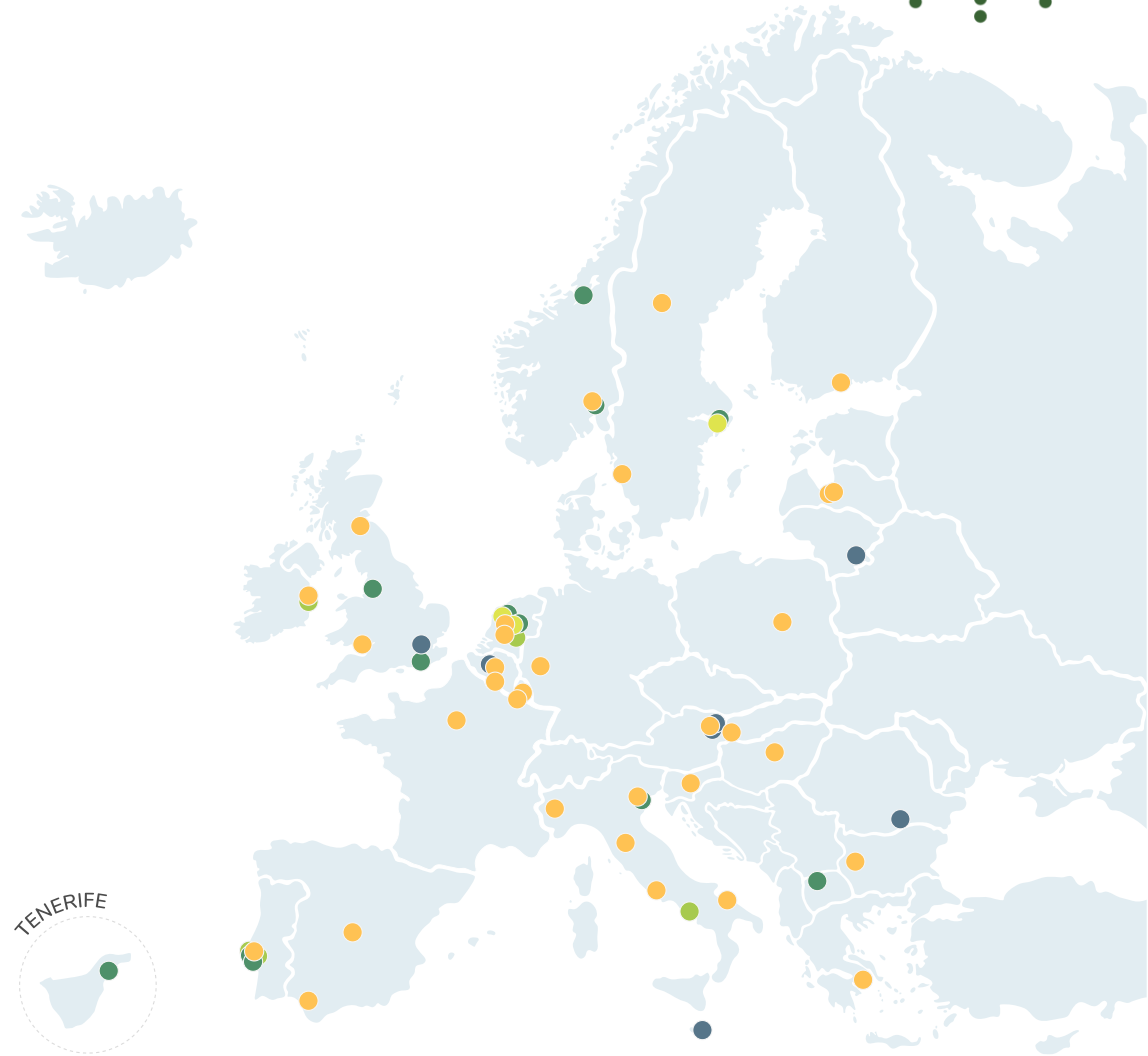


Health & Equity: EU Highlights

Caroline Costongs
Director

National Health Promotion Conference Austria
Salzburg, 26 June 2025



Why health inequalities matter

Economic and social structures
power & wealth distribution, fiscal policy, gender & class

