



Health Equity Pilot Project (HEPP)

Summary of the HEPP Coaching Workshop

Malta, 9 May 2018



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1. Workshop Objective

The Malta public health team had noted that they had established an ESF funded (€2.5m ending in 2022) platform that would focus on health inequalities and the social determinants of health. They had asked that the workshop include time to consider how Health Inequalities, Physical Activity, Nutrition and Alcohol behaviours could be addressed by this ESF initiative. They also included consideration of the National Platform for Social Determinants.

2. Process

The workshop was co-produced in terms of content with the Director General/Superintendent of Public Health (Charmaine Gauci) and John Attard-Kingswell, Head of Social Determinants Unit, who is leading on the ESF delivery of work focused on health inequalities.

The agreed workshop methodology was to:

- Establish the importance of the workshop by having the Director General/Superintendent for Public Health open and participate in the workshop, and through the active participation of other sectors
- Set the context for the workshop in terms of the ECs commitment to addressing health inequalities and the Health Equity Pilot Project
- Establish that the workshop was interactive and not didactic
- Identify that while the workshop was not a decision making forum, that it was seeking to identify potential actions to take forward to address health inequalities
- Elaborate the principles and concepts of socio-economic health inequalities as developed in the Commission on the Social Determinants of Health
- Identify what is known about health related inequalities in the behaviours under review (nutrition, physical activity and alcohol consumption)
- Identify the context for action on behaviour related health inequalities in Malta
- Identify opportunities and barriers to action on health inequalities (with a focus on behaviours)
- Share the evidence base for effective action to address health inequalities resulting from poor diet and nutrition, low physical activity, and harmful alcohol consumption
- Consider potential future actions:
Holding an intersectoral meeting, using a health in all policies approach.

The workshop included representation from the following government departments:

Ministry for Health – including health regulation and health information

Ministry for Family, Children’s Rights and Social Solidarity

Ministry for Sustainable Development, Environment and Climate Change

Ministry for Justice, Solidarity and Local Government

Ministry for Gozo

The programme is attached as annex 1

The participants list is attached as annex 2

The participants’ evaluation is attached as annex 3.

3. The Context of Health Inequalities in Malta

Broadly the policy context was that there has been a lack of a specific focus on health inequalities at a governmental level, and following from this no specific funding allocation for work on health inequalities. It had also been stated that there was a lack of trained staff who have the skills and knowledge to develop and lead programmes which will address health inequalities.

Much of the focus of activity to date in Malta has been on behaviour change programmes that have tended to rely on interventions such as health promotion, in particular production of settings approaches particularly in schools, communities and hospitals with a focus on educational materials and guidelines. Examples include:

1) A Strategy for the Prevention and Control of Non-communicable Disease in Malta, 2010 - To add health to life by increasing years lived free from ill-health, reducing or minimising the adverse effects of illness and disability, promoting healthy lifestyles, healthy physical and social environments and, overall, improving quality of life.

2) ‘Healthy Weight for Life’ –National Strategy for Malta (2012-2020), which includes the public health case for action; economic considerations; promoting healthy eating; promoting physical activity; and health care services. This is a presidential initiative.

3) A Whole School Approach to a Healthy Lifestyle: Healthy Eating and Physical Activity Policy (2015-2020) which includes the whole school approach; enhancing school environments, healthy food and beverages in schools; the school curriculum; a comprehensive PA programme; professional development of educators and provision of school services.

4) National Breastfeeding Policy and Action Plan (2015-20) which includes legislation and policies controlling the marketing of breast milk substitutes; enforcing a breastfeeding policy in maternity hospitals based on the principles of the Baby Friendly Hospital Initiative (BFHI); training health care professionals in the promotion and management of breastfeeding; developing strategies for the promotion and support of breastfeeding in the community; setting targets, implementing and monitoring this policy.

5) A food Policy and Action Plan for Malta 2015-20 which aims to: promote healthy nutrition as the basis for healthy behaviours for the population of Malta; increase the vegetable and fruit intake in the population; reduce salt intake in the Maltese population; reduce the consumption of foods high in saturated fats, trans fats and sugars; halt and reverse the obesity trend in both adults and children; and address inequalities in food accessibility.

6) Health Enhancing Physical Activity Strategy – currently being drafted.

