



European  
Commission

# *Health Equity Pilot Project (HEPP)*

## *Policy Brief*

*Interventions to reduce socio-economic inequalities in diet and physical activity*



Health

## **Who is the brief for?**

Policy makers and public administrators at national, regional and municipal level.

## **What is the problem?**

In many countries in the European Union, the diets of those in lower socio-economic groups are less healthy than those in higher socio-economic groups and they are less likely to engage in non-work related physical activity. As a consequence, they are at greater risk of obesity, diabetes, cardio-vascular disease, cancer, stroke and this contributes to their poorer well-being and early mortality.

Those aspects of diet and physical activity that lead to health inequalities largely result from the social and economic conditions experienced throughout the lives of the individuals.

Addressing the causes of these inequalities is not only a matter of fairness and social justice but is central to the international agenda "leaving no one behind" and will contribute to the economic and social development and cohesion of society, improve overall population health, and increase the age to which many more people are able to remain economically active.

## **What are the solutions**

### High level policies

1. Address health inequalities and their causes as part of a shared responsibility across government organisations and sectors - trans-nationally, nationally and locally - to contribute to Member States' commitment to sustainable development and leaving no one behind.
2. Strengthen cross-government platforms to develop a consensus on the scope and action needed to reduce health inequalities and their causes and to empower everyone to have greater control over their lives.

### Practical actions

1. Equity from the start

Many of the inequalities in health resulting from diet and physical activity arise from inequalities before, during, and in the months after, pregnancy. Maternal and paternal mental and physical health, social conditions and behaviours can all affect the child in utero as well as its subsequent physical health, nutrition and social, emotional and cognitive development. Policies and interventions aimed at reducing the transmission of

inequalities from parents to children are a priority, to break the replication of inequality in diet and physical activity from one generation to the next.

Inequalities in social, emotional and cognitive development in the early years of life are translated to social, economic and behavioural inequalities in later life. These, in turn, lead to inequalities in health. Interventions focused on social, emotional and cognitive development with young children and their parents are effective in achieving inequality reduction.

## 2. Behavioural interventions

### First 1000 days

There is some evidence in the literature for interventions that reduce inequalities in parent and children's diet and physical activity in the first 1000 days after conception. There is some evidence that counselling and appropriate educational/advice sessions can improve diet and physical activity in lower-income women of reproductive age, reduce excessive weight gain during pregnancy, reduce the incidence of low birth weight and small-for-gestational age babies and, with peer-support, increase breastfeeding initiation and duration outcomes meeting national recommendations and improve infant feeding practices.

### Childhood

School- or pre-school interventions in younger children combined with parental/family involvement and sustained over several years may have a benefit for lower socio-economic groups, but not for older children. Changes to environmental and social barriers to adopting healthy behaviours may have benefits for low socio-economic groups. Short term reductions in the social gradients may be achieved through the provision of free fruit and vegetables in schools and multicomponent school- and family-based interventions on sugar-sweetened beverages.

### Adults

Targeted interventions may be effective in improving health behaviours, but only in the targeted group. These include weight-loss programmes targeting women in lower socio-economic groups.

## 3. Environmental, legislative and fiscal measures

Environmental and fiscal measures may reduce health-related inequalities, such as those that facilitate physical activity, reduce exposure to advertising of unhealthy products and change price differentials between healthy and unhealthy foods (e.g. tax on sugar-sweetened beverages, reformulation to reduce salt, added sugars and saturated fat in foods and colour-coded packaged food labelling to facilitate understanding from all

sections of society). Advice on infant feeding needs to be reinforced, existing rules that protect citizens and vulnerable groups of society implemented, while market regulation may be improved, to further reflect, to the extent possible, the international code of marketing of breast milk substitutes , in line with the EU treaty and the EU existing rules.

