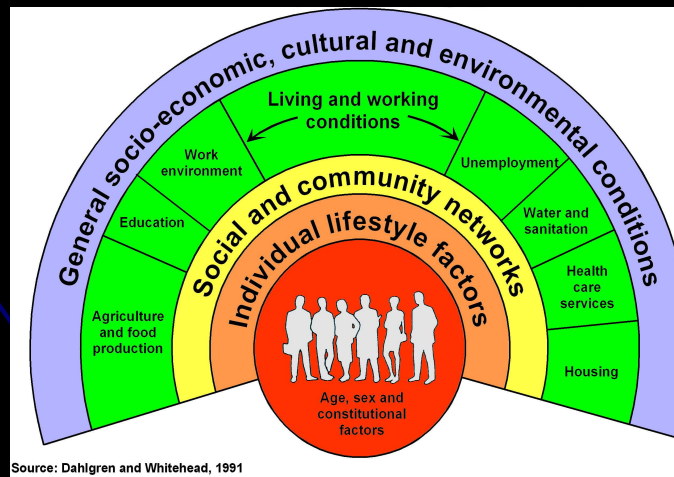


Why and how should we tackle health inequalities in Europe?

9th Austrian Prevention Conference,
15th November 2007

Professor Margaret Whitehead,
University of Liverpool, UK



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

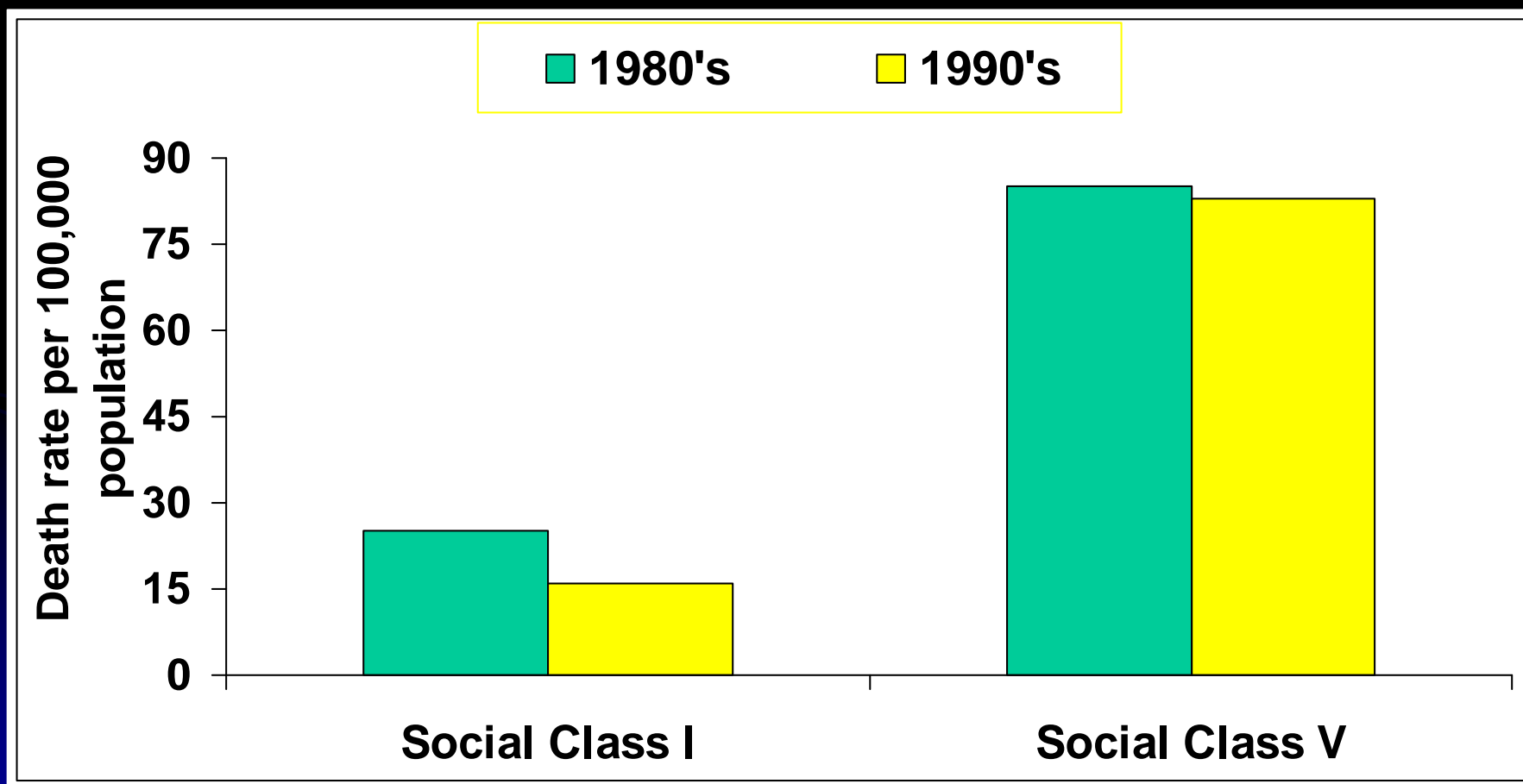
Healthy life expectancy by socio-economic Status (SES), The Netherlands