Health and disease

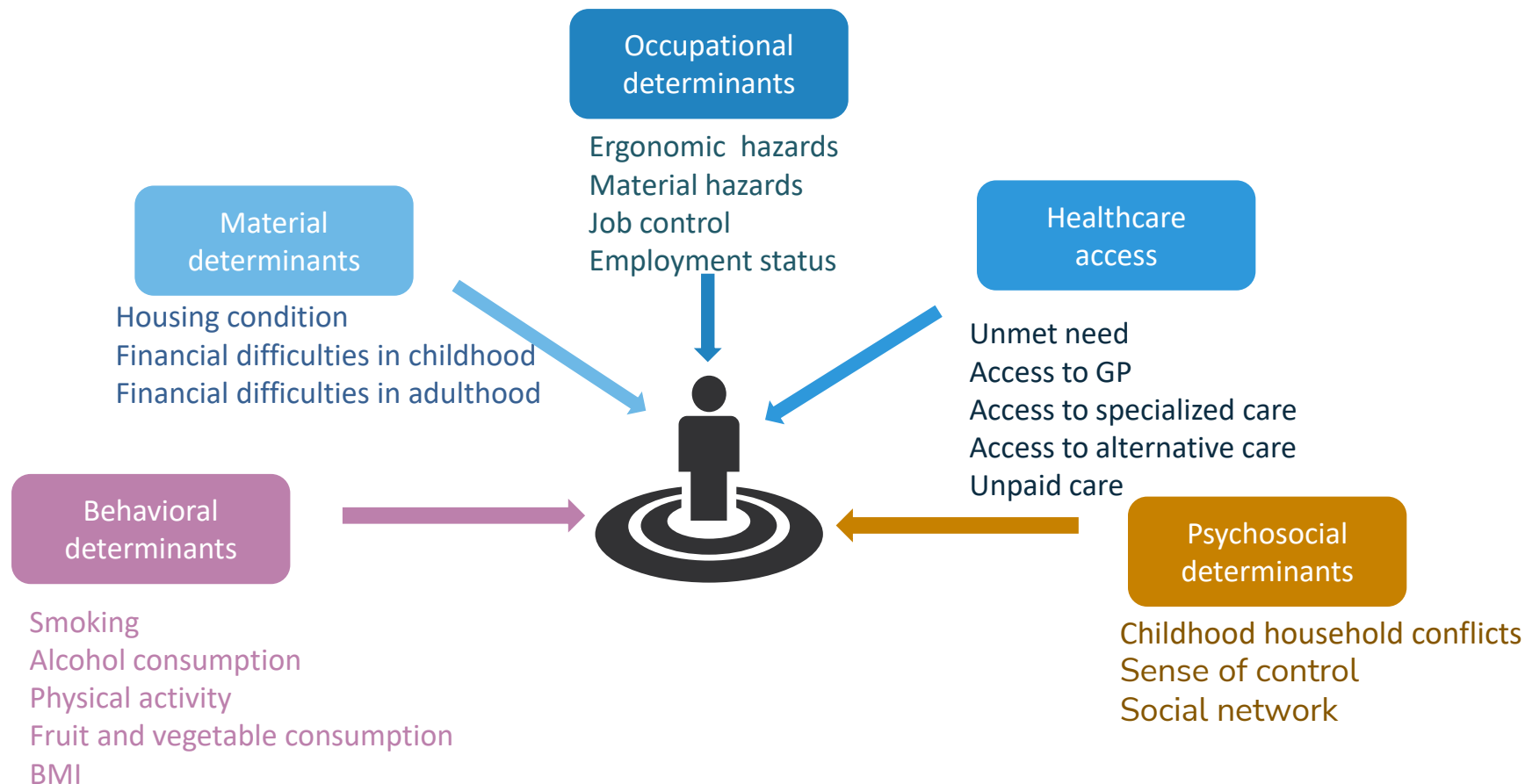
Lifestyle risk factors

Daily living conditions such as housing, education, employment, working conditions, social support

What's making inequality worse?



Health Inequalities in the European Union (EU)



