

DETERMINE
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5

BUILDING CAPACITY FOR HEALTH EQUITY

**A report of capacity building actions
to address health inequalities and the
socio-economic determinants of health**

**DETERMINE – an EU Consortium for Action
on the Socio economic Determinants of Health**

Summary

DETERMINE (2007-2010) is an EU wide initiative to stimulate action to address the socio-economic determinants of health (SDH) of health inequities. It brings together a Consortium of over 50 health bodies, public health and health promotion institutes, governments and various other non-governmental, professional and academic organisations and networks from 26 European Countries.

During the first two years of the DETERMINE initiative, partners engaged in a range of activities that contribute to a better understanding of how to address the SDH and improve health equity. In the final year of the project the results of these activities were applied by partners, as well as other information available on SDH and health equity, to build capacity within their organisation, region and/or country to address these issues.

As DETERMINE was not in itself a capacity building project, the timeline and resources to implement capacity building activities were limited. Despite these and the sometimes less than favourable political context, DETERMINE partners successfully identified entry points for action to advance health equity.

The capacity building process was based on a coordinated approach while providing partners with the flexibility to choose their own action based on their specific opportunities and needs. The aim was twofold: to encourage partners to consider their capacity building needs and to stimulate partners to initiate at least one capacity building action to address SDH and health inequalities (HI) in their country, region or organisation. Many of the actions and activities undertaken will continue beyond the project.

Partners were able to choose between a range of actions using the Menu for Capacity Building and Awareness Raising Actions, comprising six areas of intervention with suggested activities and support resources. Partners also had the opportunity to exchange experiences and resources on their actions and to establish what national tools and guidelines can be further exchanged and used across the EU.

The Capacity Building strand under DETERMINE provided partners with the opportunity to:

- Exchange knowledge and experience and collaborate with other partners regarding the SDH and HI;
- Identify and share key resource documents, tools and guidelines;
- Identify what kind of actions can be undertaken to address SDH and HI, as well as opportunities and challenges for action;
- Engage with other sectors to stimulate action on the SDH;
- Improve leadership, knowledge and skills for taking action on the SDH and HI.

The present report provides an overview of the Capacity Building actions undertaken by partners within different national contexts, and highlights their entry points for action and lessons learned, serving as a basis for further action.

The key points that emerged from the shared experiences and the actions undertaken within DETERMINE, that should be taken into consideration to progress work and build capacity in addressing the HI and the SDH are:

- **Build leadership** – public health and health promotion professionals need to play a central role in advancing the work on HI and in promoting joint actions involving other sectors;
- **Improve advocacy materials and skills** – putting the issue of health equity high on the political agenda, and incorporating it into other sector's work requires good advocacy skills and materials;
- **Build capacity for intersectoral work and use of EU structural funds** – increased abilities and skills to develop collaborations with other sectors;
- **Call for and support the implementation of legal mechanisms & structures for intersectoral partnerships** – as sustainable & effective interventions need to build on legally endorsed partnerships;
- **Build skills, knowledge and resources to support regional and local level partnerships** – the local level plays a key role in identifying and implementing action for tackling the socio-economic determinants of health and health inequalities.

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Introduction

Capacity Building has been defined as ‘an improvement in the ability of public sector organisations, either singly or in cooperation with other organisations, to perform appropriate tasks.’¹ Another definition refers to capacity building as ‘an approach to development that ... gives people and organisations a greater ability to address new challenges, whatever those challenges may be.’² These definitions indicate that capacity building goes beyond simply training or providing technical assistance. It also involves assisting people to gain the knowledge and experience that is needed to solve problems, implement change, build effective actions and reach sustainability³.

The report of the WHO Commission on Social Determinants of Health has developed three main overarching recommendations: **1. Improve daily living conditions, 2. Tackle the inequitable distribution of money, power and resources and, 3. Measure and understand the problem and assess the impact of action**⁴.

Improving daily living conditions requires institutional and financial capacity to support policies involving civil society, institutions, governments and global organisations⁵.

Tackling the inequitable distribution of power, money and resources requires a strong public health sector, which is committed, capable, and adequately financed. To achieve this requires strengthened governance dedicated to equity from the community level to governments and global institutions⁶.

