

EXPERT WORKING GROUP on HEALTH INEQUALITIES

Brief outline of the Health Impact Assessment and Health Equity Audit Work

Health Impact Assessment with an equity focus and Health Inequalities Audit.



- 1 How do you increase the health equity focus in the policy making process?
- 2 What are the entry points to support a consideration of the likely distribution of health impacts caused by changes in policy, or in its implementation.
- 3 Cross-government tools for health inequalities therefore looked at Health Equity in All Policies and HIA and HEA.



Starting point – situation analysis



 Carried out a rapid situation analysis on policy orientated HIA with an equity focus

http://members.kwitelle.be/HEALTHEQUITY/_images/pre_meeting_questionnaire_summary_report_v21.pdf

2. Brought together experts in HIA to seek advice on developing a process for strengthening equity in HIA.

http://members.kwitelle.be/HEALTHEQUITY/_images/review_of_enhancing_equity_focus_on_policy_orientated_hia.pdf

- 3. Reviewed Health Equity in All Policies approaches.
- 1. http://www.equitychannel.net/uploads/HiAP%20%20Final%20Report%20May%202012.pdf

In practice limited experience of carrying out national level policy focused Health Impact Assessment ...and equity focus needed strengthening. Social gradient considered most important but also most difficult health inequality to quantify.



Actions



1) Produced dissemination tool for Health in All Policies with an equity focus. Structured set of questions to help assessment of progress on a Health in All Policies Approach. Help in developing an action plan.

http://www.equitychannel.net/uploads/HiAP%20dissemination%20tool%20for%20partners.pdf

2) Facilitated three training workshops on HIA including detailed discussion of equity focus, and key equity focused questions to ask in scoping.



Achievements



1.Health Impact Assessment with an equity focus carried out by partners involved.

http://www.equitychannel.net/uploads/HIA%20policy%20themes%20November%202012.pdf

- 2. Currently collating the HIA write ups into a common format and agreeing final write ups.
- 3. The policy areas covered were broad 'trade and investment', Finland, 'sustainable development' Belgium, 'proposed tax on sugar sweetened drinks' Ireland.



Policy Areas



	12doc
	lered for the HIA as of November 2012
Country	Current policy/theme
Belgium	Sustainable development.
France	Integrated urban development program:
The Netherlands	Sustainable employment.
Latvia	National program for alcohol harm reduction.
Basque	Introduction of the "health lens" into the sustainable
Country	development strategy of the Bas que Government.
Scotland	The impacts of UK welfare benefits .
Spain	An analysis of policies in a spedific sector/s focusing on the s or enning stage of HIA. The result will be a mapping of the policies on the chosen sector/s that provides a general overview of the potential implications of HIA in the current policy making process.
Sweden	Future measures that were recommended by SNIPH in the public health policy report concerning national tobacco prevention.
Italy	Assess the implementation of the policies of de- hospitalization and the regional differences, but also whether there were inequalitied linked to socioeconomics and geographic factors and the trend of inappropriate admissions.
Wales	Housing related topic.
Norway	Free core hours in Kindergarden.
Ireland ·	Proposed introduction of a tax on sugars weetened drinks joint between Northern and the Republic.
Hungary	The National Social Inclusion Strategy 2011-2020
Finland	To be anfirmed, currently being negotiated.
England	Fuel paverty.



To do



We will review the learning from the HIA's for the final conference (Jan 2014).

Teleconference with expert group to review learning from the training aspect, next week.

Key issue arising is the definitions of health equity in the HEA process. Given the shades of meaning (translatability), and the cultural/political differences, each country may need to consider how best to describe 'equity' which explores the distribution of probable benefits and losses in relation to a particular policy, and the fairness of that distribution.



Health Inequalities Audit



A lighter touch approach which can be used to begin to facilitate discussions with colleagues in other policy areas.

'A combination of procedures, methods and tools by which a policy and its implementation, may be judged as to its effects on the health of a population, and the distribution of those effects within the population.'



Review and recommend



The process involves:

- -looking back at a policy and its implementation
- -assessing its impacts on health equity
- -making recommendations to inform future policy



Steps



- 1. Screening (ascertain if a HIAudit is undertaken or not on a specific policy and its implementation)
- 2. Scoping (decide key issues to be considered / focus of HIAudit)
- 3. Appraisal (systematically assess the impact of the policy and its implementation)
- 4. Recommendations (developed from the evidence, for the consideration of the policy maker)



5 potential areas identified



- –Air quality
- -Child poverty
- Patient rights accessing cross-border healthcare
- -Nutrition and physical activity
- -Tobacco



Desktop screening



Against 3 criteria

- -Evidence: What evidence is there that this topic area is relevant to health inequalities and the social determinants of health?
- –Impact: What will conducting a HIAudit achieve?
- -Practical Implications: Given the time and resource constraints within both the EC and EA, which topic area might lend itself best to an HIAudit?



Secondary Screening



Screening questions:

Level of interest of policy makers

Availability of evidence on differential impact

Availability of opportunities to influence policy



Scoping



What are the key aspects of the policy and its implementation that may impact on the distribution of health outcomes.