	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

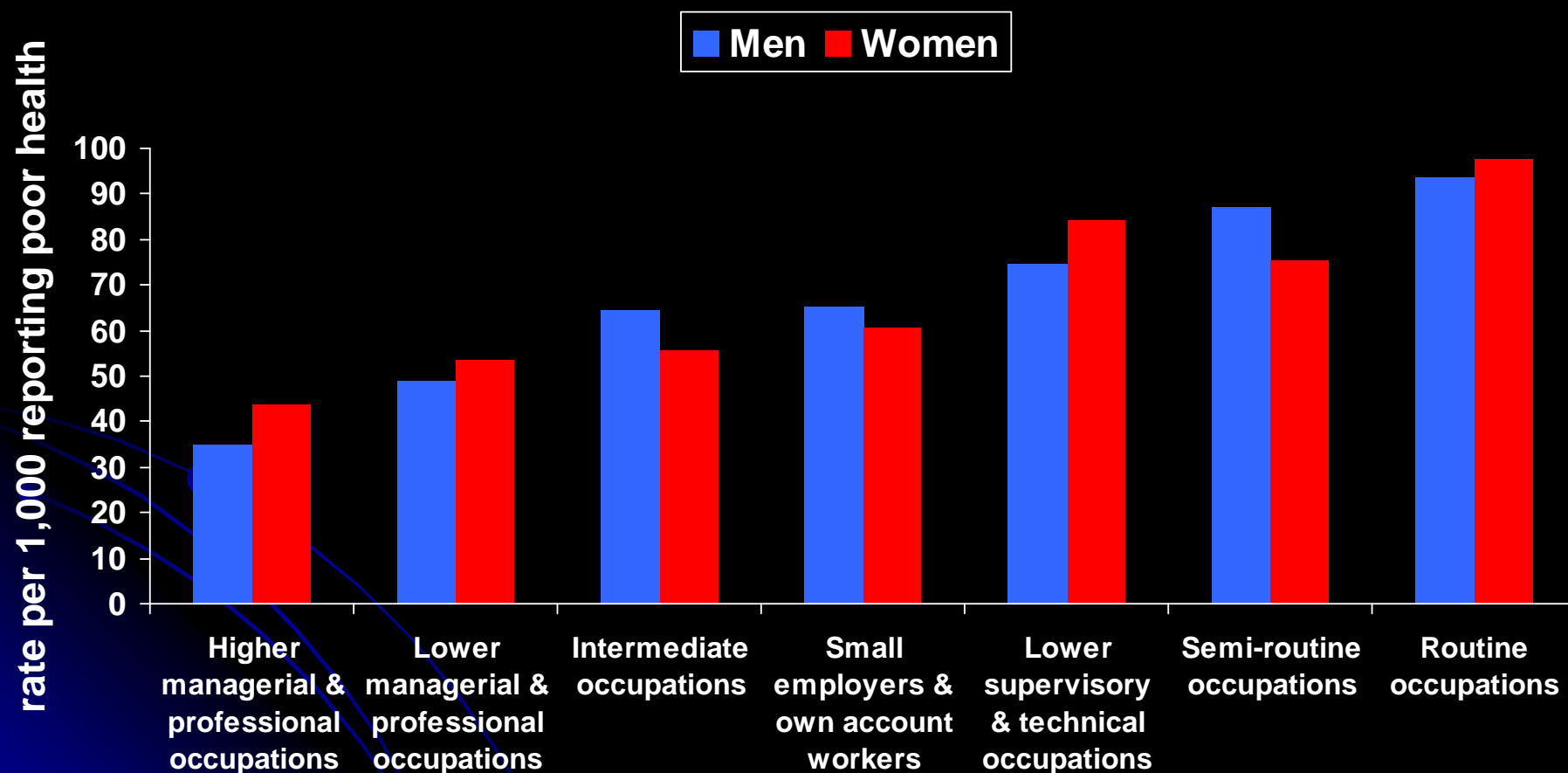
- In Netherlands, mortality and morbidity in the population would be reduced by 25-50% if men with lower education had the same mortality and morbidity levels as those with university education (*Levelling up*)
- In Spain, excess mortality in the more deprived areas compared with more affluent areas 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



