Notes

Meeting of the EU Expert Group on Social Determinants and Health Inequalities 29-30 October 2013, Luxembourg – Jean Monet Building (JMO), Room M5

The agenda for the meeting and the presentations are available at the following link: http://ec.europa.eu/health/social_determinants/events/ev_20131029_en.htm

Tuesday 29th October

The meeting was chaired by Charles Price (SANCO C4) who welcomed Expert Group members, with a particularly warm welcome to the new group member from Croatia, participating for the first time. The agenda was introduced and agreed and notes from the previous meeting adopted.

Tour de table – introductions and brief updates from members

Bulgaria: adopted one month ago a national program on prevention of non-communicable diseases (NCDs) with a special focus on inequalities. Bulgaria has a national strategy from 2012 - 2020 on Roma integration and is participating in two European Union (EU) health programme projects - Action for health (to be presented in January) and the Equity for health project. Further information could be provided at a future meeting.

Denmark: has produced a report on inequalities, with specific focus on behavioural risk factors and their impact on mortality and hospitalisations e.g. on tobacco inequalities and incidence of chronic diseases, deaths in relation to tobacco and alcohol, educational indicators and social inequalities in hospitalisations.

Slovenia: has conducted work to tackle inequalities in the Pomurska region of the country. This will inform future initiatives in other regions. Slovenia receives structural funds to support their work on health inequalities and has developed cross-sectoral partnerships between health and social services. There are big challenges in relation to social determinants in Slovenia, with special focus on the health sector and health professionals. Health inequalities and social inclusion are high on the agenda. Work on integration is set to continue throughout the next Health Programme phase.

Sweden: has a wide range of activities on health inequalities and has recently celebrated 10 years of including health determinants within public health policies. Current work includes an evaluation of how public health policy influences regional, local and national health, detailed work on factors affecting health status (income & education) and cost-benefit analyses of the impact of education on health in schools. A report on how local authorities are addressing health inequalities is also being produced. Work is currently being commissioned to look at the role of education in health. In January 2014 Sweden will have a new public health agency.

Austria: recent health targets have been approved by the Austrian council of ministers, with the promotion of equity as a founding pillar. A number of national action plans and strategies are also being developed to tackle inequalities. Austria has special interests in: guiding principles, the health inequalities monitoring processes, health of children and health and fundamental rights. A strategy on health and migration is being developed and further information could be provided at a future meeting.

Switzerland: has a new minister who has recently launched a new health agenda for the period to 2020 with specific focus on equity in relation to social insurance, professional education and health promotion. Work on migrant health is also being extended. The Swiss social insurance office has adopted a four year program against poverty and is in the process of implementing a monitoring system for health inequalities in 2014.

Italy: the Committee of Regions and National Health Department has launched a commitment to form a working group to review inequalities in Italy. It is not clear at this stage to what extent health inequalities issues will be included in the agenda of the Italian presidency in 2014. Further information could be provided at a future meeting.

The Netherlands: has finalised a new health prevention program with explicit focus on inequalities. Further information could be provided at a future meeting.

Belgium has recently secured a commitment from Ministers of public health for an interdepartmental working group to develop a national plan on equity action. Reducing inequalities will also be a key focus of their new legal framework on sustainable development.

Croatia: has national action plans on four health behaviours, with inequalities included in these. Further information could be provided at a future meeting.

Turkey: has been working on a national Roma strategy document.

Norway: Following the recent change of government, new policies on inequalities and a national review will be launched soon.

European Centre for Disease Control (ECDC): has hosted a conference and accompanying technical report on inequalities and the financial crisis. Conclusions are *'do something, do more do better'*.

Update on health inequalities in the EU

DG SANCO and DG EMPL: A staff working document on health inequalities in the EU was released in October 2013, with conclusions that there is some evidence of an improvement across the EU in terms of inequalities, but that more action is needed. In particular the wide variation in life expectancy and infant mortality historically found between EU countries is narrowing, according to a report published today by the European Commission. The gap between the longest and shortest life expectancy found in EU-27 decreased by 17% for men between 2007 and 2011 and 4% for women between 2006 and 2011. The gap in infant mortality between the EU countries with the highest and the lowest rates went down from 15.2 to 7.3/ per1000 live births between 2001 and 2011. Average infant mortality in the EU also fell during this period - from 5.7 to 3.9 per 1000 live births. The report points to some positive developments in implementing the EU strategy on health inequalities, 'Solidarity in Health', but concludes that more action is needed at local, national and EU levels.