European Social Survey – Rounds 7 & 11 - 2014–2024 Health Module

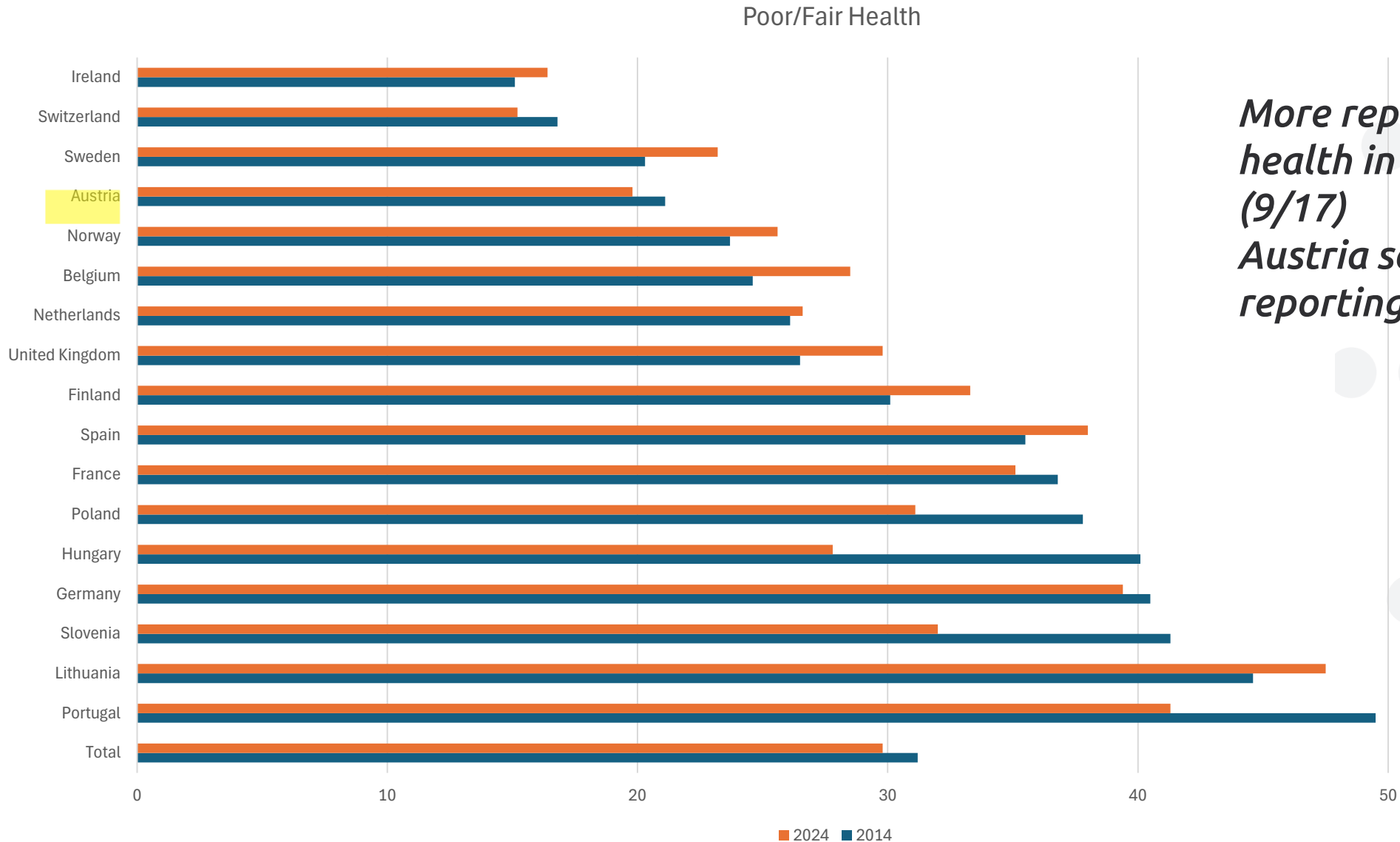
Change in levels of social determinants of health in the last decade

		Unmet need	Waiting list	No appoint.	Visited GP	Visited specialist	Used alternative treatment	Alcohol > once per week (%)	Binge at least weekly (%)	Physical activity on 3-4 days (%)	Fruit and veg at least once/day (%)	Smoking (current %)
North												
Finland	M	0,2	0.0	-1.8	-4.6	6.1	1.6	-2.1	-3.3	-1.6	-14.1	-10.2
	F	4,5	1.4	2.7	-1.5	7.2	-1.3	-1.0	0.7	2.9	-6.9	-9.0
Norway	M	8,3	1.8	4.4	1.8	6.4	-1.8	-1.4	0.0	2.3	-12.9	-8.6
	F	9,6	2.5	6.8	2.6	8.4	2.8	1.6	2.5	-0.8	-12.6	-8.5
Sweden	M	6,6	3.2	2.2	-1.1	10.4	1.0	0.8	1.9	1.1	-12.8	-8.7
	F	7,3	3.7	3.8	-5.5	6.9	6.7	4.3	1.9	1.8	-14.0	-7.6
West												
Austria	M	5,7	2.5	2.2	0.1	10.8	-2.0	3.5	-7.1	3.4	3.2	-6.2
	F	5,0	2.6	2.2	-1.4	13.1	1.6	3.4	-1.4	3.0	3.2	-6.7
Belgium	M	5,2	2.9	0.6	5.6	6.7	8.8	-2.0	0.9	3.5	-9.9	-7.3
	F	8,8	4.4	4.6	0.0	9.6	11.6	-2.1	2.5	-3.2	-3.9	-7.1
France	M	2,8	1.6	6.3	0.5	3.5	8.7	-7.7	-1.0	-1.4	-5.8	-9.1
	F	-0,6	1.3	5.8	-0.3	4.6	11.0	-2.1	1.2	2.8	-13.2	-9.3
Germany	M	5,0	4.2	6.0	-0.1	2.2	1.0	-1.3	2.2	-2.4	-7.8	-3.9
	F	1,4	2.0	4.7	2.3	-4.6	1.2	-3.2	0.5	-0.1	-3.7	-4.7
Ireland	M	6,2	3.9	3.0	2.1	2.4	1.5	-2.2	-1.9	-1.6	-7.3	-5.9
	F	7,0	3.6	4.3	3.7	5.2	0.0	0.3	-0.5	0.0	-6.3	-8.9
Netherlands	M	3,6	2.4	1.0	-1.8	1.8	8.2	-8.1	-2.0	0.1	2.6	-12.1
	F	4,1	3.4	0.5	-0.1	-0.8	9.7	-7.3	-0.6	2.0	-3.3	-9.3
Switzerland	M	3,8	2.2	2.0	3.6	4.5	9.5	-3.0	-1.7	4.6	-10.6	-3.8
	F	1,4	1.8	2.0	-2.2	5.8	1.3	-2.8	-0.7	4.6	-14.8	-5.2
UK	M	12,3	5.6	9.3	-10.5	1.7	1.8	-10.4	-3.4	2.7	-9.0	-7.9
	F	13,8	5.4	7.5	-8.8	2.2	0.4	-6.1	4.2	3.0	-6.3	-5.8
Central/East												
Hungary	M	5,6	5.5	2.7	-5.3	0.9	2.1	-6.5	4.9	2.6	-0.5	-9.5
	F	3,5	3.0	2.7	-5.2	-1.5	-1.8	-0.5	0.5	7.3	8.9	-5.4
Lithuania	M	6,6	5.2	5.3	22.1	7.6	7.1	-7.5	-9.4	2.9	11.4	1.7
	F	5,8	3.8	3.1	9.4	9.5	8.4	-1.8	-1.8	2.1	7.2	5.3
Poland	M	-2,3	-2.5	-0.3	-2.6	3.0	4.9	-5.6	1.2	1.7	-9.1	-5.7
	F	-1,6	-0.7	1.3	-1.7	8.0	10.4	-1.0	1.3	3.3	-4.8	-2.1
Slovenia	M	2,9	1.4	1.2	-2.9	-1.5	3.7	-1.2	-1.3	5.1	-10.2	-5.1
	F	6,7	5.7	1.7	2.5	0.8	14.5	-1.3	-0.7	6.0	-8.2	-4.7
South												
Portugal	M	-3,7	-1.5	0.6	-12.7	-2.8	-1.5	-2.7	6.3	0.5	-19.7	-9.0
	F	3,0	3.8	3.4	-6.0	9.2	6.1	-4.7	5.6	1.4	-13.7	-1.6
Spain	M	6,6	6.1	4.3	0.4	5.1	9.7	-6.9	1.4	-1.1	-7.9	-4.3
	F	13,8	11.1	8.5	0.8	6.3	8.7	-4.5	-0.6	4.2	-8.8	-9.2