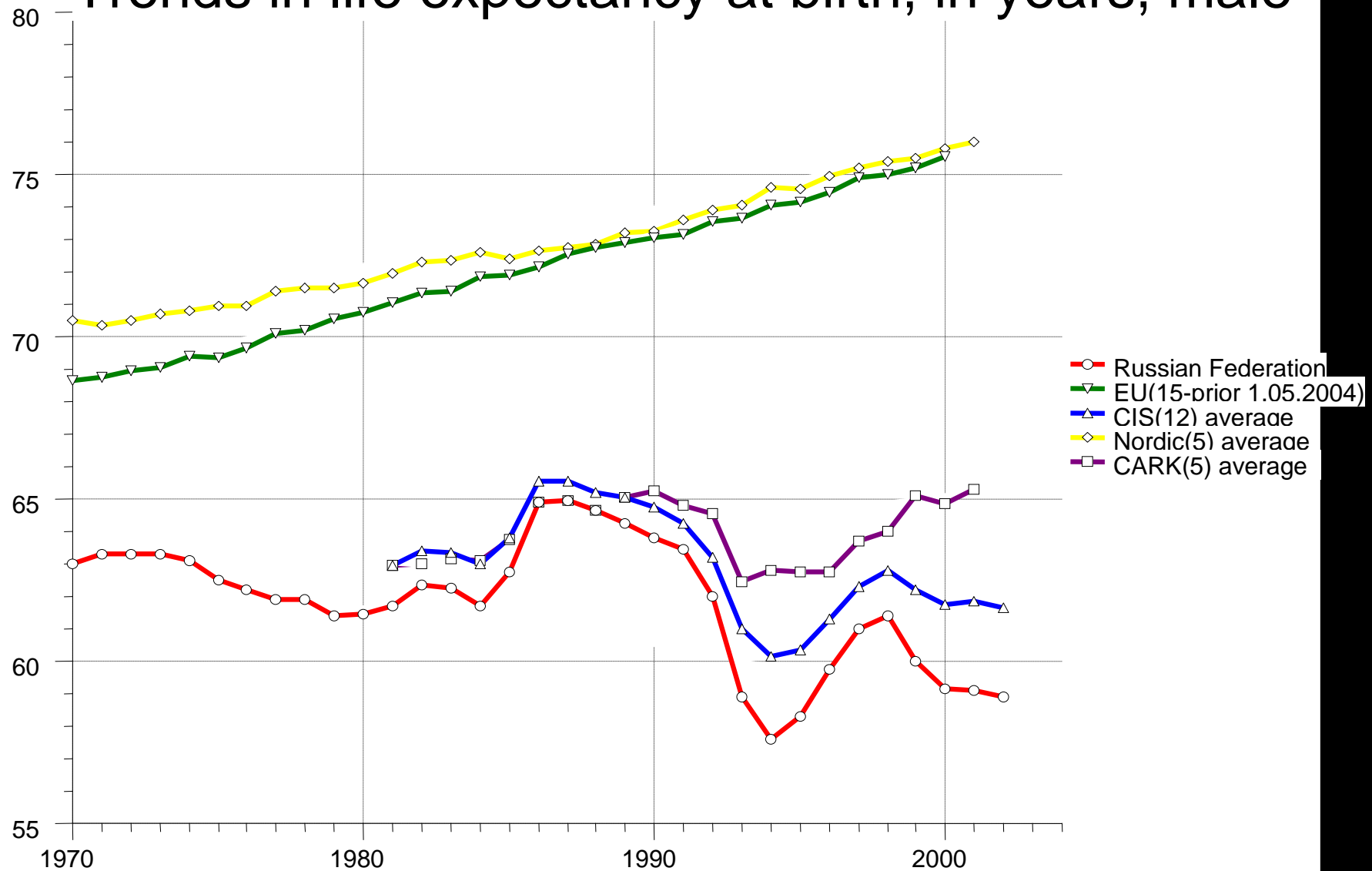
Source: Chris Power

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

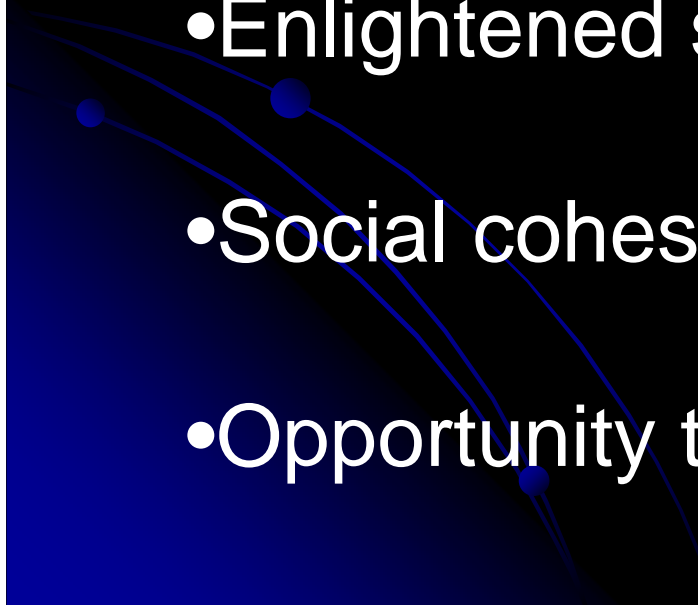


The deterioration in life expectancy hit least educated groups the hardest

