Why and how should we tackle health inequalities in Europe?

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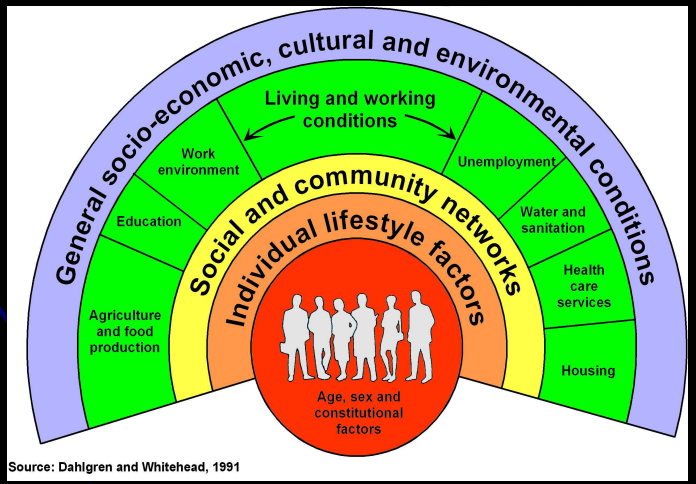


Source: Dahlgren and Whitehead, 1991

FOUR POINTS

- The serious inequalities in health in Europe today
- The justifications for taking action on these inequalities
- The main types of interventions that are being taken to tackle health inequalities and their likely effectiveness
- Case studies relating to health promotion and prevention

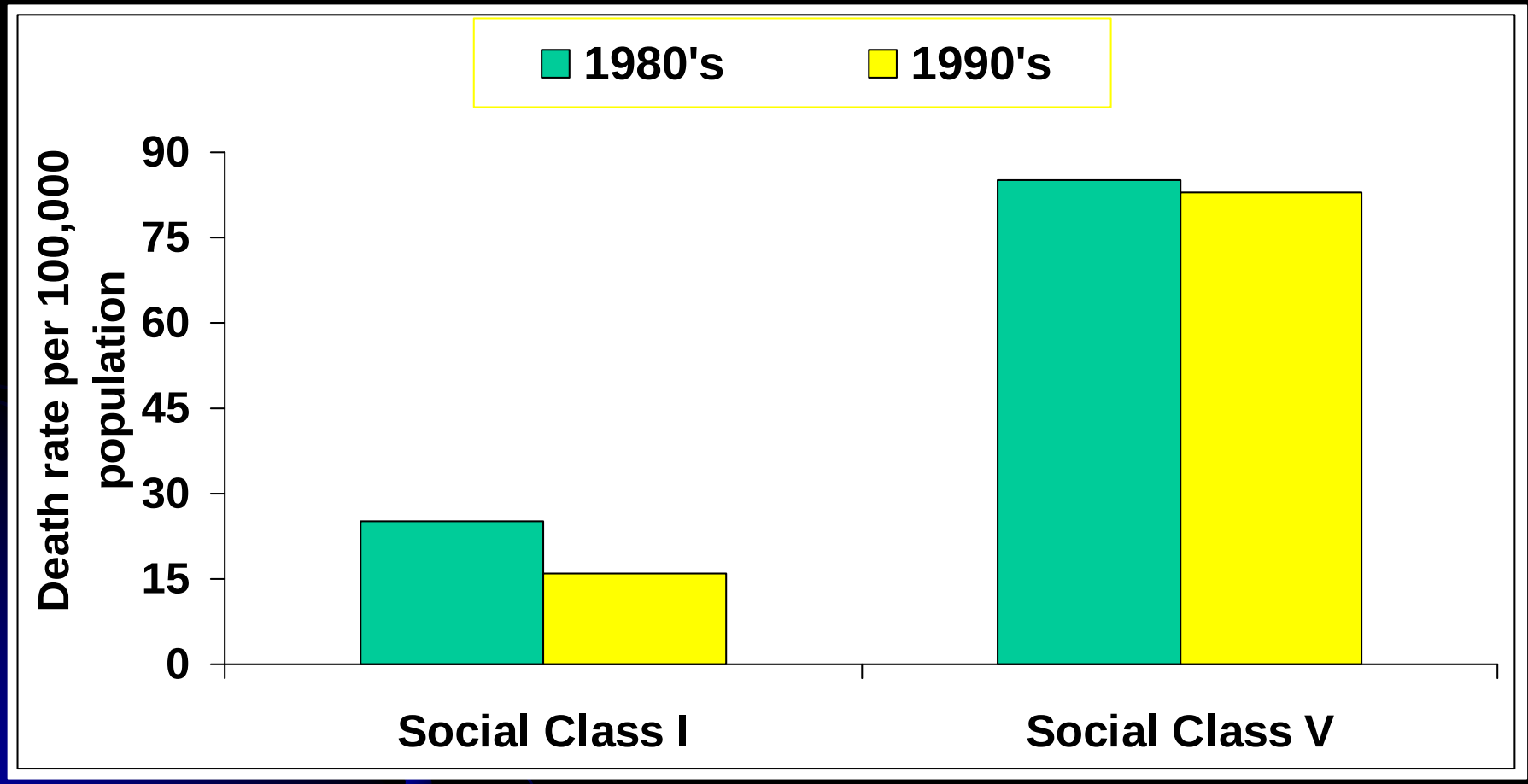
Healthy life expectancy by socio-economic Status (SES), The Netherlands