Levels of social determinants of health in the last decade

		Any ergonomic hazards	Any material hazards	Often/always conflict growing up	Often/always financial hardship growing up	Any problems with housing	Provide unpaid care	>10 hours of unpaid care/week
North								
Finland	M	-10,3	-7,6	2,6	-4,3	8,0	4,8	-2,9
	F	-9,7	-5,9	2,3	-3,0	2,9	4,1	-0,4
Norway	M	1,9	-0,4	2,5	-0,5	7,9	8,3	-0,7
	F	6,7	0,4	0,8	-1,2	7,9	0,1	1,7
Sweden	M	-1,8	0,0	-0,3	-2,3	14,2	4,2	1,3
	F	-3,2	-1,6	-0,6	-4,9	12,1	3,1	-5,6
West								
Austria	M	-15,1	-13,9	0,8	-6,2	2,5	12,1	-6,1
	F	-8,9	-4,2	-2,0	-7,0	1,2	4,3	-4,7
Belgium	M	-7,5	-9,2	2,0	-4,2	9,1	6,4	-3,2
	F	-3,5	-2,5	6,5	-1,2	5,4	1,5	-6,1
France	M	-9,9	-8,9	-3,7	-5,0	4,7	3,3	1,9
	F	-11,2	-5,7	-2,3	-9,8	2,0	5,2	-2,5
Germany	M	-8,8	-8,2	1,3	-1,5	12,8	2,4	0,5
	F	-12,3	-4,3	2,5	1,3	8,6	3,4	1,7
Ireland	M	-11,3	-7,2	3,8	-1,7	6,4	1,9	-6,5
	F	-4,8	-9,0	4,4	-2,1	6,8	-2,9	-7,7
Netherlands	M	-0,9	-0,6	1,5	-6,9	5,8	-2,6	-8,3
	F	-2,4	1,0	-0,9	-3,6	7,4	-4,6	-3,2
Switzerland	M	-4,9	-7,7	-0,5	-3,5	10,5	3,1	-0,1
	F	2,2	0,7	-0,8	-2,5	7,7	1,8	-3,2
UK	M	-19,6	-17,2	-0,1	-1,2	2,6	-2,4	-9,3
	F	-3,8	-4,4	0,9	-3,5	6,3	2,2	5,6
Central/East								
Hungary	M	-20,9	-11,3	-3,8	-11,8	-2,4	-0,7	-9,5
	F	-18,0	-16,2	-2,8	-12,0	-1,1	-3,2	-2,1
Lithuania	M	-13,4	2,7	1,1	-5,6	-7,1	7,2	-10,0
	F	-11,4	-2,6	6,2	-8,0	-3,4	5,2	-18,6
Poland	M	-15,3	-17,8	3,1	-7,5	-1,7	-4,7	-2,0
	F	-19,0	-16,9	3,1	-7,2	0,3	-1,5	-13,8
Slovenia	M	-13,5	-10,3	1,7	-5,3	-5,9	-2,1	-3,6
	F	-10,9	-10,2	1,6	-9,4	-5,4	3,7	1,2
South								
Portugal	M	-20,9	-25,3	-0,2	-14,7	9,8	-8,8	-3,0
	F	-28,7	-18,4	-2,4	-8,6	5,6	-2,9	-4,9
Spain	M	-7,4	-10,4	2,0	-4,3	2,1	3,1	-6,8
	F	-6,2	-8,8	6,2	0,3	-0,1	-2,1	-8,9