Increasing physical activity without increasing health inequalities requires a holistic approach that proportionately invests where there is greatest social need. This includes high quality, safe physical environments that prioritises walking and cycling 'whole school approaches' to improving the health and wellbeing of students, workplace interventions in areas of greatest need and counselling in primary care.

#### 4. Ensure the equity impact of interventions

There are many evidence-based interventions and policies that improve diet and physical activity. However, in most cases, the evidence-base does not demonstrate a reduction in inequalities in either behaviours or outcomes. There are several reasons for this:

- Most evaluations do not report the social distribution of effects
- In many evaluations, the results show that the effects on behaviours were greater among the most advantaged
- People in adverse circumstances have greater difficulty than others sustaining their efforts to change behaviours when their underlying adverse conditions are not addressed
- Single factor interventions are less likely to be effective than more holistic approaches, as unhealthy behaviours tend to cluster in disadvantaged individuals
- Health promotion messages to encourage healthier behaviours prepare the ground for effective policy changes, but often do not directly impact on behaviours.

Actions to address these limitations include:

- Take action to improve the conditions in which individuals are born, grow, live, work and age
- Ensure data analysis of evaluations always includes the effects of the intervention or policy on inequalities in outcomes
- Ensure actions taken in an intervention or policy are universal, but with a scale and intensity that is proportionate to the level of disadvantage. By being universal this avoids further stigmatisation of disadvantaged groups.

## 5. Implement known good practice.

- Convene cross-government meeting on behaviours and consider how best to incorporate the evidence base and learning from case studies
- Ensure that the collection and analysis of data improves understanding of inequalities in behaviours and associated harms across the population.
- Commission research and evaluations to identify evidence of country specific impacts of interventions and policies on socio-economic differences in behaviours and outcomes across the population

### **The Evidence**

The **country profiles** are available at

[https://ec.europa.eu/health/social\\_determinants/projects/ep\\_funded\\_projects\\_en#fragment1](https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment1)

The **evidence of effective maternal and infant nutrition interventions** to reduce related inequalities is available at:

[https://ec.europa.eu/health/sites/health/files/social\\_determinants/docs/hepp\\_screport\\_nutrition\\_in1000days\\_en.pdf](https://ec.europa.eu/health/sites/health/files/social_determinants/docs/hepp_screport_nutrition_in1000days_en.pdf)

The **evidence of effective nutrition and diet interventions** beyond early years to reduce related inequalities is available at:

[https://ec.europa.eu/health/sites/health/files/social\\_determinants/docs/hepp\\_screport\\_nutrition\\_b1000days\\_en.pdf](https://ec.europa.eu/health/sites/health/files/social_determinants/docs/hepp_screport_nutrition_b1000days_en.pdf)

The **evidence of effective physical activity interventions** to reduce related inequalities is available at:

[https://ec.europa.eu/health/sites/health/files/social\\_determinants/docs/hepp\\_screport\\_physical\\_en.pdf](https://ec.europa.eu/health/sites/health/files/social_determinants/docs/hepp_screport_physical_en.pdf)

The **case studies** are available at:

[https://ec.europa.eu/health/social\\_determinants/key\\_documents\\_en#anchor2](https://ec.europa.eu/health/social_determinants/key_documents_en#anchor2)

The **workshop reports** are available at:

[https://ec.europa.eu/health/social\\_determinants/projects/ep\\_funded\\_projects\\_en#fragment1](https://ec.europa.eu/health/social_determinants/projects/ep_funded_projects_en#fragment1)

## **The Health Equity Pilot Project**

This pilot, funded by the European Parliament and managed by the European Commission, focuses EU and national attention on health inequalities and helping to mainstream measures to address them. It is intended that by developing policy guidance and sharing knowledge, the project will provide solutions to health inequalities related to alcohol consumption, nutrition and physical activity in the EU.

The workshops explored some of the practicalities at national level of getting some of the evidence into practice. The case studies served to high-light potentially fruitful policies and practice for addressing nutrition, physical activity and alcohol consumption related inequalities in health.

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