- **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

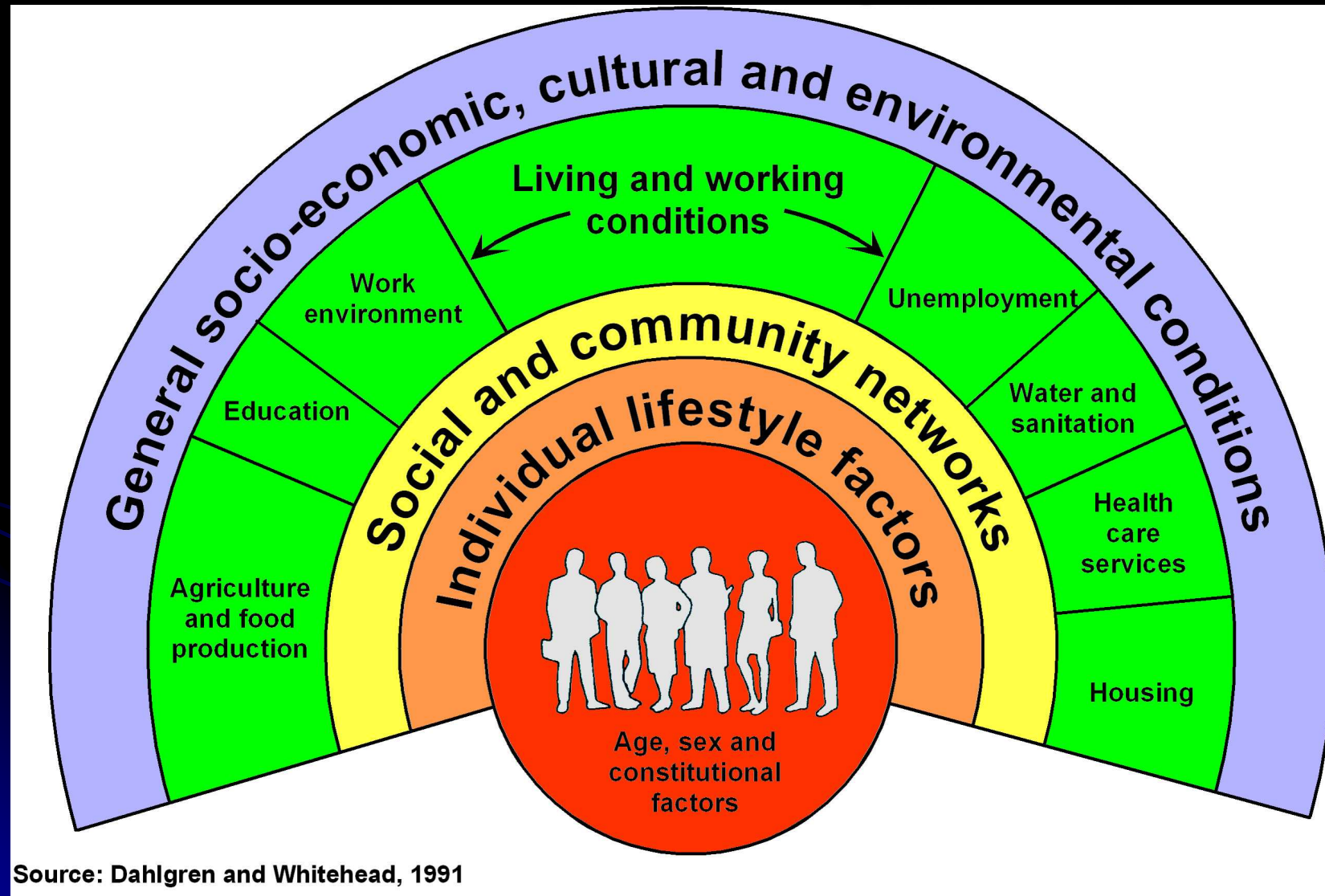
- Effectiveness in achieving targets
 - Economic efficiency
 - Enlightened self-interest
 - Social cohesion
 - Opportunity to achieve human rights
- 