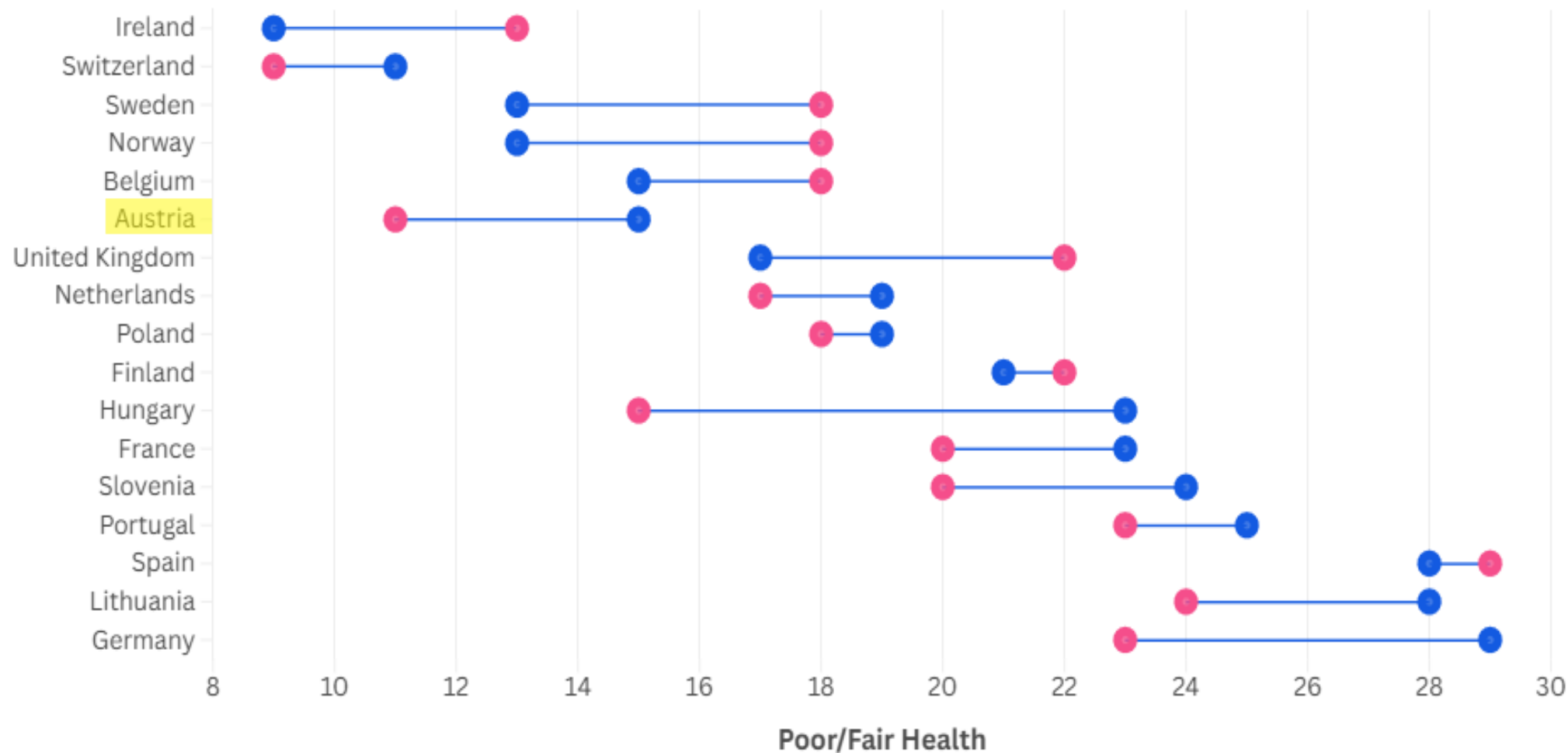
Health levels in the last decade



More reporting of poor/fair health in approx. half countries (9/17)
Austria sees slightly less reporting of poor health in 2024