Creating the capacity to act effectively on health inequity requires investment in training of policy makers in understanding the socio-economic determinants of health (SDH) and health inequalities (HI), the incorporation of SDH and HI in the curricula of public health and medical personnel, and a stronger focus on social determinants in public health research. Enhanced capacity to monitor SDH and to perform health equity impact of policy and action is also needed.⁷

While awareness on health inequities and the social determinants has increased in the last years, the complex and multisectoral approaches that are required to address these issues call for further capacity to develop skills and appropriate policies and to identify tools and mechanisms for effective action⁸. The policies and mechanisms should involve participation and action from various sectors, as intersectoral partnership is a key process for addressing SDH and HI.

The public health sector must play a crucial role in addressing the SDH and HI; therefore capacity building requires developing knowledge and skills to work in multisectoral partnerships, while strengthening organisational capacities, increasing workforce skills and building leadership.

1 UNDP: Capacity Building for Development Programme. <http://www.undp.org/capacity21>

2 Leeder S. Capacity Building. Presentation at the NSW Symposium: Mastering the art of the Invisible. Sydney University, March 2000

3 Stegeman, Costongs, Jones. “Menu of Awareness Raising and Capacity Building Actions to address the social determinants of health and to improve health equity”. EuroHealthNet, IUHPE, 2009

4 CSDH (2008). Closing the gap in a generation: health equity through action on the social determinants of health. Final report of the Commission on Social Determinants of Health. Geneva, World Health Organisation

5 ibid

6 ibid

7 ibid

8 Stegeman, Costongs, Jones. [Menu of Awareness Raising and Capacity Building Actions to address the social determinants of health and to improve health equity](#). Brussels: EuroHealthNet, IUHPE; 2009

Capacity Building under DETERMINE - building on intersectoral work

The timeline and the resources available to implement capacity building activities were limited within DETERMINE, as the project was not in itself a Capacity Building initiative. One of the aims was to encourage partners to get a better insight into their capacity building needs and to stimulate them to engage in at least one capacity building action to address SDH and HI in their countries. Partners also had the opportunity to exchange experiences and resources on their actions and to establish what national tools and guidelines can be further exchanged and used across the EU.

Despite the time and resource limitations, and sometimes a less than favourable political context, DETERMINE partners successfully identified entry points for action to advance health equity. The capacity building strand within DETERMINE provided the opportunity and enhanced partners capacities to develop and initiate actions addressing SDH and HI, and many of the activities undertaken will continue beyond the project.

Ensuring flexibility and adaptability to countries specific contexts

Countries and regions in the EU vary greatly with respect to the national context, resources and experience available in addressing the SDH and HI. There are differences in the political context and priority being given to these issues, and in levels of awareness and knowledge on the SDH and HI among professionals or decision makers. Variations between countries are also reflected by differences in evidence and information available to identify health inequities, and in the tools and mechanisms already developed and used at national, regional and local level. These differences were reflected in the entry points for action and in the variety of actions and interventions undertaken by DETERMINE partners.

In some countries with existing national policies, and strategies on HI and tools and guidelines to address the issue, the actions undertaken built on these experience and resources. They were focused on interventions like: maintaining the issue on the political agenda, supporting implementation of national policies, building collaborations at national level or ensuring transferability and exchange of tools and guidelines.

In other countries, partners identified opportunities to raise awareness and knowledge of the SDH and HI and to put the issue on the political agenda. Their actions and mechanisms have focused mainly on awareness raising interventions, increasing skills and knowledge on the SDH and HI, while advocating at various political levels.

The challenges to implementation were, in several countries, related to the political priorities, where the economic crisis impacted directly on the availability of resources and support for advancing health equity and tackling the social determinants of health. In addition, in many countries across Europe the emphasis lies on developing interventions and actions that target vulnerable and disadvantaged groups, and there is less awareness of health inequalities across the social gradient. It is therefore difficult to develop measures that address the health gradient.