European Health Commissioner, Tonio Borg, said: "It is encouraging that for overall life expectancy and infant mortality we have managed to reduce inequalities between EU countries. However, the continued gaps in health between social groups and between rich and poor, as

confirmed by this report, are unacceptable. Action on health inequalities must remain a public health priority for the EU. It is in everyone's interest to avoid the waste in human potential and the related economic loss, which is conservatively estimated at between 1.5% and 9.5% of GDP".

A staff working document "Investing in Health" was launched as part of the Social Investment Package in February 2013 as a joint initiative between DG SANCO and DG EMPL. The social investment approach highlights the need to focus on citizens' health not only as an expense, but also as an investment that yields benefits over time and can address health inequalities.

The joint action on health inequalities will have its final conference on 23/01/14.

Three reports are in preparation relating to health inequalities. These cover: the health status of the Roma population; the health impacts of the financial crisis; health inequalities related to tobacco control.

In the area of migrant health the EquiHealth project is being led by the International Organisation for Migration. This is supporting the development and sharing of good practice in the area of provision of healthcare for irregular migrants and ethnic minorities.

As part of Commissioner Borg's initiative for combatting discrimination in health, a conference is currently being organised for 18 March 2014 entitled 'Health in Europe, Making it Fairer'.
The Platform to combat poverty and social exclusion has set up specific activities on health to highlight the vicious circle of poverty and poor health and to explore promising avenues to tackle this problem.

In the context of the European Semester, SANCO and EMPL have been active in contributing to Country-Specific Recommendations (CSRs) in the field of health, with a view to supporting Member States' efforts in on-going reforms to improve effectiveness and efficiency of their health systems.

Regarding data collection, the European Health Interview Survey (EHIS), which allows for socio-economic breakdown of health data, has been revised and its second wave launched. Furthermore a revision of the Open Method of Coordination indicators portfolio in the area of health is underway and a proposal for assessment of health systems is being put in place in line with the Joint Assessment Framework methodology. In both cases an equity perspective has been integrated as a priority. SANCO has produced a joint report with the OECD *'health at a glance'*, with a chapter dedicated to health determinants.

Discussion & Comments:

In discussion there was a comment on the recent rise in infant mortality and expected forthcoming fall in life expectancy in Greece following the financial crisis. There was a question on EC requirements for data on structural fund investment to be presented at the aggregate level. DG SANCO responded that conditions set by the EC on data monitoring are minimum requirements and MS should continue to also measure indicators that they consider useful.

There was also a question about future EC actions on health inequalities. DG SANCO responded that activities would continue within the framework of the 2009 Communication on health inequalities. EU structural funds for the period 2014-2020 include an objective on reducing health inequalities (ERDF) and it is hoped that MS and regions will take advantage of this. The new Health Programme aims to contribute to reducing inequalities across all its activities. A multiannual work plan setting out how these funds will be used over the next 3-4 years will be published in 2014.

A report on health inequalities in the EU - Peter Goldblatt, University College London

Peter Goldblatt presented key findings from the forthcoming report on health inequalities in the EU created by a consortium led by Sir Michael Marmot. There has been progress made on some indicators of inequalities, but there remains a large health divide between MS, regions and social groups. Inequalities appear to be increasing in Eastern Europe and in some Nordic countries. Reductions in inequalities in infant mortality were found alongside increases in inequalities in mortality in the 15-24 year age group.

