



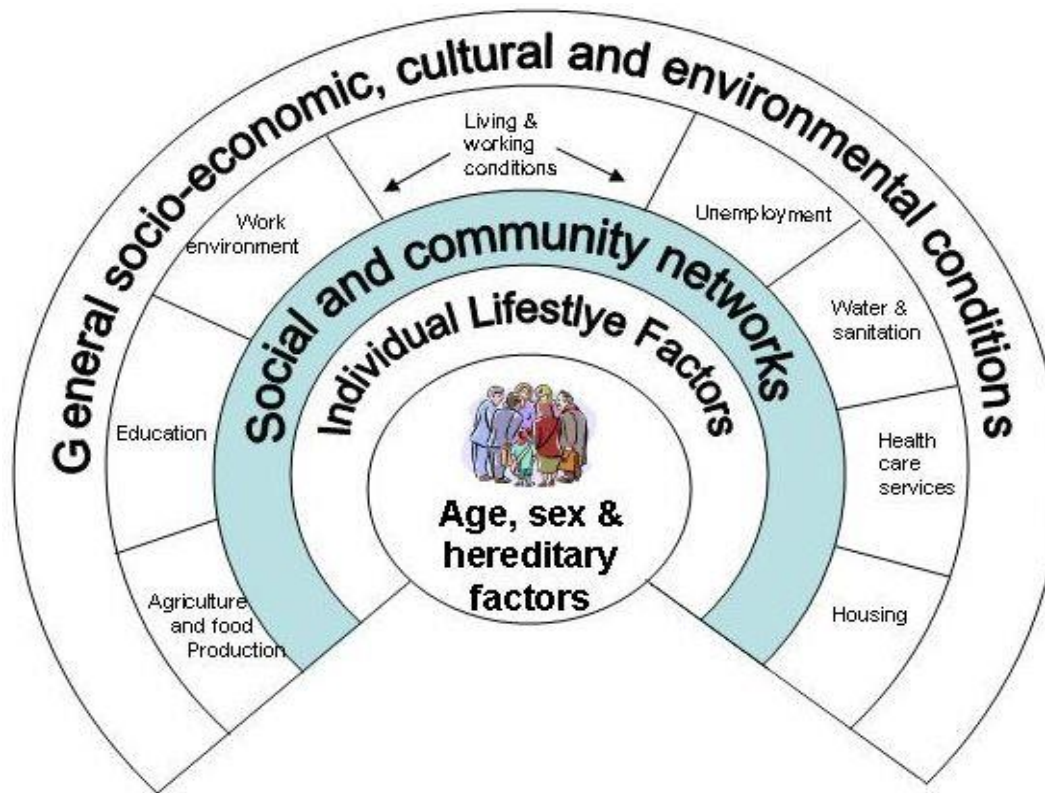
HEALTH EQUITY PILOT PROJECT

**Interventions to reduce
behavioural inequalities**



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A Social Model of Health



Dahlgren & Whitehead, 1991



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Risk factors for inequalities in behaviours and health

Health is affected both **directly** and **indirectly**, through health-related behaviours.

Many of those with an adverse effect on health are strongly associated with social disadvantage, through factors such as:

- lack of control (over one's life)
- stress
- reduced capabilities



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Interventions to reduce behavioural inequalities – general points

- Targeted interventions may be effective for the intervention group, but are of limited value in reducing wider inequalities
- Differential uptake - people from higher socio-economic groups tend to engage more in health interventions
- Proportionate universalism - interventions in which actions are universal, but with a scale and intensity that is proportionate to the level of disadvantage can reduce inequalities



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Interventions to reduce behavioural inequalities – clustering of behaviours

- Single factor interventions are less likely to be effective than more holistic approaches as unhealthy behaviours tend to cluster in the same individuals
- Alcohol Harm Paradox – although individuals in lower SES groups often report consuming equivalent or less alcohol than those in higher SES groups, this can result in greater alcohol harm.
- Further research should explore the alcohol harm paradox so that policies can be targeted to the causes of the paradox.



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Evidence based interventions

Breaking the intergenerational transmission of poor nutrition - interventions in the first 1,000 days of life (from conception to 2 years of age)

Pregnancy

- Reducing excess weight gain during pregnancy among lower-income women is potentially effective e.g. a voucher system
- Counselling and personalised nurse advice to lower-income women during pregnancy can reduce the incidence of low birth weight and small-for-gestational age babies.



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Evidence based interventions

Breaking the intergenerational transmission of poor nutrition - interventions in the first 1,000 days of life (from conception to 2 years of age)

Infant feeding

- Better breastfeeding initiation and duration: through peer-support and specialist counselling in group and one-to-one sessions among lower-income mothers
- Interventions on complementary feeding: Professional, peer-group and other forms of counselling, health education and skills training
- Better market regulation: to reduce the inappropriate uptake of breast milk substitutes before 6 months



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Evidence based interventions

Breaking the intergenerational transmission of poor nutrition - interventions

Childhood

- School- or pre-school interventions in younger children when combined with parental/family involvement and sustained over several years
- The provision of free fruit in schools may achieve a short-term narrowing of the SES gap in consumption levels
- Multicomponent school- and family-based interventions may achieve a short-term narrowing of the SES gap in sugar-sweetened beverage (SSB) consumption among children, but SSB taxation appears to be more effective in real-life situations



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Evidence based interventions

Environmental and fiscal measures may reduce SES health-related inequalities

- Making physical activity easier
- Reducing social barriers to adopting healthy behaviours
- Reducing exposure of those in vulnerable situations to advertising of unhealthy products
- Colour-coded packaged food labelling
- Pricing policies to change price differentials between healthy and unhealthy foods e.g. taxation on unhealthier foods, subsidies to encourage switching to healthier products
- Reformulation may achieve a narrowing of the SES differentials in trans-fat , salt and sugar consumption.



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Evidence based interventions

Physical activity

An EU-wide approach to increasing physical activity without increasing health inequalities should include:

- Creating high quality physical environments emphasising:
 - Regeneration of deprived communities
 - Development of infrastructure that prioritises walking and cycling over motorised transport
- ‘Whole school approaches’ to improving the health and wellbeing of students
- Workplace interventions in areas of greatest need and among employers of people from lower socio-economic groups
- Counselling in primary care, with an emphasis on people from lower socio-economic groups and deprived communities.



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Evidence based interventions

Alcohol consumption and harm

- The best evidence is for policies which affect affordability (e.g. minimum pricing policies), which have the potential to narrow the socio-economic gap in alcohol-related harm and have been deemed highly cost effective.
- It may also be beneficial to:
 - restrict environments and situations which encourage harmful use of alcohol
 - provide screening and brief interventions
 - provide skills-based school education programmes



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