The Capacity Building process under DETERMINE comprised of the following:

- an interactive tool, the **Menu for Capacity Building and Awareness Raising Actions**, comprising six areas of intervention with suggested activities and support resources;
- exchange of knowledge and experiences through two Consortium meetings;
- ongoing guidance and technical assistance, to encourage networking and collaborations between countries and regions, and support for the identification of tools and guidelines.

The work undertaken can be summarized as:

- 22 actions undertaken in 20 countries by DETERMINE Consortium partners; some of which will be continued after DETERMINE;
- Two high level national conferences organized (*in Hungary and Czech Republic*) and participation/promoting DETERMINE outcomes in another two (*in France and Finland*);
- Seven specific workshops on SDH and HI bringing together professionals and decision-makers from different sectors and various levels (*in Belgium/ Flanders, Slovenia/NIPH, Romania/Iasi, Germany, Norway, Denmark*);
- Planning/organizing of six training sessions going beyond DETERMINE (*in Italy, Wales, Tenerife/Spain, Estonia, Poland, Denmark*);
- Establish a package of II tools and guidelines - four partners identified those that were the most practical, easy to use and transferable across Europe (*from Scotland, Ireland, Wales, Netherlands*).

Process design and coordination

In DETERMINE, the Capacity Building process was based on a coordinated approach, which provided countries and partners with the flexibility to choose their own action, based on their specific opportunities and needs. The aim was twofold: to encourage partners to consider their capacity building needs and to support initiation of awareness raising and capacity building actions by partners in their countries, regions or organisations. The partners had the opportunity to act based on their own national context, resources and experience. With a main focus on engaging other sectors in addressing the SDH and HI, the Capacity Building process built on the framework provided by the “**Menu for Capacity Building and Awareness Raising Actions**” (the “Menu”).

The Menu comprises six priority areas for action: Awareness Raising and Advocacy, Developing the Information and Evidence base, Organisational Development, Skills Development, Partnership Development and Leadership, Policy Development. Of these six interlinked areas, partner’s actions focused more on three areas, **Awareness Raising and Advocacy, Partnership Development and Leadership**, and **Skills Development**. Their actions were interlinked and interconnected, with some of the partner’s action covering more than one area. Partner’s actions were, however, placed under one of these categories in order to facilitate an exchange of experiences, resources and tools.

Awareness Raising and Advocacy

“To raise public awareness of a topic or issue is to inform a community’s attitudes, behaviors and beliefs with the intention of influencing them positively in the achievement of a defined purpose or goal, for example, improving public health. An awareness raising campaign strategy will employ a variety of different communication approaches and techniques to ensure that the central message is received and understood by a diverse audience. An awareness raising campaign will typically involve four key actions: researching this issue, mobilising support and supporters, informing the public, lobbying decision makers”. (Richard Sayers “Principles of Awareness Raising”)

The specific actions undertaken by partners under DETERMINE in the Awareness Raising and Advocacy (AR&A) area aimed to inform and sensitize key stakeholders and decision makers in an effective way, and to generate willingness and the ability to act on the SDH and HI. They were also focused on identifying the best communication tools and strong arguments to advance work in this area.



The findings showed that further investment should be made in raising awareness and knowledge on the SDH and HI among other sectors, decision-makers and politicians. Moreover, there is an increased need to improve the evidence and information base, and also to improve skills and develop better advocacy materials.

DETERMINE has been used as an opportunity to bring the SDH and HI to the attention of decision-makers, politicians and professionals, while promoting project outcomes. While some partners promoted project findings at high-level conferences (*as in France, Finland*), other partners organized national level conferences focusing on health inequalities (*as in Hungary and Czech Republic*).

These actions brought together various policy makers and professionals, in a cross-sectoral approach targeting national level decision-makers. Awareness among decision makers and politicians was increased, while further needs and opportunities were identified to place health equity on the political agenda.