Persistent regional differences in life expectancy emphasize that structural funds should be directed to where they are needed most. There is a positive association between self-reported health and social protection expenditure in MS. Mental health is a key consideration and data collection in this domain needs to be improved. MS responses to and capacity to deal with inequalities vary. A relatively small number of countries have a specific inequalities policy. MS often focus on vulnerable groups rather than on tackling gradients in health. Reducing inequalities needs to become a shared, cross-sectoral goal, and work is required to overcome large implementation gaps. The EC needs to coordinate a cohesive strategy on inequalities, with specific focus on micro-regions with the poorest outcomes. There is a need for improvements in data collection in excluded groups and in policy evaluation. The take home message of the report is *'do something, do more, do better'*.

Discussion & Comments:

There was a question on the apparent paradox in Italy of longevity despite an increase in relative deprivation. Peter Goldblatt responded that social support and a tradition of high state support may play a protective role. Regarding the method of the country analysis, it was clarified that 240 policy documents were supplied by MS. A validation activity was conducted to help distinguish the most relevant policy responses. The importance of local and regional action was also highlighted.

Update on WHO actions - Belinda Loring, WHO

Dr Belinda Loring from the WHO European Office for Investment in Health and Development, Venice updated the group on WHO actions. Health and Development Health equity is one of the main overarching goals of the WHO Health 2020 policy. WHO highlighted the need for improved governance mechanisms in the area of inequalities. WHO are currently reviewing their internal programs and action plans to ensure that these align with the overarching goals of Health 2020. WHO have produced a number of briefs as policy making guidance tools. WHO are working through their Regions for Health Network to scale up efforts on inequalities across the EU. Key issues are gender, human rights & Roma groups.

WHO Draft policy guidance on health inequalities in the areas of alcohol, tobacco, nutrition, injuries - Belinda Loring, WHO

Dr Belinda Loring updated the group on progress with the Joint EU/WHO action (2012-14) to produce policy guidance and tools for addressing health inequities. This work draws upon the findings of the European Review of Social Determinants and the Health Divide, especially the working group reports on priority public health conditions and governance. This action consists of producing a series of policy briefs synthesizing evidence on actions to reduce inequalities in specific priority public health areas and an updated online health equity atlas tool. Final drafts of the 5 policy briefs (one overarching brief on taking a compressive approach to addressing health inequities, and four briefs on public health topics: tobacco, alcohol, obesity and unintentional injury) have been shared with the group, and will be presented for discussion and feedback.

Discussion & Comments:

There was a detailed discussion on the contents of the draft documents. Suggestions included to rephrase the 'do something' message to highlight that actions should not exacerbate inequalities (i.e. not do harm); to include cost analysis information in the briefs; to consider potential unintended effects of policy actions; to add some points on the role of mass media and individual campaigns to tackle inequalities; to add actions on monitoring and evaluation; to be more direct about the necessity at all levels for health information systems that provide information that is disaggregated by geographical and social groups – such as ethnicity, income, education or deprivation. Participants were asked to submit their written responses to the WHO by 10.11.2014

Demetriq project – Johan Mackenbach – Erasmus Medical Centre

The set-up and current state of the DEMETRIQ-project were briefly presented by Professor Johan Mackenbach (Erasmus MC, Rotterdam, Netherlands). The project aims to develop, apply and refine methodologies for assessing the effects of social, economic and health policies on the pattern and magnitude of health inequalities among socioeconomic groups. Six policy areas will be covered by the project: unemployment and poverty reduction; tobacco and alcohol control; and access to education and preventive health care. The current state of the project is that draft methodological guidance has been developed, that a longitudinal dataset covering 2-3 decades and 20 countries has been created, and that work is on-going to analyse the impact of specific example policies on health inequalities throughout Europe. Because results of the DEMETRIQ-project are not yet available, some results of a previous project, the EURO-GBD-SE project, were presented as well. These show that large inequalities in mortality have persisted into the 21st century, and that the main determinants of these inequalities differ strikingly between European countries.

Physical built environments and health inequalities – PHYBEHI – Jamie Pearce – Edinburgh University

Health inequalities have widened within and between many European countries over recent decades, but the influence of geographical factors in explaining spatial differences in health have been largely overlooked. This presentation reports on current work from a European Research Council funded project Physical Built Environments and Health Inequalities (PHYBEHI) which is investigating the role of the environment in affecting the rise in geographical inequalities in health in Europe over the past three decades. The presentation reports firstly on changes in socio-

spatial inequalities in life expectancy across EU regions which have not tended to narrow over the past two decades despite efforts to reduce them. An outline is then provided of current longitudinal work seeking to understand the role of place-based factors that work over the lifecourse to affect health inequalities.