What are the health inequalities dimensions: geographic, SES, vulnerable groups.

Expert advice to scope out the HI dimensions, and feasibility studies to assist the review.



Example of Review work (CRESH)



To examine the geographic inequalities in particulate matter (PM10) and ozone (O3) measures over time (2006 and 2010), at NUTS 2 and NUTS3 level.

To examine socioeconomic inequalities (areas stratified by area measure of SES), in PM10 and O3 over time, at NUTS 2 and 3 levels.



Outcome



'The work was very important for thematic strategies for air pollution'

It gave a useful entry point for discussion and an indication that current policies aren't exacerbating existing SES inequalities.

Less convinced that SES inequalities are anything other than a reflection of history and economic development... Potential for common cause re structural funds.



Conclusion



Health Inequalities Audit can be a lighter touch. It offers a simpler quicker and possibly less onerous way of exploring health inequalities impacts in other policy areas.

Simply being involved in the scoping process can broaden other policy areas understanding of the HI dimension in their policy.





EXPERT WORKING GROUP on HEALTH INEQUALITIES

Brief outline of the Equity Action Final Conference



Where: CHARLEMAGNE BUILDING, EUROPEAN COMMISSION, BRUSSELS

When: 23rd January 2014

Title: ADDRESSING HEALTH

INEQUALITIES 2014 and beyond

BUILDING COHESION AND STRENGTHENING HEALTH FOR GROWTH





Purpose

To showcase the results of the Joint Action on health inequalities 'Equity Action'

To assess progress on addressing health inequalities in the EU.

To consider opportunities and priorities for action.





Purpose

To showcase the results of the Joint Action on health inequalities 'Equity Action'

To assess progress on addressing health inequalities in the EU.

To consider opportunities and priorities for action.





🔁 leaflet_finalconference_11.pdf - A<u>dobe Reader</u> File Edit View Window Help **Draft Programme** Welcome and UK Department of Health Rationale of programme. European Union (EU) PANEL SESSION: STAKEHOLDERS - WHO WE WORK WITH Introductions and Member State (MS) priorities. Senior Member State Panel 1: **Engaging citizens** What the EU has Tonio Borg, Commissioner, Success to date and Strategic direction of work Voices and Power Representative Stakeholder engagement and health DG SANCO, European on Health Inequalities in light of the 'Health for done so far and DG EMPL (tbc) inequalities what the EU will Commission Growth Programme' and wider Europe 2020. do in the future Monika Kosinska. Roles and Responsibilities. Priorities for engagement across the EU, and to address health Secretary General, with Member States. European Public Health inequalities Alliance (EPHA) • EA Partner SETTING THE SCENE • Senior Member State Engagement of local governments and regions Panel 2: Why are we here? Professor Sir Michael The scale of health inequalities in Europe and Representative Action at the sub-· Taking action to improve wellbeing of Marmot, Director, Institute the possibility of effective action. national level • DG REGIO (tbc) of Health Equity CoR (tbc) Structural Funds and regional action on the wider determinants of health. • EA Partner What is the Project Co-ordinator Joint How we have sought to make a difference to MS Equity Action (EA) action through EA. programme and what it has done PANEL SESSION: METHODS - HOW WE WORK Panel 3: Role of · Senior Member State Fostering action across government: SETTING THE POLICY CONTEXT, REVIEWING THE PAST AND LOOKING FORWARD TO FUTURE Governments Representative strategies, methods and tools DG SANCO (tbc) · Health Equity in all Policies and Key Note - to be Greek Presidency (tbc) Topic to be confirmed. • EA Partner responsibilities of governments. confirmed · What mechanisms work to foster crossgovernment working for equity? What tools are available to support policy What the WHO is Zsuzsanna Jakab, Regional Actions to address Health Inequalities through making? doing to take the Director for Europe, World the WHO Europe 2020 strategy. • Senior Member State equity agenda Health Organization (WHO) Panel 4: Evidence Importance of research and knowledge forward within its based Change Representative transfer and Innovation European region DG RTD (tbc) Knowledge and evidence gaps, Opportunities in the Horizon 2020 research agenda Johan Mackenbach Opportunities for a coordinated HI research • EA Partner agenda.

THEA of Europ...



a 4 Windows ... - 2 2 Firefox

w 3 Microsoft ... ▼

7 2 Microsoft ...

EN () 📳 🛂 🔑 🍕 🗐 🐛 20:39

Search Desktop

🏂 leaflet_finalc...



Put the date in the diary!

The Commission will issue an invite for the expert group national officials to attend. Airfares/train travel to Brussels will be covered.

Send list of people you would like to receive a special invitation from your country to:

Taller.agnes@oefi.antsz.hu



This paper was produced for a meeting organized by Health & Consumers DG and represents the views of its author on the subject. These views have not been adopted or in any way approved by the Commission and should not be relied upon as a statement of the Commission's or Health & Consumers DG's views. The European Commission does not guarantee the accuracy of the data included in this paper, nor does it accept responsibility for any use made thereof.