	Low SES	High SES	Difference
Life expectancy in years	72	77	5
Healthy life expectancy in years	52	64	12

Shortfall in population health due to social inequalities

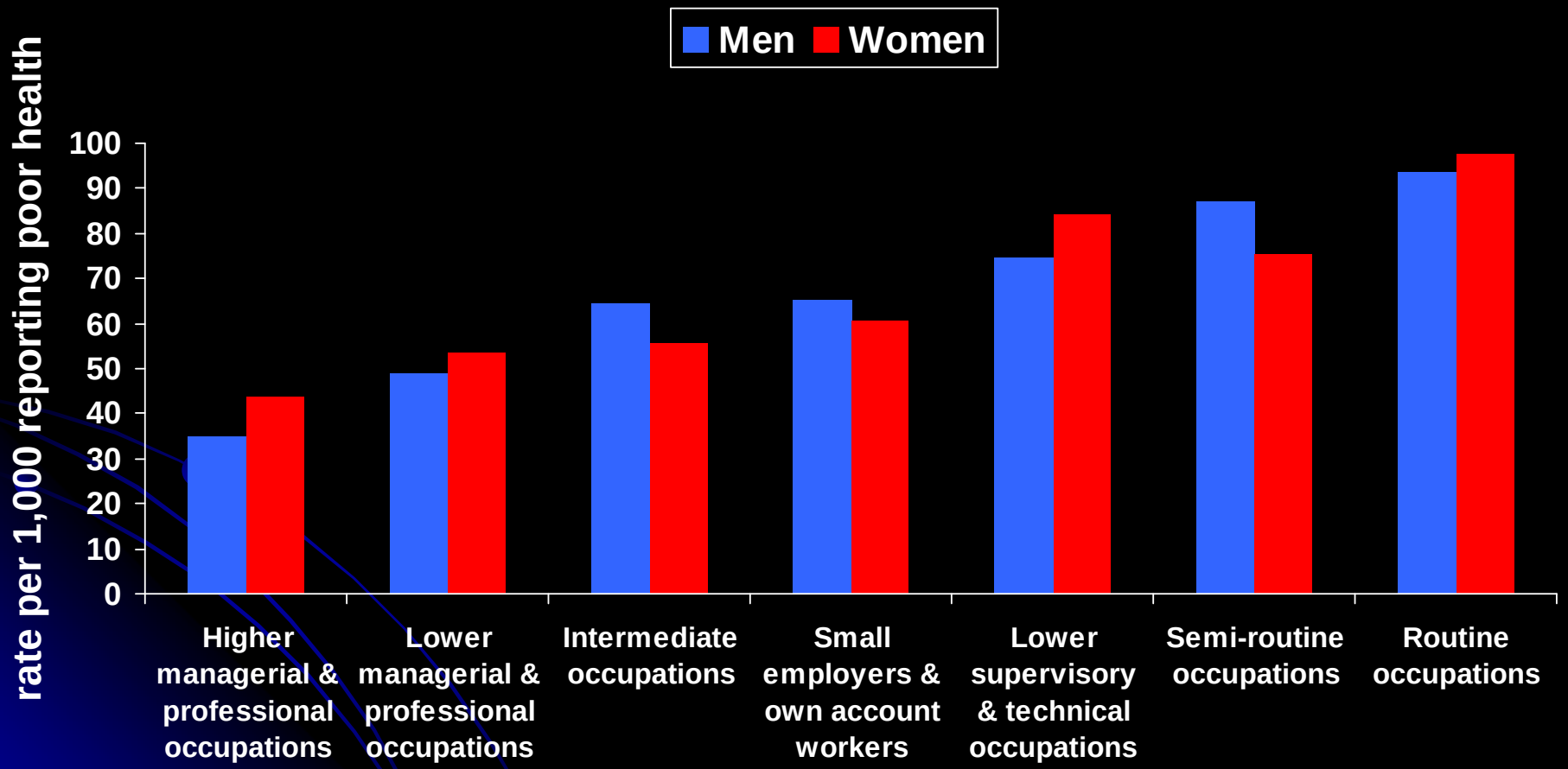
- In Netherlands, mortality and morbidity in the population would be reduced by 25-50% if men with lower education had the same mortality and morbidity levels as those with university education (*Levelling up)*
- In Spain, excess mortality in the more deprived areas compared with more affluent areas amounts to 35,000 deaths per year
- In England, if all men aged 20-64 had the same death rates as professionals and managers, there would be 17000 fewer deaths per year (*Levelling up)*