Health change among higher educated

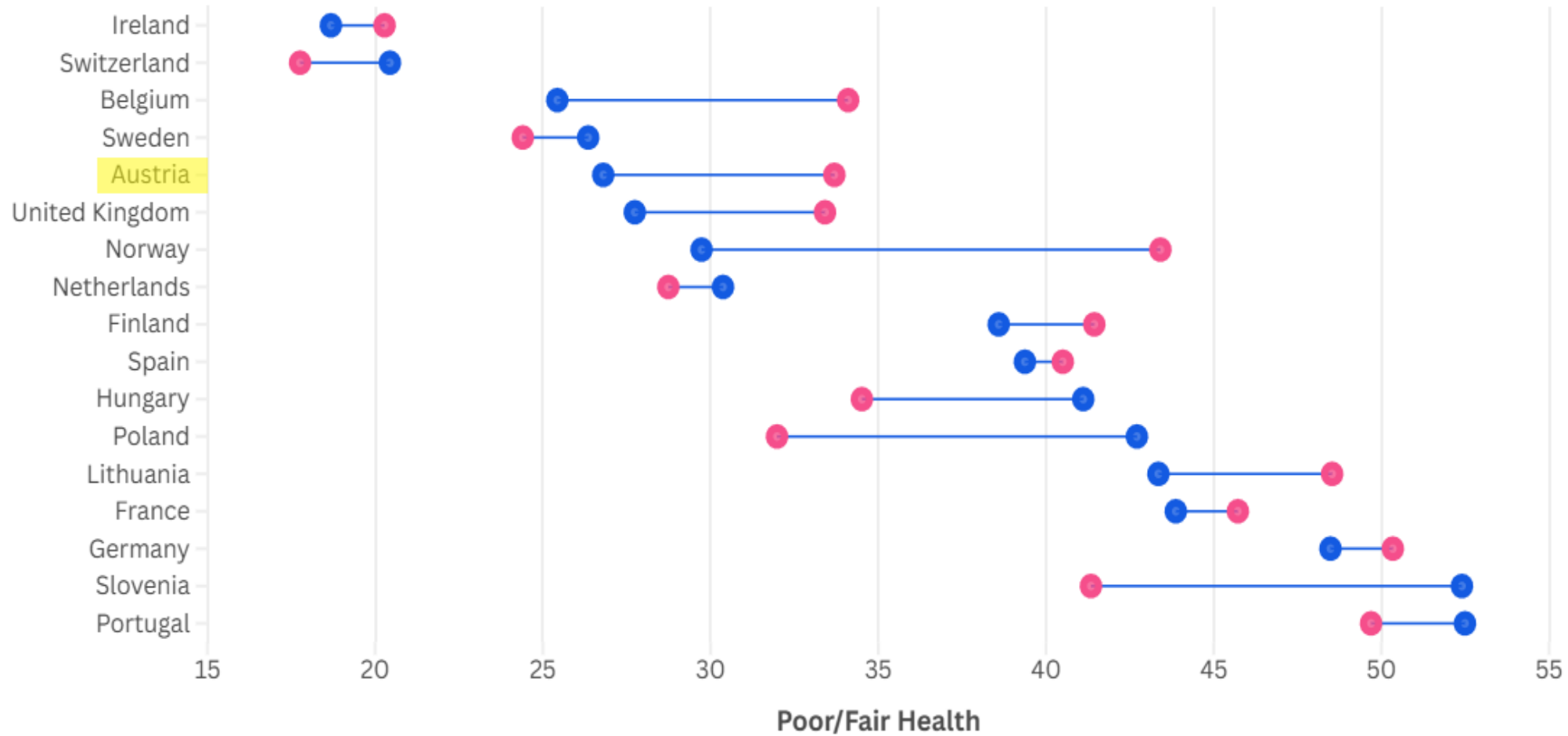
Year ● 2014 ● 2024



*7/17
countries
(Northern +
Spain) SRH
declined - in
Austria it
improved*

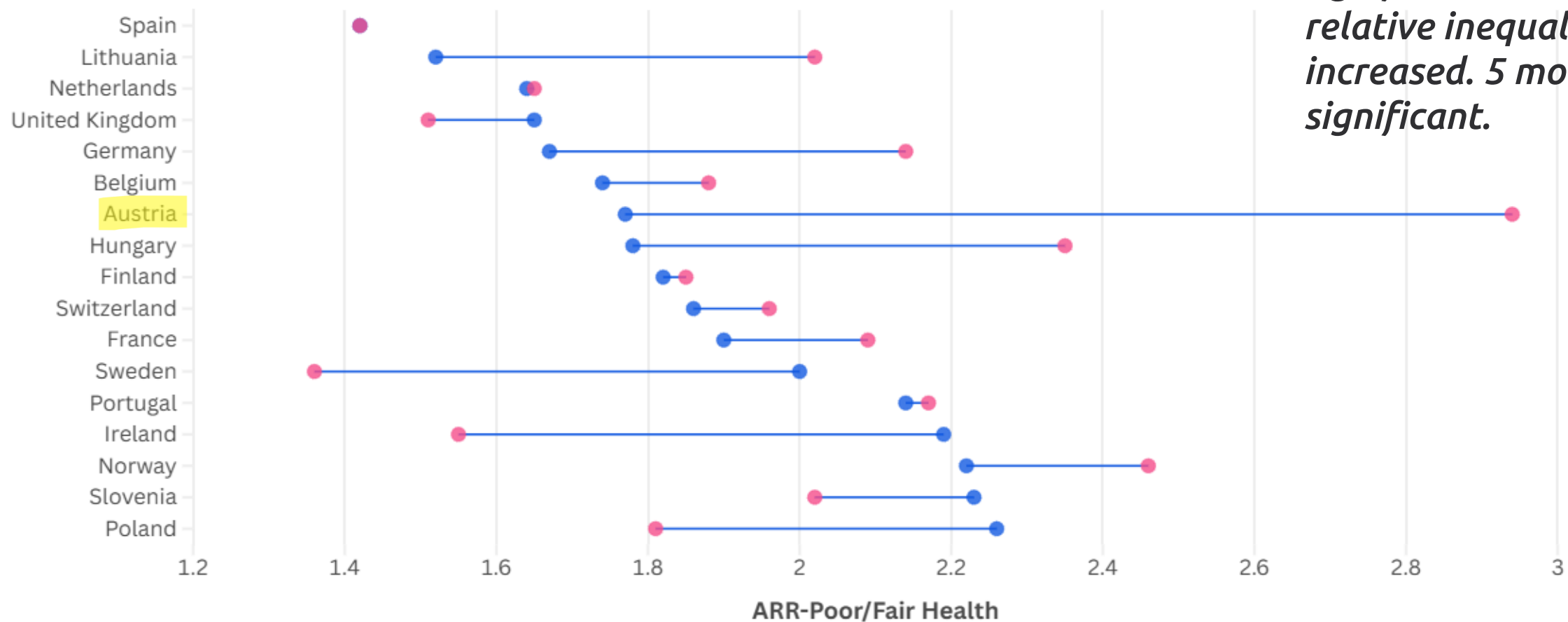
Health change among lower educated

Year ● 2014 ● 2024



How have relative inequalities in health changed in the last decade?

Year ● 2014 ● 2024



6/17 countries saw significant increases in relative inequalities increased. 5 more non-significant.

Preliminary conclusions

- In Austria, inequalities in self-reported health between people with higher and lower education have significantly increased over the past decade.

- Inequalities between EU countries seem to be decreasing => the biggest health gains are in countries that needed them most.

- There is great variation within countries, and health inequalities are persisting.

Preliminary conclusions

- In Austria, inequalities in self-reported health between people with higher and lower education have significantly increased over the past decade.

- Inequalities between EU countries seem to be decreasing => the biggest health gains are in countries that needed them most.

- There is great variation within countries, and health inequalities are persisting.

Preliminary conclusions

- In Austria, inequalities in self-reported health between people with higher and lower education have significantly increased over the past decade.

- Inequalities between EU countries seem to be decreasing => the biggest health gains are in countries that needed them most.

- **There is great variation within countries, and health inequalities are persisting.**

How the EU is responding – why it matters locally

- EU-level work can feel distant, but it sets important context
- Many EU laws shape national/local policies, also in areas relevant for health equity
- Health promotion professionals can use EU priorities to find allies and funding