*There are considerable health inequalities in **Hungary** and responsibility for health in other policy sectors needs to be improved. Therefore, **the National Institute for Health Development** identified awareness raising as a key step to promote health equity. Their intervention involved: (1) organising a national conference (in partnership with Friedrich Ebert Foundation) and (2) developing advocacy materials and the website of the Institute incorporating DETERMINE outcomes and national information and evidence.*

By bringing together professionals, experts and high-level politicians, the conference strengthened the possibility that health inequalities may be included in the political agenda. Participants unanimously agreed on the importance of ensuring that health is a government priority and identified essential steps to tackle health inequalities. The findings showed that “promoting health equity is a learning process for decision makers, policy makers and health professionals also”. A strong data and evidence base is needed to support advocacy efforts, and strong arguments and motivations need to be identified to engage other sectors decision makers and politicians.

*In order to advance the issue of health equity in a sensitive political climate, the **National Institute of Public Health (Czech Republic)** organised a national conference which brought together knowledge, data and practice and targeted professionals and policy makers from different sectors. Both professionals and policy-makers acknowledge the importance of addressing the SDH and further needs are to provide comprehensive information and build a platform for the exchange of experience. Future activities comprise: a) intersectoral collaboration at national level under the umbrella of the Ministry of Health b) targeted actions on smoking and obesity in collaboration with WHO Venice Office, Czech Office and Ministry of Health and NIPH; c) an intersectoral seminar, planned for autumn 2010 at the NIPH, which will build on DETERMINE outputs and results. DETERMINE itself has proven “a very important tool for taking forward SDH and health inequalities from vague terms to actions”.*

Other partners focused on identifying and promoting good practice examples of interventions undertaken at the municipal level (as in Denmark and Sweden). These examples could inspire other municipalities, put health equity higher on their political agenda and help support policy implementation at the national level. For example, in Sweden the good practice examples aimed mainly to stimulate and improve further action at the municipal level, while in Denmark the collection of good practices served to bring together a cross-sectoral group at national level. Both actions also aimed to improve the quality of interventions addressing HI at the local level.

*The **Swedish National Institute of Public Health’s** action focused on identifying good practice examples at municipal level to address the social determinants of health and health inequities and on ensuring the findings’ dissemination and transferability to stimulate further action in other localities. 19 ‘progressive’ municipalities were identified that had clear objectives and programmes for action on health inequalities. Representatives of eight of these municipalities were interviewed with the aim of pinpointing successful policies, infrastructures and actions to address the social determinants and health and health inequities.*

Key factors to ensure coordinated and successful actions were active political governance and a public health or sustainable development strategist function placed centrally at a high level in the organization. The good practice actions identified focused on children and young people, education, job opportunities, health at work, environment, sexual health, physical activity, diet and food, tobacco, alcohol and drugs, and improving health and quality of life for the elderly. Recommendations for future work concerned improvements in measurements of health and health determinants and strengthening the Health in All Policies perspective while institutionalizing coordination, policies, infrastructures and actions to encourage partnerships between sectors.

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Partnership Development and Leadership

Intersectoral partnering is the process of creating joint inter-organisational initiatives across two or three sectors⁹. This process is necessary to develop effective cross-sectoral interventions, focused on improving the health and well-being of individuals. The actions undertaken by DETERMINE partners in the area of partnership development aimed to stimulate and improve collaboration between people, organizations or institutions. They were focused on partnership building at national, regional and municipal/local level. One of the aims was also to analyse and revise already developed tools and guidelines from different countries/regions and to establish a stock that can be used across countries, in various national contexts and situations. While the actions undertaken were widely focused on partnership development, the specific activities and approaches used vary widely, being strongly influenced by the national context, and the resources and opportunities identified.



Findings showed that the public health sector should play a leading role in initiating partnerships and that further work on building cross-sectoral partnerships is needed. Outcomes also pointed to the need for legal mechanisms and structures to support intersectoral partnerships, and for advancing existing collaborations and ensuring the sustainability of actions undertaken.

DETERMINE outcomes have been used to promote health equity and to identify partners and set the grounds for future intersectoral collaboration. Partners organized workshops and seminars at the national and regional/local level that brought together different sectors.

Amongst the actions undertaken falling under this area, was the establishment of an intersectoral, national level collaboration (as in Denmark), and the identification of different opportunities to advance intersectoral work at regional/local level (as in Romania/Iasi, Slovenia/Maribor, Iceland).