England: Mortality from injury and poisoning, by social class, children aged 0-15



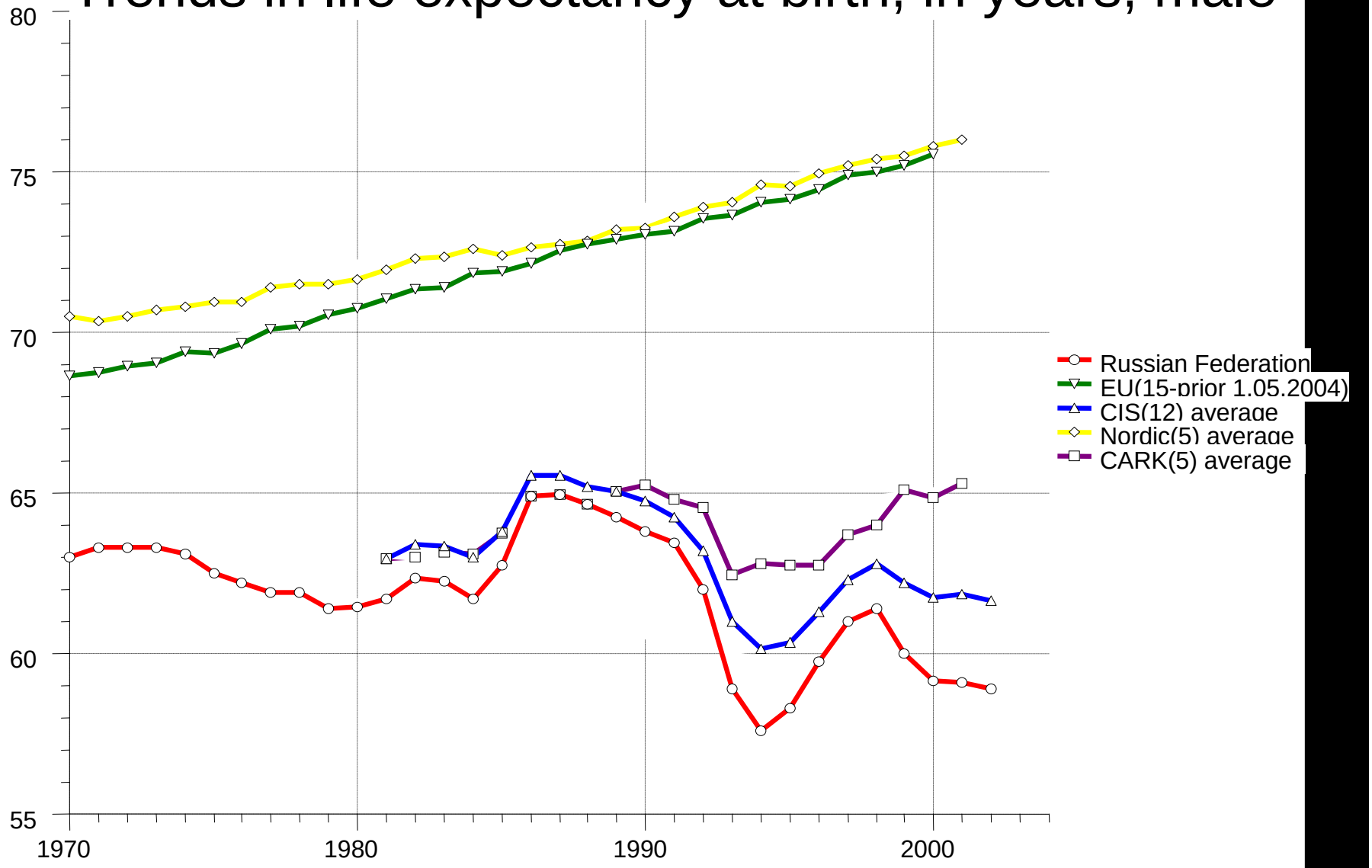
Source: Chris Power

European age standardised rate (per 1000) of self reported poor health by social class: men and women aged 25-64, Great Britain 2001