Relevant social determinants policies in other Ministries include:

- National strategic policy for Poverty Reduction and Social Inclusion 2014-2024
- Literacy Strategy for all in Malta and Gozo 2014-2019
- A strategic plan for the prevention of early school leaving in Malta
- National employment strategy.

Diet and nutrition are changing rapidly in Malta. The Mediterranean diet is no longer commonly consumed. It is important to get accurate information on current diets, levels and intake, nutrient quality and content as well as physical activity. A survey should produce a report on Maltese diet and nutrition by December. This would enable dietary guidance to be developed including on, for example, plate size. Programmes of free weight management, motivational interviewing, and multi-sectoral collaboration are being developed, as well as self-care for chronic disease groups. The challenge of the gradient however remains.

There was also a view that that collaboration across ministries with regard to inter sectoral work on health inequalities could be stronger, although Malta takes a whole of life approach, and a whole of government approach. There is however a need for more skills to be developed in this area.

There is an understanding within the key actors in the ESF work that health inequalities are caused by the wider determinants of health beyond behaviours

including education, the environment, employment, housing and income, and this was clearly expressed.

The workshop was felt to be very timely as it would support the initial stages of work under the European Social Fund, as well as help consider what the emerging national platform to address social determinants of health (ESF.02.065).

The principles of the ESF project are based on:

- Health 2020 – WHO Policy Framework of the European Region, with a focus on addressing the social determinants and health inequalities, taking a life course and whole of government approach
- Marmot Report, recognising that systematic differences in health between social groups that are avoidable by reasonable means are unfair

Partners include:

- Ministry for the Environment, Sustainable Development and Climate Change
- Ministry for Education and Employment
- The Ministry for the Family, Children’s Rights and Social Solidarity
- Ministry for Gozo
- President’s Foundation for the Wellbeing of Society
- Malta Council for Economic and Social Development (MCESD)
- Malta Council for the Voluntary Sector
- Sport Malta

The ESF project will:

1 Research

- Identify the baseline of the social determinants of health in Malta
- Identify the extent of health inequalities that exist
- Identify vulnerable groups
- Develop an analysis of current policies that impact on the identified social determinants
- Identify the gaps in knowledge
- Develop and evidence-based action plan for addressing inequalities

It will measure knowledge and awareness of social determinants and health among stakeholders including:

- different sectors of Government
- health care and other professionals
- NGOs and civil society
- General population

2 Capacity Building

Deliver Awareness building sessions for:

- Public sector
- Local councils
- Professionals
- Civil society
- NGOs
- General Public
-

Deliver training on inter-sectoral work:

- Horizontal
- Vertical
- Local training/ WHO shadowing

3: Focus on Education Sector

- Research the correlation between education and health
- Identify policy gaps
- Explore how social determinants affect learning
- Provide capacity building for educators and support practitioners
- Develop resources including a responsive teaching tool to identify, refer, monitor and follow up students with low SE background who are struggling educationally

4. Co-ordinating Unit

A co-ordinating unit has been established composed of persons specifically trained in and exposed to inter-sectoral work as well as mechanisms for addressing health inequalities and social determinants. This will ensure sustainability of actions beyond the term of the ESF project.

Expected Outcomes

For Health	For Society
Reduction in Chronic diseases	Improved education

Better overall health status of the population	Improved employability <ul style="list-style-type: none"> • Ill health leads to substantial productivity losses • Health status influences labour market participation • Improved housing
Reduction in health inequalities	Reduction in poverty

Ultimately, Malta argued 'Reducing health inequities is ethical and socially just'.

4. What does the data tell us about health inequalities in Malta?

There was a recognition that population data on the extent of health inequalities in Malta is not currently adequate with a reliance on one-off surveys and small population surveys. There is a need for both the research to provide the data, and work to carry out the data analysis. A lot more is needed on the social determinants of health, for monitoring and evaluation. Mental health data in particular is lacking.

In Malta Life expectancy for men at age 25 with tertiary education (ISCED 5–8) was 4.2 years longer than for men who did not complete secondary education (ISCED 0–2). The corresponding figure for Slovenia was 9.6 years, with Italy and Sweden at 4 years.