But how?

**Understanding
Causes and intervention points**



The main determinants of health



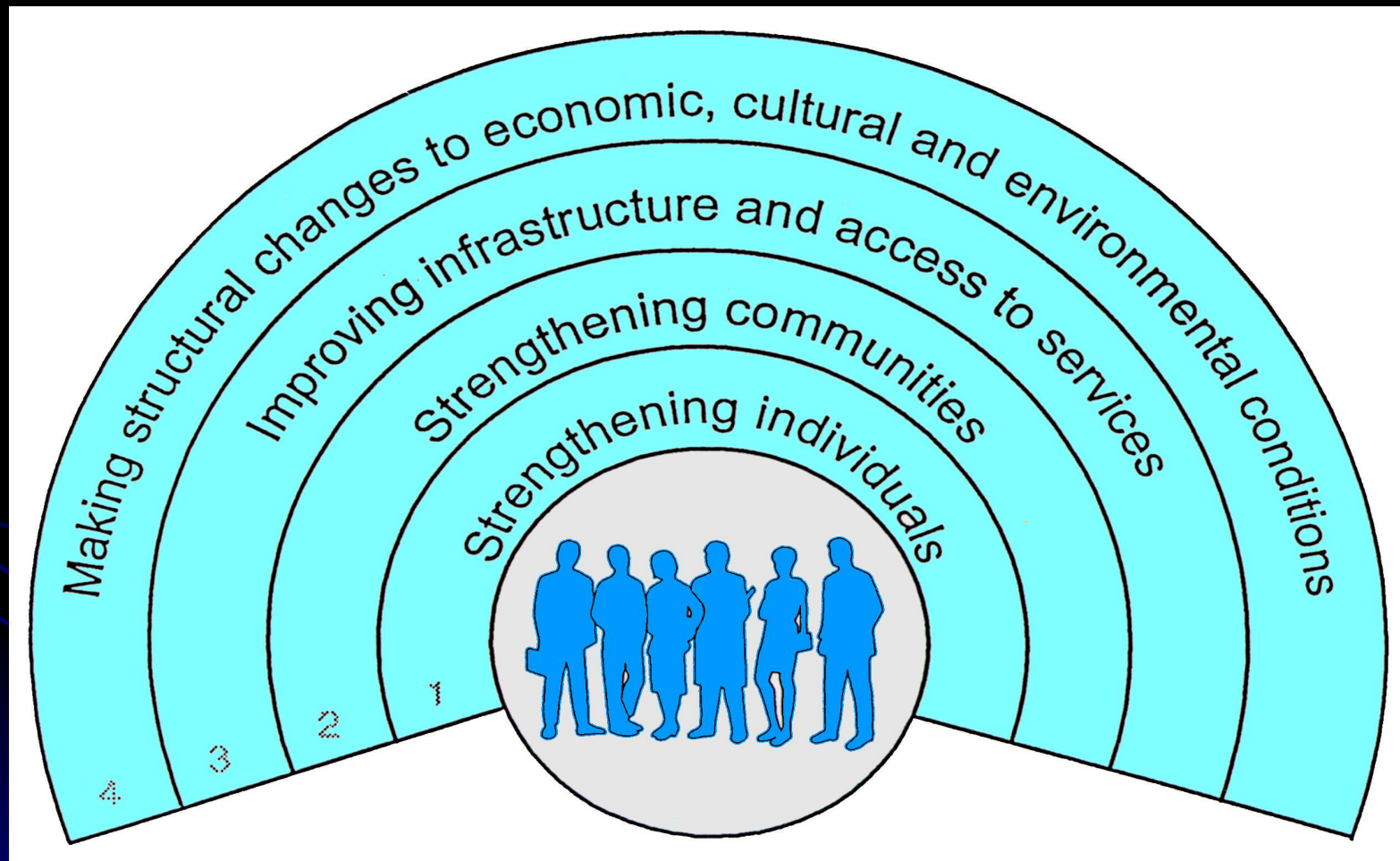
Some important causes of social inequalities in health