Doran, Drever and Whitehead, 2004

Trends in life expectancy at birth, in years, male



The deterioration in life expectancy hit least educated groups the hardest

- In Estonia, the gap in mortality between the highest and lowest educational groups increased tremendously during transition, from 1989-2000.
- By 2000, a male graduate aged 25 could expect to live 13 years longer than corresponding men with the lowest education

Source: Leinsalu et al, 2003

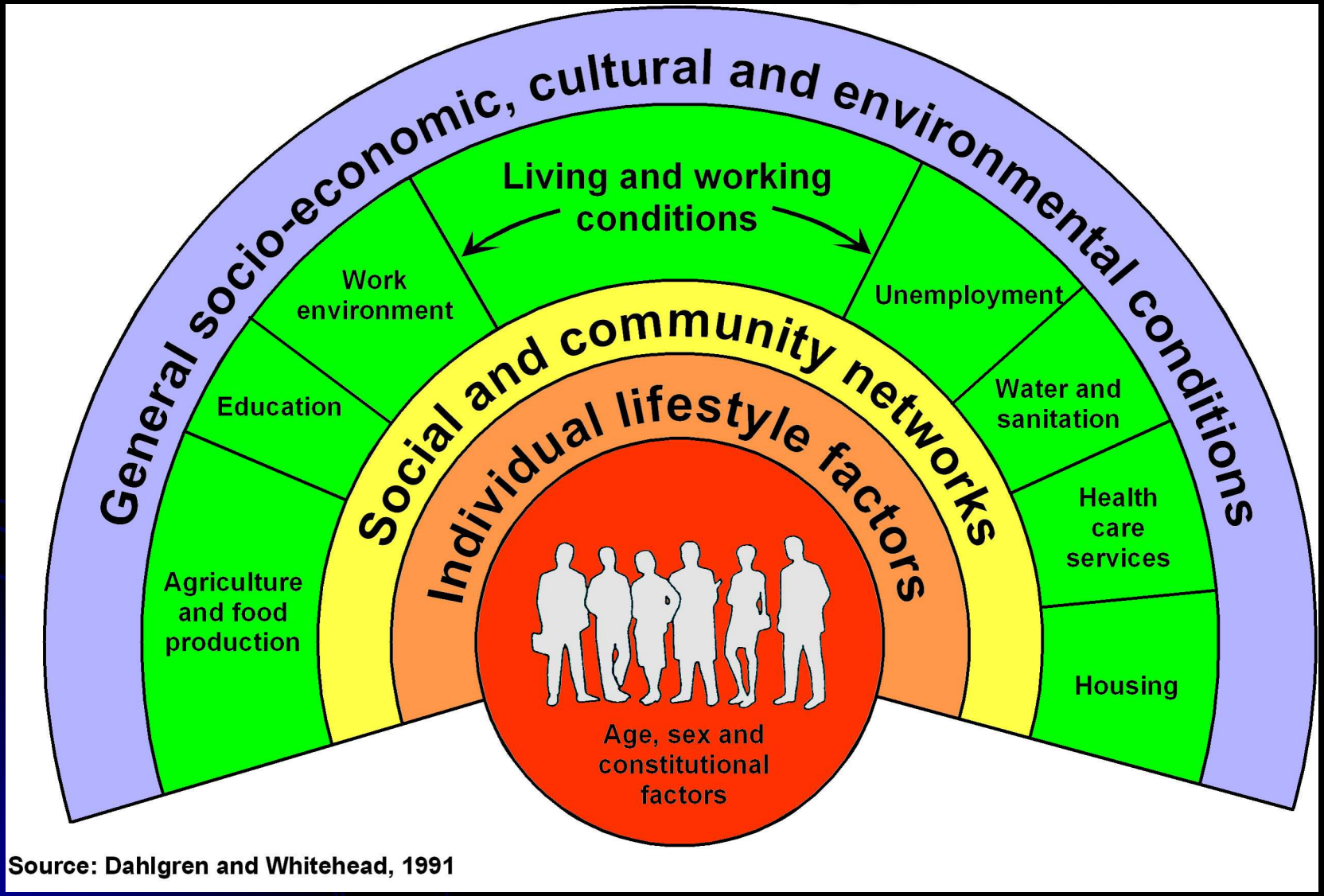
Justifications for taking action

- Effectiveness in achieving targets
- Economic efficiency
- Enlightened self-interest
- Social cohesion
- Opportunity to achieve human rights

But how?