Unemployment, low education, material deprivation and poor health cluster together in disadvantaged micro areas in Malta. Districts with higher rates of professionals and more educated individuals have lower rates of early school leavers, whereas districts with less qualified individuals have higher rates of early school leavers (e.g. Southern Harbour area), even though schooling is offered equally to all students free of charge. Districts with lower rates of unemployment have lower rates with mental health problems.

Overall Malta has the highest rates of obesity in European Union. Overweight and obese is socially patterned, with lower educated groups showing greater prevalence of both pre-obesity (approx. 60%) and obesity (approx. 30%), although the higher educated groups have equivalent rates of pre-obesity and higher obesity than the intermediate group. Physical activity follows the gradient of more educated groups doing more physical activity outside-of-work and this is more clearly patterned for males.

As a result it is not a surprise that lower income groups experience much greater (at least double) the rates of coronary heart disease and angina, high blood pressure, diabetes, and depression than their higher educated counterparts.

There is a very slight difference in unmet health care needs between educational groups; however unmet health care needs are low overall. This may be the result of a robust free health care system including treatment for chronic conditions.

There is some evidence that alcohol related harms in Malta are clustered in the poorer districts, though the data is based on use of the addiction services rather than population wide surveys. There is higher consumption of alcohol in lower socio-economic men 45 years and older, though higher educated groups drink more in earlier years.

5. Other points

5.1 Years of Healthy Life

It was felt to be very useful to emphasise healthy life years and in particular inequalities in healthy life years, as economic arguments broadly hold sway and a productive labour force until retirement is a pre-requisite.

5.2 Mental Health

There was a particular plea to address inequalities in mental health explicitly, as both a cross-cutting issue, and a life course issue. It is important both because of the impact it has at the individual and family level, as well as through days lost to work from for example depression and musculoskeletal issues.

5.3 Alcohol

It is said that addictions know no boundaries of personality, characteristics, age, gender, socio-economic class, neighbourhood, religious or political affiliation, etc. While this is generally true, certain groups of people are more vulnerable than others to develop an addiction. There are clear and consistent gender differences in all countries of the EU.

Neighbourhood disadvantage may also influence drinking. Neighbourhoods may directly influence drinking through alcohol availability. Increased alcohol outlet density has been associated with greater alcohol consumption, alcohol-related problems and crime/violence, after adjustment for individual-level characteristics. Inequalities in alcohol abuse cannot be attributed to a single isolated factor but to a number of interrelated factors which constitute one complex reality. However the relationship between social inequalities as a complex system and alcohol abuse is irrefutable.

The development of an alcohol strategy in Malta is eagerly awaited.

6. Summary of learning and areas where action could be taken

The following actions were suggested as potentially helpful

- A more consistent and stronger political commitment in area of health inequalities
- More joint projects across ministries
- Better data collection by social group/classes
- A more explicit programme on training including research and inter-sectoral action
- Production of a national alcohol strategy (this has been in draft for a number of years)
- Production of a mental health strategy

Issues raised by the workshop to consider

Policy making takes a long time in Malta. How does one ensure that once a policy that has been developed it continues to be relevant when it is finally implemented?

The need for a more explicit and much stronger focus on poor mental health. It is important that the causal relationship between the social determinants of health and poor mental health is clearly explained and used to provide a basis for action on non communicable disease.

There is a need to improve the accessibility of data, across ministries and departments as this will help to ensure that a consistent narrative is developed with regard to the extent and causes of health inequalities across departments.

It is useful to consider how to ensure a greater recognition of non-statutory protective factors, for example the contribution of community and other social networks?

There is a need to develop strategies for making the case for policy development and legislation particularly with regard to health inequality, alcohol and nutrition. How can these arguments be made in the context of a government emphasis on economic development and financial security at the expense of social justice.

It may be necessary to develop the capacity to produce 'infographics' (easy to understand visual explanatory or informational diagrams).

It would be helpful to have more financial resources in the area of prevention, and particularly more human resources of trained personnel.

It would be useful to work towards an understanding and the inclusion of health inequities in all health departments and across government.