- **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 and 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

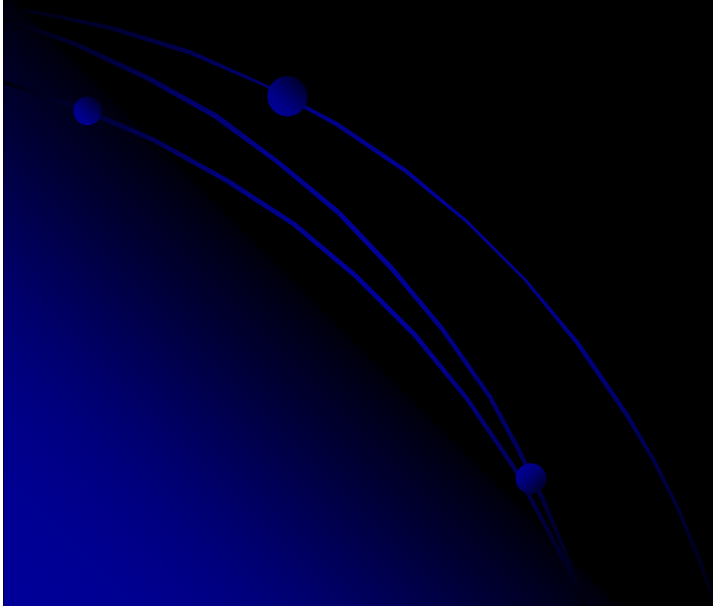
Main determinants

Policy levels

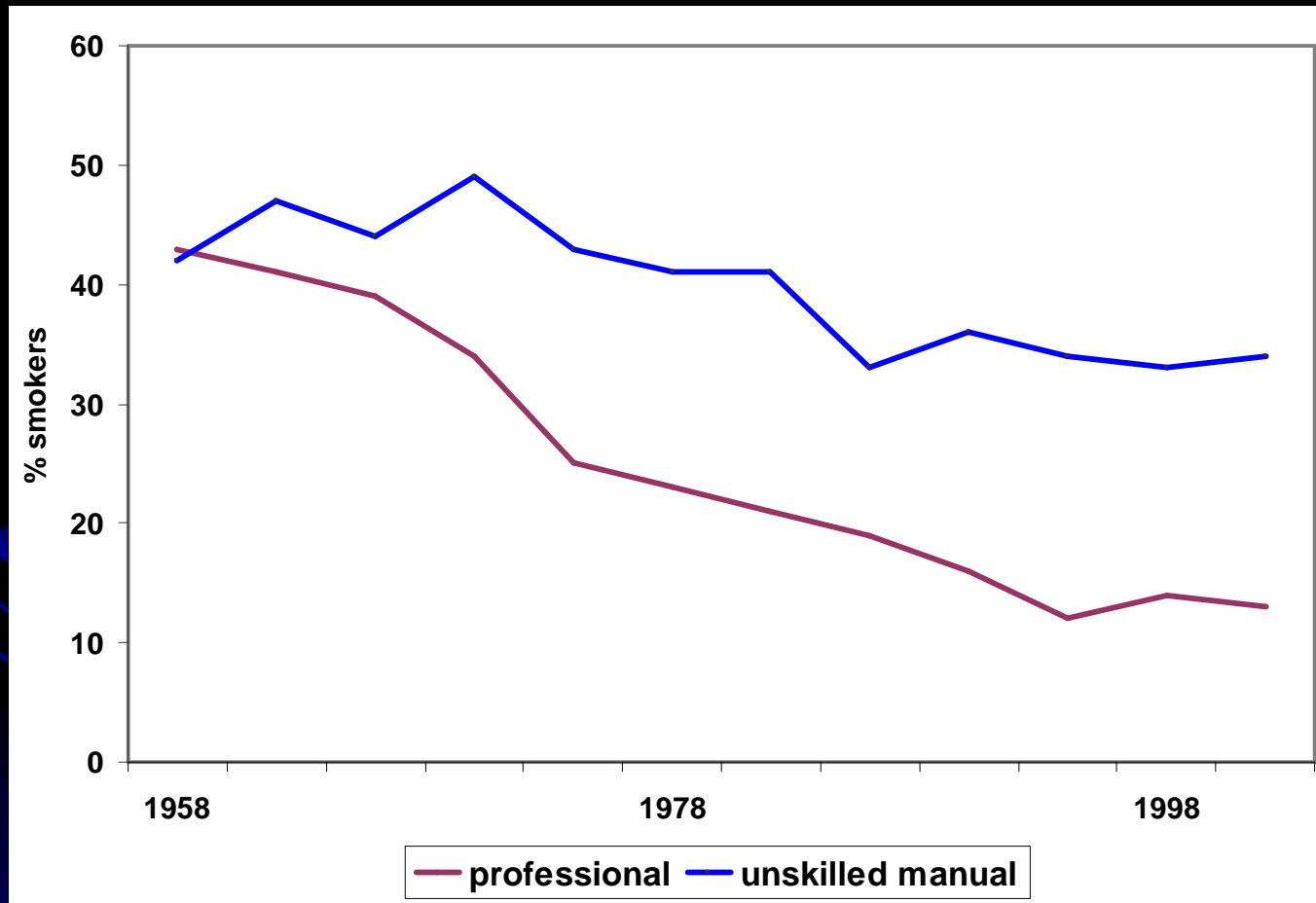
	Strengthening individuals	Strengthening communities	Improving access to facilities and services	Encouraging macro-economic and cultural change
Individual life-style factors				
Social and community influences				
Living and working conditions				