Understanding
Causes and intervention points

The main determinants of health



Source: Dahlgren and Whitehead, 1991

Some important causes of social inequalities in health

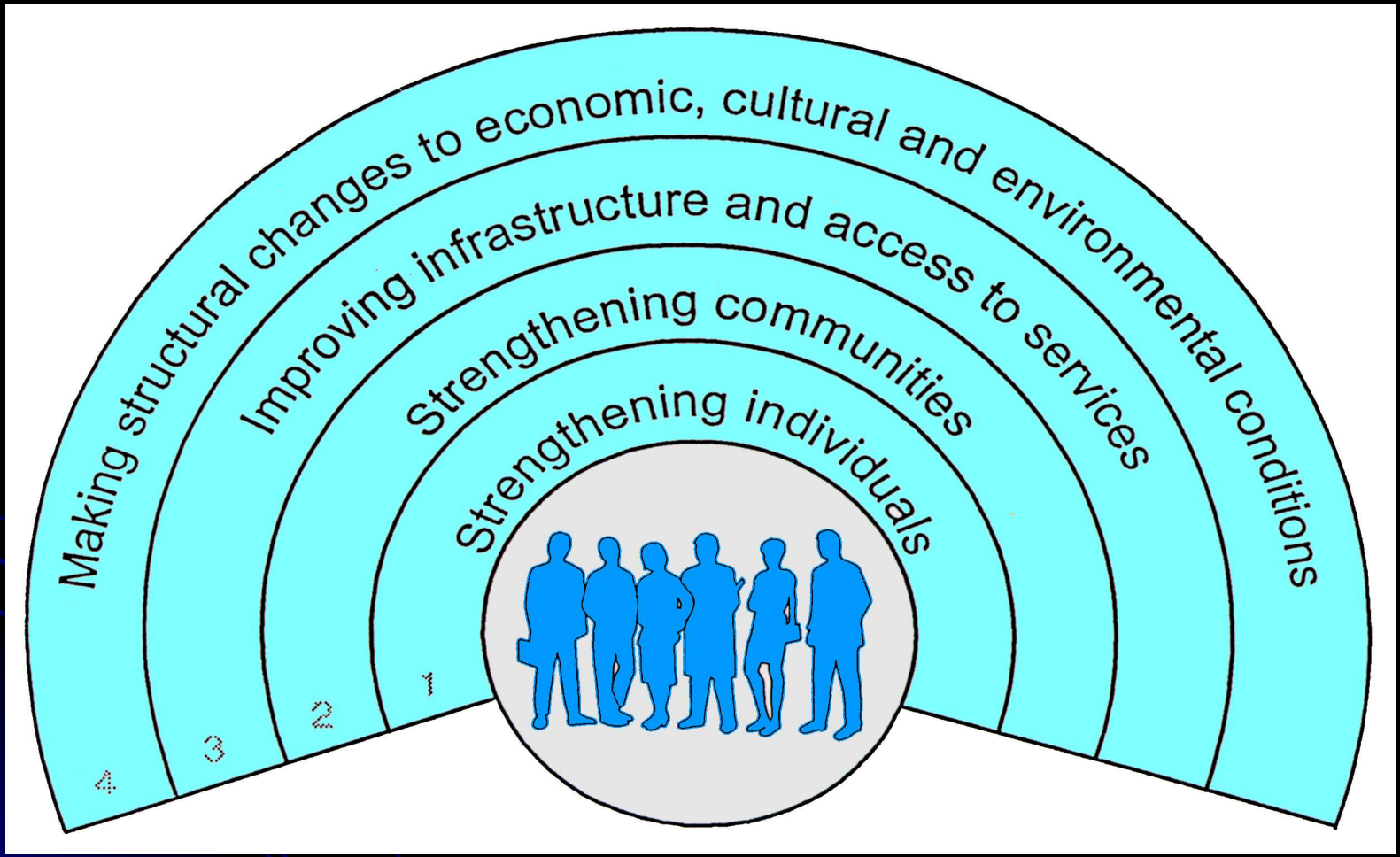
- Greater poverty and social exclusion
- Poorer living conditions
- Poorer working conditions and exposure to unemployment
- Inadequate access to effective health services

What role for the Health sector?