Preliminary report on health impacts of economic criss – Matrix – Jacqueline Mallender and Gianandrea Staffiero

Evidence from previous crises show consistent patterns of increase in mental health problems and suicides, and decrease in mortality from road accidents. Geographical variations include a dramatic worsening in health during the crisis that followed the USSR demise, and a remarkable increase in suicide rates in Japan and South Korea. In Europe and in Asia it was observed that strong welfare safety nets reduce the prevalence of suicide rates during recessions.

Health impacts of the current crisis confirm the patterns found in the past of increase in the incidence of depression, anxiety and suicide rates, affecting especially those who lose their jobs, and reduction in deaths from road accidents. There are also indications of increase in the health risks posed by communicable diseases and by reduction in healthcare access, due to budgetary restrictions, that are affecting vulnerable groups especially in countries severely affected by the crisis.

Preliminary report on tobacco and health inequalities - Matrix – Jacqueline Mallender and Gianandrea Staffiero

Matrix is carrying out work funded by the EU health programme on the relationship between tobacco consumption, control policies and health inequalities. The literature indicates that high education levels are associated with lower levels of smoking in many European countries but not in Spain, Italy and Portugal. Smoking is generally higher in deprived areas and among vulnerable minorities. For measures of socio-economic status, highest prevalence of tobacco consumption was found in those with financial difficulties. On the other hand, leaving education at 20 or more years of age is associated with lower prevalence of smoking.Tobacco consumption greatly contributes to health inequalities, explaining 50% of socio-demographic differentials in relation to lung cancer mortality. Medication interventions appear to curb tobacco consumption, especially when combined with behavioural interventions. However, only interventions specifically targeted at vulnerable groups can reduce health inequalities. Community outreach programs appear to be effective, especially amongst ethnic groups and youth.

Wednesday 30th October

Draft final report on health status of the Roma population in the EU – Matrix

Results from this report suggest that Roma groups have lower life expectancy than non-Roma populations. Roma groups have generally poorer living conditions and lower immunisation levels in children. Smoking is prevalent among Roma. Roma face multiple barriers to accessing and using health services. High rates of NCDs in in Roma populations may be masked by the fact that populations are generally younger. Data on the health of Roma women are scarce. Findings from the Delphi survey suggest that there are issues with data collection, namely a lack of timeliness & comparability. There is need to establish an EU baseline to gauge the existing health situation in Roma groups. EC has circulated the draft final report and invites comments, to be submitted by 15.11.13, particularly on country fiches.

Equity health – Joint Action Update - Chris Brookes

Equity Action – Joint Action Update - Chris Brookes, Ellen Uiters, Caroline Costongs and Yoline Kuipers

Equity Action has developed a number of work packages to take forward the recommendations that were outlined in the 2009 'Solidarity in Health' report. One strand was to develop a scientific reference group, and conduct a number of reviews. The scientific reference group have conducted ten reviews on different issues relevant to inequalities and the results of a selection of these were presented, including on topics such as employment, debt and housing. Review findings are currently being translated into factsheets which will be available at the end of November 2013. Equity Action welcomes comments from partners on these drafts. Equity Action also discussed the sustainability of the existing scientific reference group and whether this should be connected to the EC more formally. SANCO C4 commented that it may be useful for the chair of the scientific reference group to organise a meeting with EC. Equity Action provided an overview of their guide to stakeholder engagement. Equity Action has also worked with partners to look at how structural funds can be used to address inequalities. Further work will be showcased at January conference. The impact of the programme was discussed, particularly in relation to stakeholder workshops, where considerable achievements have been made in a number of countries on developing consensus for cross-government action on health inequalities. The final conference was high-lighted as a key date (23rd January), and all countries present were encouraged to send through lists of people to be invited to the final conference. The expert group itself will participate in the final conference.

