public policy is characterized by an explicit concern for health and equity in all areas of policy and by an accountability for health impacts...". This definition explicitly emphasises achieving equity in health as an important cornerstone of HPP. Likewise, inequalities in health should be taken into account explicitly as part of HiAP.

The World Health Organization has established a Commission on Social Determinants of Health (2005) with the aim of recommending interventions and policies to improve health and to narrow health inequalities through action on social determinants. The Commission differentiates between structural determinants consisting of social structure (labour market; education system and welfare state) and individuals’ social status (socioeconomic position; gender, ethnicity and social cohesion) and intermediary or pathway factors (living conditions, working conditions, behaviour, and health and social care). This approach indicates that many determinants of inequalities in health are beyond the scope of health care and the health sector. Nevertheless, the role of the health sector is also important e.g. by acting as an initiator and health advocate in terms of reducing health inequalities and working together with other sectors in making progress.

**Tackling Inequalities in Health - the need for policies and strategies**

Tackling health inequalities refers to both reducing the overall health differences between population groups and improving particularly the situation of groups with the worst health. The first approach addresses the gradient in health (inequalities in health or health gradient approach). According to this approach, inequalities in health do not exist just between the extreme groups of the social hierarchy, but across the entire socioeconomic gradient. The second approach refers to policies and interventions directed to the groups of people with the worst health (deprivation focused approach or disadvantaged-groups approach). This links health
inequalities to the social exclusion agenda. If effective, such interventions help only a relatively small part of the population. Improving the poor health of disadvantaged groups is necessary but not sufficient to balance out health across socioeconomic groups.

Reducing health inequalities requires different strategies and policies that are focused differently depending on the target groups, the dimensions of health and the determinants. On the one hand, strategies and policies are needed that aim to reduce overall inequalities in income, education, and environment, i.e. social determinants of inequalities in health. Further, strategies for tackling health behaviours are needed, for example, with policies related to alcohol, nutrition and tobacco. On the other hand there is also a need for those policies that seek to reduce the health effects of social disadvantage and mitigate the consequences of poor health - for example through modifying working practices or maintaining those with chronic ill health in the workforce and ensuring access to health care.

All EU member states have examples of targeted approaches and policies to tackle health inequalities at least directed to particularly vulnerable population groups. However, there is considerable variation in the health policy and public policy goals and targets being set in different countries. In many countries the basic dilemma concerns the means to tackle inequalities in health, i.e. what kind of policies and interventions are needed and are feasible, and what evidence base is required to support them. Also in terms of research, less attention has been paid to assessing actual measures that would decrease health inequalities.

Challenges that need to be resolved in order to properly address health inequalities in Europe include:

- Uncertainty about how best to measure health inequalities and what indicators are best suited for the purposes of monitoring and setting goals and targets.
- Weak understanding about the impact of policies in key sectors on health inequalities. This applies at the EU, national and local level.
- The political will to bring relevant sectors together to coordinate their actions to address health inequalities.
- Experience and evidence on implementation mechanisms, i.e. practical action mechanisms.
- Too little research and evaluation of comprehensive policies: do the policies and strategies implemented in different countries work in addressing health inequalities?

The EU public health policy and public health programme have paid attention to work conducted on health inequalities. This has resulted in support for the development of a range of initiatives and policies within the Member States and has led to a better analysis of the problem across the EU. Further action at the European level is needed in order to promote policy processes that might contribute to the reduction of health inequalities. The European Union can play a major role in facilitating the exchange of evidence between member states.

**Concluding remarks**

Health inequalities refer to such differences in morbidity, mortality and functional capacity that are related to people's unequal status in society. Tackling health inequalities requires a sufficient knowledge base on health inequalities, and also strategies and action programmes, involvement of other sectors in addition to the health sector, and research on what methods work. It is clear from early evaluations that reducing health inequalities requires sustained effort over a long period of time.
Suggested areas for future action

The European Commission should consider:

Political decisions
- Making the narrowing of health differences between social groups a key part of its policies on social cohesion and ensure that this is reflected in the next revision of the EU’s overall development strategy (currently referred to as the Lisbon agenda).
- Making health inequalities a primary focus of any future Community health strategy.

Policy/action principles
- Enhancing cooperation and coordination within work on health inequalities in key policy areas: particularly social policy but also in relation to agriculture, education, and environment areas.
- Supporting the development of good practice.
- Sharing of information on ways to tackle health inequalities
- Assisting Member States to enhance their level of cooperation and coordination on policies to reduce health inequalities.
- Working together with Member States and using public health programmes to develop a consensus on methodologies and indicators for measuring and monitoring health inequalities.
- Ensuring that all key policies—particularly regional policy and the use of structural funds, agriculture and rural development policy and research policy—are orientated towards providing the information and resources needed to tackle health inequalities through these key areas.

Practical measures
- Producing a review of the contribution of EU policies to health inequalities.
- Reviewing the Commission’s method of impact assessment to ensure that appropriate attention is given to assessing likely impacts on health and health inequalities.
- Carrying out retrospective health impact assessments on selected policy areas with a view to assessing their impact, both positive and negative, on health inequalities.
- Facilitating and encouraging the collection of comparable data on social factors in relation to health across the EU to enable the monitoring of policy actions taken at the EU level.
- Reviewing trade, development and foreign policy to ensure that they support the narrowing of health inequalities between countries and social groups outside of the EU.

Member States should consider:

Political decision:
- Developing comprehensive policies at national, regional and local levels involving all relevant sectors to tackle those factors which lead to health inequalities.

Policy/action principles
- Ensuring that they have a public health report and enhancing the collection of information on social factors related to health, to enable a better assessment of the state of health inequalities and to monitor the impact of policies. Cooperating with each other on this issue
- Ensuring that awareness of health inequalities is widely communicated in clear and understandable language.
- Investing in research and development to identify relevant knowledge base on health inequalities e.g. in the form of national health report, and ensuring that any short and long term improvements are widely communicated.
- Making sustained investments in the building organisational and professional capacity to address health inequalities through a health in all policy approach.
• Ensuring that there are parallels between EC activities in efforts to tackle health inequalities, so that EC and national initiatives can reinforce one another.

**Practical measures**

• Ensuring that all key public policy is examined in advance for its potential impact on health inequalities
• Ensuring the evaluation of selected existing policies in health, social, environmental and social fields by retrospective impact assessment of their contribution to reducing (or increasing) health inequalities.
• Incorporating an inequality focus in national health promotion programmes (e.g. injury prevention, nutrition, physical activity).
• Developing, as a starting point, programmes to raise awareness and to address health inequalities within the health sector itself.
• Ensuring that the distribution of health in the national reports is communicated to Parliament on a regular basis.
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