Other ideas for action now:

- Empower and encourage organisations who can act now e.g. on physical activity
- Develop internal HR policies in public sector that reflect equity issues
- Review existing policies and see what can be done without new policies
- Make social determinants more explicit in the work of the Public Health Department and enhance liaison with others
- Develop more systematic collection and use of SES data
- Consider how to build a shared narrative with consistent language across
- There is a need to listen to the target groups

Specifically on the Development of Health Inequalities Platform

The Platform needs to fit into government structures:

- as a sub-committee of lifestyles and NCD committee with the chair appointed by prime minister to ensure whole of government approach as is currently in place
- aiming for membership across ministries
- seeking for agreement that recommendations for action from this sub-committee will be jointly signed off by relevant ministries
- the Minister for health (who is also the deputy Prime Minister) will represent the sub-committee at cabinet and give feedback to cabinet on actions by Advisory Council and Social Determinants Committee.

Some of the issues considered at the workshop included:

- Risks associated with securing membership from different government departments but then struggling to ensure attendance.

It was suggested that:

- It would be important to agree a programme of quick wins that all members of the platform could contribute to and benefit from
- It would be helpful to undertake a piece of work that identified challenges faced by specific ministries that if addressed could help address health inequalities and at the same time benefit those ministries

- One possibility would be to develop a quick and easy to use tool (such as a slimmed down health impact assessment) that could be used to undertake rapid reviews of existing and emerging policies
- There was some debate about how the platform itself might work. Given the discussions about the need to focus more on inter-sectoral work and the importance of hearing more directly from voices outside of government, including local councils, NGOs and people who are directly affected by health inequalities.

It was agreed that it is important to distinguish between the mandate that government, ministers and civil servants have for creating and implementing policy and the contribution that non statutory organisations (or NGOs) can make with regard to bringing in new ideas and in bringing in the authentic voice of the public and practice.

It was recognised that there were various options here, which are not exclusive. So for example having a more inclusive reference group that sits alongside the more formal platform, through to seeing the platform as a more virtual group of champions and engaged experts who connect in a more fluid way with the programme.

The platform could help to address:

- Population needs including for 'minorities'
- The sources of information used by different stakeholders
- An analytical function – e.g. the cost of doing nothing to address inequalities
- Develop evidence-based policies and the resources to deliver
- Might joint budgets from separate sectors be utilised
- Reviewing of policies in medium and long term
- Focus on social justice as principle goal
- Evidence-based challenges to policy making (to be delivered as measured not strident challenge)

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Annex 1: Programme HEPP Coaching Workshop

MALTA – 10th May 2018		PRESENTERS
08H30	Registration	
09H00	Welcome Address Addressing Health Inequalities	Dr. Charmaine Gauci Superintendent of Public Health
09H20 Introduction	Introduction including who is here by institution Purpose of the workshop and the pilot project Tour de Table - expectations of day	Mark Gamsu - HEPP Host Chris Brookes - HEPP
09H35 Scene Setting	Introduction Main concepts of health inequalities Opportunity for questions	Mark Gamsu - HEPP Host Peter Goldblatt - IHE
09H55 Local Context	Data Analysis on Physical Activity, obesity and alcohol.	Prof. Neville Calleja Director Health Information and Research
10H15 Local Context	Maltese legal and strategic framework. Three short inputs which might cover areas such as measurement issues (understanding the problem), policy issues, and possibly implementation issues: <ul style="list-style-type: none"> • Inequality and nutrition • Inequality and physical activity • Inequality and alcohol 	Dr. Paula Vassallo – Director Health Promotion and Disease Prevention - initiatives of HPDP in this area Dr. Charmaine Gauci Superintendent of Public Health - policy in this area John Attard Kingswell – Project Leader – Establishing a National Platform to Address Social Determinants of Health - outline of project

		Jesmond Schembri, Sedqa. - Dealing with alcohol abuse
10H45	COFFEE	BREAK
10H55 Who is responsible	<p>Group discussion – who is responsible?</p> <ul style="list-style-type: none"> • Describe the key actors who are responsible for this issue at a national, regional and local level. • Which departments have a role to play and what is their current activity? • Which plans and strategies explicitly and implicitly address this agenda? • To include - Health, Education, Social Welfare, Employment 	<p>Mark Gamsu - HEPP Host</p> <p>Small table discussion followed by plenary feedback</p>
11H50 What the evidence tells us	<p><i>HEPP host to explain that focus will be on Nutrition Physical Activity and Alcohol inequalities - behaviours harms and interventions</i></p> <p>Overview of evidence-based approaches to reduce health inequalities - focussing on nutrition, physical activity and alcohol</p>	Chris Brookes - UKHF
12H20	LUNCH	<i>Opportunity for workshop planning team to touch base and discuss afternoon session</i>

