Health Equity Pilot Project (HEPP)

Summary of the HEPP Coaching Workshop

Estonia 26 February 2018

Contents

Report on the Health Equity Pilot Project Workshop – Tallinn, Estonia, 26 February 2018

1. Workshop Objective

The aim was to support the Estonian Ministry of Social Affairs, Public Health Department, the National Institute of Health Development (Tervise Arengu Instituut) and stakeholders identified by them including from Agriculture, Sport, Health Insurance, academia and elsewhere to identify actions to better address health inequalities in Estonia.

It provided an opportunity to consider what action could be taken in the short and medium term.

Expectations of the day
Amongst the key expectations expressed by the participants were:

- Developing a common understanding of health inequalities in Estonia
- Identifying concrete measures that Estonia can take to address health inequalities
- How to take the first steps to address health inequalities
- Working towards priority setting for action
- Identify next steps and who is responsible to address health inequalities
- Consideration of equity of access to healthcare services
- How to address gaps between municipalities

2. Process

The workshop was co-produced in terms of content with the Estonian Ministry of Social Affairs, Public Health Department, with input from the National Institute of Health Development.

The agreed workshop methodology was to:

- Establishing the importance of the workshop by having the Head of the Public Health department of the Ministry of Social Affairs open the workshop
- 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 Estonia.
- Identifying opportunities and barriers to action on health inequalities (with a focus on behaviours)

- Sharing the evidence base for effective action to address health inequalities resulting from poor diet and nutrition, low physical activity, and harmful alcohol consumption
- Consideration of potential future actions.

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 Estonia

The Estonian constitution enshrines the right to universal healthcare by ensuring care for the most vulnerable, and stipulates that the state has an obligation to undertake public health.

A new Public Health Act will provide a new definition which calls for action to reduce health inequalities. It is based on health in all policies principles. The new act will be passed next year, and recognises that to address health inequalities will require a change both in living environments and socio-economic factors. It will provide concrete responsibilities at national and local government level. It includes recognition that social welfare, employment, education have an impact on health inequalities.

The Public Health Development Plan 2020, mid-term evaluation suggested a need to further focus on social cohesion and health inequalities, and recognised that increasing social cohesion would be challenging.

Green papers on tobacco and alcohol have been adopted; the nutrition and physical activity green paper is in process of being consulted on, prior to adoption.

There is also a task force for the prevention of injuries, although it is hard to say if there has been much thought given to inequalities aspects of injuries.

Local government has the power to shape much of the action on health inequalities, with the National Institute for Health Development able to offer know-how to local government.

The questions framed by the Public Health Department of Ministry of Social Affairs were:

1. Is this framework of actions sufficient?
2. Do we have enough of a focus on inequalities in our strategic guidelines?
3. Do we collect enough data and have the right indicators?
4. Do we carry out the right actions and are we systematic?

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

Estonia has some fresh data on health inequalities not provided in the country fact sheets (as that is European comparable data). There is a clear gradient both in life expectancy and healthy life expectancy, with the greatest range being differentiated by education. There is also over a 20 year difference in life expectancy between the best and the worst municipalities.

There is not however uniformly good data, and there is a need to improve its quality and reliability. A considerable amount of data is self-reported which tends to under-report harmful risks. 'Hard to reach groups' in particular are easy to ignore, which can also lead to misreporting.

Life expectancy is particularly bad for non-Estonian (Russian heritage) men.

Amongst women of fertile age, lower-educated women have higher rates of overweight and obesity than more highly educated women. Breastfeeding was less at 6 months for those with least education, possibly because they are harder to reach, although there may also be questions about sampling size.

Studies have been commissioned on sugar sweetened beverages, and salt – and for the whole population is 3 or 4 times higher than it should be.

All age groups and all education groups are eating well below the levels of fruit and vegetables they should be, although not with any significant differences in how badly.

Estonians eat more sweets than non-Estonians, but are more likely to use gym clubs.

Approximately a third of 2 -9 year olds are overweight, which seems to be an increasing trend.

5. Other points

5.1 New Public Health Act

The public health act makes the National Institute of Health Development (NIHD) responsible for analysing health data at regional level, and considering the health impact. NIHD provides the framework for the local collection of health data, and are currently supporting the next survey. There are about 50+ indicators on general health, employment, at population level. There will be input to include health inequalities in assessment.

5.2 Nutrition green paper

The green paper does not create an obligation but are guidelines and cover healthy nutrition and physical activity, across the life course (from cradle to grave). It covers environmental issues including:

- Reformulation
- Trans-fats, salt and sugar
- Labelling (voluntary scheme)
- Providing access to free drinking water
- Restricting food marketing to children
- Voluntary codes for work and industry.

It is important to increase awareness of nutrition issues and access to nutrition counselling.