Using a different approach other partners engaged stakeholders from various sectors working at different levels of government (as in Germany), or focused on building capacity to enable the local level to implement national level policies on HI (as in Norway).

Another partner (in Ireland) sought to gain a more in depth view of the processes and mechanisms that support cross-sectoral work at the national level. They conducted interviews and an institutional assessment with the transport sector in order to identify mechanisms that might be replicated.

⁹ K.E. Smith at al. Partners in Health? A systematic review of the impact of organizations and partnerships on public health outcomes in England between 1997-2008. Journal of Public Health, Jan 30, 2009, pg.1-12

*In the context of almost 10 years of national experience in collaborating with other sectors within the cooperation network “Health Promotion for the socially disadvantaged”, the **Federal Centre for Health Education (BZgA Germany)** together with the **Federal Institute for Occupational Safety and Health (BAuA Germany)** organized a workshop bringing together experts and stakeholders from different sectors and different levels (national, regional and local) to identify the opportunities and challenges of intersectoral collaboration to address social inequities in health. BZgA will continue the activity beyond DETERMINE by incorporating the findings of the workshop into a manual on “Intersectoral Action”, as part of a comprehensive toolbox for program managers at the local level. A second conference is planned in 2010, to facilitate further discussions and exchange between larger groups of experts and stakeholders. This conference will be the start of further activities in Germany to strengthen the involvement of stakeholders across sectors to tackle health inequalities.*

*In the context of political and organizational changes at national level, the **Regional Institute of Public Health (Romania/Iasi)** identified the regional/local level as best entry point for taking action. They developed advocacy materials using DETERMINE outcomes and incorporating national information on health inequalities; the materials were used to bring together regional and local stakeholders in a workshop aiming to identify needs and opportunities for future work and partnerships between local authorities and nongovernmental organisations.*

*In **Norway** the local level has been awarded increasing responsibility for the implementation of public health policies. The concept of partnership has been emphasized, especially between the regional and local level of government. In this context, the regional level role will be to assist municipalities in implementing tools and actions to act on health inequalities. The **Research Centre for Health Promotion** worked together with the authorities in Hordaland County to integrate two national policy initiatives. They organized a workshop that provided the opportunity to assess HIA tools and their use for local projects during the planning process, while health impacts and impacts for different social groups should be part of municipal planning process. One of the results was the link between HIA tools and the new legal requirements for municipal planning, regarded as the link between theory and practice. In the context of more tasks and responsibilities transferred from national to local level, the need for increased resources and capacity building at municipal level has been identified. As their action has been well received by municipal planners and built on existing administrative priorities and political processes, similar actions have been planned for the future. The collaboration and early involvement of the public health coordinator from Hordaland County Council also played a key role in ensuring the success of the action.*

Skills development

The development of knowledge and skills on health equity and the social determinants of health among professionals and decision makers from the public health area and from other sectors is an important tool for increasing awareness, stimulating action and building capacity to develop interventions and actions addressing health inequalities.

This area of actions focused mainly on building a framework to improve skills and capacity to create a body of trained professionals that can adopt and implement action on SDH and HI. It also focused on developing new techniques and strategies to disseminate knowledge about the SDH and HI.



Using DETERMINE working documents and outcomes and other resource documents, some partners focused on developing a module on SDH and HI for public health and health promotion professionals. Based on their collaboration with other education institutions, the module will be further integrated into the training curricula for public health and health promotion professionals and/or accredited within the official accreditation system for continuous education (as in Wales, Poland, Spain/Tenerife).

Other actions aimed to build capacity at local and community level, with partner's plans focusing on professionals and decision makers working at regional and local level (as in Estonia, Belgium/Flanders, Norway, France, and Italy/Veneto Region & Perugia).

Aiming for a more cross-sectoral approach, some partners also focused on establishing a stand-alone module that will be available for professionals and decision makers from other sectors. Moreover, they will establish and agree on several key points within the module that can be delivered across Europe (partners from Wales, Belgium/Flanders, Spain/Tenerife, Estonia, Italy/Perugia).