New European Commission 2024-2028



1 – Competitiveness Compass...

Simplification, deregulation...

Health is NOT a priority.

BUT: Health is an EU competitive advantage compared to US and other parts of the world

- **Healthy working population**
- **Quality work and workplace health**
- **Healthy and active ageing**
- **LTC, older people and caring communities**



2 – Re-arm Europe...



Mark Rutte, NATO Secretary-General

“It is unacceptable not to invest in defence.” Even if it “means spending less on other priorities,” such as pensions, health care, and social security.

The EU4Health Programme has been cut by 1bn.

Concerns for the next EU budget (2028-32)...

BUT:

- **Health equity as security**
- **Health systems resilience**
- **Address risks to health**
- **Health in Preparedness Strategy**

3 A Social Europe

Citizens are concerned about social policies and their social rights

**European
Pillar of Social
Rights – new
action plan**

24.8% of children (aged under 18 years) in Europe are still at risk of poverty or social exclusion

**EU Anti-
Poverty
Strategy**

**European Child
Guarantee**

Access to adequate housing has worsened

**EU Affordable
Housing Plan**



Roxana Minzatu
Executive Vice
President for Social
Rights and Skills,
Quality Jobs and
Preparedness

4 What about climate?

- Climate change is making us sick.
 - Heat, cold, droughts, floods, vector-borne diseases, air pollution etc.
- Vulnerable most impacted
 - exposure, capacity to change
- European Green Deal??
- EU Social Climate Fund

An urgent call for an EU Strategy on Climate and Health

Policy insights from the
EuroHealthNet Annual Seminar



5 – What about health?

- Health inequalities?
- Update on EU tobacco legislation to include new nicotine products?
- Action on ultra-processed food? Food labelling?
- Action on alcohol labelling?