Estonia takes a life cycle approach which includes nutrition in:

- Pre conception
- Breast feeding
- Small children
- School meals and school as a setting
- Workplace
- Nutrition for older people.

5.3 Health Care

The current policies lead to inequalities in access to health care services, and in particular for dental services and some medicines.

There is a need to increase awareness of the role of primary health care in the healthcare system, and of long term planning to integrate health and social care.

A key issue is how to use the health insurance fund to address adult and child obesity, and both identify and offer counselling and support as early as possible, and of course to fund prevention services.

Geographical distance and remoteness from health care services can be an issue.

5.4 Data issues

A range of ideas were discussed; these included:

- The need for manuals on developing regional health profiles
- Analysis of the causes of health inequalities in Estonia
- The incorporation of health inequalities indicators into the national health plan.

5.5. In the medium term (next 3 years)

- Better data collection on physical activity
- Working towards food labelling in nutrition
- Improving subsistence benefit – reduce absolute poverty
- Increase physical activity.

Areas where action could potentially be taken

5.6 Reducing obesity and inequalities in obesity

- Taking an equity approach in the school system
- Considering whether primary care could offer activity prescriptions for overweight/obese
- Considering the role of spatial planning policy in increasing physical activity
- Developing an evaluation for regional/municipal.

5.7 Nutrition needs:

- Green paper needs to be reviewed and approved
- Should counselling be available from primary care level?
- Is information accessible for all?
- Is it possible to include nutrition in training for GPs?
- There is a need to integrate interventions with families in the school setting
- School lunches – what more can be done?
- How can we seek to change the food environment?
- Should we push for voluntary labelling?
- Prevention is more important than addressing the consequences.

5.8 Governance

- What can we do in public health sector?
- Can we map obstacles that obstruct the Ministry from achieving their goals?
- Health departments need to understand other departments/institutions goals – and cannot just use 'health language'
- There is a recognition that gaining support to address the determinants of health inequalities is a very long processes
- Health experts need to create common understanding in wider public of health inequalities and their causes.
- There is a danger that if we legislate restrictions we will be viewed as 'nanny –state'
- Health leads need to figure out how to sell ideas to public health leads first.

5.9 Data

- Evidence based policy making needs to make use of data
- Data can be used for communication and messaging
- We need to improve data collection, especially regionally
- In the long term we need an equity impact assessment process
- Data should be not just for healthcare and for health overall

5.10 Schools as a setting

Schools are an important setting, and a strategy would need to include:

- Family involvement
- Kindergartens
- Ministry of Education
- Local Community.

There are some physically active schools. We need examples of effective programmes in schools.

The vocational schools tend to have poorer behaviour, so we may need to concentrate improvements in the curriculum particularly in these schools.

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

The learning is specific to the situation in Estonia; however they may have general applicability in other member states.

Public Health is well developed in Estonia, and well organised, with some useful policies and programmes. Work on addressing health inequalities is less well-developed, so that consideration of health inequalities might well yield a better understanding of how health and risk factors are distributed across the population, and therefore what policies are likely to work across the whole population.

1. The primary need is to create a common understanding of the health inequalities, and principle drivers within Estonia, firstly within the Ministry of Social Affairs, Public Health Division, and the National Institute of Health Development, and then with key departments and institutions with whom they work.

2. It is recognised that having accurate and reliable data is essential to both understand what needs to be addressed and to gain political support.

3. The quality of data collected should be reviewed and advice provided to municipal level to help in collecting useful data.

4. The nutrition data presentations made it clear that geography and ethnicity were both important facets of inequalities, pointing to where particular focus should be given.

5. There was said to be a 20 year difference in life expectancy between the best and the worst districts in in Estonia – this was questioned by some participants, however at the least it merits further investigation.

6. It is worth considering whether there is a specific research agenda which would be supportive of policy options in Estonia.

7. In the longer term methods for assessing the health equity impact of policies could usefully be developed.

Annex 1: Programme

HEPP Coaching Workshop
26.02.2018 in the Ministry of Social Affairs

		Presenter	Time
Welcome		Heli Laarmann (Head of Public Health Department, MoSA)	9.30
Introduction	**Introduction including who is here by institution** **Purpose of the workshop and the pilot project** **Tour de Table - expectations of day**	HEPP Host Chris Brookes - HEPP HEPP host	9.35
Scene Setting	**Introduction** **Main concepts of health inequalities** **Opportunity for questions**	HEPP Host Peter Goldblatt IHE	10:00
Local Context	**Legal and strategic framework - guidelines and green paper** **The relation of income, out of pocket payments and the availability and use of healthcare services** **What is the current knowledge of inequalities, health and lifestyle issues in this Member State?** *(This allows NIHD to locate health system preceding presentation into wider policy context)*	Liis Reiter (MoSA, Public Health Department) Andres Võrk (University of Tartu) NIHD	10.30
Who is responsible	**Group discussion – who is responsible?** • 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, Finance, Economic Development, Education, Social Welfare, Employment	HEPP Host to lead this Small table discussion followed by plenary feedback	11.20