Socio-economic, cultural and environmental conditions				

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

	<i>Current smoker</i>	<i>Ex-smoker</i>
	%	%
childhood disadvantage	36	30
+ left school \leq 16 years	44	28
+ mother \leq 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.

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

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:

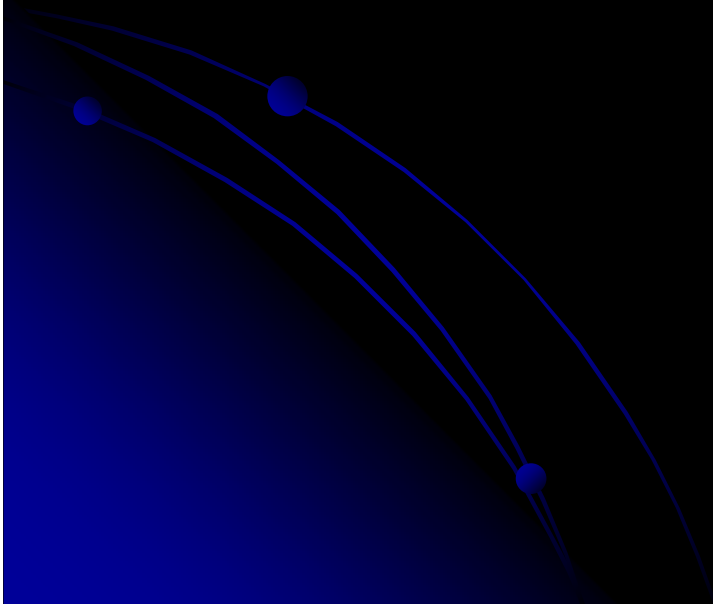
Is there a differential impact of any of these policies on different socio-economic groups?