New Cardiovascular Health Plan

Social media and young people

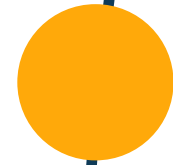
Health-enhancing Physical Activity (Micallef)

Youth policy dialogues and Youth Advisory Board (Micallef)



Commissioner for
Health and
Animal Welfare
Olivér Várhelyi

Five “upstream” areas where local action can align with EU



1. Healthy ageing & quality work



2. Health as a security matter



3. Social inclusion, anti-poverty & affordable quality housing



4. Climate impact and health



5. Commercial determinants, young people's health and social participation

Social participation matters

We need to understand people's needs and the fundamental causes of health inequalities:

- ❖ social injustices
- ❖ feeling of powerlessness
- ❖ (digital) exclusion
- ❖ Locked-in environments
- ❖ discrimination and power dynamics in the community

Three principles for engagement:

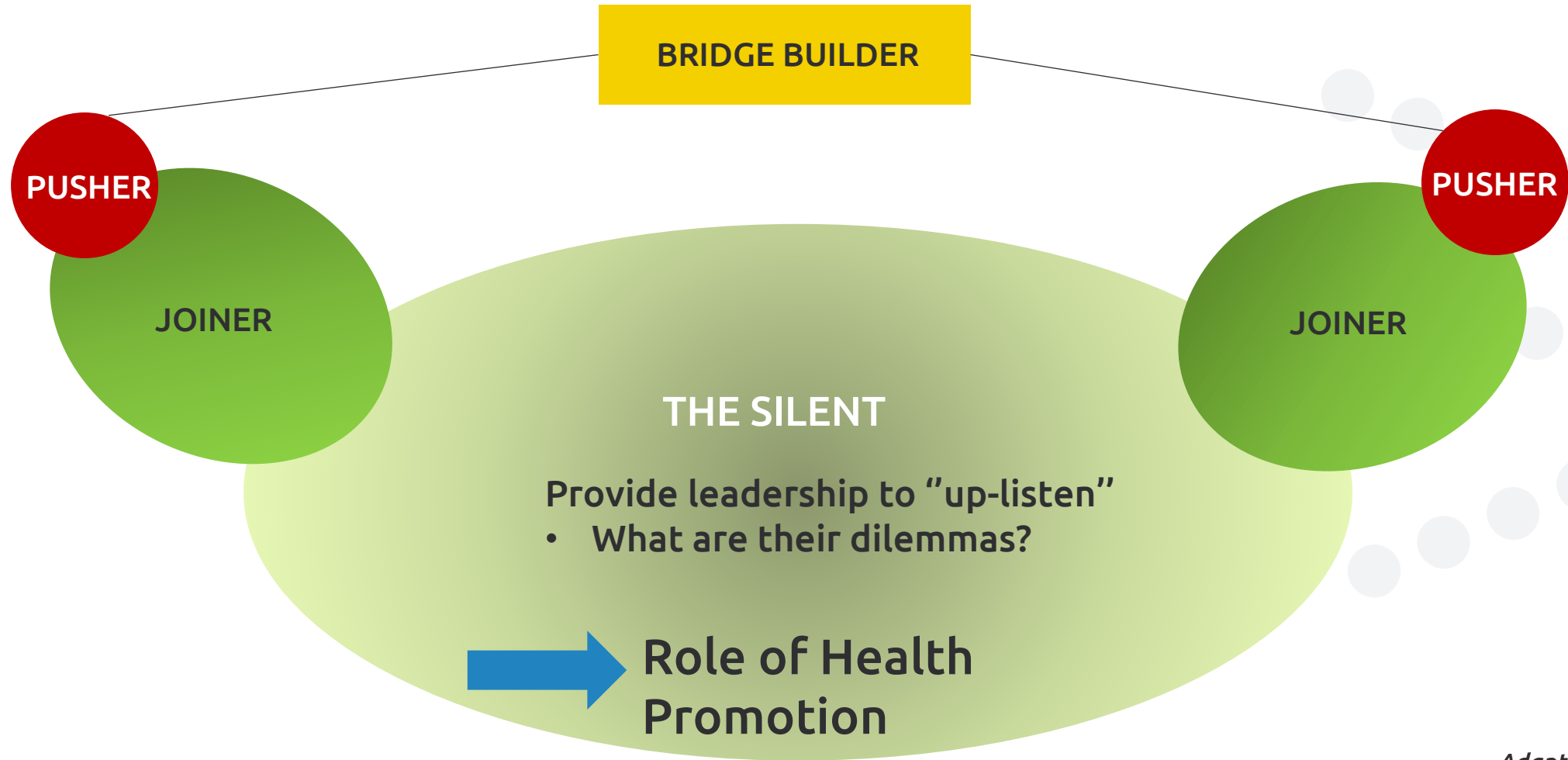
- **Inclusive**
- **Intensive**
- **Influential**



**SOCIAL
PARTICIPATION
POLICY PRÉCIS**



Avoiding polarisation



Adapted from Bart Brandsma – [inside polarisation.nl](https://insidepolarisation.nl)

Key take-aways

Health equity starts locally

Health inequalities are increasing in Austria

Act on the root causes of health, work upstream, advocate across sectors

1

EU highlights can help to strengthen your case and attract support (political & financial)

2

Social participation, and citizen engagement are key, map power dynamics and ensure social cohesion

3

Thank you!

Contact us

Caroline Costongs

c.costongs@eurohealthnet.eu

Follow us



EuroHealthNet is supported by the European Commission, through the EU Programme for Employment and Social innovation (EaSI 2014-2020)