



DETERMINE FINAL CONFERENCE  
25 March 2010, Brussels

## Final Conference Report

*The final DETERMINE Conference “Health across Sectors. Policy, Practice and Progress” took place on 25 March, 2010 at the EU Spanish Representation in Brussels. The Conference was supported by the Spanish EU Council Presidency.*

*DETERMINE is a three year initiative (June 2007-May 2010) co-funded by the EU, that brings together over 50 partners from 24 European countries, to improve understanding of what can be done to address health inequalities, highlight potential solutions, and build capacities to address this issue.*

*The purpose of the Conference was to showcase the importance of working across policies, by providing concrete examples of how this is being done. Clive Needle, Director of EuroHealthNet, chaired the Conference. Approximately 100 people, including DETERMINE partners, other health, public health and health promotion specialists, representatives of the EU Institutions, Permanent Representations to the EU and other policy sectors, attended the Conference.*



The plenary session on “Addressing the social determinants of health and health inequalities” began with a series of opening presentations that conveyed strong messages about the need for the health sector to change their approach, to address health inequalities. **Robert Madelin, Director General of DG SANCO, spoke on “Solidarity**

**in Health. Reducing Health Inequalities in the EU”.** He quoted Commissioner Dalli, who was applauded during his EU Parliamentary Hearing when he stated that “there is no reason why poor people in Europe should live in poor health.”

Madelin said that while there is currently great concern about the economy and the job market, the role that health has to play in ensuring strong economies is still not being taken seriously. The “health equals wealth” message is not getting through beyond the health sector, which means that “people who think they own the solutions don’t know that there are answers in health”.

Madelin stressed that the health sector needs to reach out beyond its own community. “It is not enough for us to shout louder, it is important for us to find a new voice”, he said, emphasizing the importance of conveying the right arguments.



**Professor Idelfonso Hernández Aguado, General Director of Public Health and Foreign Health Affairs at the Ministry of Health and Social Policy** presented on

initiatives in Spain and of the EU Spanish Presidency to address health inequalities. He noted that the Spanish Parliament is trying to introduce an Act that would have equity and

health considered in all programmes and actions. He highlighted the importance of finding synergies between health and other policy areas and initiatives, such as sustainability, in order to mainstream health across sectors. The health sector must facilitate this process by engaging with other sectors, for example through the identification of appropriate indicators. The EU Spanish Presidency has established health inequalities as one of its health-related priorities, focusing in particular on the issue of monitoring, with the aim of “coordinating a common EU agenda”.



**Professor Ilona Kickbusch, Senior Health Policy Advisor**, began her presentation by stating that the crisis in the curative side of health is a warning sign that our current systems are no longer effective. The health sector has to redefine itself to address the needs of the 21<sup>st</sup> century, which requires different kinds of policy approaches. During

the 20<sup>th</sup> century, the focus was on access to treatment and on developing health care systems. The focus must now be on promoting health in everyday life through social and political processes. This involves ensuring that health, which is currently one of the most closed systems of government, becomes a more open system.

Professor Kickbusch referred to health inequalities as a “remedial injustice” that should be addressed, since we know what can be done, how to do this and how to measure outcomes. Correcting this injustice however requires political action – it is imperative that health professionals speak up in the political arena.

She also noted that progress lies in focusing on whole government approaches, and on highlighting how health can help reach government goals, rather than in concentrating exclusively on the issue of health. The balance would then shift, as is already happening, from ‘intersectoral action for health’ to ‘intersectoral action for shared societal goals’, with health as an important indicator.

Professor Kickbusch suggested that the issue of ‘equity’ may offer a promising entry point in many political contexts. Emphasizing “well being” can also be a better way to frame health and health equity issues, so that they don’t compete with other important societal problems, such as food security, climate change and obesity.

DETERMINE outcomes were presented in a range of presentations on the project and its specific work strands.

**-Clive Needle and Caroline Costongs, EuroHealthNet** presented ‘the story of DETERMINE’ and provided an overview of the project.

**-Teresa Lavin, Institute of Public Health in Ireland** presented examples of national level structures and mechanisms, identified by DETERMINE partners, to promote health and health equity across sectors.

**- Adam Crosier, National Social Marketing Centre** provided examples of effective local-level approaches, and information on three pilot projects that received funding under DETERMINE, to improve the health of vulnerable socio-economic groups.

**- Owen Metcalfe, Institute of Public Health in Ireland** outlined work undertaken by DETERMINE on economic analysis, and provided some examples of the economic arguments for investing in the social determinants of health.

**Cristina Chiotan, EuroHealthNet**, presented on the work undertaken by the DETERMINE Consortium to build their capacities to address the social determinants of health and health equity.

**- Ingrid Stegeman, EuroHealthNet**, presented on the outcomes of the consultations undertaken by DETERMINE partners with politicians and policy makers working in other sectors, to assess what they know about health equity and about improving collaboration with the health sector.

All presentations, with further details, are available on the DETERMINE Portal.

**Robert Scharrenborg, EC Secretariat General, Better Regulation and Health Impact Assessment Unit** explained that health is included in current EC Impact Assessment procedures. He stressed however that the extent to which health related impacts are considered in broader impact assessments very much depends on the involvement of health professionals in the process, and the quality of the evidence that they provide. His message reinforced the need for health professionals to become more involved in political and policy processes.

**Professor George Morris, Consultant in Ecological Health, NHS Health Scotland**, focused on the fact that health and the environment, which were previously regarded as two different disciplines and movements, are now coming together. He noted that “we are in an “Era of Ecological Public Health”, underpinned by a paradigm which says that, when it comes to health and well being, “Everything Matters”. This makes it very difficult to design appropriate policy responses. It is therefore useful to focus on ‘place’, as Scotland is doing through their policy on ‘Good Places, Better Health’. Professor Morris explained the systems-based **DPSEEA** approach to frame the problem and to link it to other complex policy agendas, which looks at **Drivers** (economic, social, political), **Pressures**, **State**, **Exposure**, **Effect**, which can all be influenced by **Actions**.

**Dr. Erio Ziglio, Head, European office for Investment for Health and Development, WHO Regional Office for Europe** stressed that there are no “quick fix” solutions to ensuring health across sectors and highlighted the need to create synergies with other initiatives, such as the Millennium Development Goals and Climate Change. He stated that the number of countries asking the WHO Regional Office for Europe for assistance to address health inequalities and the social determinants of health is rapidly increasing. Progress will depend upon the creation of a critical mass of people that understand the issue and that can provide services required, as well as five to six years of programme development. Dr. Ziglio also called for the establishment of an enabling EU platform to focus on the issue of what kind of assistance can best be provided.

**Penny Hawe, University of Calgary, Department of Health Sciences** provided initial reflections on the global impact of DETERMINE. She noted that public health and health promotion practitioners need to be better positioned to take action on the social determinants of health; DETERMINE has provided examples of what is possible. She stressed that mainstreaming health in other sectors is a difficult task that must be addressed by ‘ordinary’ people. It is important to correct the assumption that ‘only exceptional people can tackle extraordinary agendas’.

**Michael Hübel, Head of Unit on Health Determinants at DG SANCO**

encouraged the health sector to engage in new partnerships, and to be clear about their own and their partners concerns. He also stressed the low priority reflected in the levels of investment for health promotion (currently only around 4% of health budgets), which must be raised to strengthen work on health across sectors.

All DETERMINE outcomes, including publications and a video about the initiative, are available on the DETERMINE Portal: [www.health-inequalities.eu](http://www.health-inequalities.eu). The agenda and presentations made during the Conference are also available under the 'events' section of the Portal.