The partner's recommendations in this area mention that knowledge on the SDH and the health equity concept itself should be included early in the process of health professional development, such as in the training curricula for medical and public health students. Further on, to ensure increased awareness and preparedness of professionals to address SDH, this information should be part of postgraduate curricula for public health and health promotion professionals, as a key element in their continuing professional development. A "stand alone" module on SDH and health equity should also be available to support the work and participation from decision makers and professionals from other sectors.

*In the context of a well-established system of competencies and qualification requirements for public health professionals, the **Wales Centre for Health** is focusing on developing a training module on health inequities and the social determinants that can be validated and accredited for education purposes and provided within a “public health foundation course” for public health practitioners. The module will also be used as a “stand alone” unit to be included in a variety of appropriate settings and courses.*

*The priorities within the National Health Program in **Poland** (2007-2015) refer mainly to the improvement of health situation of the general population (mortality and morbidity indicators), and the reduction of territorial and social health inequalities. To ensure sustainable improvement and support the implementation of the National Program, the **National Institute of Public Health -Hygiene (NIPH-NIH)** aimed to increase knowledge and awareness by incorporating training sessions on health inequalities and the social determinants of health in existing courses of epidemiology and public health (practitioners, policy-makers, medical doctors), that are held in the NIPH-NIH and the School of Public Health from the Medical Postgraduate Centre. Moreover, the topic of health inequalities and the social determinants of health will be included in the research plan of the NIPH-NIH for 2010.*

As the timeline and resources provided by DETERMINE were limited, many of the actions undertaken in this area will go beyond the project, as partners are identifying and applying other existing resources and collaborating with other bodies working in this area.

Other initiatives

Some partners took a more comprehensive approach and used DETERMINE outcomes and the Menu to develop broader plans to build capacities and raise awareness. They identified further work that needs to be done and steps that need to be taken, by establishing a capacity building and awareness raising plan for their region or country (as in Belgium/Flanders and Slovenia/Maribor). Their priorities for future work in this area include various activities, from training sessions to advocacy meetings and seminars, involving policy-makers, politicians and stakeholders from different sectors. Their action raised the sense of accountability and responsibility within the public health sector, ensuring leadership and coordination to address the SDH.

The Flemish Institute of Health Promotion and disease prevention (ViGeZ) used the opportunity of their participation in DETERMINE to develop a Capacity Building and Awareness Raising Action Plan to address social determinants of health and improve health equity (2010-2015).

The plan will be incorporated in the renewed strategic plan of the ViGeZ Institute 2010 -2015, and was developed to take forward the principle of 'health in all policies' in the region. It comprises five main areas of intervention: Awareness Raising and Advocacy, Skills Development, Policy Development and Advocacy, Development of the information and evidence base and Organizational development. DETERMINE outcomes will be used to develop all of these actions. The first seminars established in the action plan were carried out in November 2009.

The National Institute of Public Health in Slovenia used DETERMINE, together with other existing opportunities and initiatives in the area of the social determinants of health and health inequities to raise awareness about these issues and to put them higher on the political agenda.

The guidelines, questions and findings of DETERMINE policy consultations helped to inform the preparation phase of WHO coordinated interviews with other sectors and the "Menu of Actions" (Menu) was used as a practical tool to identify priorities and to plan future work and interventions. DETERMINE outcomes were presented at three national workshops, to raise awareness and knowledge amongst experts and professionals.

A specific workshop organized under the DETERMINE capacity building strand aimed to gather knowledge about the social determinants of health and health equity that was used to identify future institutional priorities for awareness raising, partnership development and capacity building using the framework presented in the "Menu".

During the DETERMINE Capacity Building meeting some practical, flexible tools to address the SDH were presented, which could be translated and applied by other countries to facilitate work. A group of partners (from Wales, Scotland, Netherlands, Ireland) focused on identifying which of the tools and guidelines being applied in their countries could be of greatest practical use to other countries, and applied internationally.

