



EQUITY ACTION

TOOLS • REGIONS • KNOWLEDGE • STAKEHOLDERS •

EU expert group Workpackage 6 October 2013



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www.health-inequalities.eu



Knowledge WP6



- Outline presentation
 - Describe aim of wp6
 - Previous steps within wp6
 - Findings from literature reviews
 - Proceedings and timeline



Participants in wp6



- Health Inequalities Unit, Department of Health, United Kingdom (DH-UK)
- International Relations, Bundeszentrale fuer gesundheitliche Aufklaerung, Germany (BZgA)
- Department of Epidemiology, Azienda Sanitaria Locale T03, Italy (Piemonte)
- Department of Social and Health Policy, National Institute for Health and Welfare, Finland (THL)
- Department for Health Promotion, Children and Youth Health, National Institute of Public Health, Czech Republic (SZU)
- Direction generale de la sante, Ministere de la sante et des sport, France (DGS)
- Institute of Public Health, Ireland (IPH)
- Centre for Nutrition, Prevention and Health Services, National Institute for Public Health and the Environment, the Netherlands (RIVM)



- Facilitate transfer of scientific knowledge and evidence to policy makers
- Goal: development of European research agenda prioritising research needed on effectiveness of intersectoral action
- Main audience are policymakers at European and national level across all sectors, preferably outside (public) health sector



Key elements wp6



- Promising programmes/ interventions addressing the social determinants often outside (public) health sector
- Try to bridge (public) health field with fields outside (public) health sector
- Intersectoral approach
 - defined as any sector that affects health



Previous steps



1. Identification promising intersectoral areas more knowledge would be useful for policymakers during first year WP6
 - Areas identified: education, health care, labour market, early years, social security, poverty, debt and social environment
 - Areas were basis for invitation members of the Scientific Reference Group
2. Based on input wp6 participants, steering group EA, interviews experts and members SRG a long list of possible promising research topics/questions were formulated in these areas
3. WP6 participants indicated their preference for a literature review
4. In addition, 3 reviews were commissioned to external experts



Purpose reviews



- Based on main conclusions review
 - Further define promising intersectoral action/ important knowledge gaps
- Distinguish between possible short and long-term effects of intersectoral action
- Focus on knowledge that is likely to be transferable across member states



Scientific Reference Group



- Members of the SRG:
 - renowned scientists with a good cross-section of interests relevant to the field of intersectoral action to promote health equity
 - varying backgrounds and expertise
 - Are not necessarily (public) health experts, but need to have knowledge about the relation between their field of expertise and health (inequalities)

- Role SRG
 - Share knowledge on available evidence on effective intervention/ policies/ programmes in their field of expertise
 - Guide the quality of the literature reviews and support the development EU research agenda



Scientific Reference Group

- Joan Benach, GREDS-EMCONET / Universitat Pompeu Fabra, Barcelona, Spain
- Stefaan Demarest, Scientific Institute of Public Health, Brussels, Belgium
- Chris Fitch, Royal College of Psychiatrists, London, UK
- Johan Hallqvist, Department of Public Health and Caring Sciences / Uppsala University, Uppsala, Sweden
- Thierry Lang, Département d'Epidémiologie et santé publique / UMR Inserm-Université Paul Sabatier 1027 , Toulouse, France
- Éva Orosz, Policy and Health Economics Department, Faculty of Social Sciences / Eötvös Loránd University, Budapest, Hungary
- Kate Pickett, Department of Health Sciences / University of York, Heslington, York, UK
- Matteo Tabasso, SiTI - Higher Institute on Territorial Systems for Innovation
Torino, Italy



Knowledge

Where are we now



10 reviews, address intersectoral action in area of:

- **Early years**
 - Total 3 reviews
 - Ireland, Finland and Czech Republic
- **Labour market/ employment**
 - Total 3 reviews
 - Germany, GREDS-EMCONET, Erasmus University,
- **Social protection policies**
 - Total 1 review
 - France
- **Debt/ poverty/bankruptcy**
 - Total 2 review
 - United Kingdom, Italy
- **Housing**
 - Total 1 review, Siti , Italy



Employment 1



Review aiming at association between temporary employment and different measures of health (Erasmus University)

- Key findings are:
- 1. Temporary employees had an increased morbidity, such as mental health problems and injuries, compared to permanent employees. Mortality was also higher among temporary workers.
- 2. Health inequalities between temporary employees and workers in fixed positions were larger among male workers, but of equal importance for different socioeconomic and age groups.
- 3. The impact of temporary employment on health differed between countries, although these differences could not be linked to country specific characteristics, such as the national unemployment rate, percentage of temporary employees , or legislative protection of temporary workers.