1. Matching health services more closely to need (tackling the inverse care law) – in preventive as well as curative services
2. Reducing barriers to access to effective care
3. Preventing the medical poverty trap
4. Helping alleviate health damage caused by wider determinants
5. Boosting preventive and health promotion programmes with an equity lens

6. Facilitating role with other sectors on the wider determinants

Policy Levels for Tackling Inequalities in Health



Level 1: Strengthening individuals

- Person-based strategies aimed at boosting knowledge, skills, self-esteem, empowerment of disadvantaged groups
- Problem seen as deficit in individuals – solution seen in terms of personal education and development to make up deficits
- Level 1 actions rarely work in isolation – need to be combined with actions to create enabling environments
- Focus on disadvantaged groups only, do nothing for rest of society
- Tend to treat the symptoms rather than underlying causes

Level 2: Strengthening communities

- Aimed at strengthening communities by building social cohesion and mutual support
- Problem seen as greater social exclusion, isolation and powerlessness in disadvantaged communities
- Two types of solution to problem:
  - Horizontal: Strengthening links within the same community to enable people to work collectively on their identified priorities, to support each other
  - Vertical: promoting bonds between different groups in society to foster solidarity/ less divided society e,g. inclusive social welfare systems
- Horizontal interventions focus on disadvantaged groups and areas, but underlying cause may be located in wider socioeconomic environment, out of local control
- Vertical interventions show some potential

Level 3: Improving living an working conditions and access to services

- Focus on health-promoting environments and access to essential goods and services
- Problem seen as greater exposure to health-damaging environments, at home and at work, with declining social position
- Classic public health measures on housing, water, work environments, food supplies, education, health care, plus psychosocial environment
- Involve all sections of the population, but with greater impact on those in worst conditions
- Greater potential impact in long-term

Level 4: Promoting healthy macro-policies

- Causes of health inequalities located in overarching macroeconomic, cultural and environmental conditions prevailing in a country that influence standard of living, control over resources, security for different groups in society.
- Interventions aimed at reducing poverty and social inequalities in society e.g. human rights legislation, “healthier” economic policies, labour market policies
- They span several different sectors and work across population as a whole
- Greater potential impact in long-term