<p>13H00</p> <p>What additional action should be taken at different levels and by which responsible actors?</p>	<p><i>HEPP host to summarise discussion so far - we have been through a process of analysis - make an appropriate contextual statement - need to work within Malta's policy context</i></p> <p><i>Group discussion – future actions</i></p> <p><i>Think 1,3,10 year timescales - what would you expect to see happening that was different?</i></p> <p><i>For example:</i></p> <ul style="list-style-type: none"> - <i>Quality of data to understand what is happening?</i> - <i>differential impact of policies under development being considered</i> - <i>Change in who is involved at different levels</i> - <i>improvements in skills, capacity and knowledge</i> 	<p>Mark Gamsu - HEPP Host</p> <p>Dr. Charmaine Gauci Superintendent of Public Health</p> <p>John Attard Kingswell - Project Leader – Establishing a National Platform to Address Social Determinants of Health</p>
<p>13H45</p> <p>Tactics to influence actors</p>	<p>Group discussion – tactics to influence main actors - who needs to be engaged to move forward over next 1.3 and 5 years and what needs to be done to make this happen?</p>	<p>HEPP Host with support from Maltese host leads small group discussions with plenary</p>
<p>14H30</p> <p>Agree Key Actions/Next Steps</p>	<p>Group discussion – next steps - HEPP host summarises - and then Maltese team respond to discussions</p>	<p>Mark Gamsu - HEPP Host</p> <p>Maltese hosts to collect feedback and respond</p>
<p>15H15</p> <p>Concluding Comments</p>		
<p>15H30</p>	<p>END</p>	<p><i>Coffee available</i></p>

Annex 2: Participants

Annex 3: Participants' Evaluation

Health Inequalities Workshop - Evaluation sheet - participants	Q1: To what extent did the workshop meet your expectations? Please tick 1: being not all and 5: being very well	Q2: To what extent did the workshop meet the aim of increasing understanding of health inequalities in Malta? Please tick 1: being not all and 5: being very well	Q3: To what extent did the workshop meet the aim of increasing understanding of health inequalities generally and how to address them? Please tick 1: being not all and 5: being very well	Q4: To what extent did the workshop allow you to begin to plan for future collaborative action? Please tick 1: being not all and 5: being very well	Q5: How satisfied were you with the administration of the workshop? Please tick 1: being not all and 5: being very well	Q6: What advice would you offer to improve the workshop if it was held again	Q7: Any other comments
1	4	4	4	4	5		
2	5	5	4	4	5	Simply perfect	
3	4	5	4	4	5	Being offered to a wider audience	
4	4	5	5	4	5	Spread over two days with more indepth discussions on the various determinants and inter-sectoral working	

5	4: Useful but perhaps too short!	4: Kathleen's presentation was very useful in this respect	5	4	5	One day might be too short. Wider representations from across sectors	
6	4: The workshop was well planned, however more time was needed for discussing various issues that arose	4: More empirical evidence would help increase this understanding	5	5: More discussions and planning should take place to consolidate today's outcome	5: Excellent	Allocate longer time slots as discussions tend to arise. Include more people from different government and non-government entities for intra-sectional feedback and input	
7	4	2	3	3	5	More representation from different ministries and entities	
8	5	4	4	4	5		
9	5	5	5	5	5		
10	4	4	4	4	5		
11	5	5	5	5	5	Excellent presentations Follow up after workshop	

12	4: Workshop pinpointed specific aspects of health inequalities thus being focussed	4: Workshop addressed different aspects of health inequalities	4: The workshop threw a spotlight on the various situations which trigger health inequalities	3: The workshop has me into the perspective to consider the multifaceted aspects of health, thus stressing the need to consult extensively.	4		
13	5	5	5	4	5		
14	5	5	4	4	5	Non at all. Very interesting and lots of interaction	
15	4	5: However some presentation were repetitive	4	4	5	n/a	n/a
16	5	5	5	4	4		Wifi was not functioning Local provider was informed
17	4	4: Especially in particular areas	4	4: Much to be done in this respect	4	Focus more on intersectoral approach	Thankyou