Discussion & Comments:
Italy queried whether inequalities should be considered within the contexts of the upcoming Greek & Italian EU presidencies. Equity Action noted that they are currently in contact with Greek presidency. They noted the importance of flagging up issues such as health inequalities in relation to growth and austerity. Greek and Italian presidencies will have harmonised agendas.

Country reports

France - Alain Fontaine

France provided details of a number of on-going activities at national, regional and local level. At the national level , the High Council for public health produced in 2009 a report that discussed policies to address social inequalities in health. The 2012 annual report of another high level advisory committee, the French High Council for the Future of Health Insurance examines the role of health insurance and the quality and effectiveness of health services with respect to health inequalities. The issue of inequalities has been identified as a key challenge for health policy in a number of political statements made throughout 2012 and 2013 by the French President, the

Premier Minister and the Minister of Social Affairs and Health and is high on the agenda in the current development of a National Strategy for Health.

Spain - Begoña Merino and Pilar Campos

Health Promotion Area. General Sub-Directorate for Health Promotion and Epidemiology. Directorate General for Public Health, Quality and Innovation. Ministry of Health Social Services and Equality. Spain

The Spanish members of the EU expert group on SDH and HI did a brief update on their progress on heath equity work. They talked about 5 main issues:

- Spanish framework: National Strategy on Health Equity
- Overview of the Health Equity review training processes (Spanish and WHO Multicountry ones)
- National Strategy on Health Promotion and Disease Prevention (on development)
- Health Equity and the Roma community
- Synergies between national work and Equity Action

Interesting information on the first two issues is available in English at:

WHO Social Determinants of Health Discussion Paper 9: Integration of social determinants of health and equity into health strategies, programmes and activities: health equity training process in Spain
http://www.who.int/social_determinants/action/Social_Determinants_of_Health_Discussion_Paper_9/en/index.html

Methodological Guide to integrate Equity into Health Strategies, Programmes and Activities. Madrid, Ministry of Health, Social Services and Equality, 2012.

Romania - Bogdan Ileanu

Romania presented some analyses on inequalities in a number of health behaviours in Romania, presented at the NUTS3 regional level. Urbanisation plays a major role. More action is needed to target rural populations and a number of education programs have so far been initiated.

Finland - Meri Koivusalo

In Finland, HIAP has facilitated action on public health and health promotion for a long time. Health inequalities have however remained a challenge, with inequalities increasing since the economic crisis of the early 1990s. While HIAP has remained at the core of the national rhetoric, actions have largely been driven by economic and commercial policy priorities, with some contraction of public services since the 1990s. A particular challenge has been to address alcohol policy from a public health perspective.

The Finnish lesson on HIAP, inequalities and health and austerity is that it is not only the crisis that matters for inequalities, but also the kind of policies that are implemented to achieve growth. Finnish social inequalities were small before the crisis with generous social welfare policies. After the economic crisis, national policies changed and public policies became “leaner and meaner” with more emphasis on growth and productivity. The impact of austerity needs to be seen and considered in relation to existing socioeconomic inequalities, generosity of social welfare and policy measures implemented to achieve growth.

Greece – John Yfantopoulos

There is wide variation in health inequalities at the NUTS3 regional level in Greece. Greece has seen a widening of health inequalities since 2009, with particularly bad outcomes in groups at high risk of poverty, especially the elderly poor. The economic crisis has led to increases in HIV transmission, mainly in socially excluded groups, a reduced birth rate and increase in infant mortality. A number of initiatives to tackle inequalities were presented. These included work on the WHO essential public health operations (EPHOs) action plan.

The Greek presidency has a number of activities planned to facilitate cooperation between the Ministries of health, social protection and research and technology regarding the thematic areas. Work considering the impact of crisis on health and determinants of health could be included in this.

Future action

The next expert groups meeting will take place on 23-24th January 2014 in Brussels to coincide with the conference of the Joint Action on health inequalities and it was proposed that a more detailed discussion on future action would take place. A further meeting in 2014 is provisionally planned for October 21-22st in Luxembourg.