		Presenter	Time
Lunch	*Opportunity for workshop planning team to touch base and discuss afternoon session*		12.00
What the evidence tells us.	*HEPP host to explain that focus is nutrition but this an example* **Overview of evidence-based approaches to reduce health inequalities** *Nutrition, Physical Activity and Alcohol and inequalities: behaviours, harms and interventions*	HEPP Research Lead Modi Mwatsama UKHF	12.45
What additional action should be taken at different levels and by which responsible actors?	*HEPP host to summarise discussion so far.* *Group discussion – future actions - recognise opportunity presented by green paper on nutrition and development of county health profiles but also what else?* *Think 1,3,10 year timescales - what would expect to see happening that was different?* *For example* **-** *quality of data to understand what is happening?* **-** *differential impact of policies under development being considered* **-** *Change in who is involved at different levels* **-** *improvements in skills, capacity and knowledge*	HEPP Host supported by Estonian host - leads small group discussions and feedback	13.30
Tactics to influence actors	**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?**	HEPP Host with support from Estonian host leads small group discussions with plenary	14.45
Agree Key Actions/Next Steps	**Group discussion – next steps - HEPP host summarises - and then Estonian team respond to discussions**	HEPP Host Estonian hosts to collect feedback and respond	15.30
Concluding Comments		Ministerial Representative	15.55
End			16.00

Annex 2: Participants

	NAME	ORGANISATION
1	Kristin Salupuu	National Institute for Health Development
2	Maali Käbin	National Institute for Health Development
3	Käthlin Mikiver	Ministry of Social Affairs, Public Health
4	Triinu Täht	Ministry of Social Affairs, Public Health
5	Liis Reiter	Ministry of Social Affairs, Public Health
6	Sille Pihlak	Ministry of Social Affairs, Public Health
7	Anneli Sammel	National Institute for Health Development
8	Tiia Pertel	National Institute for Health Development
9	Triinu Toobal	National Institute for Health Development
10	Tagli Pitsi	National Institute for Health Development, nutrition expert
11	Heli Laarmann	Ministry of Social Affairs, Public Health
12	Riina Sikkut	Government Office
13	Annika Veimer	National Institute for Health Development
14	Tiina Möll	Ministy of Culture Affairs
15	Siret Surva	Ministry of Rural Affairs, Food Safety Department, General Food Law Bureau
16	Tarmo Jüristo	Praxis Centre for Policy Studies Foundation, Head of Management Board
17	Natalja Eigo	National Institute for Health Development
18	Kersti Esnar	Estonian Health Insurance Fund
19	Katrin Romanenkov	Estonian Health Insurance Fund
20	Maria Filina-Kossatsova	Tallinn University
21	Kaija Kasekamp	Ministry of Social Affairs, Health systems
22	Liis Sildnik	Ministry of Social Affairs, Health systems
23	Kaisa Knight	Ministry of Social Affairs
24	Andres Võrk	Tartu University

Annex 3: Participants' Evaluation

HEPP Workshop Estonia 26 February 2018 Evaluation Summary	Q1: How useful did you find the materials sent out before the workshop?	Q2: To what extent did the workshop meet the aim of increasing understanding of health inequalities in Estonia?	Q3: To what extent did the workshop meet the aim of increasing understanding of health inequalities generally and how to address them?	Q4: To what extent did the workshop allow you to begin to plan for future collaborative action?	Q5: How satisfied were you the administration of the workshop?	Q6: What advice would you offer to improve the workshop if it was held again?	Q7: Any other comments
1	5	5	5	5	5	-	-
2	Materials came too late	5	5	4	5	-	Thank you!
3	4	4	5	5	5	More practical examples of interventions which are evidence-based (and key factors about them)	-
4	4	4	4	4	4	-	-
5	4: Good overview and interesting data	5	4: It could have had an issue of leadership	4	5	Maybe some best practices in the topic of communication	-
6	5	5	5	5	5	Extra information needed	-
7	5	5	5	-	5	-	-
8	4	4	3	3	5	More background information on inequalities and	Very good presenters. It is important to have

						why we need to address it	background data to discuss it
9	5	5	5	3	5	-	-
10	Can't assess because I didn't reach to introduce with materials	4	4	3	4	-	-
11	Unfortunately I didn't have the time to read them, I received them on Friday	5	4	4	5	All good! Very short time to discuss such a big topic, but it's a good start	-
12	4	5	4	3	5	-	Thank you!
13	4	5	3	5	5	Keep up the good job!	-
14	5	4	5	5	5	-	Very useful workshop giving common understanding and ideas how to reduce health inequalities and how to plan next steps
Average	4.5	4.6	4.36	4.07	4.86		