The tools included in the **Package of Tools & Guidelines for addressing the Social Determinants of Health** are grouped in three main areas:

1. *Practical guidelines and easy-to use templates and tools –provides general information and guidance to perform HIA and methods and techniques for public engagement in public policies;*
2. *Sector specific tools&guidelines (greenspace, transport, housing) –provide guidance and examples to support public health and health promotion professionals involve other sectors to address SDH;*
3. *Specific tools&guidelines – to address the needs of specific groups, such as those at risk of poverty and the elderly.*

<http://www.health-inequalities.eu/?uid=6eeb8a640e1140ee9977f53d48e19887&id=Seite3459>

Conclusions and recommendations

The aim of capacity building and awareness raising under DETERMINE was to build partner's capacities to stimulate actions and encourage initiatives that engaged other sectors.

The “Menu for Capacity Building and Awareness Raising” allowed partners to identify the best opportunities for action and to adapt their interventions to their national contexts and situation. Their actions built on a large variety of approaches, and further collaborations were established between partners, while experiences and knowledge were shared and exchanged between countries. In this process, partners had the opportunity to improve their knowledge, skills and capacities, and to enhance their leadership skills and their ability to mobilize other sectors and politicians to advance health equity. The project also provided the opportunity to identify easy-to-use and transferable tools and guidelines across countries to support further actions to address the SDH.

For some partners, organizational changes and in some cases a less than favorable political environment, in which the financial crisis played a key role in establishing national priorities and dominated the political agenda, raised important challenges to implementation.

As DETERMINE was not in itself a capacity building project, some of the challenges in implementation related to the limited time and resources. Despite these challenges, partner's identified entry points for action, further resources and collaborations to sustainable activities, and integrated their actions in the broader activities of their organization, region or country. Many of these actions are going to continue beyond DETERMINE (*such as, the training seminars in Poland, the development of a stand-alone training module in Wales, the implementation of the action plan in Belgium/Flanders, the networking and partnership building across sectors and levels of government in Germany*).

The following key points, which emerged from the shared experiences and actions undertaken by partners, should be considered to progress work in this area:

- **Build leadership** – public health and health promotion professionals need to play a central role in advancing the work on HI and in promoting joint actions involving other sectors;
- **Improve advocacy materials and skills** – putting the issue of health equity high on the political agenda incorporating it into other sectors work requires good advocacy skills and materials;
- **Build capacity for intersectoral work and use of EU structural funds** – increased abilities and skills to develop collaborations with other sector's;
- **Call for and support the implementation of legal mechanisms and structures for intersectoral partnerships** – as sustainable and effective interventions need to build on legally endorsed partnerships;
- **Build skills, knowledge and resources to support regional and local level partnerships** – the local level plays a key role in identifying and implementing action for tackling the socio-economic determinants of health and health inequalities.

www.health-inequalities.eu



The screenshot shows the homepage of the DETERMINE website. At the top, the browser address bar displays 'http://www.health-inequalities.eu/'. The website header features the DETERMINE logo and the tagline 'AN EU CONSORTIUM FOR ACTION ON THE SOCIO-ECONOMIC DETERMINANTS OF HEALTH | WORKING TOGETHER FOR HEALTH EQUITY'. A search bar is located on the left, and navigation links for 'Help | Sitemap | Print | Contact | News Alert' are on the right. A sidebar on the left contains a menu with items like 'Home', 'About DETERMINE', 'DETERMINE Key Outcomes', 'DETERMINE Partners', 'Good Practice Directory', 'National Level Policies', 'EU Policy', 'Publications', 'Events', and 'Links'. The main content area has a 'Welcome to the European Portal for Action on Health Equity' section, followed by introductory text about the portal's purpose and a list of links for more information. A central section titled 'What are you interested in?' features a vertical flowchart with buttons for various topics such as 'Get information on the DETERMINE project', 'Discover Health in all Policies', 'Learn about Innovative Approaches', 'Find out about Capacity Building activities', 'Get to know the DETERMINE Partners', 'Search for Good Practice', 'Read about National Level Policies', and 'Get information on EU Policy'. On the right side, there are several informational boxes: 'DETERMINE final conference' (dated 25 March 2010), 'DETERMINE Working Documents' (including 'ECONOMIC ARGUMENTS'), and 'Featured Project Example' (Development of a High Professional Immigration Body).