What is the best combination of policies to reduce inequalities in smoking?

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



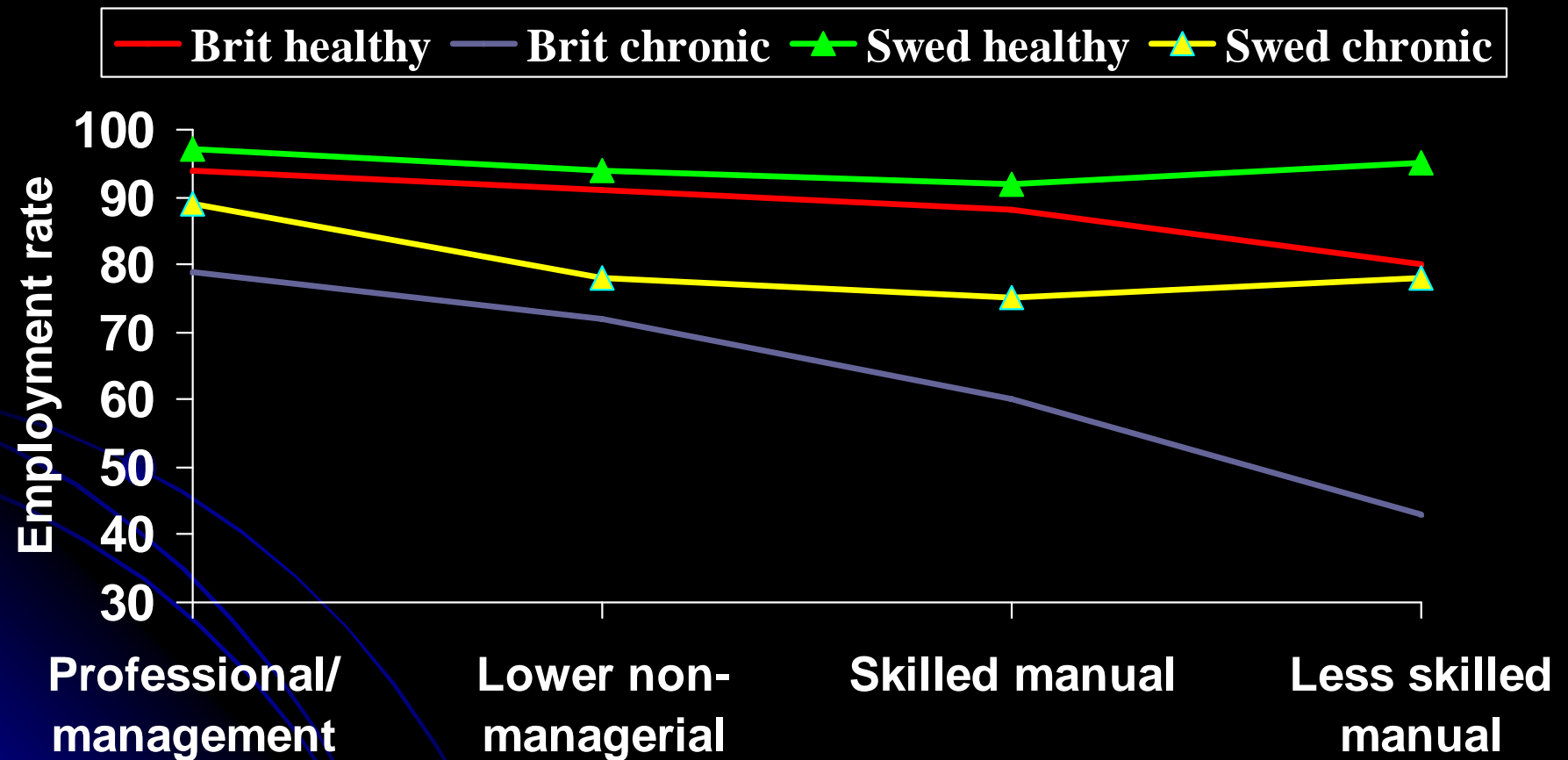
Assessing the health impact of working conditions and unemployment



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 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 people to 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?**
- Tendency 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**