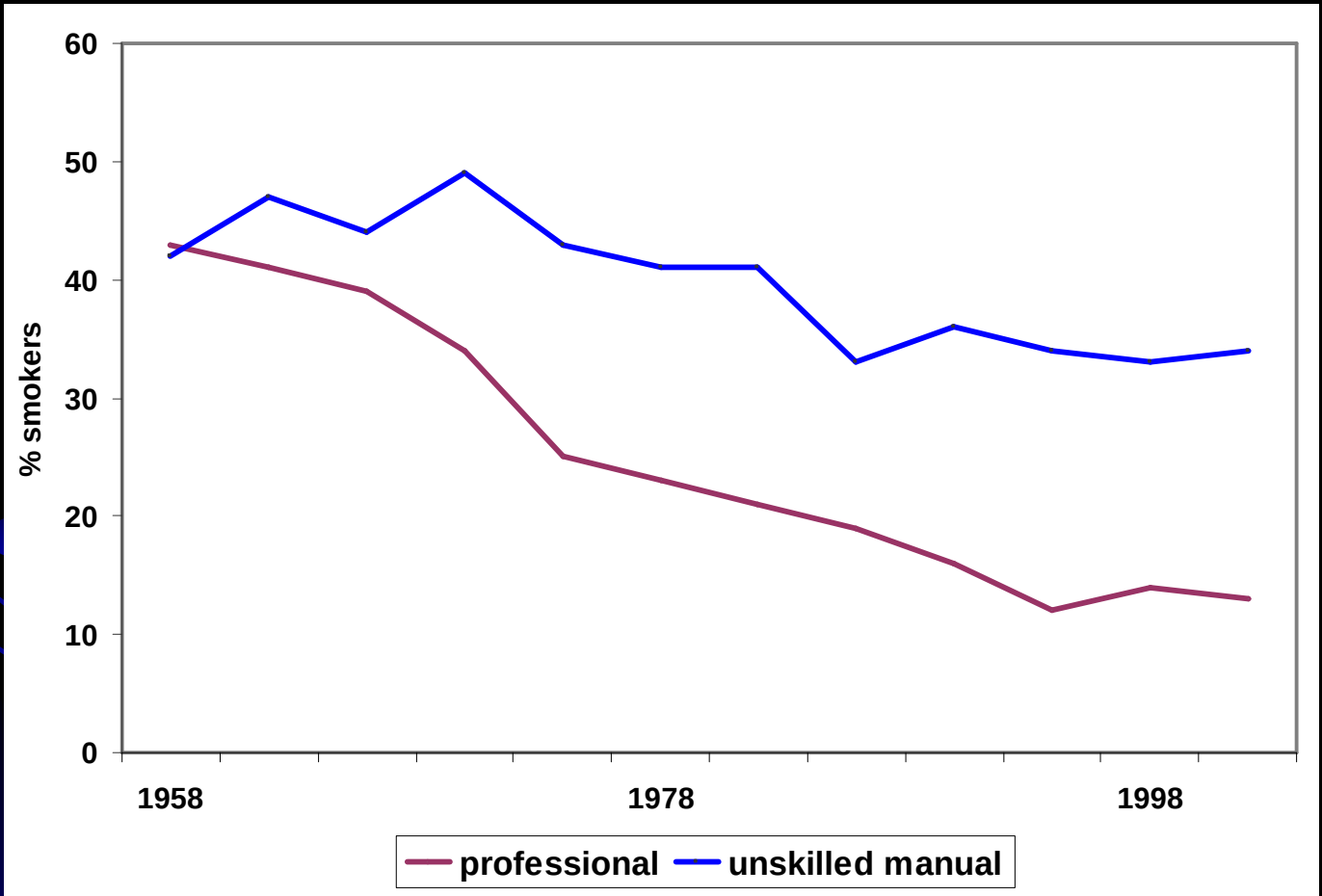
Social determinants action matrix

Main determinants	Policy levels			
	Strengthening individuals	Strengthening communities	Improving access to facilities and services	Encouraging macro-economic and cultural change
Individual life-style factors				
Social and community influences				
Living and working conditions				
Socio-economic, cultural and environmental conditions				

Source: Whitehead, 2007

A case study of tobacco control policies

% of women smoking cigarettes in highest (professional) & lowest (unskilled manual) socioeconomic groups, Britain, 1958-2000



Source: Wald & Nicolaides-Bauman, 1991; ONS, 2001

Disadvantaged trajectories & women's smoking status, England, 2000

	Current smoker	*Ex-smoker*
	%	*%*
childhood disadvantage	**36**	**30**
+ left school ≤ 16 years	**44**	**28**
+ mother ≤ 21 years	**55**	**22**
+ adult disadvantage	**63**	**17**
none of these	**18**	**45**

Source: Graham et al, 2006

Social disadvantage & tobacco dependence

- Childhood disadvantage increases risk of growing up as a regular smoker & as a heavy smoker
- Both social disadvantage & tobacco dependence reduce the odds of quitting in adulthood
- Tobacco control policies need to address social inequalities in people's lives as well as in their smoking habits

National Health Inequalities Targets

Smoking

Reduce smoking rates among manual groups from 32% in 1998 to 26% by 2010, so that we can narrow the gap between manual and non-manual groups.

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Source: Whitehead, 2007

Tobacco control interventions seen through an equity lens

- Controls on supply: smuggling, growing of tobacco
- Pricing policy
- Regulations
- Advertising bans
- Smoke-free environments
- Public education
- Smoking cessation counselling