Employment 2



Conclusion

- To reduce health inequalities among employed persons
 - » stable employment should be promoted and
 - » the detrimental effects of temporary contracts on health could be reduced by improving working and social conditions among temporary employees.
- Research is needed concerning variation in the association between temporary employment and health in relation to gender, socioeconomic status and age of temporary employment
- Research is needed concerning country specific characteristics that explain differences in impact of temporary work on health inequalities between countries



Employment 3



Review aim of this literature review is to show the state of the art in efforts to stabilize the mental well-being of the young unemployed within the context of Active Labour Market Programmes (ALMPs) (Germany)

Key findings

- Little is known about the effects of ALMPs. Especially true for young unemployed people, and even more for young people with mental health issues.
- Existing recommendations for successful measures are based on experiences with adult unemployed people or with young people with a broader range of disabilities.
- There is a lack of available data regarding the number of young unemployed people with mental health problems and their participation in ALMPs



Employment 4



Conclusion

- Given the rise in youth employment and youth with mental health problems intersectoral action in this area is perceived as highly relevant
- More need to know about effect ALMP's especially for specific groups like young people with mental health problems
- Also evaluation of situation local job centres is needed, are job centres able to identify young clients with mental health problems and do they have measures to help them?



Debt 1



Review aim at identifying the impact of problem debt on health (UK)

Key findings

- Relationship between personal debt and health is complex and often two-way. Not all debt is “problem debt”, and there is an overlap between poverty and debt.
- The extent to which an individual perceives debt as a “problem”, and therefore a possible source of source of stress and anxiety, is mediated by a range of factors, including family and other relationships, and the extent to which they are socially excluded.
- Little evidence exists for a *causal* link between problem personal debt and health, however, there is plenty of research to suggest *associations*,
- The impact of debt spreads beyond the individual, contributing to mental health problems amongst children in a debt-affected household, and can often have disastrous consequences for personal relationships and employability.



Debt 2



Conclusion

- The majority of research into the relationships between debt and health does not differentiate between types of debt, meaning it is impossible to make strong claims for its impact.
- Debt management should be recognised as a problem, that should be addressed by health agencies and advice agencies.
- Coordinated activity across health, money advice and credit sectors is weak
- Health care professionals face potential role conflict if they get involved in a client's debt



Housing 1



Review: to investigate the effects of housing mix policies on health inequalities (SITI, Italy)

Key findings

- The prevailing thrust of housing and urban planning policy in several Western European countries aims to create more socio-economically mixed residential environments/neighbourhoods for disadvantaged groups
- These policies seem to be informed by (academic) concerns about the alleged negative (health) effects of poverty concentration.
- Nevertheless, 'social isolation' seems to be not a spatial problem but a problem of differential (opportunities for) participation in certain settings.



Housing 2



Conclusion

- With regard to urban policies, the focus needs to shift from neighbourhood composition to neighbourhood setting.
- Because spatial segregation is interwoven with segregation in multiple domains of life, such strategies as housing differentiation should thus be accompanied by initiatives that get together people from different socioeconomic categories.
- Social mixing policies can only be successful (and subsequently have positive effect on health) if they are accompanied by additional initiatives to facilitate the formation of mixed networks.



General conclusions



- In many of the identified policy areas robust evidence about link between action and health (inequalities is lacking).
- Nevertheless, the reviews suggest that intersectoral action is promising in order to reduce health inequalities
- Especially longitudinal research is necessary to unrafle mechanisms behind policies possibly driving or reducing health inequalities



Current actions within wp6



- Finalise reviews
 - Timeline November 2103
 - Translation of scientific evidence into accessible, practical information for policymakers in format of factsheets.
 - Complete reviews and factsheets will be available on website EA
- Formulate EU research agenda on the effectiveness of intersectoral action on the social determinants of health inequalities
 - What type of knowledge is crucial/ most important to the advancement of the work to reduce health inequalities
 - Present research agenda final EA conference in January 2014
- Discuss possibilities for sustainability of SRG
 - Would it be useful to connect SRG with e.g. EU expert groups, DG Research, DG Sanco, DG Employment?

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