Closing the Gap
Strategies for action to tackle Health Inequalities in Europe (2004 – 2007)

Caroline Costongs
Programme Manager EuroHealthNet
Two main goals:

**Information exchange**
- Transfer of knowledge across countries
- Sharing good practices
- Portal

**Implementation**
- Policy Tool-kit
- Action Plans per country
- National seminars
- Raise awareness
Consortium: 22 Partners

**Czech Republic**: National Institute of Public Health
**Denmark**: National Institute of Public Health
**England**: Department of Health
**Estonia**: National Institute for Health Development
**Finland**: STAKES
**France**: INPES
**Germany**: Federal Centre for Health Education
**Greece**: Institute of Social and Preventative Medicine
**Hungary**: National Institute for Health Development
**Ireland**: Institute of Public Health in Ireland
**Italy**: Experimental Centre for Health Education
**Latvia**: Health Promotion State Agency
**Lithuania**: National Centre for HP and Education
**Netherlands**: NIGZ
**Norway**: Research Centre for Health Promotion
**Poland**: Polish Society of Health Education
**Portugal**: Ministry of Health
**Scotland**: NHS Health Scotland
**Slovakia**: Public Health Authority in Travna
**Spain**: Ministry of Health and Consumer Protection
**Sweden**: Swedish National Institute of Public Health
**Wales**: Wales Centre for Health
**Observers**: Switzerland, Austria and Belgium
Consortium activities so far:

- Position paper on tackling health inequalities
- Situation analysis in each of the 22 countries
- Database of good practices (90) across Europe
- Ongoing monitoring of EU policies that impact on the health gap (Regional policy, CAP, Social policy)
- Portal: [www.health-inequalities.eu](http://www.health-inequalities.eu)
Welcome to the European Health Inequalities Portal!

This portal is a unique space in which you can find recent examples of interventions and policies designed to reduce health inequalities in the countries of the European Union.

The portal is a host to:
- Database of Good Practice to Reduce Health Inequalities
- Country Profiles listing the main policies, actors and tools developed to deal with health inequalities on a national level
- EU Policy Section containing Case Studies that show how EU Policies and Programmes can affect health inequalities at the national level
- Relevant links related to the issue of health inequalities

The Health Inequalities Portal is the tool to use when planning local projects, understanding the policy context of these interventions and/or conducting exploratory research in the field of health inequalities.

All the material and information presented on this site are a result of the "Closing the Gap in Health Inequalities in Europe" project developed by the Consortium of Partners for Equity in Health and co-funded by the European Commission.

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National Level Policies

National Level Policies: Hungary

- Key Policy Documents
- Key Actors
- Key Policy Tools
- Other Publications
- Policy Interest for collaboration
- National database of good practice
- Barriers to making health inequalities more of an important issue

Country Profile

Hungary is one of the eight new EU member states of Central and Eastern Europe. Since it has become a democracy in 1980, it has followed patterns typical for a transition society and economy. Income inequality, as measured by the Gini coefficient is 0.269 where 0 = perfect equality and 1 = perfect inequality (United Nations Development Programme, 2004).

The national public health programme (see section below) is based on the values of solidarity and the reduction of inequality. It appreciates the importance of socio-economic determinants of health and explicitly states that reduction of health inequalities within the population is the aim of country’s health policy.

Furthermore, special attention is paid to health inequalities between the native Hungarian population and the Romany minority, who experience far worse health status and health outcomes. Due to evolving Hungarian social policy and the pressure from international organisations, the Roma health and welfare has been addressed and improving.

Apart from inequalities between different socio-economic groups, there are marked differences in health between the Hungarian regions. It is interesting to note that where the public opinion is concerned, the debate on health inequalities...
National policies

- Most countries are committed to reduce inequality

- Specific HI policy OR part of overall PH policy

![Pie chart showing percentages]

- General goals to reduce health inequalities: 46%
- Specific goals with quantitative targets: 45%
- No reference to health equity, but addressing wider determinants: 9%
Policy Tool-kit to draft HI strategies

4 key areas:
1. Awareness raising
2. Working across policy sectors
3. Support for regions
4. Evidence and evaluation

Strategic plans for action
National seminars (12-15 February 2007)
Strategic plans: observations

- No ‘single way’ to tackle complex problem of health inequalities (HI)
- Tackling HI means addressing the ‘socio-economic determinants of health’
- Both ‘upstream’ (addressing the causes) and ‘downstream’ (treating effects through social and medical care) approaches necessary
- Close cooperation with other policy areas
- Long term approach – but highlight short term gains
Strategic plans: Tackling the health gradient?

Tackling health gradient = population approach to improve health of all social sectors + stronger focus on the health of most disadvantage, to ensure their health improves at greater and faster rate

Currently: Norway, Finland
Environment Task Force
(Bydelsrusken)

Detailed View

Provider
City Part Grünerløkka, Oslo
(Bydels Grünerløkka)

Brief profile
Employment for vulnerable groups, focusing on improving the environment

Summary of the intervention
It is a low barrier working method for people, among them young people with immigrant background, and even Norwegians with similar social problems. The participants have either been into drug abuse and/or are drop outs from school. Our task is to make participants committed to participation their daily tasks. They work 7-8 hours every day, and the tasks vary: keeping streets clean from rubbish; helping older people from elderly institutions; working with a skilled carpenter in preschools; working in a carpentry workshop; cleaning graffiti from local Government properties, walls and streets.

All participants gather in the morning, to meet socially. This contributes to icebreaking between participants and is crucial in order to motivate the participants for their tasks.
Good Practice: Methods

- Focus group per partner country
- Inclusion criteria
  - Tackling health inequalities; socially disadvantaged
  - Initiation/cooperation of health sector
  - Social determinants
  - Effectiveness
  - Quality
- Standardised assessment and online entry
- Quality check - N= 90
- Internet search by country, text, terms
- Detailed project information
Types of good practices I

Social determinants in good practices

- Individual lifestyle: 67 nominations
- Social and community networks: 38 nominations
- Living and working conditions: 47 nominations
- General societal conditions: 28 nominations
Types of good practices II

![Diagram showing quality elements in good practices]

### Quality elements in good practices

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<th>Quality Element</th>
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EU policies
EU and Health Inequalities

Tackling Health Inequalities:

- In line with EU Treaty, which establishes justice, solidarity and equality as common values.

- Fits into EU’s Lisbon Agenda - though important to make the case!

- Is one of the cross-cutting themes of EU Public Health Strategies and Programmes

- Should be taken into account in the work of other EC Policy Areas through Health Impact Assessment (HIA)
EU and health Inequalities

- EU can support national efforts to tackle health inequalities through:
  - Rules and legislation
  - Structural funds
  - European projects

- At the same time: it is important to ensure that rules coming from the EU do not undermine national efforts to tackle health inequalities.
National Seminars

- 12-16th February: European Health Equity Week

- National seminars taking place in 17 countries. Involving policy makers and health promotion practitioners

- Objectives:
  - Raise awareness on health inequalities
  - Discuss / seek agreement on the strategic initiatives
Closing Conference Brussels on 8 May 2007

- 150 senior policy makers and experts from across Europe and EU institutions
- Exchange on the outcomes of the national strategic initiatives
- Conclusions of project & final publication
- Declaration on how to tackle health inequalities