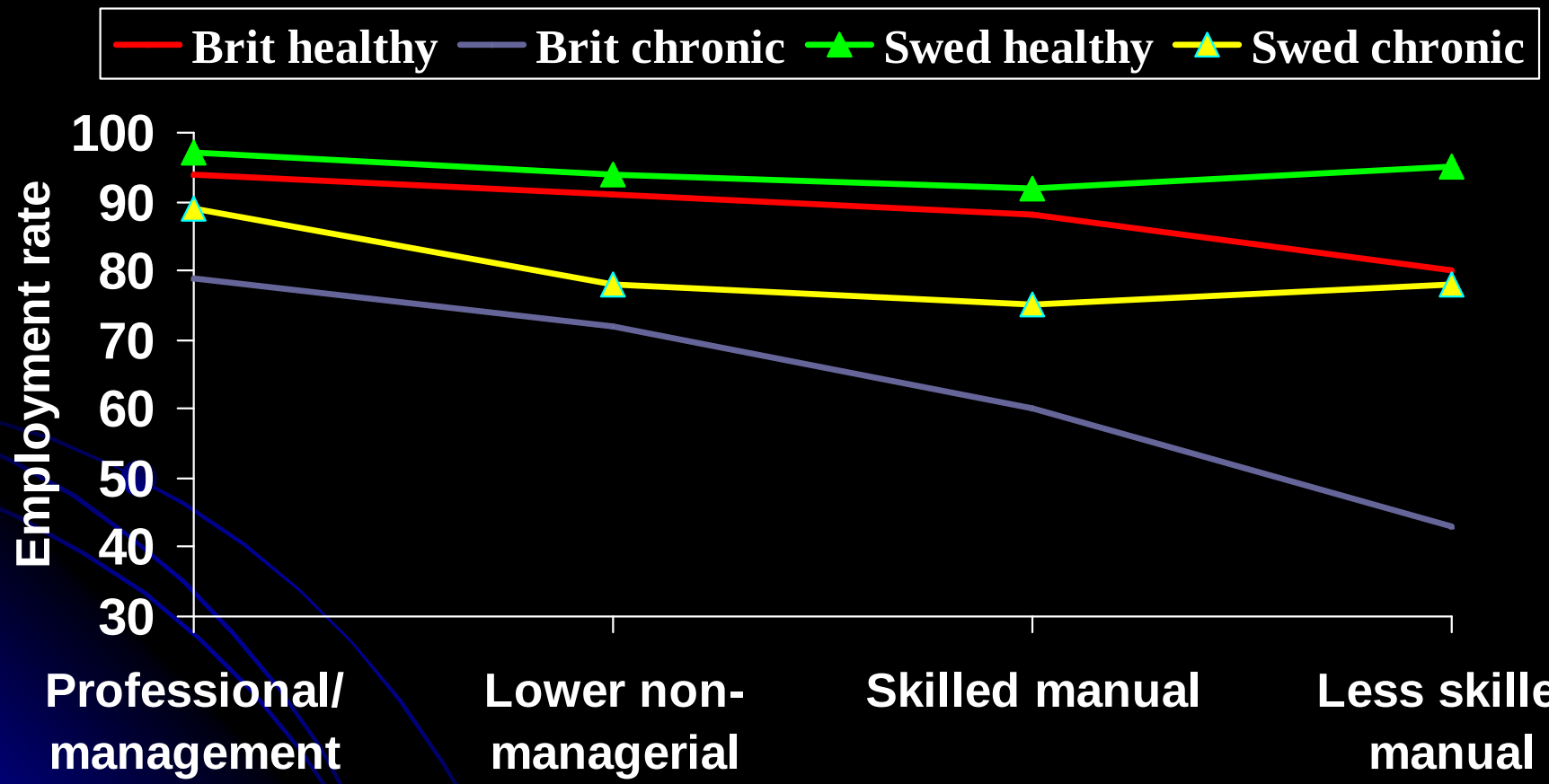
We need answers to:
Is there a differential impact of any of these policies on different socio-economic groups?
What is the best combination of policies to reduce inequalities in smoking?

….IN ADDIITION - tobacco control policies need to address social inequalities in people's lives as well as their smoking habits…..

Assessing the health impact of working conditions and unemployment

Health impact assessment of Employment policies

Differential impact: Employment rates by socioeconomic group, men aged 25-59 with and without chronic illness



Source: Burström et al, 2000

Strategies for the work environment

- Removing physical health health hazards at work
- Improving psychosocial conditions
- Strengthening legislation for a healthy workplace
- Developing the workplace as a setting for health promotion

Approaches to address the unemployment and health link

- Preventing unemployment happening in the first place
- Preventing drop in income and poverty when people become unemployed
- Providing services for unemployed poeople tto help prevent mental health decline.
- Improving pathways that lead from unemployment back to work
- Strengthening Family Friendly employment policies

Systematic reviews of interventions to improve psychosocial conditions

:

- ***What are the psychosocial and health effects of workplace re-organisation?***
- **A hard day's night: *what are the health and wellbeing effects of changing the organisation of shiftwork?***

Points for intervention to reduce psychosocial stress at work

- Strengthening individuals: stress management counselling
- Strengthening mutual support: improving communications and participation in decisions
- Improving the organisation of tasks: re-designing production processes to improve control over pace of work
- Healthier macro-policies: influencing labour market conditions, job security and rules of competition

Work Environment: strategies to control psychosocial stress

Interventions aimed at:

- improving skills of individuals to cope with stress
- improving mutual support/solidarity
- Improving production processes/work organisation
- macro-policies on job security/ unemployment/ working time directives

Weaknesses

- Person-based initiatives easier but less impact?
- Trendency to act in white-collar settings – easier but not tackling social gradient

Main messages

- Causes of inequalities in health are multiple and inter-related
- Action to tackle these causes also needs to be interconnected, across sectors and intervention levels
- Need to understand the different types of interventions available and their potential effectiveness for reducing observed inequalities
- Health promotion strategies must take account of differential effectiveness of interventions for different socio-economic groups and not assume that what works for one group will work for all